

**A double blind placebo controlled homoeopathic proving of Malus domestica
30CH, with a subsequent comparative analysis according to the Doctrine of
Signatures**

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**A double blind placebo controlled homoeopathic proving of *Malus domestica*
30CH, with a subsequent comparative analysis according to the Doctrine of
Signatures**

By

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**In the
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This study represents original work by the author and has not been submitted in any form to another University. Where use was made of the work of others, it has been duly acknowledged in the text.

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DEDICATION

This dissertation is dedicated to my parents. For all your sacrifices, big and small, I
am forever indebted

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I pay homage to my beloved Guruji, Swami Sri Sudarshanacharyaji Maharaj ...the single beacon of light that tirelessly guides me through the dark, stormy waters that is life. Thank you.

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ABSTRACT

Aim

The purpose of this research study was to determine any therapeutic significance of *Malus domestica* (domestic apple) in the potentised, homoeopathic form and to contribute this information to the body of the homoeopathic materia medica.

It was further hypothesised that some proving symptoms experienced by the provers during the research study would show a resemblance to unique characteristics of the plant in terms of its natural appearance and cultural references. This involved a detailed doctrine of signatures analysis of *Malus domestica* based on an extensive literature review.

Combining a proving research study with comparative analysis to the doctrine of signatures helped to clarify and verify the remedy's potential therapeutic value.

Methodology

This homoeopathic proving was carried out in the form of a double blind placebo controlled study of *Malus domestica* 30CH with a total of 30 provers. The prover sample was randomly divided into two groups: 24 provers (80%) into the verum group and the remaining six provers (20%) into the placebo group. The provers were unaware of either the proving substance or the potency used. Participants were required to record their mental, emotional and physical status' one week prior to administration of the proving powders as a form of control for comparison of symptoms post administration of the proving remedy. Thorough physical examinations and case histories of each prover were taken prior to and after the proving period.

Provers ingested one powder three times a day for three days and recorded their symptoms daily in a journal. The duration of the proving period spanned five weeks. During this period researchers were in constant contact with all participants. Once the proving period was complete, all journals were gathered and the information therein translated into materia medica and repertory format so as to develop the remedy picture of *Malus domestica* 30CH. A comparison between the symptomatology produced in the provers and the doctrine of signatures was then performed.

Results

A wide range of symptoms were documented by the provers. The results revealed an affinity to the mental plane – the most striking being the theme of being disconnected and separated from others in the environment as well as within one's self. Marked polarities were depicted as follows:

- Anger/irritability vs. calmness/tranquility;
- Depression/sadness vs. cheerfulness;
- Confusion vs. concentration/clarity of mind;
- Connection vs. disconnection.

Physically, symptoms concerning the extremities were numerous, with provers describing symptoms of their limbs being disconnected/separated as well. Head symptoms were also numerous as provers described a wide range of headaches, as well as headaches that were associated with eye symptoms. Abdominal symptoms manifesting as cramping associated with diarrhoea and, in some cases, constipation were documented. Dizziness associated with the sensation of the head floating was common as well.

Numerous themes arising from dreams were recorded by provers, with a clear affinity to family members as well as dreams of social gatherings and banquets. Provers dreamt of family members placed in precarious situations wherein the lives of their

loved ones were at risk, whilst the emotion of guilt was expressed in certain dreams regarding parties and banquets.

The comparison between the homoeopathic drug proving of *Malus domestica* 30CH and the doctrine of signatures brought many similarities to light, with most of these similarities relating to the mind, extremities and head.

Conclusion

As hypothesised *Malus domestica* 30CH produced clearly observable symptoms in healthy provers. On comparison, the proving remedy and the doctrine of signatures brought many parallels to light – the majority of which related to the mind, extremities and head. To gain a complete remedy picture of *Malus domestica* it is imperative that further research into the symptomatology of different homoeopathic potencies be conducted.

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CHAPTER ONE: OVERVIEW

1.1 Introduction

Homoeopathy is the system of medicine founded by the physician Dr. Christian Friedrich Samuel Hahnemann (1755-1843) of Germany. It is based on the principle that "like cures like". In practice, this means that a medicine capable of producing certain effects when taken by a healthy human being is capable of curing any illness that displays similar effects (Kamat 2006).

At present there are numerous homoeopathic remedies whose individual characteristics have been entirely demarcated through carefully conducted provings with many more remedies having been incompletely researched. These homoeopathic remedies are derived from: the animal, mineral, and plant kingdoms; healthy and diseased tissue; and imponderable substances. However, in order to expand the therapeutic armamentarium of homoeopathy, it is necessary to conduct proving research studies on new substances (Vithoulkas 2002:143).

Provings are the principle source material for the homoeopathic materia medica, thereafter followed by toxicological and clinical reports (Dantas 1996: 230).

Even though remedies that have been proven centuries ago are still indispensable in the treatment of disease, it is likely that as new diseases and stresses affect our society, the range of homoeopathic remedies must expand in order to meet this need. Increasing the number of remedies available in the armamentarium of the practicing homoeopath facilitates greater accuracy and individualisation when treating patients (Wright 1999).

The main aim of conducting a proving research study is "to record the totality of morbid symptoms produced by that substance on healthy individuals; and that totality

will be the curative indications upon which is to be prescribed the curative remedy in the sick individual” (Vithoulkas 2002: 144). It is only through conducting a precise proving that the inert curative powers of a substance are revealed so that they may be prescribed according to the Law of Similars to those ailing individuals. Each individual homoeopathic prescription must be based on the similarity between the totality of symptoms of the patient and the symptoms the remedy being prescribed produced in healthy subjects during the proving study.

Dr. Samuel Hahnemann, in aphorism 108 of the “*Organon of the Medical Art*” (6th ed.) stated that it is impossible to determine the effects of a medicinal substance on human beings other than by administering that substance to healthy individuals and observing and recording the signs and symptoms that the substance produces in those individuals (Hahnemann 1996: 144). Provings are the only way of identifying new homoeopathic remedies and as a result, the conducting of new provings will always form a major component of homoeopathic research (Cook 1989: 93). Accurate proving research studies result in the accurate prescribing of homoeopathic remedies. According to Sherr the use of signatures, toxicology or fancy ideas cannot approximate the precise knowledge gained by a thorough proving (Sherr 2003: 7).

According to Sherr (2003: 10) there is a certain standard that must be met and a certain procedure to be followed in order for these provings to be valid. Without accurate provings all prescribing symptoms are bound to be vague guesses at best. It is the quality of the proving and not the selection of the substance that determines a good, thorough proving (Sherr 2003: 7).

1.2 The Objectives of the Study

The main objective of this study was to conduct a double-blind placebo controlled homoeopathic drug proving of *Malus domestica* 30CH on healthy individuals, in order for the proving remedy to be prescribed homeopathically according to the Law of Similars. The symptom complex was assessed, with a correlation between the

symptoms produced and the characteristics of *Malus domestica* 30CH according to the doctrine of signatures. This comparison of proving symptoms to the doctrine of signatures allowed for further expansion of the therapeutic field of the proving substance.

1.3 The Hypotheses

1.3.1 Hypothesis 1

Hypothesis 1: *Malus domestica* 30CH will produce observable signs and symptoms in healthy provers.

1.3.2 Hypothesis 2

Hypothesis 2: The proving of *Malus domestica* 30CH will widen the symptom picture and range of medicinal value of the remedy through correlation of the symptoms produced with the doctrine of signatures associated with the plant.

1.4 The Delimitations

This study did not:

- Attempt to explain the mechanism of action of the homoeopathic preparation in the production of symptoms in healthy individuals;
- Determine the effects of potencies of the proving substance other than the thirtieth centesimal (30CH).

1.5 The Assumptions

- The preparation of *Malus domestica* 30CH was prepared in accordance with methods prescribed in the German Homeopathic Pharmacopoeia (GHP) (5th supplement to the 1st edition) (British Homoeopathic Association 2003).

- The sample was correctly procured and transported.
- The provers took the remedy in the dosage, frequency and manner required as outlined in the proving protocol.
- The provers conscientiously, accurately and honestly recorded all symptoms observed.
- The provers did not deviate from their normal lifestyle or dietary habits in a significant manner immediately prior to or for the duration of the proving.
- The randomisation code sheet was adhered to when the verum and placebo was dispensed to the provers.
- The provers complied with proving methodology as outlined in the *Instructions to Provers* (see Appendix A).

CHAPTER TWO: REVIEW OF THE RELATED LITERATURE

2.1 Provings

2.1.1 Introduction

According to Sherr (2003: 7) homoeopathic provings are the pillars upon which the practice of homoeopathy stands, as without accurate provings, all prescribing indications are destined to be inaccurate assumptions at best and fiction at worst. Sherr (2003) is of the opinion that the only method of foreseeing the effect of a substance as a homoeopathic remedy with any accuracy is by means of a thorough proving. According to Vithoulkas (2002: 144), the main aim of conducting a homoeopathic proving is to record the totality of morbid symptoms produced by the proving substance on healthy individuals, and it is from this totality of symptoms that the curative indications for the prescription of the proving remedy in the sick individual is derived.

Whilst translating Cullen's "*A Treatise on Materia Medica*" Dr. Samuel Hahnemann considered the assumption of *Cinchona officinalis* (Peruvian bark) being able to cure malaria due to its bitter taste to be illogical. Hahnemann disagreed with this assumption, as at that time there were many bitter astringents that did not have any notable effect on malaria (Ross 2011: 39). This led to the pioneering homoeopathic "proving" conducted on himself using crude doses of *Cinchona officinalis*. Hahnemann ingested this Peruvian bark and observed its effects, finding that he developed a disease state similar to that of malaria. It was this discovery that led to the first law of homoeopathy: "Similia Similibus Curentur" – "The Law of Similars" or "Like Cures Like" (De Schepper 2001: xv). Hahnemann continued to experiment on himself, and later, on other volunteers until six years after his original experiments with *Cinchona officinalis*. He then published the theory of the Law of Similars in his book "*New*

Principles for Ascertaining the Curative Power of Drugs” (Cook 1989: 8). Hahnemann was able to compile an extensive materia medica using the information gained from the administration of crude substances to healthy individuals. He stated that there is no surer way of discovering a substance’s healing potential than through a carefully conducted, homoeopathic proving (Hahnemann 1996: 145). Upon administering crude doses to his patients, Hahnemann found that these patients experienced dangerous aggravations of their symptoms (Taylor 2004). This he rectified by using progressively smaller dosages and, through further experimentation, he discovered that the smaller the dose, the less the toxicity, and the greater the therapeutic effects (Taylor 2004). Later, Hahnemann added succussion to his process of serial dilution, which increased the energy and effectiveness of the remedies (Taylor 2004). Many remedies proven by Hahnemann are indispensable in modern homoeopathic practice – with many of these remedies referred to as “polychrests” as they are widely used in virtually every disease (Taylor 2004).

Each individual homoeopathic prescription must be based on the similarity between the totality of symptoms of the patient, and the symptoms that the remedy being prescribed produces in healthy subjects. Provings are the principle source material for the homoeopathic materia medica, thereafter followed by toxicological and clinical reports (Dantas 1996: 230).

2.1.2 Historical Perspectives

The “Father of Medicine”, Hippocrates (460-350 B.C.), wrote: “By similar things a disease is produced and through the application of the like, it is cured” (Cook 1989:1).

This fundamental “like cures like” principle of homoeopathy was first mentioned by Hippocrates with the concept of provings being carried out for centuries after and dates as far back as 129AD, with Galen (129-200 A.D) being one of the first persons to test medicinal substances on people (Walach 1994: 129). Galen – a medical physician and surgeon of his time – maintained that all drug trials be tested on both

healthy and sick individuals. Paracelsus (b: 1493 A.D) observed the effects of substances on healthy individuals in order to determine their therapeutic properties (Cook 1989: 1).

The Swiss biologist and “father of experimental physiology”, Albrecht von Heller (1708-1777), stated in the preface of his pharmacopoeia, that any remedy must be initially tested on a healthy subject and interest must be paid to the effects that follow (Hahnemann 1996: 145). Anton von Störck, head of a Viennese hospital, who experimented with medicines on himself, is another physician known to have conducted rudimentary clinical trials prior to Hahnemann (Walach 1994: 129).

It was noted during the early 1980’s that not many proving research studies were being undertaken and those that were being conducted produced few symptoms. Jeremy Sherr concluded that this was due to the proving methodology being used. It appeared that many symptoms were being produced, but due to poor supervision, these symptoms were passing unnoticed (Sherr 2003: 45).

New developments have been made by Sherr regarding proving methodologies. Sherr has conducted comprehensive Hahnemannian provings on various substances including *Androctonus amoreuxii haebraeus* (Middle Eastern scorpion), *Hydrogenium* (Hydrogen), *Chocolate* (Chocolate), *Brassica napus* (Rapeseed), *Germanium metallicum* (Germanium), *Neon* (Neon), and *Adamas* (Diamond). Due to a proving guideline that is accurate, organised and thorough, many researchers have conducted proving research studies at the Durban University of Technology use Sherr’s proving methodologies, for example: *Sutherlandia frutescens* (Webster 2002), *Harpagophytum procumbens* (Kerschbaumer 2004), *Bitis arietans arietans* (Wright 1999) and *Bitis gabonica* (Thomson 2004).

2.1.3 Proving Methodologies

According to Wieland (1997: 229), Hahnemann's provings yielded viable symptoms, however, his methodology would not be considered reliable by today's standards of clinical trials. A clinical trial measures the efficacy of a drug on a specific disease and is compared to a placebo, whereas in a homoeopathic drug proving (referred to as a homoeopathic pathogenic trial [HPT] in modern terms) the purpose of the proving is to obtain symptomatology produced by the homoeopathic remedy. Hahnemann made use of up to 64 provers during his provings, all of whom received the proving remedy and no placebo control. None of his provers were blinded to the proving remedy (Wagner 2007: 8).

2.1.3.1 Other Proving Methodologies

2.1.3.1.1 C4 Trituration Provings

The concept of the C4 trituration proving methodology was investigated by Ehrler in 1993 through self-experimentation (Botha 2010). This proving methodology requires a group of provers participating in a trituration process wherein the trituration is carried out by hand and the identity of the proving substance kept secret (Hogeland and Schriebman 2008). Whilst conducting this proving process, the prover experiences physical and psychological symptoms as well as pictures and ideas of the proving substance (Botha 2010). According to Botha and Somaru (2010: 113), C4 triturated remedies reveal the following for each level of trituration:

- C1 level will display an effect on the physical level;
- C2 level will disclose the emotional characteristics;
- C3 level will expose the mental aspects;
- C4 level will uncover the spiritual aspects;
- C5 level represents the collective unconsciousness of the remedy.

At the Durban University of Technology, a recent C4 trituration proving study of *Protea cynaroides* was conducted by Botha (2010) with viable symptoms having been produced during the trituration process.

2.1.3.1.2 Dream Provings

According to Pillay (2002), modern day dream provings began approximately 25 years ago at the Bad Boll Seminars conducted by Jurg  n Becker. A one-week seminar was held twice a year by Jurg  n Becker and Gerhardus Lang with approximately 100 participants at Bad Boll, a small municipality in the district of Goppingen in Baden-W  rttemberg, southern Germany (Pillay 2002: 7). At these seminars homoeopaths who had felt a strong affinity with a certain homoeopathic remedy, and had thoroughly proved this remedy, would present their findings. A dream proving was then conducted every day during the course of the seminar period and symptoms evaluated on the last day thereof (Pillay 2002: 7).

Sankaran conducted numerous dream provings with his students during his seminars at Mumbai (Dam 1998: 130). He states that in dreams most of our emotions and actions are unadulterated, as compared to our conscious state when we are able to disguise our true emotions – therefore what we experience in dreams are reflections of the genuine emotions we experience toward various elements and occurrences (Sankaran 1998: 146).

Dream proving methodology focuses on extracting mental, emotional and physical symptomatology by exposing the prover to the remedy in one of the following ways:

- Oral consumption;
- Inhalation (olfaction);
- Tactile contact by holding the remedy in the hands for a period of time;
- Sleeping on it;
- Touching another prover who has consumed the remedy;
- Being in the same room as other provers (Dam 1998).

Dam (1998) argues that a dream proving is a proving like any other proving as it is a systematic procedure that requires development of congruency with the dynamic influence of the proving remedy on the vital force, with dream symptomatology being the main focus, although symptomatology on other planes are not excluded (Kreisberg 2000).

Dream provings are a contentious facet of homoeopathy with a large segment of the homoeopathic community believing them to be non-Hahnemannian provings (Dam 1998: 128). According to Brilliant (1998: 113), interpreting dreams can be treacherous as dreams are feelings and when prescribing a remedy, a homoeopath must try to understand the individual in his/her entirety and not only the mental picture. He goes on to state that prescribing in homoeopathy does not always mean complete comprehension (1998: 113). Sherr is of the opinion that dream provings are “partial provings”, and are only beneficial in being a short cut to the inner essence of the remedy (Sherr 2003: 16-7).

2.1.3.1.3 Seminar Provings

This proving methodology requires that the proving remedy be administered to a group of provers a few days in advance of or during attendance at a seminar (Hansjee 2010). The resulting effects of the dose is then discussed at this seminar – with the mental, emotional and dream levels of the remedy being the main point of focus (Herscu 2002). During the course of the proving period, each prover is asked to observe and pay special attention to the following:

- Physical symptoms with precise modalities;
- Emotional symptoms with precise feelings;
- Phenomena and incidences that occurred in the vicinity of the prover;
- Observations of individuals around the prover about alterations in the provers' condition during the study period;
- The individuals, movies, books, dress style, and manner of talking that the prover is impressed by (Sankaran 1998).

Sankaran (1998) believes that this proving methodology has numerous advantages, including:

- The effect of the proving substance seems to multiply when administered to a group of provers and establishes the phenomenon of “group consciousness” compared to when administered to individuals who have no contact with each other.
- At the concluding discussion of the proving, important information that may have been discarded as unrelated symptoms are seen as a significant part of the proving.
- Valuable deductions can be drawn by paying attention to dreams and emotional phenomena that were experienced by provers during the study period.

However, although this methodology does reveal the unique characteristics of the proving substance – especially at the mental and emotional planes – it seems to lack the solidity of the Hahnemannian proving protocols (Sankaran 1998).

2.1.4 Prover Sample Size

This research study sourced symptomatology from 30 volunteers (provers) that met the inclusion criteria (see Appendix A). Of these 30 provers, six received placebo while the remaining 24 provers received verum. By assigning six provers to the placebo group, 20% of the prover sample were administered the placebo powders. This was in keeping with Sherr’s recommendation that 10%-20% of provers be administered placebo (Sherr 2003: 57). According to Sherr (2003:45), 15-20 provers will produce a full remedy picture of the proving substance.

At the Durban University of Technology most research provings undertaken by students have used 30 provers. Examples of such researchers – in descending chronological order – are:

- K.Pillay (2011);

- S. Rajkoomar (2011);
- S. Hansjee (2010);
- T. Rabinowitz (2009);
- T. Pather (2008);
- N. Somaru (2008);
- A. Gryn (2007);
- M. Olivier (2007);
- L. Pistorius (2006);
- G. Hoosen (2004);
- Morris (2002).

According to Sherr (2003: 53) a large number of provers will result in an over-proved remedy, potentially overcrowding the materia medica with common symptoms.

2.1.5 Blinding

Blinding implies that provers are unaware of the proving substance that they will be consuming. Double blinding implies that:

- There is a placebo control group;
- The provers are unaware of the nature of the proving substance although it is known to the observer;
- The researcher does not know which of the provers have received the proving substance and which have received placebo (Sherr 2003: 36).

Sherr published *“The Dynamics and Methodology of Provings”* in 1994. This text has contributed immensely to homoeopathic provings internationally, and the 2003 edition was used as a reference in the methodology of this particular proving as well as the recommended guidelines for a good Hahnemannian proving set out by the International Council for Classical Homoeopathy (ICCH) (1999).

2.1.6 Potency

Hahnemann recommended that the 30CH potency of a proving remedy be used when conducting homoeopathic provings, as this level of potency is said to yield the most intense symptoms on all levels within the prover (Hahnemann 1996: 154).

Sherr (2003: 56) used a wide range of potencies whilst conducting his various proving (viz. 6CH, 15CH, 30CH, and 200CH) and states that it is equally valid to use a single potency only. In his proving of *Hydrogen*, Sherr found that most symptoms were developed at the 30CH level of potency (Sherr 2003: 27). At the 30CH level of potency, the symptoms produced in the provers are not induced by the raw material of the proving substance, but by the therapeutic power within the potentised remedy (Sherr 2003: 27). At this level of potency, the symptoms created are transient and provers must discontinue taking the remedy once any symptoms are produced (Vithoulkas 2002: 146).

This research study was carried out using *Malus domestica* 30CH and any symptoms experienced by the provers were credited to the proving remedy (Hahnemann 1996: 158).

2.1.7 The Ethical Considerations of Provings

The volunteers' safety is an important part of the planning of clinical trials. According to the Basic Principles mentioned in the Declaration of Helsinki, all medical research projects that involve human subjects should be led by careful assessment of the risks in comparison with the predictable benefits to the subjects or to others. This does not prevent the involvement of healthy volunteers in medical research and the design of all the studies should be made publicly available (Bulletin of the World Health Organization 2001).

The proving remedies were given to the provers in a high potency which guaranteed a low toxicity and therefore ensured the safety of all provers. Unlike modern conventional medicine, in homoeopathic provings there are no pharmacodynamic actions of the proving substance to be considered due to it being administered to the provers in high potencies. These high potencies can produce so-called 'aggravations' or 'proving symptoms', but do not cause toxicological effects. The likelihood of adverse effects is minimised due to the impact of the proving substance only lasting a short while (Sherr 2003: 62).

All provers were informed and warned about the inconveniences, potential risks, objectives and benefits of the study and signed a consent form before commencing with the study.

