

Homeopathy School of Verona, Italy

Proving of Colibacillinum - 2011

Gustavo Dominici*, **Federico Allegri****, **Maria Cristina Andreotti*****, **Maurizio Impallomeni**, **Cristina Marcolin****, **Isabella Mariani****, **Elena Tonini*****, **Raffaella Pomposelli******

*Editor of *Il Medico Omeopata*

**Counsellor and Teacher at the Homeopathy School of Verona

***Teacher at the Homeopathy School of Verona

****President and Director of the Homeopathy School of Verona

Presented at the Fourth International Symposium of Italian-Brazilian Homeopathy organized by FIAMO.

Assergi, L'Aquila (Italy), September 16-18, 2011

SUMMARY

Colibacillinum is a relatively unknown nosode. The Homeopathic School of Verona organized a proving of the homeopathic drug which was conducted between February and May 2011. The subjects were recruited from students and teachers of the school: 15 provers, 6 supervisors, 1 coordinator and 1 director. The proving consisted of a triple blind test with a 20% placebo control sample. 30CH (6), 200CH (3) and MK (3) potencies were used together with a placebo (3). The observation period lasted 30 days. The article describes the symptoms experienced (pathogenesis). The results show that Colibacillinum can be prescribed as a homeopathic medicine.

KEYWORDS

Colibacillinum – Proving – Proving protocol - Pathogenesis

INTRODUCTION

The Homeopathy School of Verona (*Scuola di Omeopatia di Verona*) runs year-long course in continuing medical education in Homeopathic Medicine. As part of this training, homeopathic experimentation, known as 'Proving'¹, was carried out in 2009. The initiative was repeated during the academic year 2010/11 and took place from February to May 2011.

MATERIAL AND METHODS

The proving, as part of a teaching programme, has both research and training purposes: the organization of work and the protocol are therefore focused on achieving this dual objective. A preparatory seminar was organized to explain the nature and the procedure of the experimentation, both for the benefit of people sitting in on the seminar and active participants. All aspects of the protocol were discussed, with practical exercises to ensure the correct recording of the symptoms. The participants were examined and selected and each person was given a randomly chosen vial containing either the experimental substance or the placebo.

Each supervisor's task is to deal with two, or at most three, provers, to examine the results of their self-observation during two weeks and to fill in a personal form with the case history and the prover's previous and current symptoms.

The substance is taken in liquid form (hydroalcoholic solution), 5 drops 4 times a day for a maximum of 7 days; it is stopped as soon as the first unusual symptom appears. The observation period lasts 30 days and can be extended indefinitely if one or more symptoms persist. With the prior agreement of the supervisor, the coordinator may decide to proceed with further administration of the substance and the respective observation times. At regular intervals, the supervisors send the provers' symptoms to the coordinator who examines them and, if necessary, asks for further clarification. The coordinator can take a decision about any possible intervention in order to ensure better results or to avoid risks to the provers.

The director of the proving chooses the substance and is the only person who knows its nature, as well as the distribution of the verum and the placebo groups. Since the coordinator, the supervisors and the provers are unaware of the content of the vials, this study can be considered a triple blind trial.

A concluding workshop is designed to pool the experiences of each contributor, establishing the symptomatology and reinforcing some of its aspects. .

Lastly, the director determines the pathogenesis of the experimented substance. This is a delicate matter since it may require further checks. (Tab. 1 shows the number of participants and the characteristics of the substance).

Different criteria can be applied to the collection of symptoms and the formulation of an experimental pathogenesis of a substance, which in this case is the nosode *Colibacillinum*. In this case, it was decided that it was better to avoid including uncertain symptoms, in other words those symptoms whose intensity or frequency in provers do not provide sufficient guarantees of belonging to the proved substance. This criterion prevented contamination of the results which would have produced unreliable data. It can be concluded that the pathogenesis may fail to show some symptoms recorded by the provers, but it ensures that every symptom referred belongs to the experimented substance and can be used to prescribe it as remedy. The pathogenesis is then compared with the information in the relevant literature to assess similarities and differences.^{2,3,4,5}

During the proving particular emphasis was placed on objective symptoms and on the final sensations of each prover. The term "objective symptoms" refers to symptoms recorded by the supervisor during direct contacts with the prover whom would generally be someone who is familiar to the supervisor from previous experimental trials: appearance, important traits and other various aspects. Spontaneous remarks made by relatives about changes in the prover during the 30 days are also noted down.

The prover is asked to give a final comment about her/ his experience and any alterations experienced during the proving. These final general comments often reveal the most significant symptoms, in other words the ones that are most helpful for the use of the substance in non-induced pathologies (i.e. in the treatment of diseases).

