

Michael Van Wassenhoven Clinical Verification

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ANALYSIS METHOD

Two different verification methods of homeopathic symptoms are tested and compared here. In order to check a symptom, one has to study the relation which could exist between the symptom and the efficiency of the prescribed remedy.

For Dr Constantin Hering, the study of a homeopathic remedy must be done in 5 steps (possibility, probability, confirmation, corroboration and clinical verification):

- **First step: *The possibility***, one substance provoked some symptoms which sometimes might even be toxic.
- **Second step: *The probability***, when this substance, diluted and dynamised, has provoked various symptoms on volunteers in good health.
- **Third step: *The confirmation, when*** this same substance, diluted and dynamised, given to volunteers in good health, has **confirmed** some symptoms issued from a previous pathogenesis and provoked probable new symptoms.
- **Fourth step: *The corroboration***, this means the examination of the place taken by the probable symptom and its confirmation by the notions actually known of physiology and pathology.
- **Fifth step: *The Clinical Verification***, at the bed of the suffering/sick patient, the correspondence of the probable symptom, confirmed and corroborated is verified by the obtained clinical results.

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The study on healthy volunteers (provings) may be done in double blind and so may reach evidence level I. This book is only dedicated to the fifth step of a homeopathic remedy study.

The first method of clinical verification kept is the **traditional method**. Only the unquestionable cases are taken into account, either spectacular recoveries (results 5 or 4) or the failures (results 0 or -1). This traditional verification would be possible for 267 remedies of this databank (2,087 symptoms of the repertory).

Traditional verification

'Collection of clinical data

- Selection of a remedy
- Selection of undoubted cases (good or bad)
- Used symptoms for the remedy selection
- Verification
- Adaptation of values in the repertory

The limits of the method are linked to this selection which still reduces the number of available patient's files. It only allows the verification of only a restricted amount of symptoms.

The **statistical method** has been created in 1958 and does not make any case selection. It takes into account all results (even intermediate results). It allows thus a more detailed analysis on a larger number of patients.

Statistical approach

'Collection of clinical data

- Selection of a remedy
- All cases are considered
- Used symptoms for the remedy selection
- Statistical analysis within the complete databank
- New repertory based on mathematical probabilities

This method is based on the Bayes theorem which studies the existing relation between two elements. It is more and more used in medicine, for example for the study of the relation between a method of diagnosis (or several associated) and the real diagnosis. The evaluation of results of a positive appendicitis echography and the real diagnosis allows asserting that the echography is not an absolute certitude for this diagnosis (8/10); but on the other hand the association of a positive echography and a positive biology allows a near certainty.

Like in homeopathy, the similar law assigns the efficiency of a remedy to the presence (or the absence) of specific symptoms of a remedy. This method is thus perfectly adapted to the study of this link. The gradient of likelihood which exists between the symptom and the efficiency of the prescribed remedy will be studied (Likelihood Ratio = LR).

- Based on data collection in **daily practice**.
- LR+ is an indication that a remedy will be effective if the symptom is present, higher is better. LR+ must be > 1.
- LR- is an indication that a remedy will not be effective if the patient does not have the symptom, more so if LR- is closer to zero. LR- must be <1.
- Reaching the level of **"evidence"**.

The positive gradient (LR+) is significant when it is upper than 1. It is an indication that the remedy will be effective for this symptom. Higher above 1, better it is, but we must take into account the confidence interval. If it is too broad, no final conclusion is possible.

The negative gradient must be lower than 1, it is all the more significant that it is near 0. LR- lower than 1 is an indicator that the remedy would not be effective if the patient had not the symptom; this is more and more true if the value is near 0. If LR- is higher than 1, it means that this symptom present to a patient will lead to another remedy than the one analysed. This study is a retrospective study. It considers the symptoms prevalence in a patient's databank. The latter considered being representative of people using homeopathy.

This likelihood gradient may be also determined in a prospective way. In this case, the reference is the symptoms'prevalence in the general population.

This personal analysis of a databank is a fortiori limited since it is done by only one physician. Nevertheless the advantage of this situation is its coherence and so an easier interpretation.

Description of the results table of the traditional analysis

Chapter	Rubric	Used	Result	Value in Synthesis 8
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1st column: chapter of symptoms repertory;

2nd column: symptom description;

3rd column: number of times this symptom was used for prescription of the remedy linked with the obtained result;

4th column: result of each use of the remedy (5,4,0 or -1);

5* column: remedy value in the Synthesis repertory and proposition of eventual change.

Description of the results table of statistical analysis (LR)

1st column: description of analysable symptoms by chapter;

2nd column: number of times the symptom was used for a patient;

3rd column: presence or not of this symptom in the MM de ARS. (ref. Allen);

4th column: position of the remedy during a research on the symptom in the Encyclopedia;

5th column: number of remedies in the Synthesis rubric;

6* column: value of the remedy in the Synthesis rubric;

Then calculation of the likelihood gradients for these symptoms with the confidence intervals.

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VERIFICATION**
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Verification of
Homeopathic Symptoms

Vérification des
symptômes homéopathiques

Dr. Michel Van Wassenhoven

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