The homoeopathic proving process allowed for the possible manifestation of functional and sensational symptoms in the prover population. These symptoms disappeared once the proving remedy had completed its effect. However, in the event that these symptoms became distressing to the participant, the proving remedy could be antidoted (Sherr 2003: 63). Distressing symptoms are regarded as a noticeable intensification of the proving symptoms observed (Hahnemann 1996: 171). An example of a distressing symptom is a dermal eruption.

The antidoting process follows the protocol of similar provings in the Department of Homoeopathy at DUT. This process is as follows:

- The supervisor performs a detailed case history and physical examination of the participant (Sherr 2003: 63);
- The proving remedy is discontinued (Sherr 2003: 63);
- Suitable antidoting substances e.g. the inhalation of camphor, are prescribed (Sherr 2003: 63);
- If the symptoms persist then a suitable homoeopathic remedy is prescribed to eradicate the symptoms (Sherr 2003: 63).

The antidoting procedure along with the prescribed remedy would be documented and included in the research study. This study adhered to the Adverse Event Protocol as set out by DUT Institutional Research Ethics Committee.

Botha (2010) is of the opinion that ethical guidelines for conducting homoeopathic provings are a topic that is scarcely dealt with in literature. To address this gap, the European Committee for Homeopathy (ECH) (2011) developed the Homeopathic Drug Proving Guidelines. These guidelines are based on the Guidelines for Good Clinical Practice (GCP) of the International Conference on Harmonisation (ICH) and have been revised for the specific requirements of homoeopathic drug provings (ECH 2011). This revision was necessary, as, according to the ECH (2011), it is not warranted that homoeopathic drug provings be compared to phase 0 or phase 1 randomised clinical trials. Even though a homoeopathic drug proving bears a resemblance to phase 1 randomised clinical trials, homoeopathic drug provings deserve a separate status (see Table 1 below) (ECH 2011). Although conventional drug trials are dissimilar to homoeopathic drug provings it is important to adhere to the frame of Good Clinical Practice, as many items in the ICH guidelines are indispensable for homeopathic drug provings (ECH 2011).

Table 1: The Differences between Phase 0 Randomised Control Trial, Phase 1 Randomised Control Trial and the Homoeopathic Proving (ECH, 2011).

	Phase 0	Phase 1	Homoeopathic proving
Aim	Determines if the drug behaves as assumed from pre-clinical trials.	Pharmacokinetic and pharmacodynamic data safety assessment.	Gather symptoms for homoeopathic drug picture.
Volunteers	Patients with no other therapeutic options.	Healthy volunteers.	Healthy volunteers and never patients.
Volunteer population	10-15	20-100	Any
Placebo control group	No.	No.	Yes.

Dose	Micro-doses.	Single ascending dose. Multiple ascending doses.	Repeated micro-dose until symptoms occur. Predefined maximum number of doses.
Safety	Unknown	Variable – some risks avoided by pre-clinical studies.	Almost perfect – toxic levels excluded.
GCP/ICH guidelines	Under development by European Medicines Agency and U.S. Food and Drug Administration. Concept of Investigational New Drug studies.	Exists – used by ethical boards.	No official guidelines, but ECH guidelines conform to GCP/ICH guidelines.
Indication specified	Yes.	Yes.	No.
Purpose to demonstrate efficacy	Not yet – during next phase.	Phases II-IV determines efficacy for specific indication.	Purpose is not demonstration for efficacy.

2.2 The Doctrine of Signatures

The doctrine of signatures is a notion that Paracelsus von Hohenheim (1493-1541), a Swiss physician and alchemist, mentioned in his writings. He stated: “God would not place a disease upon the Earth without providing a cure for it, and a clue to the cures identity. He places a signature on it, by making remedies resemble the organs or maladies they can cure” (Yasgur 2004: 74). Paracelsus refers to the idea that plants with shapes resembling human organs or structures should be regarded as healing agents for those particular body parts (Pujol 1990: 24).

The doctrine of signatures postulates the nature of actions of a substance from its colour, form and properties. An example of the doctrine of signatures related to a plant can be seen in *Hypericum perforatum* (St. John’s wort) – upon being crushed, the flowers of the plant yield a red fluid said to be useful in haemorrhages and wounds as this fluid resembles blood (Goel 2002: 465). This doctrine allowed earlier doctors to

foretell symptoms that would be treatable by looking at the physical properties of the plant concerned. In Europe, this doctrine has become distorted and has drifted away from medical science. In Africa, however, the doctrine continues to be used in its original context (Pujol 1990: 24). Traditional Zulu healers, known as *Izangoma*, have always believed that God created identical structures in plants and humans so that they could recognise the healing herbs for the benefit of humankind (Louw 2002: 13).

Although there is a lack of scientific logic regarding the use of the doctrine of signatures, it often proves precise (Yasgur 2004: 72). The actions and medicinal properties of bamboo were deliberated upon by Dr. Hanschka until later research revealed that the plant had qualities that were valuable against the degenerative processes of the spine, cartilage and connective tissue (Yasgur 2004: 72). The remedy *Bambusa arundinacea* is now utilized in cases of arthrosis, cartilage fragility, painful joints and to strengthen the skin and arterial walls (Yasgur 2004:72).

The doctrine of signatures is still regarded by some as a highly controversial and unscientific subject (Speckmeier 2008), though a remarkable number of assumptions were apparently confirmed by homoeopathic provings. Examples include *Chelidonium majus* (Yellow Poppy) for liver complaints, *Euphrasia offinalis* (Eyebright) for eye complaints and *Pulmonaria stricta* (Lungwort) for bronchitis.

2.2.1 Anthroposophical Medicine

Anthroposophical medicine (*Anthros* meaning “human being” and *Sophia* meaning “wisdom”) is a branch of complementary medicine that was developed by Rudolph Joseph Lorenz Steiner (1861-1925) and is based on a holistic view of the human being provided by spiritual science (Rudolph Steiner Health Centre 2010; Louw 2002). This approach to medicine views health and disease and treatment and cure from a different standpoint as it takes into account that human beings, nature and the cosmos are intertwined with one another (Rudolph Steiner Health Centre 2010; Louw 2002). This form of medicine often combines homoeopathic remedies, plant

medicines, natural remedies and elements of conventional medicine to effect healing and cure within human beings (Rudolph Steiner Health Centre 2010).

Steiner saw humans as beings of body, soul and spirit, and anthroposophical medicine was created as the result of a group of doctors realising that this extended physiology had outstanding associations for the medical treatment of patients (Rodger and Evans 1992: 10). The main goal of anthroposophical medicine is to stimulate the natural healing forces within the patient as it is these life forces that maintain the human body and resist decay. These forces comprise the following:

- The etheric body – a non-physical, formative force that is particularly active in the growth and nutrition of the human being. This is known as the rhythmic system and prevents the following two poles from counteracting each other (Louw 2002).
- The astral body – an aspect of the nervous-sense system which enables human beings to be conscious, aware of their environment and emotionally responsive. This system is associated with the passive absorption and analysis of information originating from the internal or external environment, and therefore, rest is an essential state in allowing the inward flow of information. Catabolism is associated with this system and occurs consciously mostly by day and diseases stemming from this area are “cold”. An example of such disease is sclerosis and degeneration (Louw 2002).
- The ego or spiritual core which enables individuals to know themselves as independent conscious beings and thus have the power and ability to change themselves inwardly. This element of the human being expresses itself particularly in the blood and muscular activity and is known as the metabolic-limb system (Rodger and Evans 1992: 11). This system is associated with anabolism, occurs without conscious control and mostly by night. Disease processes affecting this system are regarded as “hot”, viz. inflammation and fever (Louw 2002).

It is the interconnection and balancing of these elements that creates a whole, and if the patient is to be helped it is this whole that must be treated. The anthroposophical approach to treatment seeks to understand illness in terms of the interconnection and balance between these elements (Rodger and Evans 1992: 11).

According to anthroposophical medicine there is a correlation between plants and human beings that can assist in the selection of a cure. The etheric body, or rhythmic-system, of humans is equated to the stem of plants as they both separate the poles and effect harmony within the being. The nervous-sense system of humans is equated to the root system of plants as both systems passively absorb information and nutrients and water – whilst protection is afforded to humans by the skull and to plants by the surrounding soil. The metabolic-limb system is linked to the reproductive system of plants as both systems are associated with immense metabolism (Louw 2002). The above information can assist with deciding upon a cure in the following ways:

- Remedies prepared from plant leaves will have an affinity for the etheric body – the rhythmic system;
- Remedies prepared from plant roots may have an affinity for the head and the nervous-sense system, and;
- Those remedies that are prepared from the flowers will have an affinity for the metabolic-limb system (Wagner 2007).

2.3 The Proving Substance

The proving substance was prepared from *Malus domestica*, cultivar ‘Golden Delicious’, sourced from a wild tree located on the Cobham Nature Reserve in the Natal Midlands (see Figures 1-5).



Figure 1: The Sample of *Malus domestica* Used for the Preparation of the Proving Remedy.



Figure 2: A mature tree bearing ripe Golden Delicious apples.(Source: Arbor Day Foundation 2013)



Figure 3: Dried Apple Seeds.
(Source: Wallpaper Mania 2013)



Figure 4: A germinating apple seed
(Source: Amphill 2011)



Figure 5: A Wild Apple Tree in its Natural Habitat.
(Not just apples 2013)

2.3.1 Substance Classification:

Kingdom: *Plantae* (plants)

Subkingdom: *Tracheobianta* (vascular plant)

Super division: *Spermatophyta* (seed plant)

Division: *Magnoliophyta* (flowering plant)

Class: *Magnoliopsida* (monocotyledons)

Family: *Rosaceae Maloideae*

Subfamily: *Spiraeoideae*

Genus: *Malus*

Species: *M. domestica*

Botanical name: *Malus domestica*

Common name: Domestic apple

(*Malus domestica* BIO 203 2007).

2.3.2 Description and Distribution

The term “apple” in the context of this research study, refers to the pomaceous fruit of the perennial apple tree in the rose family. *Malus* is the botanical name used to describe a group of trees typically known as Apple and Crab Apple trees. These deciduous trees and shrubs are suitable for growing in temperate zones. Their leaves grow from five to ten centimetres long, are oval to broadly ovate, pointy-tipped and have fine, sharp toothed edges with the upper surfaces being bright green and the undersides lighter and covered with a white down. The tree grows an average height of 10-13 meters with short trunks and a fairly rounded crown of branches. The wood of the tree is heavy, hardy and close grained – this in turn makes it good to burn and can be used to smoke meats (*Malus* - Apple Tree, Crab Apple Tree 2010).

Summer and early autumn varieties of fruit ripen over a period of weeks, therefore several pickings are needed to bring in the fruit at the right times. Early apples should be picked when still hard to prevent them over-ripening on the tree and getting

spongy. In the cooler northern regions, the apples may be stored in a building with ventilators and good insulation. They are opened on cool nights and closed during the warm days. The objective is to keep the temperature as close to 0° C as possible. If the autumn temperatures are too warm, the storage life of the apples will be shortened (Malus - Apple Tree, Crab Apple Tree 2010).

This fruit is a huge part of culture internationally – with folklore ranging from the legendary “Johnny Appleseed” to “Adam and Eve”, this fruit has always played a role in human lives. The apple is eaten because it is cheap, and contains important nutrients, hence the saying, “An apple a day keeps the doctor away” (Malus domestica BIO 203 2007).

The main aim of this research study is to determine the proving symptomatology of *Malus domestica* 30CH and subsequently perform a comparative analysis of the symptoms according to the fruit’s doctrine of signatures.

2.3.3 Health Benefits of Apples

Apples are a major food source of flavonoids (antioxidants known for their free radical-scavenging properties). These widely consumed fruit are a rich source of phytochemicals, and epidemiological studies have linked the consumption of apples with a reduced risk of several cancers, cardiovascular disease, asthma, and diabetes mellitus (Boyer and Liu 2004: 5). Increasing evidence from *in vitro*, *in vivo*, and epidemiologic studies suggest that flavonoids found in apples may be protective against cancer, heart disease, and other chronic diseases (Lewis and Ruud 2004).

Researchers from the University of California-Davis have discovered that apples – as well as apple juice– may hinder the oxidation process that is associated with the accumulation of fatty plaques within the coronary vessels that lead to heart disease. The study demonstrates that compounds within apples and apple juice behave in a similar fashion to that of red wine and tea in reducing the rate of pathogeneses of

heart disease. These compounds act as anti-oxidants to delay the breakdown of low density lipoproteins (LDL's). When LDL's oxidize, plaque accumulates along the walls of the coronary artery and results in atherosclerosis. Participants of this study simply included two apples – or 350ml of apple juice – to their daily diet and positive effects were evident after six weeks (University of California-Davis 2013). The fruit also contains a soluble fibre called pectin, that aids in the reduction of cholesterol (Hyson *et al.* 2000).

A study carried out at Aberdeen University found there is strong evidence that a healthy diet rich in anti-oxidants and vitamins is beneficial for asthma patients. Researchers found that when children sipped on apple juice their symptoms were relieved as flavanoids and phenolic acids found within apples aid in calming inflammation in respiratory airways (Willers *et al.* 2007).

Recent studies have shown an inverse relationship between the consumption of apples and the risk of several cancers (Reagan-Shaw *et al.* 2010). Research in Germany suggests that when the fibre in apples ferments within the colon, chemicals are produced that prevent the formation of carcinogenic cells (Gosse *et al.* 2005).

Nutritionists recommend that apples not be peeled, because most of the fibre and antioxidants are in the peel. Depending on the variety of apple, from two to six times more phenolic compounds and two to three times more flavonoids are present in apple peels than in the pulp. The peels of apples have been shown to contain exceptionally high concentrations of antioxidants but, sadly, are often discarded. In a study conducted in 2010, the antiproliferative effects of apple peel extract (APE) in a variety of cancer cell types were evaluated. The data showed a significant decrease in growth and clonogenic survival of human prostate carcinoma CWR22Rv1 and DU145 cells and breast carcinoma Mcf-7 and Mcf-7:Her18 cells. The antiproliferative effects of APE were also found to be accompanied by a G0-G1 phase arrest of prostate and breast cancer cells. Another finding was that APE treatment resulted in a noticeable increase in maspin, a tumor suppressor protein that negatively regulates cell invasion,

metastasis, and angiogenesis. The data obtained from the study suggested that APE possesses strong antiproliferative effects against cancer cells, and apple peels should not be discarded from the diet (Reagan-Shaw *et al.* 2010).

According to Murray *et al.* (2003), there is a tremendous amount of evidence that up to 50% of incidences of cardiovascular disease and hypertension can be attributed to an individual's diet – as apples are high in potassium, a mineral that facilitates the management of blood pressure, they can help reduce the risk of cerebrovascular accident and heart disease.

2.4 The History of Apples

Apples are believed to have originated in the Dzungarian Alps – a mountain range separating Kazakhstan, Kyrgyzstan, and China – more than 4000 years ago. As early humans migrated to other lands, they carried apples from these regions with them until the fruit became established throughout all of Asia, the Mediterranean region and the Middle East. These wild apple trees still exist and produce minute apples which are the same size and shape of the seedy and sour ancestors of today's apple (Grieve 2013). The fruit has been grown in the United Kingdom as a cultivated crop since the Roman occupation (McAusland 2009). According to Jules and Moore (1996), cultivation of the apple has been practiced by the Greeks and Romans and – through a direct result of their travels and invasions – seems to have been spread by them throughout Europe and Asia. Cultivars were selected and propagated in very early times, as grafting was known at least 2 millennia ago. Specially cultivated apple varieties proliferated across Europe to France, arriving in England around 1066, with the Crab-tree apple or the Wild Apple Tree (*Pyrus malus*) being a possible descendant of these early varieties. During the 13th Century the Black Death, the War of the Roses and repeated droughts resulted in the widespread downfall of apple cultivars – but this was remedied by Henry VIII. He instructed his fruiterer to establish the first large scale orchards at Teynham in Kent (McAusland 2009) and by the end of the 13th century numerous named cultivars were known, including 'Pearmain' and

‘Costard’ (Jules and Moore 1996). During the 16th and 17th centuries the early American settlers discovered that apples had preceded them to America, although they were not palatable. This resulted in the settlers requesting seeds and cuttings from England which were conveyed on subsequent passages to Boston, Massachusetts (Vermont Apples 2013).

2.5 Apple Mythology and Legend

To facilitate a deeper understanding of the archetype of the proving remedy, it is vital that the mythology, legend, and history of *Malus domestica* be explored – as this knowledge allows for the researcher to identify symptomatology arising within the provers which may be related to the mythology, legend and archetype of the proving substance.

Apples appear in numerous religious traditions throughout the world as well as throughout mythology as a symbol of desire and temptation (U.S. Apple 2013). Greek and Roman mythology refer to apples as symbolism for love and beauty. From Johnny Appleseed to Greek and Norse mythology, it is a fruit that has its roots steeped with legend, folklore, mythology and history. However, the word “apple” was used nonspecifically for all foreign fruit other than berries and nuts up until the 17th century so one cannot be sure that the fruit described in folktales, mythology and religion as “apples” actually are apples (Sauer 1993).

2.5.1 Apples in Greek Mythology

2.5.1.1 Heracles and the Garden of the Hesperides



Figure 6: The Hesperides tending to the trees bearing the golden apples.

(Source: artvalue.com 1999)



Figure 7: Heracles stealing the golden apples from the garden of the Hesperides.

(Source: Esoteric Online 2013)

According to Greek mythology, the Hesperides – Aegle, Erytheia and Hespere – were the clear-voiced maidens who guarded the tree of the golden apples (see Figure 6) – a tree that was given as a present from Gaea, the Earth Mother, to Hera on her marriage to Zeus (Encyclopaedia Britannica 2005: 898). These golden apples were guarded by the dragon Ladon as well, and as Ladon is the name of an Arcadian river, Arcadia is believed to be the possible original site of the garden. The three maidens and their golden apples were considered to be the source of the golden light of sunset, a phenomena celebrating the marriage of the heavenly gods Zeus and Hera.

Heracles was tasked to fetch the apples as one of his twelve labours, and upon slaying the serpent, stole the precious fruit (see Figure 7) but the fruit were later returned to the Hesperides by Athena (Atsma 2011). The golden apples that were used by Hippomenes to distract Atalanta during their race were from the garden of the Hesperides (Encyclopaedia Britannica 2005: 898).

2.5.1.2 Atalanta and the Golden Apples



Figure 8: The Race between Atalanta and Hippomenes.
(Source: Atalanta and Hippomenes.com 2011)

Atalanta was the great swift-footed Arkadian huntress and the favourite of Artemis – the goddess of hunting, archery and childbirth – and, traditionally, was the daughter of Schoeneus of Boeotia or of Iasus and Clymene of Arcadia (Atsma 2011; The British Museum 2003). Her myth tells the story of how, at her father's command, she was left to die at birth, but was suckled and reared by a she-bear. She participated in the Calydonian boar hunt during which she played a pivotal role in the slaying of the beast thus winning the pelt as a trophy. She offered to marry any suitor that was able to outrun her – but those whom she outran, she would claim their heads. In one particular race Hippomenes was aided by the goddess Aphrodite who gave him three golden apples from the garden of the Hesperides. He was instructed by Aphrodite to drop them one by one during the race as Atalanta would not resist stopping to pick

them up (see Figure 8), ultimately losing her the race and winning him her hand in marriage (Encyclopaedia Britannica 2005: 661).

2.5.1.3 The Judgment of Paris



Figure 9: The Goddesses Aphrodite, Athena and Hera vying for the Decision of Paris.
(Source: flickr 2013)

The judgment of Paris was a dispute between the three most beautiful goddesses of Olympus – Aphrodite, Athena and Hera – for the prize of a golden apple that was addressed “to the fairest” (Atsma 2011).

The myth began at the wedding ceremony of Peleus and Thetis to which the goddess Eris – the goddess of strife – was not invited. In her anger she cast a golden apple amongst the assembled goddesses addressed “to the fairest”. Aphrodite, Athena and Hera each claimed ownership of the apple, and asked Zeus to mediate. Zeus instructed Hermes to escort the goddesses to Paris of Troy to decide to whom the apple should be awarded (see Figure 9). Each of the goddesses unrobed and offered Paris a bribe: Aphrodite offered the most beautiful woman to be his bride; Athena offered that he would be the wisest and bravest of men; and Hera offered the richest realm on the Earth. Paris awarded the apple to Aphrodite, who then aided him to win

Helen of Troy. In the resulting war, Athena and Hera remained merciless enemies of Troy (Atsma 2011; Encyclopaedia Britannica 2005: 544).

2.5.2 Apples in Norse Mythology

2.5.2.1 Idun and the Magic Apples of Immortality



Figure 10: Idun with the Apples of Immortality and Loki.
(Source: Café Press 2013)

According to Norse mythology Idun was the goddess of spring or rejuvenation and the wife of the god of poetry, Bragi. She was the keeper of the magic apples of immortality which the gods must eat to maintain their eternal youth (see Figure 10). When she and her apples were seized by the giant Thiassi – who was aided by Loki, the trickster god – and taken to the realm of the giants, the gods began to rapidly grow old. They forced Loki to rescue Idun, which he did by taking the form of a falcon, changing Idun into a nut, and flying off with her in his claws (Encyclopaedia Britannica 2005: 899).

2.5.3 The Forbidden Fruit in the Garden of Eden



Figure 11: Adam and Eve in the Garden of Eden.
(Source: karlshuker 2011)

Although the forbidden fruit of the Garden of Eden (see Figure 11) in the Old Testament book of Genesis is not clearly identified, Christian tradition holds that it was an apple that Eve coaxed Adam to share with her (Macrone and Lulevitch 1998). This confusion arises as the Latin words “mālum” – an apple – and “mālum” – an evil – are both normally written as “malum” (Kissling 2004). In Genesis 2:17, the apple signifies evil and the tree of the forbidden fruit is called "the tree of the knowledge of good and evil", and the Latin translation of "good and evil" is “bonum et malum” (Hendel 2012).

