

Observation of responses over time to administration of homoeopathic remedies

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Objective

To standardise the *observation and description of responses* over time to administration of homoeopathic remedies.

Introduction

Initial aggravation is a phenomenon seen in many forms of regulative therapy, where it is taken as an indication of successful triggering of the organism's regulatory system. Detection of the initial response can serve as an indication of the remedy's (initially inverse) effectiveness.

Methods

This was an observational application study, meaning that no attempt was made to eliminate psychosocial co-factors. 12 patients were recruited from the current practice of a homoeopath (M.M.-T.) on the basis of inclusion and exclusion criteria and in compliance with the requirements of voluntariness and anonymisation. Between 6 and 11 conspicuous symptoms were noted in each patient. Patients were requested to keep a symptom diary. In three successive observation rounds the degree of *aggravation* (-1: slight, -2 marked, +3: severe) or *alleviation* (+1: slight, +2: marked, +3: complete) experienced over the last three days was retrospectively documented, as was the occurrence of any new symptoms.

Results

In the first observation round the patients together reported a mean aggravation of -2,4; from there to the second round the mean change was +1.3 and from there to the third it was +5.8. The four patients with the greatest degree of initial aggravation showed changes of aggravation by -6.1 in round 1, improvement by +0.2 in round 2 and improvement by +4.9 in round 3. The 4 patients who had experienced no initial aggravation showed changes of improvement by +0.8 in round 1, improvement by +2.6 in round 2 and improvement by +8.0 in round 3. Thus, aggravation only occurred in the early stage of treatment, then to recede and yield to alleviation. No correlation was observable between the degree of subsequent alleviation and that of initial aggravation.

Conclusion

Initial aggravation also occurred in the present study. Its degree, however, did not correlate with that of subsequent alleviation. It would be interesting to investigate whether it is possible to predict the occurrence of initial aggravation on the basis of a patient's response status (cf. Wagner et al., ECIM 2013). This could provide guidance in efforts to minimise the degree of initial aggravation through use of suitable preparation methods, potency levels and administration frequencies and provide insights into how different homoeopathy schools differ in this respect.