Table 1

Proving Verona 2011

Colibacillinum

The basic substance used to prepare the homeopathic remedy of the proving was obtained from 3 *Escherichia coli* strains of human origin: Marcy 423, 430, 431; it the same substance described in *Materia Medica* by O.A. Julian, and prepared according to the same method.

- Preliminary workshop

Theory and practice of Proving

The art of self-examination and the recording of symptoms

Practical exercises

- Evaluation of participants
- Plan of the proving
- Clinical record and guided self-examination
- Intake of the substance
- 30 day experimentation
+ observations at later intervals
- Final workshop

Examination of the results of the proving

Provers' and supervisors' reports

Conclusions

Participants

- 1 director (the only person with knowledge of the experimented substance)
- 1 coordinator
- 6 supervisors
- 15 provers (14 females, 1 male)
- 6 30CH vials, 3 300CH vials, 3 MK vials, 3 vials of Placebo
- 1 prover left testing (Placebo)
- 1 prover withdrew due to pregnancy (MK)
- 1 prover was not present at the preliminary workshop and sent unusable material (200CH)
- 1 prover took an antibiotic on the 21th day because of streptococcal pharyngitis
- Total: 12 actual provers (6 took 30CH, 2 took 200CH, 2 took MK, 2 took Placebo)

RESULTS

Pathogenesis of Colibacillinum

Key to symbols

The initials after the symptoms provide identification of the prover. The following number indicates the day of the observation, from 1 to 30, where the number 1 refers to the day of intake of the substance. The subsequent number, where present, refers to the time when the symptom appeared. The next letter, in bold, refers to the characteristics of the symptom which can be described in detail as follows: **I** = common symptom of the prover, but more intense; **G** = symptom healed and eradicated; **P** = symptom of the past; **N** = new, unusual symptom; **E** = exceptional symptom in

terms of intensity and newness. Two consecutive letters occasionally appear, such as **EG**, meaning that the symptom was exceptional in intensity and has disappeared. All recorded symptoms are significant: obviously, symptoms classified as E are of particular significance and unavoidable and are therefore shown in bold.

The list of symptoms is followed by significant comments made by the supervisor or spontaneously by the prover or recorded subsequently following contact between the director and the prover. The section 'Dreams' refers exclusively to significant differences or a new typology of dreams, while avoiding considering each dream recorded by the prover as part of the pathogenesis.

Mind

1. Extremely depressed right from the morning, I look on the black side of things. The situation improved in the afternoon after I went swimming. PP 4 **P**
2. Feeling a bit down, sad, gloomy, thinking back to the past, about someone who has passed on. LR 19
3. Strange sensation in the heart, as if it had swollen, after 2 a.m. PP 3 **N**
4. **Last night was awful, I woke up in a state of anguish with the sensation of having made a complete mess of my work. I couldn't get back to sleep again, so I got up and started to study and I felt better.** PP 11 **PE**
5. I no longer have the sense of anxiety when I wake up. BGF 1-21 **G**
6. An awful day, very tired and depressed all day long, the previous evening I argued with my husband. I feel very sad because of our working and living conditions, everything seems so difficult. PP 23
7. Overwhelming feeling of sadness in the afternoon. I started crying, worried about my husband's and my own working conditions. PP 3 **P**
8. I cry, I become emotional, but I allow myself to cry only when I am alone. I cried on various occasions, for instance while I was walking. AB 12 **N**
9. Thoughts keep on going around my mind, weighing up the pros and cons. Tonight I could hardly get any sleep because of the worry. AB 12 **N**
10. Sensation of not having any respite, as if there was no alternative to overwork, too many tasks, too many thoughts: the rests are not enough to refresh me. LR 19
11. Sad, dejected, in low spirits: too many things to do, feelings of anger. LR 27
12. Irritable, I quarrel early in the morning, I am afraid of not being able to complete all my tasks. CDG 8 **I**
13. A really bad day, it looks like everything is going wrong. This is why I don't feel like doing anything; I am impatient and intolerant towards other people, I get annoyed listening to pointless discussions; I feel hesitant, I don't know how to arrange the weekend. CDG 11 **I**
14. A feeling of anxiety which tends to happen when I go to bed and on waking up which prevents me from sleeping on some nights. AB 16 **N**
15. My husband says that I have recently been more absent-minded about what I am doing, although I don't have this sensation. PP 6 **N**
16. I'm very careless about doing things that I usually do with extreme precision. TM 1 **N**
17. An odd desire to talk and say everything that's on my mind. I have a very positive sensation, of being able to overcome any kind of problem. In the evening I am still alert and I am easily able to keep my attention, my mind works at a feverish pace. CC 5-11 **N**
18. Constant headache, I feel rather irritable (which causes complaints from my wife); however, I'm very active in this period, I'm doing a lot of things and I feel as though I'm less tired. CC 1,2 **N**
19. Irritability and depression. PP 9 **P**
20. Irritable, I'm not in the mood to talk, I get easily annoyed. CDG 6 14:00 **I**