The book of Genesis states that God created an ideal world and thereafter created Adam. He placed Adam in the Garden of Eden where his sole responsibility was to tend to this garden and was instructed by God that he was free to do as he pleased except eat the fruit of the tree of the knowledge of good and evil (BBC 2009). God then created Eve to be Adam’s wife but she was later tempted into eating the fruit of the tree of the knowledge of good and evil by the serpent. Eve, in turn, offered to her husband some of the fruit and he consumed it unhesitatingly, leading them to realize that they were naked and to hide in shame – this is widely known as the transition

from “innocent obedience” to “guilty disobedience”. After realizing that they disobeyed His instruction, God banished them from the Garden of Eden into the harsh outside world and banned them from eating the fruit of the tree of life, thus becoming mortal (BBC 2009). This banishment of Adam and Eve is regarded as “The Fall of Humans”.

2.5.4 Apple Legends

2.5.4.1 The Island of Avalon

Legend has it that Britain’s king Arthur was transported to the island of Avalon for the curing of his wounds after his final battle – the Battle of Camlann (Encyclopaedia Britannica 2005:733). Geoffrey of Monmouth was responsible for the exposure of King Arthur to European literature. He described the island of Avalon as the “island of apples” ruled by the enchantress Morgan le Fay and her eight sisters who were all learned in the healing arts (Encyclopaedia Britannica 2005: 733).

2.5.4.2 The Legend of Johnny Appleseed



Figure 12: Johnny Appleseed Tending to an Apple Seedling.
(Source: Today I found out 2012)

John Chapman (1774-1845) – better known as Johnny Appleseed – was a missionary nurseryman of the North American frontier who helped pave the way for 19th century pioneers by supplying apple-tree seedlings throughout the Middle West. Although the character of “Johnny Appleseed” is mainly known through fiction, John Chapman was an actual and dedicated professional nurseryman. He expected to make profits from the sale of his seedlings and by approximately 1800 he began collecting apple seeds from cider presses in western Pennsylvania. He began his journey westward, planting apple nurseries (see Figure 12) from the Alleghenies to central Ohio and beyond. He sold and donated innumerable amounts of seedlings to pioneers as well as educated them about appropriate care for these seedlings. These acres of productive apple orchards have become a living monument to Chapman’s missionary passion (Encyclopaedia Britannica 2005: 492).

Johnny Appleseed’s’ combination of unique characteristics lead to his “primitive natural man” appearance. His jovial, charitable nature; his attraction for the wilderness; his tenderness with animals; his knowledge of medicinal herbs; his harmony with the Native Americans; and his eccentric manner of dress (flowing hair under an inverted sauce pan, bare feet, ragged trousers, and an old coffee sack over his shoulders with holes cut out for arms) formed the quintessential appearance of the wandering Johnny Appleseed. In 1845 John Chapman, owner of 1,200 acres of planted land, died from exposure to the elements, but his legend of “Johnny Appleseed” lives on in numerous apple orchards throughout the Middle West and literary works (Encyclopaedia Britannica 2005: 492).

2.6 The Apple and Rosaceae Family

According to Sankaran (2007: 1741), due to the similar external features of the flowers of the apple, pear, plum and rose plants, they all share a common vital sensation as these plants belong to the same family – the Rosaceae family. Included in this family are numerous fruits and berries, namely: apple, crab apple, pear, strawberry, raspberry, blackberry, peach, cherry and apricot (Scholten and Collins

2012). Most of these plants contain the precursors of hydrocyanic acid – a highly lethal substance that, once eaten, is converted into hydrocyanic acid within the alimentary canal. Scholten and Collins (2012) believe that the sweetness of the fruit, the thorny protection, and the breathlessness and suffocation due to the precursors of hydrocyanic acid present are the themes that are common within this family. Scholten and Collins (2012) also state that the general theme is of the “pain of a broken heart” with manifestations of heart and circulation symptoms being most pronounced. Just as the rose is a symbol of romantic love, so too is the apple an ancient symbol of love and sexuality.

According to Welte (2012) the Rosaceae family is a combination of the following properties in differing proportions. This combination is as follows:

- Romantic, idealistic, sweet “courtly” love;
- The demanding and stifling themes of Hydrocyanic acid;
- The prick of thorns.

The theme of the Rosaceae family is of a suffocative love that stems from the idealistic notion of romantic and eternal love. But when this notion of the “greatest love” is threatened, they take it too much to heart. Patients requiring a remedy from the Rosaceae family have a propensity to romanticize the notion of love, such as ideals of “a prince on a white horse” or “the unattainable princess” (Scholten and Collins 2012). At the instance of being in a relationship, they put their entire beings into this relationship leaving no room for themselves to breathe – suffocating themselves in the process (Scholten and Collins 2012). And when this pure love is unfulfilled they experience the prick of the thorn that tears deep into the flesh (Welte 2012). As the apple tree has no thorns and very little hydrocyanic acid within the seeds, the sweetness of the rose family predominates this plant (Scholten and Collins 2012; Welte 2012).

2.7 Hydrocyanic Acid

Hydrogen cyanide – also known as Prussic acid – is a colourless, toxic liquid and precursors to this acid are present in bitter almonds, the stones of peaches, plums, and the pips of apples. Once consumed, these precursors are converted to hydrocyanic acid within the gut of the consumer, but fortunately, the amount of acid produced is not medically significant (Vermeulen 2003). Over the centuries hydrocyanic acid has found its place amongst many facets of industry, mainly in mining, in the preparation of acrylonitrile and acrylic fibres and synthetic rubbers and plastics (Morrison 2006). The acid is obtained for medical uses through the distillation of yellow prussiate of potash with sulphuric acid and water (Sankaran 2007).

The compound was discovered by Carl Wilhelm Scheele (1742-1786) in 1782 and derives its name “Prussic acid” from Prussian blue (ferric ferrocyanide) – a colour pigment discovered in Berlin – as it was first obtained from this pigment (Morrison 2006; Vermeulen 2003). Hydrogen cyanide is a poison of rapid action and acts on the organism by targeting the respiratory and vasomotor centre by inhibiting metabolism and respiration at a cellular level. Inhibition is attained by hindering the actions of metal-containing enzymes – one such iron-rich enzyme being cytochromoxidase. This enzyme is responsible for the energy releasing processes in the cell during cellular respiration. When cellular respiration ceases, it is no longer possible for cellular functions to be maintained, ultimately leading to cell death (Morrison 2006). Grossly, in cases of slower poisoning with smaller doses, the respiratory and vasomotor centre is stimulated and respiration deepens, cardiac activity is decreased, blood pressure rises and is followed by a rapid, sudden fall of blood pressure, thereafter followed by the cessation of respiration. This slowed cardiac action remains unchanged for a relatively long time (Vermeulen 2003). At the lowest concentrations of hydrocyanic acid poisoning, symptoms of dysphoria and panic, nausea and vomiting, vertigo, headache, tachypnea and tachycardia are produced (Morrison 2006).

CHAPTER THREE: MATERIALS AND METHODS

3.1 The Experimental Design

This proving research study of *Malus domestica* 30CH was conducted in a double blind, placebo controlled manner with the prover sample amounting to 30 provers – of whom 24 received the proving substance and the remaining six the placebo. The powders were allocated in a randomized manner and due to the double blind nature of the study, neither the researchers nor the provers were knowledgeable as to whom had received the verum or placebo powders. To ensure that this double blind status was maintained, the verum and placebo powders were identical in physical appearance as well as the final packaged presentation.

Before commencing the proving study, each prover was supplied with a unique prover code along with journals in which they were to note down symptomatology that arose during the study period. Each prover was supplied with six powders to be consumed three times daily over a period of two days.

Once the proving period was complete the journals were collected and the information therein was translated into materia medica and repertory format by the researchers. This translation of symptoms served to create a remedy picture that was then analysed according to the doctrine of signatures.

3.2 Outline of the Experimental Method

- Provers were recruited by means of a proving advertisement posted at several sites around the premises of the Durban University of Technology, as well as through personal invitation.
- Once potential provers had been recruited, a pre-proving interview was conducted by the research investigator. This was done to ensure the suitability

of each prover and this was checked against the inclusion criteria (see Appendix E).

- Provers were randomly assigned to either the verum or placebo group.
- All provers then attended a pre-proving seminar during which all avenues of the research proving study were explained to them. This seminar also provided the provers an opportunity to clarify any queries regarding the study.
- Toward the closing of the seminar, all provers were required to sign a consent form (see Appendix A). In addition, provers between the ages of 18 and 21 were required to present consent from parents or guardians prior to participating in the study (see Appendix A).
- A thorough medical and homoeopathic case history as well as a physical examination of each prover was conducted by the research investigator as this served as an additional screening procedure (see Appendix B).
- Each individual prover was then allocated a prover number, a journal with a code corresponding to the prover number, and a list of instructions. Furthermore, the contact details of the research investigator and supervisor were provided to the prover.
- Upon completion of the case histories, physical examinations and applicable documentation, all provers were informed of the date of commencement of the proving.
- All provers recorded their daily symptoms in their journals one week prior to the administration of the proving remedy. This then formed the control for the comparison of symptomatology for the pre- and post-proving period.
- Each prover was allocated an envelope containing six powders, either medicated (verum) or un-medicated (placebo). Each envelope was labelled according to the prover number.
- The provers began taking their powders three times daily while continuing to record all symptomatology within their journals. The research investigator maintained contact with all provers during the first week of the proving period.
- If a prover had experienced any adverse symptoms he/she discussed these with the research investigator in order to decide whether these were acceptable

proving symptomatology. If these symptoms were as a result of the proving remedy, the remedy was discontinued immediately.

- If no symptomatology occurred within the first two days, or once all six powders had been completed, the prover was still required to make journal entries. This continued to the end of the proving period or until proving symptoms began.
- Provers were required to record any symptoms in their journals until all proving symptoms had subsided.
- The research investigator reduced contact with the provers from daily during the first week, to once in two days, once in three days and then weekly.
- Provers continued to note down any symptomatology two weeks after the proving period. This was to determine if there was a recurrence of any symptomatology.
- This research study lasted four to six weeks per prover. This included a one week pre-proving and two week post-proving observation phase.
- All journals were gathered and a full homoeopathic and medical case history, including a physical examination, was conducted on each prover by the research investigator.

3.3 The Proving Substance

3.3.1 The Potency

Malus domestica 30CH was used in this proving study.

3.3.2 The Collection, Preparation and Dispensing of the Proving Substance

The proving substance was sourced from a wild tree located on the premises of the Cobham Nature Reserve in the Natal Midlands. Two samples of the mature fruit were obtained and transported to the Durban University of Technology promptly. One fruit was immediately prepared into the proving remedy and the other scientifically identified and documented by a qualified horticulturist from the University of KwaZulu-

Natal. A letter of approval was obtained from the horticulturist, clearly stating the identity of the proving substance (see Appendix G).

The entire fruit was macerated and a sample was immediately triturated with inert saccharum lactis powder in a ratio of 1:99 to the 3CH potency. This was in accordance with Method 6 of the German Homoeopathic Pharmacopoeia (5th supplement to the 1st edition). Liquid potencies were then manufactured from this preparation of *Malus domestica* 3CH to a potency level of 30CH, as per Method 8a of the German Homoeopathic Pharmacopoeia (5th supplement to the 1st edition). This 30CH liquid potency was then used to impregnate lactose granules at 1% volume: volume.

These impregnated granules were then added to each inert lactose powder [*Homoeopathics Trading® chemically pure Lactose monohydrate BP (loss on drying + water max 6%); Illovo Limited Anhydrous alcohol 99.9% UN No 1170 Batch 52/12/67*] that was set aside for the verum group and administered to the provers allocated to the experimental group. The above procedures are in accordance to the standards and methodology laid out in the German Homoeopathic Pharmacopoeia (GHP) (5th supplement to the 1st edition) (British Homoeopathic Association 2003) (see Appendix C). The placebo was dispensed in the form of lactose granules impregnated at 1% volume: volume with 96% ethanol. This was administered to provers in the placebo group.

The verum and placebo powders were prepared in this manner so as to make them identical in appearance. These powders were then dispensed by the Homoeopathic Day Clinic's Laboratory Assistant as per the randomisation schedule. This ensured that the researchers remained blind to who received which preparation. The proving substance was assigned to 80% (24 individuals) and the placebo to 20% (six individuals) of the proving group respectively.

3.3.3 Dosage and Posology

One powder was consumed sublingually three times a day over a period of two days – or until proving symptoms appeared. The powders were discontinued after the onset of symptoms. Thus, a maximum of six powders were taken by the prover. Neither food nor drink was consumed orally 30 minutes before and after administration of each powder.

3.4 The Sample Criteria

3.4.1 Prover Sample

Sherr (2003: 45) states that 15-20 provers will produce a very full remedy picture. For this proving study 30 provers were used with 80% (24 provers) of this sample making up the verum group and the remaining 20% (six provers) the placebo group. The two researchers managed 15 provers each. The researchers were Mr S Ramnarayan (B.Tech.Homoeopathy) and Mr. B.R Moonsamy (B.Tech Homoeopathy).

Provers included homoeopathic students, homoeopathic practitioners as well as members of the general public. Those that were interested in participating in the proving were given a proving sheet which is found in Appendix E. Posters advertising for the need for volunteers to aid in the proving were displayed on notice boards at DUT (see Appendix D).

3.4.1.1 The Experimental Group

The experimental group comprised 80% of the prover sample.

3.4.1.2 The Placebo Group

The placebo group comprised 20% of the prover sample.

3.4.2 Randomisation

Provers were allocated into either the verum or placebo groups and the proving powders were dispensed by an academic staff member namely Dr I Couchman (M.Tech.Homoeopathy) and appointed fifteen (15) provers equally to each researcher. The researchers being Mr S Ramnarayan (B.Tech.Homoeopathy) and B.R Moonsamy (B.Tech Homoeopathy). Both the verum and placebo powders were identical in packaged presentation and physical form so as to maintain the double blinding standard of the research study.

3.4.3 Criteria for the Inclusion of a Subject into the Proving

Inclusion criteria:

- Between the ages of 18 and 70 years old;
- A general good state of good health (Sherr 2003: 49);
- Be willing to follow the proper procedure for the duration of the proving.

3.4.4 Criteria for the Exclusion of a Subject into the Proving

Exclusion criteria:

- Younger than 18 years old or older than 70 years old;
- On chronic allopathic, homoeopathic, or herbal medication;
- On, or have been on, the oral contraceptive pill or hormone replacement therapy in the last six months;
- Pregnant or breastfeeding;
- Surgery in the last six weeks;
- Use recreational drugs such as cannabis, LSD, or ecstasy (MDMA);
- Consume more than two measures of alcohol a day;
- Smoke more than 10 cigarettes a day;
- Consume more than 3 cups of coffee or tea a day;

- In a poor state of health;
- Not willing to follow the proper procedure for the duration of the proving.

3.4.5 Lifestyle of Provers during the Proving Period

All provers were required to adhere to the following guidelines:

- Avoid all antidoting factors such as coffee, camphor, and mints and to discontinue the use of these substances for two weeks before, and for the duration of the proving (Sherr 2003:92);
- Storage of the powders in a cool, dark place away from strong smelling substances, chemicals, and electric equipment and cellular phones (Sherr 2003:92);
- Moderation in the following areas: work, alcohol, exercise and diet (Sherr 2003:92);
- Avoid medication of any sort, including antibiotics and steroid or cortisone preparations; vitamins or mineral supplements, and; herbal or homoeopathic remedies (Sherr 2003: 92).

3.4.6 Monitoring the Provers

Communication between the researchers and provers was maintained through telephonic means throughout the proving period. During the first week of the proving, communication between the researcher and the prover was carried out each day to discuss the symptoms of each prover. During the second week, researchers contacted provers every second day, during the third week researchers contacted provers every third day and in the fourth week the researchers contacted the provers once a week.

The rationale behind this constant communication between the provers and researchers is as follows:

- To determine when the proving substance has begun to act, and therefore instruct the prover to discontinue taking any further doses (Ross 2011: 95);
- To ensure compliance of the prover with regards to administration of the powders as well as the recording of symptoms in their journals (Ross 2011: 96);
- To identify any aggravating symptoms experienced by the provers that may need to be antidoted – thus ensuring the safety of all participants (Ross 2011: 96).

3.4.7 Ethical Considerations

Prior to the commencement of this proving study the following aspects were addressed:

- The proving methodology was approved by the Faculty of Health Sciences Ethics Committee at the Durban University of Technology. This was to ensure the protection and safety of all participants (Hansjee 2010: 68);
- The “informed consent” form (see Appendix A) was signed by all participants of this study (Hansjee 2010: 68).
- It was brought to the attention of all participants that they were not compelled to participate in this study and they were free to withdraw from it at any point (Hansjee 2010: 68).

3.5 The Duration of the Proving

3.5.1 The Case History and Physical Examination

Provers that met the Inclusion Criteria(see Appendix E) attended a pre-proving seminar hosted by the researchers and supervisors. This was followed by a pre-proving consultation at a later date when a thorough case history was taken and a general physical examination performed. This case history and physical examination

functioned as a baseline status for each prover prior to the ingestion of the proving powders.

3.5.2 The Pre-proving Observation Period

On the assigned starting date of the proving, each prover recorded their 'normal' state in the given journal, at a minimum of three daily for one week. This was important as it served to familiarize the prover with self-observation and to set a standard for each prover's normal state of health. The researchers contacted the provers during this period to ensure accuracy and compliance in the recording of symptoms.

3.5.3 Commencement of the Proving

One week after the pre-proving journal keeping, each prover ingested the first of the powders in their envelope and recorded any symptom that they came across. If major symptoms occurred the provers did not ingest any further doses of the proving remedy, if the symptoms were very mild, the prover took one more dose. If no symptoms occurred, the provers continued taking the remedy three times daily over a period of two days. If symptoms did occur, they did not take any further doses. Although the prover discontinued taking the remedy, that prover still remained part of the research study and was kept in telephonic contact with the proving researcher. If severe aggravations occurred, the prover was antidoted and still remained part of the research study. The daily recording of symptoms by the provers continued for a total of four weeks.

3.5.4 Chronology

Each prover was required to note the time that each symptom occurred in relation to the time elapsed after ingesting the first powder. The format of DD:HH:MM was used when recording each symptom – this refers to the day (DD), the number of hours (HH), and the number of minutes (MM) since the proving began (Sherr 2003: 73).

After 24 hours elapsed, the minutes were no longer important and could be represented by XX. After a few days elapsed, the hours were no longer relevant either and were marked as XX. In instances where time was trivial the symptoms were represented by XX:XX:XX (Sherr 2003: 73).

3.5.5 Post-proving Observation

A further one week period was granted subsequent to the four week proving period and was allocated for general observation purposes. This one week period was regarded as the post-proving observation period at the end of which a follow up case history was taken, physical examination performed, and the respective journal collected from each prover. The proving was now considered complete.

3.6 Symptom Extraction and Evaluation

3.6.1 Data Collection

The data collected from the study included that of the pre- and post-proving assessments of each prover, but the main source of data was derived from the journals collected at the post-proving consultation.

3.6.2 The Extraction and Evaluation of Symptoms

Upon completion of the proving, all journals were collected and the information therein was translated into materia medica and repertory format. Data collected at the pre-proving consultation, as well as the one week pre-proving observation period, served as the control when evaluating symptoms recorded during the proving period.

3.6.3 The Criteria for Inclusion of a Symptom as a Proving Symptom

Criteria for inclusion of symptoms were as follows:

- New symptom that is unfamiliar to the prover (ICCH 1999: 36);
- Usual or current symptoms that are intensified to a marked degree (ICCH 1999: 36);
- Current symptoms that have been modified or altered – with clear description of current and modified components (ICCH 1999: 36);
- Old symptoms that have not occurred for at least one year – the time of last appearance was to be noted by the prover (ICCH 1999: 36);
- Present symptoms that have disappeared during the proving (curative action) (ICCH 1999: 36);
- The time of day at which the symptom occurred should only be included if there is repetition of such times in one or more provers (ICCH 1999: 36);
- If a symptom is in doubt include it in brackets. If another prover experiences the same symptom, it could be valid. Otherwise it must be included (ICCH 1999: 36);
- A symptom occurred after taking the medication on at least two occasions during the homoeopathic drug proving;
- A symptom experienced when the proving started and which disappeared or is significantly ameliorated after the administration of the proving medication, is classified as a cured symptom (Riley 1997: 227);
- All symptoms occurring in more than one subject (Riley 1997: 227);
- If the prover is under the general influence of the remedy then all the new symptoms are proving symptoms (Sherr 2003: 70).

3.6.4 The Criteria for Exclusion of a Symptom as a Proving Symptom

Criteria for the exclusion of symptoms were as follows:

- Symptoms must not be included if they have occurred in recent history i.e. in one year or less (Sherr 2003: 70).
- Symptoms that are usual or current for the prover must be excluded (Sherr 2003: 70).

- If there is any serious doubt as to the validity of the symptom, it must be excluded.

3.7 Collating and Editing the Data

The main aim of collating the data was to synthesis the proving symptoms from many accounts into a single entity, into an “as if one person” composition (ICCH 1999: 37). Symptoms from the various journals were allocated into the applicable chapters and sub headings as per the format used in the repertory, e.g. Throat, Abdomen, etc. Thereafter, these subsections were grouped according to the subject and time of appearance.

Regarding the proving of *Malus domestica* 30CH, a conservative approach was used, i.e. only if a symptom was extensive, of high frequency or high intensity was it given a grading of two (Taylor 2004: 48).

3.8 The Doctrine of Signatures

The doctrine of signatures of *Malus domestica* was discussed in correlation to the symptoms produced by provers in this study. By drawing on the correlation of symptoms to the doctrine of signatures allows for greater accuracy when prescribing and studying this remedy.

3.9 Reporting the Data

Once the extraction and editing of data was complete, it was transferred into materia medica and repertory format. This allowed for easy use and understanding of the remedy.

3.9.1 The Materia Medica

The *Synthesis Repertorium Homeopathicum Syntheticum* (edition 9.1) was used as a guideline when writing up the symptom picture of this remedy. Table 2 contains the headings used.

