

## EVALUATION ON THE PROVINGS IN BRASÍLIA

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Overall the proving<sup>1</sup> is fairly well organized and has produced good results. It has also introduced some new aspects of methodology which have advantages and disadvantages, but on the whole are instructive. Small provings can be very valuable not only to Homeopathy as a whole but for the group itself in the process of learning about Homeopathy and provings.

It seems that this group has dedicated itself to an in-depth investigation of the process which is to be commended. On the whole the biggest deficiency seems to be in the process of organization and supervision which got a bit out of hand at times. Difficulty in contact and communication between provers and coordinators is a constant feature in provings which, can only be surmounted by tight and persistent organization. It is my opinion that dose and constant supervision is the most important factor in producing a good proving, and it seems that this

was one of the conclusions of the group as well.

The unique feature of these provings is that three remedies and two placebo groups were proved at the same time. This presents with advantages and disadvantages. The advantage is the ability to compare different provers' symptoms in different provings and to examine what belongs to the prover and what belongs to the specific remedy; this was done thoroughly and many lessons were learned.

Having conducted many provings, at times using the same provers, I have found that provers will tend to produce specific individual responses somewhat modified by the particular proving they are doing. The reason for this is that a proving can only generate symptoms that are latent in a prover. This is in accordance with Hahnemann's experience as stated in the Organon 6th edition par. 138 and 181. To summarize a prover cannot produce a symptom that is not already preexisting in a latent or slumbering state. How latent and peculiar the symptom will be to the prover depends on dosage, potency and susceptibility to the specific medicine.

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<sup>1</sup> The original title in *European Journal of Classical Homeopathy*, vol. II n° 7-8 is:  
**EVALUATION ON THE CLINICAL PROVING OF THE REMEDIES ARSENICUM, ALUMINA AND SELENIUM BY DR. GILBERTO VIEIRA FROM BRASILIA**

The disadvantage in this method is possibly confusion and cross over between the symptoms of the various provings. While doing a proving of a particular medicine a certain epidemic quality of "as if one person" prevails. If too many substances are proved together {there may be cross over symptoms and confusion in the overall group response. Because of this I personally prefer to conduct one proving at a time. Thus the energies can be focused on the particular remedy and group in a more thorough manner.

It is mentioned in section 1.3 that the coordinator would check only symptoms related by the provers and not the provers' lives. This is a bit vague and I'm unclear how they can separate persons' lives from their symptoms. On the other hand there is merit in not including too many vague and uncertain symptoms that are related to external events and not specifically to the proving. So that on the whole a separation of this sort, though difficult should simplify the proving.

Section 1.4. It seems that the group decided not to use a chronogram in order to determine the unfolding of the proving on a time scale. This is not such a difficult process if it is well handled, as I have outlined in my book, and find it useful in order to produce a more exacting and instructive work.

Dose: it appears that the group decided to use quite a few doses i.e. six days of the 30th potency. Though the provers were instructed to stop immediately after the appearance of

any symptoms, I find that provers usually continue to take their dose unless a supervisor instructs them to stop. This is because the prover is often unaware that they are developing symptoms without the dose scrutiny of a supervisor. Therefore such frequent doses of the 30th potency may prove disconcerting.

### Section 2.3: the comparative study.

1. Searching for similarities between proving symptoms and placebo symptoms is a useful study and can help differentiate between what belongs to the prover, what belongs to the provers' imagination, and what belongs to the remedy.

2. Searching for similarities between each prover in the different remedies as mentioned before will probably yield similar symptoms with different slants according to the remedy taken.

3. Searching for similar themes among the various symptoms of a single remedy is of course useful and essential.

The provings themselves have yielded interesting and useful results. On examination they appear to resemble the original provings but to illuminate and enhance various new aspects, or old aspects in a more modern setting. I found this particularly true of the proving of Alumina which yielded very interesting results relating to the pathogenesis of this remedy. Especially mind symptom number 1, which brings forth the idea of the delusion double, unreality, being estranged, and distant. I have

personally seen the idea of "lack of a face" in a couple of Alumina cases. Symptom number 4 of switching the watch from one wrist to another also may show an aspect of the Alumina duality. However symptom number five which has happened before (i.e. old symptom) should be eliminated. Symptom 15 with the sensation of being far away and symptom 16 the sensation of a presence on the right side also illustrate the Alumina idea nicely.

In conclusion it seems that the proving was fairly well conducted, that the group learned a lot and produced some nice and useful symptoms. The overall organization may not have been strict enough for a full proving but for a small group it was certainly sufficient and productive. One query is the choice of provers. This was left to the doctors themselves however it appears that in one case a doctor with diabetes was a prover and with the amount of remedies given this could be a bit too much for his health.

Although this particular prover, prover 1, produced some very interesting symptoms, it is my opinion that the decision of who will prove should be taken by the prover, supervisor and coordinator so as to protect the health of all involved. The reason given for allowing the prover to decide himself so as not to hurt his feelings is irrelevant in this regard.

It seems that these days new provings are being undertaken all over the world. There is no absolute correct methodology, and many lessons are being learnt. It is only by experiments such as these and comparisons of different works that we can learn the best ways to proceed. Overall I've learnt there is probably not one best way but as many different methodologies as there are individual Homeopaths. The important points to remember are the protection of the provers' health at all times, and a close scrutiny to stop erroneous symptoms creeping into the materia medica.