21. Bad mood, irritability, intolerance towards people around me but chiefly a sense of indecisiveness. CDG **E**
22. Extremely tired, even my emotions seem to have faded, except for the anger that sometimes erupts at home with shouting and heated arguments. LR 15

Sleep and dreams

23. Broken sleep after taking the remedy; since 4/4 things have improved and I no longer wake up in the middle of the night. PP 1-30
24. After taking the remedy I have not been able to remember dreams. PP 1-30
25. I have interesting dreams. The first day, which coincided with the first day of menstruation, I dreamt I was losing such large amounts of bright red menstrual blood that it stained the whole floor. Then I was taking it from my genitals in my hands, bright red as well. The thing that really surprised me was the color of blood which looked like red tempera paint. AB 1 **N**
26. Dream of travelling and journeys. LR **I**
27. Dreams of dark, gloomy, frightening places; I'm looking for somebody, a guide, anybody. But I am alone and terrified. BGF 12,13 **N**
28. In the first hours of the night, my sleep was particularly deep and peaceful. IM 3 **N**
29. Insomnia since 3 a.m. IM 8 **N**

Generals

30. I feel tired and sleepy. I am always tired and drowsy. It's an odd sort of tiredness. Today I felt exhausted. Slight headache in the evening. PGC 4,5,6 **N**
31. I feel more tired, or more sluggish than usual. PGC 10 **N**
32. Tired right from early morning, difficulty in getting up. LR 10
33. A lot of mental exhaustion. LR 10
34. During the evening I fall asleep on my sofa for two hours. I feel woozy for the rest of the evening. LR 16
35. In the evening I come home feeling very tired, more than usual and I just want to rest. CDG 10 **I**
36. I woke up suddenly, fully refreshed and ready to do many things, I feel inexhaustible and full of energy. CC 4,6 **N**
37. Every day I woke up earlier than usual. During the day I felt less tired. TM 1-9 **N**
38. Extremely active, focused and precise in what I am doing. CC 6 **N**

Heat, cold, perspiration

39. Icy cold hands, but I don't feel cold. CDG 8 16:00-19:00 **I**
40. Sensation that my sweat had a stronger smell. TM 10,11 **I**

Head and vertigo

41. I woke up with a headache, as though there was a heavy ring around my head that lasted all day long. I felt better lying in bed. PP 13 **I**
42. Dizziness, as if my head were heavy and tended to lean to the side, or shifted at a different speed with respect to the rest of the body, feels worse when bending down or walking. LR 2 **N**

Throat

- 43. Burning sensation in the throat when swallowing, especially on the left side, and pins and needles with little difficulty in swallowing; constant pain. IM 1-20
- 44. Pain in the throat with sensation of burning, pain at the nape of neck which intensifies when I move. IM 16

Respiratory system

- 45. In the afternoon violent sneezes, blocked nose with abundant watery secretion , lasting about 5 minutes. PGC 4 N
- 46. Unbearable lachrimation, a few problems with the nose, the odd sneeze, liquid discharge. My eyes itch a lot, especially on waking up. During the day there are moments of wellbeing, then, suddenly tears appear without my realizing it. FV 18-28