Table 2: Repertory headings

1. Mind	14. Stomach	27. Cough
2. Vertigo	15. Abdomen	28. Expectoration
3. Head	16. Rectum	29. Chest
4. Eye	17. Stool	30. Back
5. Vision	18. Bladder	31. Extremities
6. Ear	19. Kidneys	32. Sleep
7. Hearing	20. Prostrate	33. Dreams
8. Nose	21. Urethra	34. Chill
9. Face	22. Urine	35. Fever
10. Mouth	23. Male genitalia / sex	36. Perspiration
11. Teeth	24. Female genitalia / sex	37. Skin
12. Throat	25. Larynx	38. Generals
13. External Throat	26. Respiration	

3.9.2 The Repertory

The *Synthesis Repertorium Homeopathicum Syntheticum* (edition 9.1) was again used as a guideline in drawing up rubrics. Proving symptoms were recorded as specific rubrics according to the headings and subheadings of this text. In the event of a rubric not being found in the existing text, a new rubric was created to include the remedy symptom.

CHAPTER FOUR: THE RESULTS

4.1 Introduction

Symptoms derived from the proving of *Malus domestica* 30CH were extracted, collated and edited from the prover journals. These results were then adapted into the standard homoeopathic referencing formats as two subsections – the first subsection being the materia medica and the second subsection the repertory. The symptoms were converted to repertory language and format and thereafter grouped into sections as per the *Synthesis: Repertorium Homeopathicum Syntheticum* Edition 9.1 (Schroyens 2004).

4.2 The Prover Sample Composition

The recorded symptomatology that comprised the materia medica and repertory of *Malus domestica* 30CH were obtained from a total number of 24 provers who received verum powders. Six provers formed the placebo group as highlighted in Table 3 below. The prover sample consisted of both males and females with an age range of 18 years to 57 years. Those provers that were allocated to the placebo group are indicated by a “P”, and those in the verum group are indicated by a “V” (see Table 3).

Table 3. Details of the Provers

PROVER NUMBER	AGE	GENDER	PLACEBO/VERUM
01	27	M	V
02	21	M	V
03	28	M	P
04	21	F	V
05	25	M	V
06	27	F	P
07	26	M	V
08	28	M	V
09	57	M	P
10	28	M	V
11	30	M	V
12	27	F	P
13	57	M	V
14	21	F	V
15	25	F	P
16	19	M	V
17	27	M	V
18	38	M	V
19	29	F	V
20	19	M	V
21	26	F	V
23	19	F	V
24	23	M	V
25	19	F	V
26	31	M	P
27	21	F	V
28	34	M	V
29	29	M	V
30	28	M	V
31	26	M	V

4.3 The Materia Medica of *Malus domestica* 30CH

The proving symptomatology of *Malus domestica* 30CH was grouped according to traditional materia medica sections, including relevant headings and sub-headings.

All symptoms were referenced according to the design suggested by Sherr (2003:78):

- Prover Number – Gender– Onset of Symptoms (Day:hours:minutes);
- The time reference specifies the number of days, hours and minutes since the first dose was taken. After 24 hours the minutes are considered unimportant and represented by XX. The hours also become unimportant after a few days;
- Where the time is unclear, or not recorded by the prover, it is represented as XX:XX:XX;
- Symptoms recorded by provers belonging to the placebo group were not considered;
- All symptoms cured during the proving are denoted by the letters (CS), for Cured Symptom, which will follow the particular symptom.

The words, spelling, grammar and sentence structure of the various provers have remained mostly unchanged. Any additional information provided by provers during the post proving consultation is within square parentheses.

4.3.1 Mind

4.3.1.1 Anger/frustration

Got into a huge fight with a client which ended in swearing.

01 M 19:XX:XX

If there was anything worrying me right now she'd be one of them (a problem I won't divulge). So all in all today I am EMOTIONALLY UNSTABLE.

[Frustrated, angry and irritable. Not being able to talk the problem out with her.]

02 M 03:XX:XX

What a ridiculous day I had!!! First time in my university life I had an exchange with a lecturer and it wasn't very pleasant. I know this won't sit well with my department H.O.D.

02 M 15:XX:XX

Angry from the time I woke up, went all day long fuming at most people

13 M 17:XX:XX

Felt very edgy today, like I wanted to bite everyones head off, I'm normally fine.

16 M 18:XX:XX

Woke up thinking about previous nights (night's) dream. Felt sad and angry.

[In the dream I had a fight with my boyfriend – I was angry because he didn't understand where I was coming from and I was sad because I love him so much and he doesn't understand.]

21 F 07:XX:XX

4.3.1.2 Anxious/nervousness

A lot more to be done to secure future.

[Need to secure myself financially as I don't have a permanent job. On the verge of getting married but not financially stable enough.]

17 M 03:XX:XX

Apologies for not filling in yesterday, had a lot of work to do hence I forgot. Today was horrendous had so much of nervous energy didn't know what to do with it. I had to

fidget a lot today which irritated everyone, felt weird emotions towards my girlfriend. I questioned my relationship with her which is a normal occurrence I guess however it felt out of the normal to me.

[I felt anxious when I thought about her. The way she's been acting recently – it feels unstable to me. Felt weird cos I trust her whole heartedly.]

18 M 04:XX:XX

Experienced an anxiety attack around 5pm.

21 F 32:XX:XX

Woke up from evening sleep had an anxiety attack, didn't know what I was seeing was real or fake.

[An anxiety attack was I was sweating, deep breathing, confused thoughts. Because of my confused mind I think I couldn't process what I was seeing.]

22 M 03:XX:XX

Had a strange daydream today about a girl I've never met but was so scared about talking to her and telling her how felt about her.

[I felt nervous and anxious towards her. My heart was racing.]

22 M 17:XX:XX

No pain but a bit nervous because I didn't know what was the symptoms of this pains from the start.

31 M 09:XX:XX

4.3.1.3 Calmness

Had a dream about being in a park that looked like botanics. Strange cos I havnt been there in years haha I think it's time to take a break and visit the place. Felt like I had a deeper peace and calmness in this park like time didn't move – very deep.

08 M 02:XX:XX

I had a very easy day, relaxed. My mind was at ease

11 M 09:XX:XX

My mind was calm this morning I was sitting on my bed feeling like I was dreaming.

13 M 08:XX:XX

Was feeling calm and relaxed this morning my thoughts seemed clearer than they normally are.

19 F 03:XX:XX

I am calm even though I know my future is uncertain. This confuses me cos I normally am not so calm when it comes to work.

28 M 00:XX:XX

Powder 1: I felt extremely calm after taking the 1st sachet-I havnt felt like this in years. Took powder 2: didn't feel as calm as I did in the morning but I did have lots more energy and I found that I could think much clearer, even at work my mind was constantly running on full steam. Took powder 3: had a shower and my head felt light-no pain but was just feeling a bit dizzy. Had supper and a cup of tea – normally am a coffee person but felt for tea this evening.

[I felt a sense of serenity and inner peace.]

30 M:XX:XX

4.3.1.4 Cheerful

Woke up and went to the toilet for number 2, felt really free after that.

01 M 01:XX:XX

Relaxed, happy, in a good mood. The person responsible for my moodiness and reason for being distant decided to be nice and sweet to me, resulting in my mood remaining happy, relaxed, etc, etc.

[My boyfriend had a change of character and decided to be overly nice and spent quality time with me.]

04 F 01:XX:XX

People said I'm nicer.

[I'm normally introverted and I keep to myself. Everyone saw me as someone that would not open up to them and didn't consider their opinions. It means that then I was more friendly, open to discussion and much more free and easy going.]

04 F 01:XX:XX

Experienced happiness and I did not cry, was not moody, spoke to everybody and was back to my jolly self in general.

04 F 01:XX:XX

Number 2 was extremely pleasurable, felt a good release, relaxed

22 M 04:XX:XX

4.3.1.5 Concentration/clarity of mind

But concentration levels were really good. Managed studying for long hours.

04 F 01:XX:XX

Feel like I think a bit more clearly I feel lighter in my head as in my thoughts are clearer for some reason.

16 M 21:XX:XX

I feel much better today, my thoughts are clear and I can function well

16 M 27:XX:XX

Everything seems clearer, I can think and focus so much better than before.

19 F 02:XX:XX

These days I noticed I can't remember passed events like I used to.

28 M 00:XX:XX

4.3.1.6 Confusion

I am confused about my femininity.

[I found that I was crying more than usual. I like to be soft and gentle and dependent on my partner – I always felt like this but it came to the surface back then. I like my partner to be able to take care of me.]

07 M 02:XX:XX

My chest started to feel tight after 12pm, my brain still feels confused, I'm insecure about my relationship

11 M 05:XX:XX

4.3.1.7 Delusions

4.3.1.7.1 Dirty

Not feeling too good, got my periods. Feel dirty and just want to bath and get back to bed.

27 F 13:XX:XX

4.3.1.7.2 Faces diabolical

While I was daydreaming pictures of evil beings came across.

[Distorted and disfigured faces which seemed scary at the time and looked evil.]

13 M 03:XX:XX

4.3.1.7.3 Forsaken

I feel like I'm lacking in love – I don't really know who I am.

[Immediate family always pays less attention to me.]

16 M 03:XX:XX

4.3.1.7.4 God

When I went to bed and prayed lastnight it felt like God was talking to me.

[I physically felt that God spoke to me with an audible voice – I could literally hear it because His voice seemed very loud. It was late at night and I felt like praying. I was half asleep half awake.]

11 M 01:XX:XX

4.3.1.7.5 Persecuted

I feel persecuted by everyone around me like everyone is against me.

01 M 03:XX:XX

It feels like everybody is out to use me including my loved ones.

18 M 03:XX:XX

Sometimes I really feel that God himself hates me.

[Whatever I try to do is never easy to accomplish. I work hard with no guarantee that I'm going to be successful in anything. I feel that he could favor me more.]

24 M 07:XX:XX

Feels as though the whole world is against me.

28 M 02:XX:XX

4.3.1.8 Depression/sadness

Feeling depressed today. I need to start work so I can make some money. Feel worried about my girls they are small still. My nose was blocked the whole day again – this doesn't happen at all.

13 M 21:XX:XX

Felt sad and misunderstood by everyone, I try to explain my intentions but nobody understands me.

22 M 12:XX:XX

4.3.1.9 Irritation

Was really irritated in the morning today but playing with my daughters made the day so much better. Felt stressed but just a little.

01 M 05:XX:XX

Felt irritated then spoke to a friend about issues and felt really good.

[Felt edgy and agitated.]

01 M 07:XX:XX

Had a very irritated day strong emotions to everyone came out

16 M 23:XX:XX

Was just annoyed with the crime rate in the country and how well criminals are protected.

[I hate it when the underprivileged and the poor are mistreated.]

17 M 14:XX:XX

Not feeling too good. I am a bit grumpy, I had a huge argument with a friend.

27 F 05 XX:XX

4.3.2 Vertigo

Head felt very light today, less issues that normally stress me out.

05 M 05:XX:XX

Took the 1st powder this morning but didn't feel anything out of the ordinary. But I noticed that at about an hour later I felt a bit light headed – not so much dizzy but just (just) felt like my head was floating. Very unusual for me.

08 M 00:XX:XX

A lot of dizziness and weak feeling in my head, a little bit of constipation.

11 M 00:XX:XX

My head was feeling different also – was feeling light.

13 M 05:XX:XX

Head seems to be floating – dunno (don't know) if the runny tummy in the morning caused that.

19 F 03:XX:XX

Took my 2nd powder @ 16:00, again no pain but my head a bit lite (light), for about 30mins, once I went outside and worked it was fine.

29 M 01:16:30

Powder 1: I felt extremely calm after taking the 1st sachet – I havnt felt like this in years. Took powder 2: didn't feel as calm as I did in the morning but I did have lots more energy and I found that I could think much clearer, even at work my mind was constantly running on full steam. Took powder 3: had a shower and my head felt light – no pain but was just feeling a bit dizzy. Had supper and a cup of tea – normally am a coffee person but felt for tea this evening.

30 M 00:XX:XX

4.3.3 Energy/amped

Woke up normally, however felt a bit strange like I had more brainpower. My body feels like theres a stronger motor driving the wheels. I feel great.

18 M 00:XX:XX

Started taking the medicine today. Felt amped at the end of the day like I am the king of my castle.

20 M 00:XX:XX

4.3.4 Family

Enjoyed spending time with the family.

[Normally I like being on my own but then I enjoyed being around family.]

01 M 08:XX:XX

Thought about spending more time with family and friends.

[With my busy, hectic lifestyle I decided I needed to spend more time with my family and friends.]

17 M 04:XX:XX

4.3.5 Financial strife/business

Powder 3 also gave me a bit more heightened senses and thinking was a lot more deeper, thinking was more focused however I am at a stage in the business where every decision made is an important one long term wise.

17 M 02:XX:XX

A lot of ideas going through my mind, constantly thinking about how to improve the business and people's lives around me.

17 M 03:XX:XX

Made new plans for the business in terms of marketing and patient approach.

17 M 24:XX:XX

4.3.6 Frustration

Got really frustrated today with wife but I kept my cool.

01 M 11:XX:XX

4.3.7 God/prayer/religion/religious

Tendency toward being more spiritually inclined.

17 M 05:XX:XX

Being spiritually inclined helps heighten all senses since it seems to calm mind down and bring about inner peace.

[I was stressed about my situation and my future and after praying I felt the inner peace I speak about.]

17 M 05:XX:XX

Did some prayer before going to practice. Made me feel a lot better/motivated in the morning.

17 M 13:XX:XX

Visited the temple in the morning, felt like giving a larger donation than normal. The atmosphere in the temple brought me back down to a calmer place rather than thinking about work all the time.

[I felt that God wanted me to.]

17 M 14:XX:XX

Did prayers on Saturday helped to distress (destress) and clear mind for the morning and day. Had weird/strange dreams night before.

17 M 20:XX:XX

It feels as tho my faith is being questioned all the time.

[I have strong beliefs in my God and I trust him daily for most of the decisions. My everyday challenges at work.]

20 M 08:XX:XX

4.3.8 Laughing/playful

Usual day went to work laughed a lot today not usual for me, enjoying the positive attitude

05 M 12:XX:XX

Seemed to want to play with the dogs a bit more than I normally do or play soccer since I hadn't play the sport in a while.

17 M 08:XX:XX

4.3.9 Mental exhaustion

Moderate mental exhaustion. Mental exhaustion resulted in feeling sleepy for several hours (3 hrs max) from 10:30am.

02 M 01:XX:XX

4.3.10 Nature

Had a dream about being in a park that looked like botanics. Strange cos I havnt been there in years haha I think it's time to take a break and visit the place. Felt like I had a deeper peace and calmness in this park like time didn't move – very deep.

08 M 02:XX:XX

Just wanted to go camping somewhere to get away from all the stress from daily living. Feel like I need to get back in touch with nature – small things seem to make me happy nowadays like looking at the birds eating and things.

08 M 10:XX:XX

I felt like spending time outdoors and being closer to nature. I just wanted the open air and the breeze from outside

11 M 10:XX:XX

Felt like being outside a bit more enjoying nature and fresh air.

17 M 08:XX:XX

4.3.11 Relationships

Had a fairly short day today. Got a lot in mind such as upcoming test, assignments and a more personal thought....my female companion.

02 M 03:XX:XX

I'm starting to have doubts about my relationship and religion, double minded, am I doing the right thing.

[Is there a future for us as in do I love her enough? When I say double minded I mean is there somebody else out there for me?]

11 M 00:XX:XX

The doubts are getting stronger, am I with the right person, am I making the right decisions.

[Am I the right person to love her enough. To be there for her.]

11 M 01:XX:XX

My chest started to feel tight after 12pm, my brain still feels confused, I'm insecure about my relationship.

[I couldn't breathe in properly. I'm confused about whether I should stay in this relationship or not.]

11 M 05:XX:XX

After a week on these powders I'm starting to think more about my decisions and relationships.

11 M 07:XX:XX

4.3.12 Romance

Felt really nostalgic and romantic today out of the ordinary.

[Felt nostalgic over my girlfriend and our romance. Romantic feelings mean me being affectionate, paying attention, cuddling, kissing.]

22 M 09:XX:XX

4.3.13 Senses heightened/acute

Mind is lively even tho (though) in a bit of pain – I see I can think clearly and my concentration levels have heightened. It's like all my senses are heightened I can see sharper and hear clearly all the sounds around me.

08 M 01:XX:XX

Powder 2 after lunch made senses like the eyesight, hearing and taste a bit more heightened.

17 M 01:XX:XX

Day felt easier, senses felt a bit more heightened probably due to exercise.

17 M 23:XX:XX

4.3.14 Separated/disconnected

Something inside is missing.

[The thing that's missing inside is zest for life, passion and the drive to succeed. It feels like a big hole in my chest.]

05 M 02:XX:XX

Woke up a bit late for work, a bit tired (tired) but feel very lazy, my legs feel like their separated from my body.

05 M 04:XX:XX

My legs feel like their (they're) not part of my body at times

05 M 05:XX:XX

Felt like my head wasn't on my body – think I may be coming down with the flu or something.

08 M 03:XX:XX

But had this odd sensation that my feet wernt (weren't) attached to my body when I was running. Very weird. This has never happened to me before.

[While I was running I lost sensation in my feet – that's why they went numb. Which was strange because normally my feet are hot and sweaty while I run.]

08 M 14:XX:XX

I feel stupid today went out with my friends and had a great time, felt good but something's missing, I can't see the point of everything.

[I don't know where my life is going. Nothing adds up in my life.]

11 M 18:XX:XX

Body is relaxed but subconscious is on its own mission I guess.

17 M 03:XX:XX

Leg cramps began again but this time it started from the top of my feet, feels like my feet are separated from my legs.

19 F 07:XX:XX

I feel a loss in connection between my mind and body.

[Things that I want to do I never seem to achieve. When I have a plan I find it difficult to follow through as I'm tired or doing too many things at once.]

22 M 01:XX:XX

A very strange thing happened today while I was walking to work. It felt like my toes were cut off from my feet like they were separated.

[My toes first started cramping then went numb and felt as if I was only walking on the balls of my feet.]

24 M 04:XX:XX

Woke up with a sensation of a ball deep in my throat – even coughing didn't help clear my throat of this feeling. Had a strange dream of me on a thick carpet of grass and watched children playing in a rose garden – one of the children got cut and I ran over to help her. It made me feel weird holding her hand. Took the 4th powder: everything was normal – except my energy was heightened for a while. Had the 5th powder at work: had a supernatural experience! I literally could see myself at my workstation aimlessly typing away on my computer. This was my first “out of body” experience – it was like I my body was separated from my soul, like being in a dream. I am not taking any more of the powders from here on!

[I didn't know the child but somehow I really wanted to hold her hand – I felt a sense of attachment and a sense of responsibility to take care of her.]

30 M 02:XX:XX

4.3.15 Sex

4.3.15.1 Fear before sexual intercourse

I woke up very tired today with less energy which went on the whole day long. I had a strange sexual encounter today which I thought I needed to write down. I felt tremendous fear before having sex with my girlfriend. Just lasted for the beginning then it was fine.

[The fear was lack of libido.]

22 M 04:XX:XX

Felt that great fear again today just before having sex goes away after we start though.

22 M 26:XX:XX

4.3.15.2 Sex/watching

I really felt like doing cocaine today even though I stopped many years ago, I love the spaced out feeling, I like to watch.

[I like to watch people having sex that is what I meant by I like to watch. Spaced out means I like to be care free, adventurous, open minded. My best friend introduced me to it.]

11 M 12:XX:XX

I have a secret obsession which over the years has grown, I love to watch other people having sex live. I feel most alive when I watch a guy hammering a girl. I donot need to participate just watching is enough.

[I never had the opportunity to talk to somebody that was like my doctor that is why I kept quiet all this time.]

11 M 14:XX:XX

I hope you don't think I'm a weirdo after reading yesterday's journal entry but I thought you should know who I really am. I looked up the word for sum one who watches others and I feel like I love voyeurism. It fills a gap which I cannot explain.

[For a long time now I have intimacy issues so it makes me feel more in line with my emotions – this is the thing that fills the gap.]

11 M 15:XX:XX

4.3.16 Tension, stress

Under a lot of pressure today from clients, a lot of cellphones to repair today. Handled pressure badly. Day ended well.

01 M 08:XX:XX

Hectic day felt rushed hate feeling rushed

01 M 13:XX:XX

Had a very stressful day with a lot of clients

01 M 19:XX:XX

4.3.17 Head

4.3.17.1 Pain

Feel a slight headache coming on; right side of the brain in the region that's behind the ear. No eyes and ear pains. Feels like a slight, continuous prick of a needle, not too sharp a sensation, I can function normally.

02 M 01:XX:XX

End of the day I had a slight headache in the same manner as last night but other than that all is well that ends well.

02 M 02:XX:XX

Did not experience the pounding headache that I experience mainly on hot days (it was a very hot day).

[Normally it's a pounding headache at the back of my head that gets really bad when it's hot. When I stand in a cool place it subsides.]

04 F 01:XX:XX

Had a splitting headache more on the left side of my head face and jaw and going down my neck. Same type as yesterdays – felt sharp like a poking sort of type. It stopped after I rested for a while.

08 M 01:XX:XX

My eyes seem to be aching lately causing headaches that don't go away easily, have to rest my eyes to get the pain to subside.

08 M 14:XX:XX

Ate the 2nd powder at lunch time and noticed nothing out of the ordinary. When got home I noticed that I didn't have the usual headache that I normally have after campus – no head pain what so ever.

[My forehead and temples throb after a long day at campus. It feels like my temples are being squashed.]

19 F 00:XX:XX

Came home and the itching stopped but the headache was back, there was pain at the back of my head and at the top – a pounding pain.

19 F 01:XX:XX

Headache around 2pm. Forehead region. Tightness. Bilateral. Duration – 30 minutes.

21 F 02:XX:XX

Headache around 2pm. Forehead region. Tightness. Bilateral. Duration – 30 minutes.

21 F 03:XX:XX

Experienced neck pain and a headache for about 2 hours (3pm). Forehead region and bilateral. Relieved after resting.

21 F 07:XX:XX

Experienced slight headache at approximately 2 pm. Forehead region. Headache relieved after ± 20 minutes.

21 F 10:XX:XX

Headache (2:30pm). Duration – 60-70mins. Orbital region.

21 F 16:XX:XX

Headache ± 2 pm. Duration 1 hour (OS).

21 F 31:XX:XX

A severe headache followed this. Feeling of general unwellness.

21 F 32:XX:XX

Have a slight headache, but may just be from dehydration, haven't been drinking a lot of water.

[There usually is a pulsating headache all over my head that goes away after I drink a lot of water.]

27 F 30:XX:XX

I have headache on my front left side but I think it because of traveling @ nature, I'm at Empangeni KZN.

31 M 12:XX:XX

4.3.17.2 Pain, occiput

Had a headache on the back of my head and it was there for the whole day until I had supper.

13 M 13:XX:XX

Woke up with a small headache at the back of my head and had the 4th powder. I usually get these headaches in the sun or when it's very hot but I see I am getting them now (OS).

[At my forehead I usually get a dull head pain which gets really bad in hot weather.]

16 M 03:XX:XX

I had an afternoon nap but when I woke up I had a very bad headache on my neck and back of my head and I saw silver stars.

[Pounding type.]

18 M 17:XX:XX

4.3.17.3 Pain, vertex

I woke up normally in the morning then I had an unusual headache situated on the top of my head. It got worse then after two hours it suddenly went away.

[It normally beats.]

01 M 00:XX:XX

Had the headache after that again like yesterday but it went away after 5min.

01 M 01:XX:XX

Headache on top and back of head, ached the whole day.

[It felt like a nail pressing into my head.]

07 M 18:XX:XX

Same headache as yesterday, really sore.

07 M 19:XX:XX

4.3.18 Eye

Eyes were worrying me more than normal – both were burning and seemed to bring on a headache. Rested my eyes and the headache eased a bit.

[Pain was above and over the eyes – was a dull throbbing sensation.]

19 F 02:XX:XX

4.3.19 Nose

4.3.19.1 Obstruction

Sinuses also started acting up cos (because) my nose was blocked and head felt congested.

08 M 03:XX:XX

Have a blocked nose.

27 F 26:XX:XX

4.3.20 Mouth

4.3.20.1 Hairy tongue

Tongue felt thick and fat and hairy at the back at my throat.

19 F 08:XX:XX

4.3.20.2 Dryness

Woke up with a very dry mouth, so I'm starting my day with a glass of water.

27 F 23:XX:XX

4.3.20.3 Fatty, greasy

Had a fatty taste when eating, lasted the whole day.

07 M 05:XX:XX

4.3.21 Throat

4.3.21.1 Scratching

Scratchy throat, better with warm water.

14 F 02:XX:XX

I found that my throat was feeling extra dry and I needed to drink water to keep it from scratching. This doesn't happen at all.

16 M 06:XX:XX

4.3.21.2 Sensation, lump

Chest was ok but throat was still acting up – still feels swollen like theres a ball stuck in it. Drinking water helps but warm drinks seem to be making things better overall.

08 M 04:XX:XX

4.3.22 External throat

4.3.22.1 Pain

Feel slight neck pain on the right side of the neck, head can move freely though.

02 M 01:XX:XX

4.3.23 Stomach

4.3.23.1 Distention, eructations

Felt bloated today with a lot of burping.

01 M 20:XX:XX

4.3.23.2 Heartburn

Heartburn decreased a bit (NS).

[Burning sensation on the chest, with chest pain and normally feel much better after moving around.]

17 M 01:XX:X

4.3.23.3 Thirst

Very thirsty (OS).

04 F 02:XX:XX

4.3.24 Abdomen

4.3.24.1 Emptiness, stool, after

Went to the toilet to pass number 2 again. Was feeling like empty in my tummy after I was done.

01 M 20:XX:XX

4.3.24.2 Pain, cramping

Stomach cramps today after drinking yoghurt, not too bad (NS).

[The bottom of my stomach had a nagging, irritating pain and it led to farting.]

05 M 08:XX:XX

Cramps were twisting in my stomach and very sore.

[The area over my navel was sore – it started after eating.]

22 M 18:XX:XX

4.3.24.3 Eructations

I burped quite a bit today with bloated feeling in my tummy, I notice after I ate I felt much much better.

22 M 19:XX:XX

4.3.24.4 Pain, constipation

Felt very sluggish today think it may be due to being constipated. I hate being constipated it hurts (hurts) and slows down my day (OS).

[Feels like the stool is hard in my intestines. Normally occurs many hours after eating.]

05 M 15:XX:XX

4.3.25 Rectum

4.3.25.1 Discomfort/diarrhoea

Woke up and went to the toilet for number 2 more than once, felt really free after that.

01 M 02:XX:XX

Going to the toilet much more than I used to.

01 M 03:XX:XX

Got scared today when I saw blood on the toilet paper, felt like pins in my rear.

08 M 08:XX:XX

Had an early start to the day. Eeling bettr (feeling better) today didn't have the pains like the other day but in the afternoon my stomach started again so I had sugar water. My head was feeling different also – was feeling light.

13 M 05:XX:XX

Woke up with severe diarrhea, smelt like something died inside of me.

16 M 17:XX:XX

Was a bit shocked to see that there was little blood in the toilet. Normally never have a sore butt but it feels very sore now!

19 F 00:XX:XX

Needed the loo when I woke – I noticed that my tummy was aching. Passed loose watery stool.

19 F 03:XX:XX

Needed the toilet urgently when I woke up. Seems like the diarrhea is back.

19 F 09:XX:XX

Stomach cramps painful with diarrhea, lots of diarrhea.

[Had extreme pain in lower abdominal area]

22 M 24:XX:XX

4.3.26 Stool

4.3.26.1 Bloody

Got scared today when I saw blood on the toilet paper, felt like pins in my rear.

08 M 08:XX:XX

Noticed today that when I went to the toilet I felt the number2 pass out of my body. When I was wiping I saw thick blood on the toilet paper.

18 M 11:XX:XX

Was a bit shocked to see that there was little blood in the toilet. Normally never have a sore butt but it feels very sore now!

19 F 00:XX:XX

4.3.26.2 Urgency/copious

But found that when I woke up in the morning I needed to pass stool – almost straight after standing up from bed I had the need for the toilet. Used the toilet 2ce (twice) before having breakfast which was worrying me.

08 M 08:XX:XX

Woke up today late but my stomach was sore – felt like I needed the toilet as soon (soon) as I woke up. Never happened before. My stomach was running.

13 M 02:XX:XX

Needed the loo when I woke – I noticed that my tummy was aching. Passed loose watery stool.

19 F 03:XX:XX

Needed the toilet urgently when I woke up. Seems like the diarrhea is back.

19 F 09:XX:XX

4.3.26.3 Offensive

Woke up with severe diarrhea, smelt like something died inside of me.

16 M 17:XX:XX

4.3.27 Bladder

4.3.27.1 Copious urination/dysuria

Had a good sleep but kept waking up to use the toilet to pass urine. Woke up like 3 times during the night definitely not normal. Plus there was a burning sensation and lower back ache even tho the colour was clear.

08 M 03:XX:XX

Woke up feeling tired had a broken sleep again cos needed the toilet.

08 M 04:XX:XX

Went to the toilet for number 1 6 times today dark yellow pee and cramping on my sides.

18 M 07:XX:XX

Don't know why but I seem to be using the toilet to pass urine much more frequently now but I didn't have more water than I normally do.

19 F 02:XX:XX

Passing burning hot clear urine – not normal for me.

19 F 04:XX:XX

Went to the toilet more than normal today to pass urine. It was burning and yellow.
24 M 07:XX:XX

4.3.28 Kidneys

4.3.28.1 Pain

Had a good sleep but kept waking up to use the toilet to pass urine. Woke up like 3 times during the night definitely not normal. Plus there was a burning pain and lower back ache even but the colour was clear.

08 M 03:XX:XX

Getting sum lower back ache while passing urine.

19 F 02:XX:XX

4.3.29 Respiration

4.3.29.1 Difficult/constriction

Chest was a bit tight and throat felt swollen.

08 M 04:XX:XX

My chest started to feel tight after 12pm, my brain still feels confused, I'm insecure about my relationship.

11 M 05:XX:XX

I noticed that my chest started paining when I was laughing hard. Felt like less air was going into my chest (NS).

[I had pins and needles all over my chest. Breathing in made it worse.]

18 M 25:XX:XX

Came home chest was still feeling tight but was coughing up less phlegm than at lunch time.

19 F 08:XX:XX

4.3.30 Cough

Developed a cough during the day at lunchtime – was dry but started being productive toward the afternoon.

08 M 03:XX:XX

Developed a wet cough at around lunch time. Was coughing up lots of yellow-green phlegm - which is strange because I didn't have any chest symptoms earlier.

19 F 08:XX:XX

4.3.31 Chest

4.3.31.1 Pain – dull

Dull chest pain – left side.

14 F 02:XX:XX

Pain on lower half of the sternum. Sharp pain. Occurred between 5 and 6pm.

14 F 10:XX:XX

4.3.32 Back

4.3.32.1 Heat

Feeling hot on my shoulders and neck, it is burning. It is my first time feeling this pain but I think I slept with wrong position at night. When I touch these areas theres nothing I can feel on my superficial layer.

31 M 04:XX:XX

4.3.32.2 Pain

A lot of dizziness and weak feeling in my head, a little bit of constipation (OS).

[Gassy feeling with a pain at my lower back. Warm water relieves it.]

11 M 00:XX:XX

A little bit of lower back pain.

[Pain when I bend over – sharp pain that runs down my thighs. Stretching helps.]

17 M 15:XX:XX

Woke up a bit late due a bit of lowerback pain.

17 M 16:XX:XX

Slight lowerback pain and heartburn.

17 M 24:XX:XX

Back pain (thoracic region) for most of the day. Decreased my ability to perform at work optimally. Restless sleep due to the back pain.

21 F 12:XX:XX

Back pain persisted from previous day (+ stiffness).

21 F 13:XX:XX

I was a bit difficult to wake-up. I'm experiencing unusual pain on my upper back.

31 M 04:XX:XX

My neck it more difficult to turn now.

31 M 05:XX:XX

Just left early off campus my head is pumping flames of pain because of transformation and transfer of pain from neck.

31 M 05:XX:XX

The only pain that kills me is on the upper part of my neck where the head and neck joins.

31 M 06:XX:XX

I think this pain is getting out of hand it in the joint of the head and neck.

31 M 06:XX:XX

I feel like my joint is clicking but not too painful.

31 M 07:XX:XX

4.3.33 Extremities

4.3.33.1 Cramps, lower limbs

Wanted to play indoor soccer with a few friends this afternoon to destress abit, always helps clear my mind but ended up not going – my legs were cramping after clinic – both of them. Had to stretch them out and massage them to release some of the tension.

08 M 02:XX:XX

Noticed that the cramps at my legs came up again, both of them at my calves. Wasn't too severe was manageable but just (just) had to stretch them and it eased a bit.

08 M 07:XX:XX

Both my legs were severely cramping in the afternoon I used a hot water bottle and the pain went away.

11 M 11:XX:XX

Was walking and my legs started cramping. My left calf – but I didn't do any sport or walk the day before.

13 M 13:XX:XX

Calf muscle cramp: ±4am. Right calf muscle. Muscle spasm cramp. Better when pressed/massaged. Very painful.

14 F 16:XX:XX

Had powder number 2 and didn't have my coffee for the whole day. Just had powder number 3 and realized that my legs are cramping – slightly cramping.

16 M 00:XX:XX

Both my calves were cramping after I treated a patient. Not too severe but manageable – rose up from my heel to my calves.

19 F 04:XX:XX

Leg cramps began again but this time it started from the top of my feet, feels like my feet are separated from my legs.

19 F 07:XX:XX

Leg pain, tired, cramps.

24 M 10:XX:XX

4.3.33.2 Itching, lower limbs, burning, foot

Only my legs were itching today but it got better after midday.

01 M 04:XX:XX

Had itchy feet and sweat palms the whole morning.

01 M 16:XX:XX

Sweated a lot today especially on my palms.

01 M 21:XX:XX

Legs was red and itchy today put e45 cream and it helped.

01 M 22:XX:XX

4.3.33.3 Pain, shooting

Pain between left 2 fingers. Shooting, throbbing pain. Worse when pressure was applied. Occurred between 11 and 2. Very painful.

14 F 10:XX:XX

4.3.33.4 Pain, burning, foot, sole

Noticed the skin under my feet were burning and itchy when I woke up. I had to put them in water to cool them down.

24 M 03:XX:XX

4.3.33.5 Weakness/numbness

Felt weak in all extremities especially legs at about 12pm-15:00pm.

02 M 01:XX:XX

Feelings of weakness have gone away.

02 M 04:XX:XX

Legs were feeling weak today and numb at times got better in the afternoon after keeping them warm.

07 M 24:XX:XX

4.3.34 Sleep

4.3.34.1 Sleeplessness

Sleepless night ket (kept) waking no reason though.

07 M 09:XX:XX

Felt like I needed sleep the whole day.

07 M 14:XX:XX

Very tiring day just want to sleep but I'm battling to sleep, my mind wonders a lot, nothing constructive though.

18 M 14:XX:XX

Sleepless night. Sleep interrupted every hour.

21 F 02:XX:XX

Sleepless night. Sleep interrupted every hour.

21 F 03:XX:XX

4.3.34.2 Sleep, short

Woke up earlier than normal which is really strange.

07 M 02:XX:XX

4.3.35 Dreams

4.3.35.1 Animals

Dreamt I bought another pet, a turtle. Cannot remember any further details.

[Was exciting having a new pet – a bit joyous.]

21 F 22:XX:XX

4.3.35.2 Beach

Dreamt I was camping somewhere near the coastline. Cannot remember anything more.

[Can't remember anything more.]

21 F 08:XX:XX

4.3.35.3 Children, about

Wokeup with a sensation of a ball deep in my throat – even coughing didn't help clear my throat of this feeling. Had a strange dream of me on a thick carpet of grass and watched children playing in a rose garden – one of the children got cut and I ran over to help her. It made me feel weird holding her hand. Took the 4th powder: everything was normal – except my energy was heightened for a while. Had the 5th powder at work: had a supernatural experience! I literally could see myself at my workstation aimlessly typing away on my computer. This was my first “out of body” experience – it was like I my body was separated from my soul, like being in a dream. I am not taking any more of the powders from here on!

30 M 02:XX:XX

4.3.35.4 Country

Dreamt I was in a different country with unknown people. I am not certain which country. However the people that was in my dream was extremely friendly and providing me with lunch. Cannot remember any other dreams.

21 F 02:XX:XX

4.3.35.5 Disorganized

Dreamt about a movie I watched during the day. The scenes were disorganized. Cannot remember anything further.

[I cannot remember the movie name. Can't remember at all.]

21 F 11:XX:XX

Dream seemed odd. Was a repeat of scenes from a movie I watched earlier but in an disorganized fashion.

[Can't remember the movie.]

21 F 30:XX:XX

4.3.35.6 God and death

Cannot remember dream clearly except for a talking to a friend of mine about God and death.

21 F 09:XX:XX

4.3.35.7 Falling

Dreamt I was falling in space. I was alone in the dream. It ended abruptly. Do not remember anything further.

21 F 04:XX:XX

4.3.35.8 Family

Slept well night before, dreamt about family and having a braai with everyone at my house since it's been a while.

[Made me look forward to the next family occasion.]

17 M 15:XX:XX

Dreamt I was with my family at the ocean. We were relaxing and talking about general things.

21 F 13:XX:XX

Dreamt about the days events i.e. going for lunch with my mum and shopping.

21 F 15:XX:XX

Also dreamt about my parents that night. They were sharing a meal and talking. I saw my mum looking happy after a long time but it was just a dream.

21 F 24:XX:XX

Had a scary dream about mommy, she was in a car accident.

27 F 24:XX:XX

4.3.35.9 Father

Dreamt my dad was alive and at my house. We were watching TV and laughing. Also dreamt of the day my dad died and the events that occurred.

21 F 05:XX:XX

Dreamt of my dad again. He was alive and washing his car. (This was something he did often when he was alive). He was also whistling and singing.

21 F 06:XX:XX

Dreamt my dad was with my mum and I at a mall buying grocery.

21 F 10:XX:XX

Dreamt of my dad. He was sitting in our lounge watching a concert dvd (usual activity for him).

21 F 17:XX:XX

Dreamt about my dad. He was building a wall outside our house. Dreamt my dad was cooking and singing his favourite song.

21 F 23:XX:XX

Dreamt my dad and I went to a restaurant and we were talking about my business while eating.

21 F 28:XX:XX

Dreamt of my dad again however it was about the day his funeral was conducted and events for that day.

21 F 29:XX:XX

4.3.35.10 Guilt

Had a weird dream last night. Dreamt I was at sumones (someone's) party I don't know whose. But I didn't know anyone there. Was at a strange place that I couldn't recognize. People were staring at me like I wasn't supposed to be there – made me feel guilty like I was gate crashing or something. There was a lot of food on many tables.

08 M 01:XX:XX

Had dream about me and I took my mum shopping and we were accused of stealing by the security guards – was a dumb dream but it made me feel like I was a criminal on trial for murder or something.

08 M 07:XX:XX

Woke up from a strange dream – dreamt I was at clinic treating a lot of patients but was rushing, didn't feel good that I rushed their treatment knowing that they were in pain.

19 F 01:XX:XX

Dreamed that I was accused of not treating a patient properly knowing I did my best. Made out to be a criminal, felt very guilty.

19 F 23:XX:XX

4.3.35.11 Parties/strangers

Dreamed that I was at a friends birthday party back at home. Felt nice to be around people that I know.

19 F 08:XX:XX

Had a dream about a big party going on.

27 F 23:XX:XX

I think I dreamt I was at a party but there were only strangers around me. It felt like I was being alienated from the rest of the crowd. I woke up crying and thinking about my childhood.

[I missed my childhood intensely – wish I could go back. I miss the fun and the freedom that comes with being a child.]

28 M 00:XX:XX

4.3.35.12 Rain

I dreamt that I was playing in the rain. This was an unusual dream.

21 F 24:XX:XX

4.3.35.13 Sister

Had a very disturbing dream, I dreamt of my youngest sister (7) falling into a deep deep pit and we couldn't see her.

27 F 09:XX:XX

4.3.35.14 Work

Dreamt about going to work and talking to a patient that I see frequently. The conversation was about his rheumatoid arthritis and the prognosis.

21 F 20:XX:XX

Dreamt about being at work and teaching students about renal function.

21 F 23:XX:XX

4.3.36 Chill

4.3.36.1 Fever, afternoon

Had a fever in the afternoon, wasn't too bad – manageable.

07 M 22:XX:XX

4.3.37 Perspiration

4.3.37.1 Cold

Woke up in the morning in a cold sweat but could not remember my dream.

01 M 17:XX:XX

4.3.37.2 Hot

Woke up wud (with) hot sweat on my forehead, no memory of a dream though, went back to sleep.

05 M 06:XX:XX

4.3.37.3 Profuse

Had a busy day today in clinic. Seems as though I'm sweating a lot cos I had to perform a full body massage and I was sweating profusely, more than usual.

02 M 02:XX:XX

Very tiring day I sweated litres today a lot of pressure at work, I can't handle pressure well sweat a lot when I'm under pressure.

18 M 06:XX:XX

4.3.38 Skin

4.3.38.1 Dry

Very dry skin in the morning.

07 M 12:XX:XX

4.3.38.2 Itching, accompanied by burning

At 12pm my entire body began to itch it was terrible, I put lotion because it was burning then eventually it went away.

01 M 00:XX:XX

Body was itching slightly but not bad.

01 M 07:XX:XX

Ate the powder before lunch time, noticed that I'm getting some irritation on the skin on my left hand side more around my eyebrow shoulder and face – irritation and itching and burning.

19 F 01:XX:XX

4.3.38.3 Shiny

Dry skin has gone skin feels smooth and seems shiny, after shaving skin seemed white.

07 M 04:XX:XX

Woke up and my skin felt very oily – this is not normal my skin is usually dry.

18 M 21:XX:XX

The places where there was irritation became shiny – not normal for me.

19 F 01:XX:XX

At the end of these long days I noticed my skin is oilier, normally is dry.

19 F 07:XX:XX

Skin still oily

19 F 09:XX:XX

4.3.38.4 Soft

Skin: hydrated, clear, soft, smooth.

04 F 02:XX:XX

4.3.38.5 Waxy

Noticed that my skin feels thick and oily for the past few days thawt (thought) it was the congestion that was causing it but it's still oily till now, feels like candle wax.

08 M 07:XX:XX

4.3.39 Generals

4.3.39.1 Energy

4.3.39.1.1 Energetic/refreshed

Woke up energetic, maybe because of unbroken of sleep.

04 F 02:XX:XX

Woke up today not as tired as usual lots of energy.

07 M 01:XX:XX

Feel more and more refreshed.

07 M 03:XX:XX

More energy in the morning.

07 M 13:XX:XX

After the 2nd one I felt I had a lot more energy than I normally do at this time of the day – I'm normally sluggish at lunchtime and need to hav (have) a nap to be fine. Come to think of it I was also wide awake in the morning also.

08 M 00:XX:XX

Took powder 1 and felt a bit more lively, just wondering weather (whether) it was the glucose or psychological effect.

17 M 01:XX:XX

Felt a bit more energy for the next few hours.

17 M 01:XX:XX

Felt much more energy through the day and into the afternoon after the second powder.

17 M 02:XX:XX

Woke up with more energy today, felt mentally strong and also had a lot of vigour.

18 M 02:XX:XX

Went for a morning jog felt really revitalized this morning, felt like studying the whole day which is really strange.

18 M 08:XX:XX

Had the next powder and went to campus and noticed that my energy levels were heightened at this time of morning.

19 F 01:XX:XX

Feels like I have unlimited energy.