Digestive system

- 47. While I'm working I have to have a break because I'm fairly thirsty, with a sensation of dry mouth and burning; I go and get a glass of water and quench my thirst by rapidly drinking three mouthfuls of water one after the other. CC 3 18 N
- 48. Extreme dryness on the edge of the lips, area around the lips and corners of the mouth. BGF on waking up, 4,5 P
- 49. I noticed many bites on my mouth in the last few days, I keep biting my right cheek and the front of my mouth while I'm chewing. LR 20
- 50. At night I have the sensation of swelling in the right lower gum, if I clench my teeth, I felt it throbbing. By morning it had stopped spontaneously. TM 1 N
- 51. Slight nausea with sweetish taste in the mouth. CC 1,4,5 N
- 52. Burning sensation in the oesophagus down to the throat, a longing for cool drinks, frequent belching, better right after eating but shortly afterwards it starts again. Goat-like stools . IM 3,6,7
- 53. Burning sensation in the stomach at about 2 p.m. which started after drinking grapefruit juice (which I usually drink without any burning sensation); the feeling diminished after eating. IM 2
- 54. Stomachache, burning sensation as though there was pressure around my stomach, desire to belch without managing to, sensation of improvement after belching. Desire to lie down on my stomach but with no relief. Nausea. Then evacuation of normal-loose stools and amelioration of pain. It often wakes me up at night, then I fall asleep again; when I get up more stomach cramps. Fits with severe cramps as if the stomach was squeezed from the outside associated with intense nausea; I even get a lot of 'water' in my mouth, as if I was just about to vomit. The pain is relieved by unbuttoning my trousers which press down on my stomach. 15-20 minutes later I do 2-3 belches which frees me of the pain and improves the situation. LR 3,4,9,10, 14,16, 17,18, 19, 20, 21, 22 PI
- 55. Queasiness, goat-like stools. IM 4
- 56. Diarrhea, with soft stool preceded by some stomach cramps. CC 9, 10 N
- 57. Light brown, sticky stools. CDG 7 N
- 58. A few rather hard stools. CDG 9 N

Female urinary/reproductive system

- 59. Shooting pain in the left pelvis which radiates to the left sacro-iliac joint and spontaneously disappears after a few minutes. AB 4 N
- 60. Pain originating from the uterus and radiating to the pubis and the right hip. AB 5 N
- 61. **I am in the premenstrual period, which is made harder for me due to irritability, anxiety, difficulty in relations with relatives (irritability, outbursts of anger, sensation**

- that everyone is against me). However, I feel calmer and I am able to cope with life's adversities up without brooding over them. At home too I feel more peaceful. PGC CE**
62. Yesterday my cycle ended and up till now I haven't had headaches. PGC C
63. I noticed that, during the afternoon, unlike previous occasions, my menstrual flow slowed down (i.e. it became normally abundant), even though it was only the second day of the cycle, the most problematic one. PGC 1 C
64. My cycle began very early, it came on the 18th day. It has only happened very few times before, I think 2-3 times altogether. As a rule I am very regular at the 26th day. PP 1 IN
65. My menstrual cycle is still in progress and it is the 6th day: this is very unusual to me, because it always ends on the 4th day. PP 7 N
66. This evening I experienced lower abdominal and back pain, as if the cycle was coming, whereas I am already into the second day when I normally don't have any problems. PP 3 N
67. **From the morning of the 15th day I felt a sudden urge to pee, abundant and light colored urine. The urge goes on during the night and into the morning of the 16th day. I have to have a pee every 2 hours. I can't resist the urge. During the night I looked at the clock (I wake up and I'm forced to get up) at 00:30, 2:30, 4:30, 6:30 a.m. The urge lasts until the 17th day, then things go back to normal. PGC 15-17 E**
68. **In the evening diuresis increased, I got up 3 times to urinate during the night; the next day I felt an incredible thirst for water at room temperature; urination is abundant every time and I have to urinate every hour, but without a particular urge. The next day, towards evening, things go back to normal. FV 4,5 E**
69. **Urgent need to urinate 10 times, no burning or other sensations, just the urge to urinate ten times. The urge to urinate continues in the morning, although it is less intense, and I urinate 4 times. PP 1,9 E**

Back and musculoskeletal system

70. At lunch time unexpectedly a pain appears in lumbar region, very intense, without irradiation or laterality, without a clear root cause. It gets worse when sitting down or standing up, with any kind of movement in general; it improves when lying down on one side or on my back. The next day the pain is unbearable. Huge effort to get up. I double up in pain. Even breathing is painful. The whole pelvis feels as though it were being held in a vice. Even so I'm not worried at all. The symptoms went on unaltered, intense and crippling until the morning of the 18th day. The pain vanished; I woke up with an endless series of sneezes. I sneezed all the day, liquid nasal discharge, profuse lacrimation, itching, no burning, tears are sticky. Symptoms come and go during the day. FV 11-18 PI
71. Lumbar pain, improves by stretching my back. CDG 7 4:00-6:00 p.m. N
72. This morning I feel very ill, I woke up with the sensation of having been punched all over my body, with muscular pain. After breakfast queasiness and intense irritation. The situation got better in the afternoon when I went out with kids. PP 7
73. It appeared, in the middle of the sole of the left foot, a blister containing thick yellow creamy pus. BGF 3 N

Skin

74. Sudden and profuse bleeding of a mole on left temple, unintentionally 'scratched' while combing myself. This caused me a vague sensation of queasiness, unease which I then realized was anxiety about my health, fear (my father had a melanoma). FV 29 N
75. Itching all over my body with appearance of small spots on my neck and chest. IM 8

Acute illnesses

76. Frequent and annoying cramp-like pains in the abdomen, nausea, revulsion for any food, thirst for cold water but only in small sips, severe shivering, intense pain, as if I had been beaten up, in the legs and especially in the pelvis and in the spine. Temp. 38°C BGF 8

COMMENTS AND NOTES ON THE PROVING

PROVER CC'S NOTES.