19 F 02:XX:XX

Woke up feeling like I could be great. The medicine feels like it gives me 'rocket fuel'!
20 M 00:XX:XX

Immediately taking the remedy felt increase in strength and power, head felt clearer, thoughts were easier to make up.
20 M 01:XX:XX

Immense energy in the morning, felt like I can take over the world. Drained in the afternoon.
22 M 02:XX:XX

Powder 1: I felt extremely calm after taking the 1st sachet-I havnt felt like this in years. Took powder 2: didn't feel as calm as I did in the morning but I did have lots more energy and I found that I could think much clearer, even at work my mind was constantly running on full steam. Took powder 3: had a shower and my head felt light – no pain but was just feeling a bit dizzy. Had supper and a cup of tea – normally am a coffee person but felt for tea this evening.
30 M:XX:XX

4.3.39.1.2 Weariness

Nothing special happened today other than the fact that I felt REALLY tired and weak. Other than that all were peaches and gravy.
02 M 02:XX:XX

Woke up feeling tired today, come to think of it I haven't been sleeping well for the past number of days i.e. maybe the last 3 days, waking up during the night for a few mins then I'd go back to sleep. No dreams or anything of the sort. I'm beginning to think its stress!!!
02 M 17:XX:XX

8 hours of sleep I'm still drained and very tired, feel extremely sleepy.

05 M 03:XX:XX

Went to gym today after quite a while felt weak and lazy, not enough energy.

05 M 06:XX:XX

Feel extremely sleepy during the morning.

05 M 09:XX:XX

Less energy today (today), needed to eat a lot today to get through the day.

05 M 23:XX:XX

Felt tired in the morning.

07 M 08:XX:XX

Let me start by saying I'm very excited to be apart (a part) of brents research. I felt really weak today after taking the powder, I like being energetic but today I felt.

13 M 00:XX:XX

Had lack of energy for most of the day.

21 F 09:XX:XX

Less energy in the morning.

24 M 00:XX:XX

Feel very drained after my test.

31 M 01:XX:XX

Still @ campus stressing about assignment during this hour I usually suffer from tiredness and brain shutting down but today I think it worse.

31 M 09:XX:XX

4.3.39.2 Food and drinks

Had a cup of hot sweet tea after supper – need to replenish electrolytes I think. Don't normally like hot drinks tho.

08 M 02:XX:XX

My mind was calm this morning I was sitting on my bed feeling like I was dreaming. Was feeling for my morning tea and bread. I don't normally drink tea but now I see I am more often.

13 M 08:XX:XX

Craving for tea – sweetness, heat and taste.

14 F 09:XX:XX

Later on in the day felt for braai meat but thought about how difficult it has become to get everyone together.

17 M 15:XX:XX

Like coffee and tea and more sweet things.

17 M 28:XX:XX

Been craving sweet hot drinks lately.

19 F 02:XX:XX

Went home and had a hot cup of tea and biscuits.

19 F 03:XX:XX

Have been craving chocolates a lot.

27 F 23:XX:XX

Powder 1: I felt extremely calm after taking the 1st sachet-I havnt felt like this in years. Took powder 2: didn't feel as calm as I did in the morning but I did have lots more energy and I found that I could think much clearer, even at work my mind was constantly running on full steam. Took powder 3: had a shower and my head felt light – no pain but was just feeling a bit dizzy. Had supper and a cup of tea – normally am a coffee person but felt for tea this evening.

30 M 01:XX:XX

4.3.39.3 General muscle pains/soreness

Experienced muscle aches.

21 F 03:XX:XX

Woke up feeling tired with generalized muscle soreness.

21 F 04:XX:XX

4.3.39.4 Influenza

Feeling sick today, must be coming down with the flu or something. Sinuses acting up, headache killing me, increased heart rate and ofcourse (of course) the fever. Need to go to the doc or I'll die LOL.

02 M 27:XX:XX

Running nose cough and flu.

07 M 23:XX:XX

Felt like I was developing the flu – my body felt weak and heavy.

19 F 03:XX:XX

Contracted the flu (cough, muscle ache, rhinitis).

21 F 19:XX:XX

Flu worsened – severe cough and chest pain. Productive cough. Received treatment for the flu (penicillin, I.V. + medication for the other symptoms).

21 F 21:XX:XX

Flu symptoms worsened. Severe cough and malaise. Could not go to work.

21 F 24:XX:XX

Up for the day, feel like I'm getting the flu.

29 M 08:XX:XX

4.3.39.5 Side – left

More on my left side my neck, arm and back had sum (some) pain. Was a sharp pain and moving was impaired for a short while. But it came right after a while.

08 M 00:XX:XX

Noticed the skin over the painful areas was a bit inflamed and itchy.

08 M 00:XX:XX

Woke up with pain on my left hand side. My shoulder back head and neck are in pain.

19 F 01:XX:XX

Feeling itchy on my left side of the body, on top of the eye around my eyebrows left lower jaw, on my arm around elbow, and on my knees. It a disturbing like stitching but not too fast. I see nothing on that affected areas.

31 M 03:XX:XX

4.3.40 Miscellaneous symptoms

Music seems to calm me and put me in a good mood or should I say more positive mood.

[I feel more relaxed when I listen to music. I destress by listening to music.]

17 M 05:XX:XX

Had a very restless sleep. Not sure if I was dreaming or thinking of everything. So I'm not taking anymore (any more) of the powders!!!

29 M 01:XX:XX

4.4 The Repertory of *Malus domestica* 30CH

The translation of proving symptomatology to repertory rubrics was conducted in accordance with the principles laid down by Schroyens (2001:36-37). The method utilized for the grading of symptoms is a combination of grading according to frequency of symptom occurrence (Sherr 2003: 86) and according to the number of provers experiencing the particular symptom (Schroyens 2001). The average percentages of the 24 provers on verum were calculated – resulting in the grading structure outlined in Table 4.

The rubrics were graded as follows:

RUBRIC – SUBRUBRIC/S – DEGREE – SYNTHESIS PAGE NUMBER

- New rubrics suggested in this proving are underlined and marked with an N,
- Grade 1 rubrics are in plane type,
- *Grade 2 rubrics are in italics,*
- **Grade 3 rubrics are in bold type, lower case,**
- **GRADE 4 RUBRICS ARE IN BOLD TYPE, HIGHER CASE.**

Table 4. Rubric grading system.

Number of provers	Average percentage	Grade
1-4	0-19	1
5-9	20-39	2
10-14	40-59	3
15 and above	60 and above	4

The following repertory consists of three columns composed of rubrics appearing in the identical order of sections present in the repertory. The first column is the rubric, the second column is the grading and the third column is the new symptom (N) or cured symptom (CS).

4.4.1 Mind

MIND – AFFECTIONATE	1	4
MIND – AIR; in open – ameliorates	1	8
MIND – ALIENATED	1	9
MIND – ANGER	1	10
<i>MIND – ANXIETY</i>	2	16
MIND – ANXIETY – conscience; anxiety of	1	20
<u>MIND – ANXIETY – love relationship, over</u>	1	N
MIND – ANXIETY, paroxysms, in	1	23
MIND – APATHY	1	25
MIND – ARDENT – desires to be	1	26
MIND – BENEVOLENCE	1	29
MIND – CHEERFUL	1	34
MIND – CHEERFUL – stool – after	1	35
MIND – CLARITY of mind	1	36
MIND – COMPANY – desire for – friend, of a	1	40
<u>MIND – COMPANY – desire for – his family; of</u>	1	N

MIND – CONCENTRATION – active	1	41
MIND – CONFUSION – of mind	1	43
MIND – COUNTRYSIDE – desire for	1	49
MIND – DELUSIONS – appreciated, she is not	1	58
MIND – DELUSIONS – criminal – he is a	1	63
MIND – DELUSIONS – dirty – he is	1	65
MIND – DELUSIONS – faces, sees – diabolical faces crowd upon him	1	68
MIND – DELUSIONS – faces, sees – distorted	1	68
MIND – DELUSIONS – friendless; he is	1	71
MIND – DELUSIONS – God – communication with God – he is in	1	71
MIND – DELUSIONS – God – vengeance; he is the object of God's	1	71
MIND – DELUSIONS – head – separated from body – is	1	73
MIND – DELUSIONS – misunderstood; she is	1	78
MIND – DELUSIONS – neglected – he or she is neglected	1	79
MIND – DELUSIONS – persecuted – he is persecuted	1	81
<i>MIND – DELUSION – Separated – body – extremities are separated from the body</i>	2	84
MIND – DELUSIONS – separated – body – feet are separated from the body	1	84
MIND – DELUSIONS – separated – body – mind are separated, body and	1	84
MIND – DELUSIONS – separated – body – soul; body is separated from	1	84
MIND – DELUSIONS – separated – body – spirit had separated from body	1	84
<u>MIND – DELUSIONS – separated – toes – separated from feet; toes</u>	1	N
MIND – DELUSIONS – thieves – accused of robbing; he has been	1	88
<u>MIND – DOUBTFUL – love relationship; integrity – of his</u>	1	N
<u>MIND – DRUGS – desire – cocaine</u>	1	N
MIND – FIGHTS, wants to	1	128
MIND – FORSAKEN feeling – isolation; sensation of	1	131
MIND – GENEROUS; too	1	132
MIND – GUILTY – as if	1	136
MIND – IDEAS – abundant	1	143
MIND – INDIFFERENCE	1	146

MIND – INJUSTICE, cannot support	1	150
MIND – INSECURITY; mental	1	152
MIND – IRRESOLUTION	1	153
<i>MIND – IRRITABILITY</i>	2	154
MIND – LOVE – romantic love; desire for	1	168
MIND – MEMORY – loss of memory	1	172
MIND – MEMORY – loss of memory – life; about his past	1	172
MIND – MENTAL POWER – increased	1	176
MIND – MUSIC – ameliorates	1	184
MIND – PLANS – making many plans – realize them; but don't	1	189
MIND – PLAYFUL	1	189
MIND – PRAYING	1	190
MIND – PROSTRATION of mind	1	191
MIND – PROSTRATION OF MIND – sleepiness, with	1	192
MIND – RELIGIOUS AFFECTIONS – want of religious feeling	1	196
MIND – SADNESS	1	204
MIND – SENSES – acute	1	211
MIND – SENTIMENTAL	1	215
MIND – TENSION, mental	1	233
MIND – THOUGHTS – family; of	1	234
<u>MIND – THOUGHTS – partner, of</u>	1	N
MIND – TRANQUILITY (= calmness / serenity)	3	240
<u>MIND – VOYEURISM</u>	1	N
MIND – WILDERNESS – desire for	1	252

4.4.2 Vertigo

VERTIGO	1	255
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4.4.3 Head

HEAD – LIGHTNESS – sensation – of	3	302
HEAD – PAIN – accompanied by – eye – pain – burning	1	312
<u>HEAD – PAIN – afternoon – 14h</u>	1	N
HEAD – PAIN – dull pain	1	322
HEAD – PAIN – forehead	1	346
HEAD – PAIN – forehead – eyes, around	1	364
HEAD – PAIN – nail – as from a	1	329
HEAD – PAIN – occiput	1	367
HEAD – PAIN – occiput – pulsating pain	1	372
HEAD – PAIN – occiput and vertex	1	377
<u>HEAD – PAIN – occiput and vertex – aching</u>	1	N
<u>HEAD – PAIN – occiput and vertex – pulsating</u>	1	N
HEAD – PAIN – piercing pain	1	331
HEAD – PAIN – posterior / occipital	1	367
<i>HEAD – PAIN – pulsating</i>	2	(CS)
HEAD – PAIN – pulsating	1	339
HEAD – PAIN – pulsating – cold – ameliorates	1	
HEAD – PAIN – pulsating – heat – aggravates	1	
HEAD – PAIN – pulsating – temples	1	
HEAD – PAIN – pulsating pain	1	333
<u>HEAD – PAIN – pulsating pain – resting; eyes - ameliorates</u>	1	N
<u>HEAD – PAIN – resting ameliorates</u>	1	N
HEAD – PAIN – sides – left	1	379
HEAD – PAIN – sides – right	1	378
HEAD – PAIN – sore	1	336
HEAD – PAIN – splitting	1	336
HEAD – PAIN – splitting – left side	1	336
HEAD – PAIN – sun – exposure to sun, from	1	338
HEAD – PAIN – temples – pressing pain	1	386

<u>HEAD – PAIN – throbbing pain – posterior/occipital</u>	1	N
HEAD – PAIN – vertex	1	395
HEAD – PAIN – vertex – pulsating pain	1	399
HEAD – PAIN – weather – warm – begins with the warm weather	1	342
HEAD – PERSPIRATION of scalp – Forehead – hot	1	402
HEAD – PERSPIRATION of scalp – Forehead – morning	1	402
HEAD – WEAKNESS	1	417

4.4.4 Eye

EYE – LACHRYMATION – left	1	442
EYE – PAIN – accompanied by – head pain	1	447
EYE – PAIN – aching	1	447
EYE – PAIN – burning	1	447

4.4.5 Vision

<u>VISION – STARS – headache; during</u>	1	N
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4.4.6 Nose

<i>NOSE – CONGESTION</i>	2	546	OS
NOSE – CONGESTION – sinuses	1	546	OS
NOSE – CORYZA	1	546	
NOSE – CORYZA – cough	1	548	
NOSE – OBSTRUCTION	1	566	
NOSE – OBSTRUCTION – sinuses	1	568	

4.4.7 Face

FACE – BLOCKED – sinuses	1	585
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<u>FACE – DISCOLORATION – white – shaving; after</u>	1	N
FACE – ITCHING	1	617
FACE – ITCHING – eyebrows	1	618
<u>FACE – ITCHING – eyebrows – left</u>	1	N
<u>FACE – ITCHING – jaws – lower – sides; left</u>	1	N
<u>FACE – ITCHING – sides – left</u>	1	N
<u>FACE – OBSTRUCTION – sinuses</u>	1	N
<u>FACE – PAIN – burning – eyebrows – around; left</u>	1	N
<u>FACE – PAIN – burning – sides – left</u>	1	N
FACE – PAIN – jaws – left	1	628
FACE – PAIN – left side	1	620
FACE – PAIN – piercing	1	625
FACE – PAIN – piercing – left side	1	625
FACE – PAIN – stitching pain	1	625
<i>FACE – SHINY – oily</i>	2	637

4.4.8 Mouth

MOUTH – DRYNESS – morning – waking; on	1	661
MOUTH – ENLARGED – sensation as if	1	664
MOUTH – ENLARGED – tongue	1	664
MOUTH – HAIR; sensation of a – tongue – root of	1	666
MOUTH – TASTE – fatty, greasy	1	696
MOUTH – THICK; sensation as if – tongue was	1	702

4.4.9 Throat

THROAT – BALL; sensation of a	1	733
THROAT – ITCHING	1	743
<u>THROAT – ITCHING – water; warm drinking – ameliorates</u>	1	N
<u>THROAT – ITCHING – water – ameliorates</u>	1	N

THROAT – LUMP – sensation of a	1	744
THROAT – LUMP – sensation of a – warm drinks – ameliorates	1	744
<u>THROAT – LUMP – sensation of a – water, drinking – ameliorates</u>	1	N
THROAT – SWELLING – sensation of	1	763

4.4.10 Neck

NECK – CRACKING noise	1	775
<u>NECK – CRACKING noise – atlanto-occipital, in – Joints</u>	1	N
NECK – PAIN	1	776
<u>NECK – PAIN – atlanto-occipital, in – Joints</u>	1	N
<u>NECK – PAIN – right</u>	1	N
<u>NECK – PAIN – turning – head – aggravates</u>	1	N

4.4.11 Stomach

STOMACH – CARDIALGIA	1	786
STOMACH – DISTENSION	1	790
STOMACH – DISTENSION – accompanied by eructations	1	791
STOMACH – ERUCTATIONS – accompanied by – distension	1	794
STOMACH – ERUCTATIONS - excessive	1	795
STOMACH – HEARTBURN	1	805
STOMACH – PAIN – eating – after – aggravates – cramping	1	830
STOMACH – PAIN – eating – after – ameliorates	1	831
STOMACH – PAIN – epigastrium	1	840
STOMACH – THIRST – extreme	1	848 (OS)

4.4.12 Abdomen

ABDOMEN – COMPLAINTS of abdomen – accompanied by – lumbar region; pain in	1	870
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ABDOMEN – DISTENTION	1	874
<u>ABDOMEN – DISTENSION – eating – after – ameliorates</u>	1	N
ABDOMEN – DISTENSION – sensation of	1	876
<u>ABDOMEN – DISTENSION – water; warm drinking - ameliorates</u>	1	N
ABDOMEN – EMPTINESS – stool – after – aggravates	1	878
ABDOMEN – PAIN	1	893
ABDOMEN – PAIN – aching	1	897
ABDOMEN – PAIN – cramping	1	899
ABDOMEN – PAIN – cramping – accompanied by – flatulence	1	900
ABDOMEN – PAIN – diarrhea – during	1	901
ABDOMEN – PAIN – diarrhea – during – cramping	1	901
ABDOMEN – PAIN – hypogastrium	1	923
ABDOMEN – PAIN – hypogastrium – cramping	1	923
ABDOMEN – PAIN – sides – cramping	1	939
<u>ABDOMEN – PAIN – sides – flanks</u>	1	N
ABDOMEN – PAIN – sore (= bruised, tenderness, etc)	1	909
ABDOMEN – PAIN – twisting pain	1	912

4.4.13 Rectum

RECTUM – CONSTIPATION	1	968
<u>RECTUM – CONSTIPATION – eating aggravates; after</u>	1	N
RECTUM – DIARRHEA	1	973
RECTUM – DIARRHEA – morning	1	973
RECTUM – DIARRHEA – morning – rising – after – aggravates	1	973
RECTUM – DIARRHEA – morning – rising – after – aggravates – immediately	1	973
RECTUM – HEMORRHAGE FROM ANUS – stool – after – aggravates	1	986
RECTUM – ITCHING	1	990
RECTUM – PAIN – sore	1	996
RECTUM – PAIN – stitching pain	1	997
RECTUM – PAIN – stitching pain – needles; as from	1	997

4.4.14 Stool

STOOL – COPIOUS	1	1011
STOOL – FREQUENT	1	1012
STOOL – FREQUENT – morning	1	1012
STOOL – LOOSE	1	1014
STOOL – ODOR – cadaverous (= cadaveric)	1	1016
STOOL – ODOR – carrion; like	1	1016
STOOL – ODOR – putrid	1	1016
STOOL – RISING – after – aggravates	1	1017
STOOL – WATERY	1	1019
STOOL – WATERY – morning	1	1019

4.4.15 Bladder

BLADDER – URINATION – frequent	1	1034
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4.4.16 Urine

URINE – BURNING	1	1066
URINE – BURNING – accompanied by – back; pain in	1	1066
URINE – COLOR – yellow – dark	1	1068
URINE – COLORLESS	1	1069
URINE – HOT	1	1070

4.4.17 Male genitalia/sex

MALE GENITALIA – SEXUAL DESIRES – wanting	1	1104
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4.4.18 Respiration

RESPIRATION – DEEP, anxiety, during	1	1190
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4.4.19 Cough

COUGH – DRY	1	1216
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COUGH – INFLUENZA – during	1	1223
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COUGH – LOOSE	1	1224
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COUGH – NOON (= 12 – 13h)	1	1210
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COUGH – WET	1	1237
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COUGH – WET cough	1	1237
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4.4.20 Expectoration

EXPECTORATION – YELLOW	1	1246
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EXPECTORATION – YELLOW – greenish	1	1246
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4.4.21 Chest

CHEST – CARDIALGIA	1	1250
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CHEST – CONSTRICTION	1	1255
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CHEST – CONSTRICTION – afternoon	1	1255
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CHEST – CONSTRICTION – cough – during – aggravates	1	1256
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CHEST – CONSTRICTION – night	1	1255
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CHEST – FORMICATION	1	1263
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CHEST – FORMICATION – respiration – aggravates	1	1263
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CHEST – PAIN – burning	1	1280
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CHEST – PAIN – burning – motion – ameliorates – burning	1	1280
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CHEST – PAIN – cough – during – aggravates	1	1281
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CHEST – PAIN – dull pain	1	1282
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CHEST – PAIN – laughing aggravates	1	1284
CHEST – PAIN – sides – left	1	1311
CHEST – PAIN – sides – left – dull pain	1	1311
<u>CHEST – PAIN – sternum – evening</u>	1	N
<u>CHEST – PAIN – sternum – lower part – piercing pain</u>	1	N
CHEST – palpitation of heart	1	1321
CHEST – palpitation of heart – anxiety with	1	1322
CHEST – TIGHTNESS	1	1334

4.4.22 Back

BACK – PAIN – accompanied by – sleeplessness	1	1357
BACK – PAIN – accompanied by – urine – burning	1	1357
BACK – PAIN – burning	1	1358
BACK – PAIN – cervical region – accompanied by – head – pain in	1	1368
BACK – PAIN – cervical region – burning	1	1369
BACK – PAIN – cervical region – extending to – head	1	1372
BACK – PAIN – cervical region – left	1	1367
<u>BACK – PAIN – cervical region – left – cutting</u>	1	N
BACK – PAIN – cervical region – nape of neck	1	1373
BACK – PAIN – dorsal region	1	1376
<u>BACK – PAIN – dorsal region – upper part</u>	1	N
BACK – PAIN – left – cutting	1	1356
BACK – PAIN – left – pain	1	1356
BACK – PAIN – lumbar region	1	1388
BACK – PAIN – lumbar region – accompanied by – abdomen; complaints	1	1390
BACK – PAIN – lumbar region – accompanied by – lower limbs; complaints of	1	1390
BACK – PAIN – lumbar region – bending – aggravates	1	1391
<u>BACK – PAIN – lumbar region – flanks</u>	1	N

BACK – PAIN – lumbar region – urination – during	1	1398
<u>BACK – PAIN – lumbar region – urine – while passing</u>	1	N
BACK – STIFFNESS	1	1414

4.4.23 Extremities

<u>EXTREMITIES – CRAMPS – feet – back of feet – extending to legs</u>	1	N
<u>EXTREMITIES – CRAMPS – feet – heels – extending to – calves</u>	1	N
EXTREMITIES – CRAMPS – legs	1	1449
<i>EXTREMITIES – CRAMPS – legs – calves</i>	2	1449
EXTREMITIES – CRAMPS – legs – calves – left	1	1450
EXTREMITIES – CRAMPS – legs – calves – right	1	1450
EXTREMITIES – CRAMPS – legs – calves – Stretching – leg – ameliorates	1	1450
EXTREMITIES – CRAMPS – legs – calves – walking aggravates	1	1451
EXTREMITIES – CRAMPS – legs – walking aggravates	1	1451
EXTREMITIES – CRAMPS – lower limb	1	1451
EXTREMITIES – CRAMPS – morning	1	1446
EXTREMITIES – CRAMPS – PAIN – legs	1	1449
EXTREMITIES – CRAMPS – PAIN – legs – cramping	1	1449
EXTREMITIES – ITCHING – elbows – left	1	1492
EXTREMITIES – ITCHING – knees	1	1495
EXTREMITIES – ITCHING – legs	1	1495
EXTREMITIES – ITCHING – lower limbs	1	1495
EXTREMITIES – ITCHING – feet	1	1492
EXTREMITIES – ITCHING – shoulders – burning – left	1	1496
EXTREMITIES – ITCHING – shoulders – left	1	1496
EXTREMITIES – NUMBNESS – feet	1	1508
EXTREMITIES – NUMBNESS – legs	1	1511
EXTREMITIES – NUMBNESS – lower limb	1	1511
<u>EXTREMITIES – PAIN – feet – heels – extending to – calves</u>	1	N

<u>EXTREMITIES – PAIN – feet – soles – burning</u>	1	N
<u>EXTREMITIES – PAIN – feet – soles – cold – water – ameliorates – burning</u>		
	1	N
EXTREMITIES – PAIN – fingers – shooting pain	1	1544
<u>EXTREMITIES – PAIN – fingers – pressure aggravates</u>	1	N
EXTREMITIES – PAIN – fingers – pulsating pain	1	1544
EXTREMITIES – PAIN – legs	1	1582
EXTREMITIES – PAIN – legs – cramping	1	1584
EXTREMITIES – PAIN – lower limb	1	1593
EXTREMITIES – PAIN – lower limb – stretching – ameliorates	1	1597
EXTREMITIES – PAIN – shoulders – burning	1	1604
EXTREMITIES – PAIN – thighs – shooting pain – downward	1	1615
EXTREMITIES – PAIN – upper limbs – left	1	1636
EXTREMITIES – PAIN – upper limbs – left – sharp	1	1636
EXTREMITIES – PERSPIRATION – HAND – palm	1	1653
EXTREMITIES – RUBBING – ameliorates – lower limbs	1	1660
<u>EXTREMITIES – SEPARATED sensation – feet feel separated from lower limbs</u>		
	1	N
EXTREMITIES – SEPERATED – SENSATION – legs – body; as if separated from his	1	1661
EXTREMITIES – SEPERATED – SENSATION – lower limbs	1	1661
EXTREMITIES – STRECTHING OUT – lower limbs – ameliorates	1	1668
EXTREMITIES – WARM – applications – ameliorates – Lower limbs	1	1694
<u>EXTREMETIES – WEAKNESS – afternoon – 12h-15h</u>	1	N
EXTREMETIES – WEAKNESS – legs	1	1699
EXTREMETIES – WEAKNESS – lower limbs	1	1700

4.4.24 Sleep

SLEEP – REFRESHING	1	1722
SLEEP – RESTLESS	1	1722

SLEEP – RESTLESS – pain, with	1	1723
SLEEP – SLEEPINESS	1	1724
SLEEP – SLEEPINESS – morning – during	1	1725
<i>SLEEP – SLEEPLESSNESS</i>	2	1731
SLEEP – SLEEPLESSNESS – causeless	1	1735
SLEEP – SLEEPLESSNESS – pain; from – back	1	1738
SLEEP – SLEEPLESSNESS – thought s – activity of thoughts; from	1	1740
SLEEP – UNREFRESHING – morning	1	1741
SLEEP – UNREFRESHING – morning – waking; on	1	1741
SLEEP – WAKING – early; too	1	1743
SLEEP – WAKING – frequent	1	1744
SLEEP – WAKING – periodical – hour; every	1	1745
SLEEP – WAKING – urinate; with desire to	1	1746

4.4.25 Dreams

DREAMS – BANQUET	1	1754
DREAMS – BEACH	1	1754
DREAMS – CAMPING	1	1756
DREAMS – CHILDREN – about – danger; in	1	1758
DREAMS – CHILDREN – about – help, requested to; unescorted	1	1758
DREAMS – COUNTRY – foreign	1	1760
DREAMS – CRIME – committing a crime – he had committed a crime	1	1761
DREAMS – DANGER	1	1761
DREAMS – DEAD; of the – relatives	1	1762
DREAMS – DEAD; of the – relatives – talking with dead relatives	1	1762
<u>DREAMS – DISORGANIZED – sequences disorganized</u>	1	N
DREAMS – EATING	1	1765
DREAMS – EVENTS – daily	1	1765
<u>DREAMS – FALLING – space; in</u>	1	N
DREAMS – FAMILY – own	1	1767

DREAMS – FATHER	1	1767
DREAMS – FLOWERS – roses	1	1768
DREAMS – FOOD	1	1769
DREAMS – FOREIGN COUNTRY	1	1769
DREAMS – FOREIGNERS – among foreigners; being	1	1769
DREAMS – FRIENDS – meeting friends	1	1769
DREAMS – GARDENS	1	1770
<u>DREAMS – GARDENS – rose</u>	1	N
DREAMS – HELPED; being – strangers; by	1	1771
DREAMS – HELPING – people	1	1771
DREAMS – MOTHER	1	1777
<u>DREAMS – MOTHER – accident – car; in a</u>	1	N
<i>DREAMS – PARTIES</i>	2	1780
DREAMS – PATIENTS	1	1780
DREAMS – PICNICS	1	1780
<u>DREAMS – PLAYING – rain; in</u>	1	N
DREAMS – SICK PEOPLE	1	1785
<u>DREAMS – SISTER – pit – falling into</u>	1	N
DREAMS – STRANGERS	1	1787
<u>DREAMS – TALKING – God and Death – to one's friend; about</u>	1	N
<u>DREAMS – TALKING with someone – loved ones; with his</u>	1	N
DREAMS – TEACHING	1	1788
DREAMS – TURTLES	1	1789
<i>DREAMS – UNREMEMBERED</i>	2	1790

4.4.26 Fever

FEVER – AFTERNOON (= 13 – 18h)	1	1811
FEVER – FEVER, heat in general	1	1811

4.4.27 Perspiration

PERSPIRATION – anxiety, during	1	1831
PERSPIRATION – COLD – waking; on	1	1832
PERSPIRATION – HOT	1	1834
PERSPIRATION – PROFUSE	1	1836
PERSPIRATION – PROFUSE – exertion aggravates	1	1836

4.4.28 Skin

SKIN – BURNING	1	1841
SKIN – DRY	1	1848
SKIN – ITCHING	1	1869
SKIN – ITCHING – burning	1	1870
SKIN – ITCHING – eruptions – without	1	1871
<u>SKIN – ITCHING – noon – 12h</u>	1	N
SKIN – OILY	1	1874
SKIN – SOFT – feels	1	1876
SKIN – WAXY	1	1884

4.4.29 Generals

GENERALS – ENDURANCE – increased	1	1932
GENERALS – ENERGY – excess of energy	3	1932
GENERALS – ENERGY – lack of energy	1	1932
GENERALS – FOOD AND DRINKS – chocolate – desire	1	1943
GENERALS – FOOD AND DRINKS – meat – desire – barbequed meat	1	1952
GENERALS – FOOD AND DRINKS – sweet drinks – desire	1	1958
GENERALS – FOOD AND DRINKS – sweets – desire	1	1958
<i>GENERALS – FOOD AND DRINKS – tea – desire</i>	2	1959
GENERALS – FOOD AND DRINKS – tea – desire – hot	1	1959

GENERALS – FOOD AND DRINKS – warm drinks – desire – hot	1	1960
GENERALS – HEAVINESS	1	1967
GENERALS – INFLUENZA	3	1979
GENERALS – INFLUENZA – sensation as if; beginning stage	1	1975
GENERALS – ITCHING – side; left	1	1977
GENERALS – ITCHING – skin; of the	1	1978
GENERALS – LASSITUDE	1	1979
GENERALS – PAIN – aching	1	1998
GENERALS – PAIN – cutting pain	1	2000
GENERALS – PAIN – sharp	1	2005
GENERALS – PAIN – sore (= bruised)	1	2005
GENERALS – SICK FEELING; vague	1	2042
<u>GENERALS – SIDE – left</u>	2	N
<u>GENERALS – SIDE – one side; symptoms on</u>	1	N
GENERALS – SLUGGISHNESS of the body	1	2044
GENERALS – STRENGTH, sensation of	1	2047
GENERALS – VIGOR	1	2064
<i>GENERALS – WEAKNESS</i>	2	2069
GENERALS – WEAKNESS – alternating with – strength; sensation of	1	2071
GENERALS – WEAKNESS – eating – ameliorates	1	2073
<i>GENERALS – WEARINESS</i>	2	2078 CS

The data obtained from the proving of *Malus domestica* 30CH presented a total of 264 rubrics. Most of these rubrics were located in the mind section (83), dream section (34), extremities section (21), and generals section (18). Table 5 summarises the distribution of rubrics according to sections of the repertory.

Table 5. The distribution of rubrics according to sections of the repertory.

1. Mind	70	11. Stomach	10	21. Chest	19
2. Vertigo	1	12. Abdomen	18	22. Back	21
3. Head	36	13. Rectum	11	23. Extremities	47
4. Eye	4	14. Stool	10	24. Sleep	15
5. Vision	1	15. Bladder	1	25. Dreams	38
6. Nose	6	16. Urine	5	26. Fever	2
7. Face	16	17. Male genitalia/sex	1	27. Perspiration	5
8. Mouth	6	18. Respiration	1	28. Skin	9
9. Throat	8	19. Cough	6	29. Generals	30
10. Neck	6	20. Expectoration	2		

CHAPTER FIVE: DISCUSSION OF THE RESULTS

5.1 Introduction

The aim of this chapter is to discuss the findings of this research study and to amalgamate the disjointed elements of this proving, to give a clear, descriptive understanding of the remedy *Malus domestica* 30CH. The most profound mental and physical themes that arose throughout the proving study will be deliberated upon and symptoms will thereafter be correlated to the doctrine of signatures. Interestingly, the proving results displayed a correlation to the vital sensations of the Rosaceae family as well as traits of the homoeopathic remedy of *Hydrocyanic acidum*.

It was hypothesised that *Malus domestica* 30CH would produce clearly observable signs and symptoms in healthy provers. It was also hypothesised that the proving of *Malus domestica* 30CH would expand on the symptom picture and therapeutic range of the remedy by correlating the symptoms produced with the doctrine of signatures. All data acquired from this research study did not contradict the above hypotheses and it is thus concluded that these hypotheses are justifiable.

5.2 The Abbreviation of the Remedy

The proving remedy *Malus domestica* 30CH will be abbreviated as follows: Malus-d.

5.3 Symptoms

5.3.1 Mind

On completion of this proving study, seventy (70) mind rubrics were revealed along with a polarity in thoughts and emotions of many provers. Many outstanding mental themes were exhibited by the provers. These polarities are clearly depicted in the following groups:

- Anger/irritability vs. calmness/tranquility;
- Depression/sadness vs. cheerfulness;
- Confusion vs. concentration/clarity of mind;
- Connection vs. disconnection.

These symptoms can be further subdivided into two groups based on their polarity.

Group A:

- Anger.
- Anxiety.
- Confusion.
- Delusions.
 - Dirty.
 - Faces diabolical.
 - Forsaken.
 - God.
 - Persecuted/obstructed.
- Depression/sadness/misunderstood.
- Desire for drugs.
- Doubts of the relationship/attitudes of insecurity.
- Fear before sexual intercourse.
- Financial strife.
- Frustration/irritation.

- Mental exhaustion.
- Separated/disconnected.
- Tension/stress.
- Voyeurism.

Group B:

- Calmness.
- Cheerful.
- Clarity of mind.
- Concentration.
- Energetic.
- Family.
- God/prayer.
- Heightened senses.
- Laughing/playful.
- Nature.
- Romance.

5.3.1.1 Group A

5.3.1.1.1 Anger

Anger was exhibited by several provers although the source of this emotion was varied.

Anger experienced by provers 02 and 21 stemmed from matters of their relationships. Prover 02 stated that he was “Frustrated, angry and irritable” about “Not being able to talk the problem out with her” (02 M 03:XX:XX), whilst prover 21 stated that she “Woke up thinking about previous nights (night's) dream. Felt sad and angry. In the dream I had a fight with my boyfriend – I was angry because he didn't understand where I was coming from and I was sad because I love him so much and he doesn't

understand” (21 F 07:XX:XX). Individuals that were normally calm and collected experienced bouts of anger for no clear reason – as was the case of provers 16 and 02. Prover 16 experienced a bout of anger stating that he “Felt very edgy today, like I wanted to bite everyones head off, I’m normally fine” (16 M 18:XX:XX) and prover 02 stated that it was the “First time in my university life I had an exchange with a lecturer and it wasn’t very pleasant” (02 M 15:XX:XX).

5.3.1.1.2 Anxiety

The theme of anxiety surrounding the partner and relationship was marked in this proving.

Prover 17 experienced anxiety that centered around his financial position and concerns of whether he will be financially stable to get married (17 M 03:XX:XX). Anxiety concerning the stability of the relationship was recorded by prover 18 as he stated that he had “so much of nervous energy” and in the post-prover consultation, he further elaborated that this anxiety arose from the thought of his partner (18 M 04:XX:XX). Prover 22 stated that he experienced anxiety and nervousness whilst daydreaming about approaching and expressing his emotions to a female he has never met before (22 M 17:XX:XX).

Upon awakening, prover 22 documented that he experienced an anxiety attack and further elaborated that this anxiety arose from a state of confusion as, when he awoke, he “didn’t know what I was seeing was real or fake”. He further expounded at the post-proving consultation that “Because of my confused mind I think I couldn’t process what I was seeing” (22 M 03:XX:XX).

5.3.1.1.3 Confusion

The theme of confusion was associated with the relationships of the provers concerned.

Prover 07 stated that he is “confused about my femininity”, and further states “I found that I was crying more than usual. I like to be soft and gentle and dependent on my partner – I always felt like this but it came to the surface back then. I like my partner to be able to take care of me” (07 M 02:XX:XX). The confusion experienced by prover 11 was as a result of his insecurities about his relationship (11 M 05:XX:XX).

5.3.1.1.4 Delusions

5.3.1.1.4.1 Dirty

Delusions appeared to be a vast element in this proving study. Delusions of being dirty were experienced by prover 27 (“Not feeling too good, got my periods. Feel dirty and just want to bath and get back to bed” (27 F 13:XX:XX)). Interestingly, the delusion of being dirty is encountered in the Rosaceae family as well (Scholten 2013: 347).

5.3.1.1.4.2 Faces diabolical

Prover 13 documented that “while I was daydreaming pictures of evil beings came across” and further stated that these faces were “distorted and disfigured” and “looked evil” (13 M 03:XX:XX).

5.3.1.1.4.3 Forsaken

The theme of Love played a central role in the proving of *Malus domestica* 30CH and this was further established in the delusion of prover 16. He stated that he felt that he was “lacking in love” and that he had lost his sense of identity (“I don’t really know who I am” (16 M 03:XX:XX)).

5.3.1.1.4.4 God

A remarkable delusion noticed by prover 11 was that of the delusion that “God was talking to me”. Whilst in a semi-conscious, “half asleep half awake” state he felt the urge to pray and described the incident thus: “I physically felt that God spoke to me with an audible voice – I could literally hear it because His voice seemed very loud” (11 M 01:XX:XX).

5.3.1.1.4.5 Persecuted/obstructed

Delusions of persecution were observed in provers 01, 18, 24 and 28. These delusions were described by provers 01, 18 and 28 as though they were persecuted by everyone around them. Prover 01 stated that he felt “...persecuted by everyone around me like everyone is against me” (01 M 03:XX:XX), and this was similarly expressed as “it feels like everybody is out to use me including my loved ones” by prover 18 (18 M 03:XX:XX). Prover 24 experienced delusions that arose from being persecuted by God himself. He recorded the following: “Sometimes I really feel that God himself hates me”. He further described this delusion at the post-proving consultation as follows: “Whatever I try to do is never easy to accomplish. I work hard with no guarantee that I’m going to be successful in anything. I feel that he could favor me more” (24 M 07:XX:XX).

5.3.1.1.5 Depression/sadness/misunderstood

Prover 13 experienced depression arising from financial constraints as well as from family responsibilities. He demonstrated concerns over the welfare of his loved ones, and not being able to provide financial security for his family (13 M 21:XX:XX). Depression was documented by prover 22 although this developed as a result of being “...misunderstood by everyone....” and his belief that nobody understood his intentions (22 M 12:XX:XX).

5.3.1.1.6 Desire for Drugs

During the course of the proving study, one prover documented that he experienced the reemergence of his desire to do drugs. Prover 11 stated that he “really felt like doing cocaine today even though I stopped many years ago” (11 M 12:XX:XX).

5.3.1.1.7 Doubts of the Relationship/Attitudes of Insecurity

Doubts of the relationship were chiefly expressed by prover 11. He documented these doubts on many occasions and these are as follows: “I’m starting to have doubts about my relationship and religion, double minded, am I doing the right thing. Is there a future for us as in do I love her enough? When I say double minded I mean is there somebody else out there for me?” (11 M 00:XX:XX); “The doubts are getting stronger, am I with the right person, am I making the right decisions. Am I the right person to love her enough. To be there for her” (11 M 01:XX:XX); “My chest started to feel tight after 12pm, my brain still feels confused, I’m insecure about my relationship. I couldn’t breathe in properly. I’m confused about whether I should stay in this relationship or not” (11 M 05:XX:XX); “After a week on these powders I’m starting to think more about my decisions and relationships” (11 M 07:XX:XX).

5.3.1.1.8 Fear before Sexual Intercourse

This fear was experienced by prover 22 on two separate occasions. The prover stated that the fear was a lack of libido and, on both instances, “Just lasted for the beginning...” (22 M 04:XX:XX) and “goes away after we start though” (22 M 26:XX:XX).

5.3.1.1.9 Financial Strife

There was a marked increase in the thoughts of prover 17 regarding the efficiency and prosperity of his business (“Powder 3 also gave me a bit more heightened senses

and thinking was a lot more deeper, thinking was more focused however I am at a stage in the business where every decision made is an important one long term wise” (17 M 02:XX:XX)). He felt the need and desire to improve his business and the lives of the people around him (17 M 03:XX:XX), and also indicated that he had “Made new plans for the business in terms of marketing and patient approach” (17 M 24:XX:XX).

5.3.1.1.10 Frustration/Irritation

Numerous provers recorded occurrences of frustration and irritability during the course of the research study. Prover 01 experienced emotions of frustration and irritability on four separate occasions. He expressed his irritability as follows: “Was really irritated in the morning today but playing with my daughters made the day so much better. Felt stressed but just a little” (01 M 05:XX:XX); “Felt irritated then spoke to a friend about issues and felt really good. Felt edgy and agitated” (01 M 07:XX:XX). He further recorded periods of frustration, described as being “really frustrated” with his wife (01 M 11:XX:XX), and involving a verbal altercation with a client which “ended in swearing” (01 M 19:XX:XX).

Prover 16 documented that on one occasion he “Had a very irritated day” and “strong emotions to everyone came out” (16 M 23:XX:XX), whilst prover 17 recorded being “annoyed with the crime rate in the country and how well criminals are protected” (17 M 14:XX:XX). Prover 27 stated that she had an argument with a friend which led to her “Not feeling too good” and being “a bit grumpy” (27 F 05 XX:XX).

5.3.1.1.11 Mental Exhaustion

Prover 02 noted moderate mental exhaustion, accompanied by “feeling sleepy” for several hours (02 M 01:XX:XX). Prover 31 stated that during the course of the research study, he experienced an exacerbation in his levels of mental exhaustion (“Still @ campus stressing about assignment during this hour I usually suffer from tiredness and brain shutting down but today I think it worse” (31 M 09:XX:XX)).

5.3.1.1.12 Separated/Disconnected/Connected

The theme of separation and disconnection was evident during the proving period and was noticed in the mental, emotional and physical planes.

Provers 05, 11, 17, 22 and 30 experienced separation and disconnection at the level of the mental/emotional plane. This disconnection was described by prover 05 as if “Something inside is missing” and further identified this missing element as the “zest for life, passion and the drive to succeed” (05 M 02:XX:XX). This notion was also shared by prover 11 who stated that “something’s missing” and that he “can’t see the point of everything”. He expressed a dismal attitude and stated that “Nothing adds up in my life” (11 M 18:XX:XX). Prover 17 described a separation between his subconscious and his body, as while his body was relaxed, his subconscious continued running (“Body is relaxed but subconscious is on its own mission I guess” (17 M 03:XX:XX)). A similar separation between mind and body was experienced by prover 22 who described this as “I feel a loss in connection between my mind and body. Things that I want to do I never seem to achieve. When I have a plan I find it difficult to follow through as I’m tired or doing too many things at once” (22 M 01:XX:XX). After ingesting the 5th powder, prover 30 experienced an event that he described as “supernatural”. He stated that he had an “out of body” experience whilst at his work place and that he could “see myself at my workstation aimlessly typing away on my computer”. He expressed that it was as if his soul was separated from his body and further likened the event to being in a dream (“it was like I my body was separated from my soul, like being in a dream”) (30 M 02:XX:XX).