I felt an urge to do things. It didn't cost me any special effort and I was able to do everything, but there was sense of being on the alert of being always on the ready. I felt a tension inside. I felt terrific, I felt full of adrenalin "What have I taken, Coca 200CH?"

SUPERVISOR ABOUT PGC

The appearance, the facies, her way of expressing herself were definitely different from usual. She seems more peaceful, 'lighter'; she is usually a rather 'morose' person, depressed and evasive. She says that she feels well in this period, better both physically (digestion and sleep have improved) as well as in human relations, at home and at work (she is an occupational physician). She says she is **less tired, less insecure; she has fewer digestive problems and feelings of bloatedness.** She took the remedy after the proving during menses to assess its effectiveness: once again she had a very moderate flow and no premenstrual symptoms.

PROVER LR 'S NOTES

Last important episode of stomach ache was when a duodenal ulcer was diagnosed in June 2008 as a result of which I was hospitalized. The pain was similar and I felt a lot of nausea. I checked that I had stomach ache this month of varying intensity and type: on March 3, 4, 9, 10, 14, 16, 17, 18, 19, 20, 21, and 22.

DIRECTOR'S NOTES ABOUT LR

On August 30 the prover LR told me that since then **she has never suffered either from tiredness or stomach ache.** She said the proving was beneficial to her health and that she feels extremely well. The following month **she did not suffer from premenstrual tension** and in the subsequent months it was only very mild. The following symptoms were recorded: **intense anger seven days before, with violent outbursts, strong words, a high tone of voice, screams and yelling about trifling things,** especially at home. She felt as though she were a taut rope that could snap at the slightest touch. The feeling died down somewhat in the following days. She would run herself down. She belittled herself: everything she does seems to go wrong, small mistakes become major tragedies, she feels as though she were wasn't appreciated.

PROVER TM'S NOTES

Some features of my nature got worse: **greater anticipation anxiety, more manic precision about certain things.** The **anxiety subsequently decreased** about a week after stopping the intake.

CONCLUSION

The proving of Colibacillinum ran from February to May 2011 at the Homeopathy School in Verona as part of the educational project of continuing medical education in Homeopathic Medicine. The proving fully fulfilled the objectives that had been set, both in terms of training and experimental research.

As a result of the proving, the pathogenesis of the nosode Colibacillinum, for which there had been a serious lack of data, has been enriched with valuable symptoms which facilitate or enable its prescription.

A suitable knowledge of a homeopathic medicine is achieved after several phases of experimentation and repeated therapeutic use. We therefore invite fellow homeopaths who will use Colibacillinum successfully in the future to send us the valuable data they acquire: they will help to provide a clearer definition of the pathogenesis of this substance and to improve the healing potential of the entire homeopathic community.

REFERENCES

1. Dominici, G.; Bettio, D.; Impallomeni, M.; Mariani, I.; Pinotti, D.; Tonini, E.; Pomposelli, R. *Sperimentazione didattica di Hydrogenium peroxidatum* (2009) *Il Medico Omeopata*, 42, 22-28, FIAMO.
2. King G, Riley D, Stock W. *New homeopathic drug provings in antihomotoxic medicine: Tormentilla and colibacillinum* (2000) *Biologische Medizin*, 29(2):98-101; 29(6):318-321
3. Riley, D. - *Collected Provings – Encyclopaedia Homeopathica – ARCHIBEL*, Assesse, 2008
4. Julian, O. A. *Materia Medica dei Nosodi* Nuova IPSA Editore, 1996
5. Schrojens, F. *RADAR Synthesis 9.2 – ARCHIBEL*, Assesse, 2008

ACKNOWLEDGEMENT

Ce.M.O.N. Company

The 15 provers

Fernanda Gonzato

Dr Gustavo Dominici

Piazza Vescovio, 7 00199 ROMA

Tel.: +39 +6 86211877 Fax: +39 +6 86208145 +39 333.9319088

gdominici@mclink.it www.omeopatia-roma.it