Provers documented the physical sensation of their limbs being separated/disconnected from their bodies. The descriptions of the separated sensation experienced by the various provers are as follows:

- “Woke up a bit late for work, a bit tired (tired) but feel very lazy, my legs feel like their separated from my body” (05 M 04:XX:XX);
- “My legs feel like their (they're) not part of my body at times” (05 M 05:XX:XX);

- “Leg cramps began again but this time it started from the top of my feet, feels like my feet are separated from my legs”(19 F 07:XX:XX);
- “But had this odd sensation that my feet wernt (weren’t) attached to my body when I was running” (08 M 14:XX:XX);
- “A very strange thing happened today while I was walking to work. It felt like my toes were cut off from my feet like they were separated” (24 M 04:XX:XX).

Apart from experiencing separation of his limbs, prover 08 indicated that on one occasion he felt as if his head was not attached to his body (“Felt like my head wasn’t on my body – think I may be coming down with the flu or something” (08 M 03:XX:XX)).

Interestingly, the theme of separation can be seen in prover 11, albeit this occurred as the manifestation of voyeurism (“I like to watch people having sex that is what I meant by I like to watch” (11 M 12:XX:XX), “I have a secret obsession which over the years has grown, I love to watch other people having sex live. I feel most alive when I watch a guy hammering a girl. I do not need to participate just watching is enough” (11 M 14:XX:XX), “I looked up the word for sum one who watches others and I feel like I love voyeurism. It fills a gap which I cannot explain” (11 M 15:XX:XX)). The act of voyeurism is defined as “deriving sexual gratification from looking at sexual organs or acts of others” (The Little Oxford Dictionary 1989:634). In the context of this proving research study, this was the separation of the prover from an act occurring between two others.

5.3.1.1.13 Tension/Stress

Prover 01 denoted that on many occasions he experienced tension and/or stress. On one occasion he stated that he “Was really irritated in the morning today...Felt stressed but just a little” (01 M 05:XX:XX). He describes being “Under a lot of pressure today from clients” and that he “Handled pressure badly” (01 M 08:XX:XX), and experienced a “Hectic day” during which he felt “rushed” (01 M 13:XX:XX). He

further elaborates that he “Had a very stressful day with a lot of clients” (01 M 19:XX:XX).

5.3.1.1.14 Voyeurism

Prover 11 disclosed a secret obsession of loving to “watch other people having sex live” as it is then that he feels “most alive” (11 M 12:XX:XX). He further states that this act of voyeurism allows him to feel more in line with his emotions and “fills a gap which I cannot explain” (11 M 15:XX:XX).

5.3.1.2 Group B

5.3.1.2.1 Calmness

A common theme that manifested during the research study was that of an enhancement of calmness and serenity of mind. Prover 08 described a dream in which he visited a park and found “a deeper peace and calmness in this park like time didn’t move – very deep” (08 M 02:XX:XX), whilst prover 13 compared his calm state of mind to that of a dream “My mind was calm this morning I was sitting on my bed feeling like I was dreaming” (13 M 08:XX:XX). Provers experienced a general sensation of mental calmness and ease (“I had a very easy day, relaxed. My mind was at ease” (11 M 09:XX:XX); “Was feeling calm and relaxed this morning my thoughts seemed clearer than they normally are” (19 F 03:XX:XX); “I am calm even though I know my future is uncertain. This confuses me cos I normally am not so calm when it comes to work” (28 M 00:XX:XX); “I felt extremely calm after taking the 1st sachet-I havnt felt like this in years... I felt a sense of serenity and inner peace” (30 M:XX:XX)).

5.3.1.2.2 Cheerful

Various provers denoted a positive alteration in their personalities. Curiously, provers 01 and 22 indicated that they experienced feeling “good” and “relaxed” after passing stool (“Woke up and went to the toilet for number 2, felt really free after that” (01 M 01:XX:XX); “Number 2 was extremely pleasurable, felt a good release, relaxed” (22 M 04:XX:XX)). Prover 04 stated that her persona had transformed from one of introversion and inconsideration of others to that of being friendly and “easy going” (04 F 01:XX:XX). She further elaborated that she “Experienced happiness and I did not cry, was not moody, spoke to everybody and was back to my jolly self in general” (04 F 01:XX:XX).

5.3.1.2.3 Concentration

Alterations in concentration levels were noticed during the proving period and the following statements were documented: “But concentration levels were really good. Managed studying for long hours” (04 F 01:XX:XX); “I see I can think clearly and my concentration levels have heightened” (08 M 01:XX:XX); “Feel like I think a bit more clearly I feel lighter in my head as in my thoughts are clearer for some reason” (16 M 21:XX:XX); “I feel much better today, my thoughts are clear and I can function well” (16 M 27:XX:XX); “Everything seems clearer, I can think and focus so much better than before” (19 F 02:XX:XX); “I found that I could think much clearer, even at work my mind was constantly running on full steam” (30 M:XX:XX). Conversely, prover 28 documented that there was a decrease in his memory and concentration (“These days I noticed I can’t remember passed events like I used to” (28 M 00:XX:XX)).

5.3.1.2.4 Energetic

A clear intensification of mental dexterity was identified by provers 18 and 20. Prover 18 described this as having more brainpower and that his body feels as if “theres a stronger motor driving the wheels” (18 M 00:XX:XX). After ingesting the proving

remedy, prover 20 described feeling “amped at the end of the day like I am the king of my castle” (20 M 00:XX:XX).

5.3.1.2.5 Family

Prover 01 stated that he normally enjoys solitude, but during the research study he “Enjoyed spending time with the family” (01 M 08:XX:XX), whilst prover 17 stated that he desired “spending more time with family and friends” (17 M 04:XX:XX) and dreamt about his family and “having a braai with everyone at my house...” (17 M 15:XX:XX).

The family theme was profound in prover 21. She documented numerous instances wherein she dreamt of her family. These instances are as follows:

- “Dreamt my dad was alive and at my house. We were watching TV and laughing. Also dreamt of the day my dad died and the events that occurred” (21 F 05:XX:XX).
- “Dreamt of my dad again. He was alive and washing his car. (This was something he did often when he was alive). He was also whistling and singing” (21 F 06:XX:XX).
- “Dreamt my dad was with my mum and I at a mall buying grocery” (21 F 10:XX:XX).
- “Dreamt I was with my family at the ocean. We were relaxing and talking about general things” (21 F 13:XX:XX).
- “Dreamt about the days events i.e. going for lunch with my mum and shopping” (21 F 15:XX:XX).
- “Dreamt of my dad. He was sitting in our lounge watching a concert dvd (usual activity for him)” (21 F 17:XX:XX).
- “Dreamt about my dad. He was building a wall outside our house. Dreamt my dad was cooking and singing his favourite song” (21 F 23:XX:XX).
- “Also dreamt about my parents that night. They were sharing a meal and talking” (21 F 24:XX:XX).

- “Dreamt my dad and I went to a restaurant and we were talking about my business while eating” (21 F 28:XX:XX).
- “Dreamt of my dad again however it was about the day his funeral was conducted and events for that day” (21 F 29:XX:XX).

Prover 27 recorded experiencing disturbing dreams concerning her family. She recorded having dreamt about her mother who was involved in a motor vehicle accident (“Had a scary dream about mommy, she was in a car accident” (27 F 24:XX:XX)), as well as a dream that concerned her younger sibling (“Had a very disturbing dream, I dreamt of my youngest sister (7) falling into a deep deep pit and we couldn’t see her” (27 F 09:XX:XX)).

5.3.1.2.6 God/Prayer

The theme of God and prayer was noticeably augmented in provers 17 and 20. Prover 17 described this as a tendency to being more spiritually inclined, and noticed that “Being spiritually inclined helps heighten all senses since it seems to calm mind down and bring about inner peace” (17 M 05:XX:XX). He further states that praying in the morning seems to encourage him before leaving to work (17 M 13:XX:XX). Whilst visiting his place of worship, he stated that he “felt like giving a larger donation than normal. The atmosphere in the temple brought me back down to a calmer place rather than thinking about work all the time” (17 M 14:XX:XX).

At the other end of the spectrum, prover 20 felt as though his faith was being questioned (“It feels as tho my faith is being questioned all the time”), although he stated that he still has “strong beliefs in my God and I trust him daily for most of the decisions. My everyday challenges at work” (20 M 08:XX:XX).

5.3.1.2.7 Heightened Senses

Heightened senses were documented by provers 08 and 17. Even though he was in pain, prover 08 stated that all his senses were heightened, as he was able to better visualize and perceive sound around him (08 M 01:XX:XX). Prover 17 stated that powder 2 “made senses like the eyesight, hearing and taste a bit more heightened” (17 M 01:XX:XX).

5.3.1.2.8 Laughing/Playful

Prover 05 indicated that there was an increase in the cheeriness of his attitude (“Usual day went to work laughed a lot today not usual for me, enjoying the positive attitude” (05 M 12:XX:XX)), whilst prover 17 stated that he wanted to play with his pet dog as well as soccer more than normal (“Seemed to want to play with the dogs a bit more than I normally do or play soccer since I hadn’t play the sport in a while” (17 M 08:XX:XX)).

5.3.1.2.9 Nature

Thoughts of nature and wanting to be in touch with nature were manifested in many provers. Prover 08 stated that he dreamt of being in a park and further elaborated that it “Felt like I had a deeper peace and calmness in this park like time didn’t move – very deep”. Later on in the proving period, he experienced the urge to go camping and to “get back in touch with nature” as he found bliss in “looking at the birds eating and things” (08 M 10:XX:XX). Provers 11 and 17 were both aware of the need to spend more time outdoors – being closer to nature (11 M 10:XX:XX) and enjoying nature respectively (17 M 08:XX:XX).

5.3.1.2.10 Romance/Nostalgia

An amplification in romantic notions toward his partner was documented by prover 22. He stated that he “Felt really nostalgic and romantic today out of the ordinary. Felt nostalgic over my girlfriend and our romance. Romantic feelings mean me being affectionate, paying attention, cuddling, kissing” (22 M 09:XX:XX).

5.3.2 Vertigo

The symptom of vertigo and dizziness occurred in provers 11 (“A lot of dizziness and weak feeling in my head, a little bit of constipation” (11 M 00:XX:XX)) and 30 (“Took powder 3: had a shower and my head felt light-no pain but was just feeling a bit dizzy” (30 M 00:XX:XX)) whilst provers 05, 08, 13, 19 and 29 experienced a light-headed, floating sensation of their heads: “Head felt very light today, less issues that normally stress me out” (05 M 05:XX:XX), “Took the 1st powder this morning but didn’t feel anything out of the ordinary. But I noticed that at about an hour later I felt a bit light headed – not so much dizzy but jus (just) felt like my head was floating” (08 M 00:XX:XX), “My head was feeling different also – was feeling light” (13 M 05:XX:XX), “Head seems to be floating – dunno (don’t know) if the runny tummy in the morning caused that” (19 F 03:XX:XX), “Took my 2nd powder @ 16:00, again no pain but my head a bit lite (light), for about 30mins, once I went outside and worked it was fine” (29 M 01:16:30).

5.3.3 Head

Numerous provers noted symptoms that affected the head – especially the sensation of lightness – and a variety of pain was associated with most of these symptoms. The areas of pain ranged from the occipital, temporal, and frontal regions. Provers described their pain from a pounding type (04 F 01:XX:XX) to the sensation of the “continuous prick of a needle” (02 M 01:XX:XX) to a “splitting” type of headache (08 M 01:XX:XX).

Provers (08 M 14:XX:XX), (19 F 00:XX:XX) and (21 F 16:XX:XX) noted that their eye discomfort was a precursor to the headaches they experienced.

The sensation of lightness was exceptional in provers (08 M 00:XX:XX), (13 M 05:XX:XX), (19 F 03:XX:XX), (29 M 1:16:30) and (30 M 00:XX:XX), whilst occipital pain was noted by provers (02 M 01:XX:XX), (13 M 13:XX:XX), (16 M 03:XX:XX) and (18 M 17:XX:XX). Pain at the parietal area was experienced by provers (01 M 00:XX:XX) and (07 M 18:XX:XX) but pain at the frontal area was only experienced in prover (21 F 02:XX:XX).

Ameliorating factors included resting the eyes (08 M 14:XX:XX), drinking large quantities of water (27 F 30:XX:XX), resting (21 F 07:XX:XX; 08 M 01:XX:XX), after consuming a meal (13 M 13:XX:XX).

Aggravating factors include being exposed to the heat of the sun (04 F 01:XX:XX), exposure to heat (16 M 03:XX:XX), dehydration (27 F 30:XX:XX), and travelling (31 M 12:XX:XX).

5.3.4 Eye

Eye symptoms were evident in provers (08 M 14:XX:XX), (19 F 00:XX:XX) and (21 F 16:XX:XX). These symptoms ranged from a burning sensation, to opthalmia and to general pain around the orbital region.

5.3.5 Nose

Provers noted a flaring up of sinusitis with associated congestion thereafter (08 M 03:XX:XX; 27 F 26:XX:XX).

5.3.6 Mouth

Prover (19 F 08:XX:XX) felt her tongue was “thick and fat and hairy” whilst prover (07 M 05:XX:XX) described a fatty taste in his mouth. The symptom of dryness occurred with one prover who noted a dry mouth on waking (27 F 23:XX:XX).

5.3.7 Throat

There were numerous throat symptoms that were evident amongst provers (16 M 06:XX:XX), (30 M 02:XX:XX), (14 F 02:XX:XX) and (08 M 04:XX:XX). Prover 16 stated that he needed to “drink water to keep it from scratching” (16 M 06:XX:XX). Likewise prover 14 note that this sensation of scratching was ameliorated by drinking warm water (14 F 02:XX:XX). Prover (30 M 02:XX:XX) and (08 M 04:XX:XX) noted that there was a sensation of a ball in their throats, which prover (08 M 04:XX:XX) felt was ameliorated upon drinking warm water.

5.3.8 External throat

Prover (02 M 01:XX:XX) experienced discomfort on the right side of his neck, though there was decrease in his range of motion.

5.3.9 Stomach

Provers (01 M 20:XX:XX) and (17 M 01:XX:XX) experienced heartburn during the proving study, but prover (01 M 20:XX:XX) and prover (22 M 19:XX:XX) noted an increase in eructations and abdominal distention. Prover (22 M 19:XX:XX) noticed that his symptoms were alleviated after consuming food.

5.3.10 Thirst

Extreme thirst was experienced by prover (04 F 02:XX:XX).

5.3.11 Appetite

Due to a nervous affliction, prover (04 F 05:XX:XX) stated that she “barely ate or drank water because of ‘nerves’”.

5.3.12 Abdomen

Abdominal symptoms were numerous and varied. One prover (01 M 20:XX:XX) noted having experienced an empty sensation “in his tummy” after passing stool and was unique to him alone.

Abdominal pain in the form of cramps were experienced by provers (01 M 12:XX:XX), (05 M 08:XX:XX) and (22 M 18:XX:XX). Provers recorded pain that occurred concurrently with constipation (05 M 15:XX:XX), (11 M 00:XX:XX) and (13 M 25:XX:XX).

5.3.13 Rectum

Provers 08 and 19 recorded symptoms that affected the rectum – both these provers experienced hemorrhaging from the rectum as well as discomfort at the anus and can be differentially diagnosed as haemorrhoids or anal fissures. (“Got scared today when I saw blood on the toilet paper, felt like pins in my rear” (08 M 08:XX:XX); “Was a bit shocked to see that there was little blood in the toilet. Normally never have a sore butt but it feels very sore now!” (19 F 00:XX:XX)). .

5.3.14 Stool

Symptoms affecting stool were plentiful with provers (08 M 08:XX:XX), (18 M 11:XX:XX) and (19 F 00:XX:XX) noticing blood being passed with stool during a bowel movement. Provers (08 M 08:XX:XX) and (19 F 00:XX:XX) symptoms were further

exacerbated by the sensation of pins in his “rear” and a “very sore” rectum respectively.

Diarrhoea associated with urgency on awakening was experienced by provers (08 M 08:XX:XX), (13 M 02:XX:XX) and (19 F 03:XX:XX). Prover (19 F 03:XX:XX) experienced abdominal discomfort prior to defecation.

Prover (16 M 17:XX:XX) recorded waking up with severe, offensive smelling diarrhoea which he described as smelling as if “something died inside of me”.

5.3.15 Bladder

Provers experienced an increase in frequency of passing urine as well as dysuria. Provers (18 M 07:XX:XX) and (19 F 02:XX:XX) observed that they were passing urine more frequently while prover (24 M 07:XX:XX) mentioned that when he passed urine, it “was burning and yellow”.

5.3.16 Kidneys

Prover (04 F 28:XX:XX) observed that she developed severe kidney pain, but was ameliorated by the consumption of large quantities of water. Provers (08 M 03:XX:XX) and (19 F 02:XX:XX) developed kidney pain as well with prover (08 M 03:XX:XX) mentioning that there was a notable increase in the need to pass urine during the course of the night.

5.3.17 Respiration

Provers (18 M 25:XX:XX) and (19 F 08:XX:XX) recorded difficulty in respiration – prover (18 M 25:XX:XX) stated: “I noticed that my chest started paining when I was laughing hard. Felt like less air was going into my chest”. A productive cough and a

dry cough was observed by provers (19 F 08:XX:XX) and (08 M 03:XX:XX) respectively.

5.3.18 Chest

Constriction was felt in the chest by provers 08, 11 and 19. Prover 08 stated that his “Chest was a bit tight and throat felt swollen” (08 M 04:XX:XX); prover 11 described his chest as being “tight” (11 M 05:XX:XX); and prover 19 experienced a “tight” of her chest that was associated with the production of phlegm (19 F 08:XX:XX).

Prover 17 recorded experiencing a “burning sensation” at his chest and this was an associated symptom to the heartburn experienced by him (17 M 01:XX:XX).

Prover 14 mentioned that she felt both a dull and sharp chest pain on two separate occasions (“Dull chest pain – left side” (14 F 02:XX:XX); “Pain on lower half of the sternum. Sharp pain. Occurred between 5 and 6pm” (14 F 10:XX:XX)). Prover 18 recorded that he “noticed that my chest started paining when I was laughing hard. Felt like less air was going into my chest” (18 M 25:XX:XX). Whilst suffering from an influenza infection, prover 21 documented experiencing a “...severe cough and chest pain...” (21 F 21:XX:XX).

5.3.19 Back

Pain was experienced at the lumbar region (17 M 15:XX:XX), at the thoracic region (21 F 12:XX:XX), and cervical region (31 M 04:XX:XX).

Prover (31 M 04:XX:XX) described the symptoms as follows: “Feeling hot on my shoulders and neck, it is burning. It is my first time feeling this pain but I think I slept with wrong position at night. When I touch these areas theres nothing I can feel on my superficial layer” and “Just left early off campus my head is pumping flames of pain because of transformation and transfer of pain from neck”.

5.3.20 Extremities

Cramping was prevalent in the lower limbs (08 M 02:XX:XX) (11 M 11:XX:XX) (13 M 13:XX:XX) (14 F 16:XX:XX) (16 M 00:XX:XX) (19 F 04:XX:XX) (24 M 10:XX:XX) especially at the region of the calves. Prover (14 F 16:XX:XX) described a shooting pain at her left upper limb “Pain between left 2 fingers. Shooting, throbbing pain....Very painful”.

Provers (01 M 04:XX:XX) and (24 M 03:XX:XX) experienced a burning sensation of the feet but prover (01 M 04:XX:XX) experienced symptoms were accompanied by an increase in perspiration at his feet as well as his palms.

Numbness was observed by a prover “Legs were feeling weak today and numb at times got better in the afternoon after keeping them warm” (07 M 24:XX:XX).

A sensation of separation between areas of the lower limb was observed by provers (08 M 14:XX:XX) and (24 M 04:XX:XX). Prover (08 M 14:XX:XX) documented that his feet “wernt attached” to his body when he was running, whilst prover (24 M 04:XX:XX) described this as though his toes were cut off from his feet “like they were separated”.

Weakness in all extremities was encountered by prover (02 M 01:XX:XX), but especially the lower limbs.

5.3.21 Sleep

Sleeplessness proved to be profound amongst provers (07 M 09:XX:XX), (18 M 14:XX:XX), and (21 F 02:XX:XX) – but prover (07 M 09:XX:XX) noticed that his sleep broke earlier than normal during his day-to-day routine.

5.3.22 Dreams

Numerous themes emerged in dreams that were experienced by various provers.

These themes include:

- Disorganized scenes from movies (21 F 11:XX:XX);
- Animals (21 F 22:XX:XX);
- Parties and banquets (17 M 15:XX:XX), (08 M 01:XX:XX), (19 F 08:XX:XX), (27 F 23:XX:XX), and (28 M 00:XX:XX);
- The coastline (21 F 08:XX:XX);
- Children playing in a garden as well as tending to an injured child (30 M 02:XX:XX);
- Foreign countries and foreign people (21 F 02:XX:XX) and (28 M 00:XX:XX);
- God and death (21 F 09:XX:XX) and (21 F 09:XX:XX);
- Previous days' events (21 F 15:XX:XX);
- Dreams of falling in space (21 F 04:XX:XX);
- Family, the father, mother, parents and sister (21 F 13:XX:XX), and (27 F 24:XX:XX);
- Being in gardens (08 M 02:XX:XX), (30 M 02:XX:XX);
- The theme of guilt (19 F 01:XX:XX);
- Rain (21 F 24:XX:XX);
- Committing a theft (08 M 07:XX:XX);
- Being at the work place (21 F 20:XX:XX).

5.3.23 Chill

A notable fever was experienced by prover 07 who described the fever as follows:

“Had a fever in the afternoon, wasn’t too bad – manageable” (07 M 22:XX:XX).

5.3.24 Perspiration

Prover (01 M 17:XX:XX) observed that he awoke in a cold sweat, whilst prover (05 M 06:XX:XX) noted that upon waking he experienced a hot sweat. Both provers dreamt, yet could not recall their dreams.

Provers (02 M 02:XX:XX) and (18 M 06:XX:XX) noted that they “sweated a lot”. Prover (02 M 02:XX:XX) describes this as “...I was sweating profusely, more than usual”.

5.3.25 Skin

Very dry skin at morning was noted by prover (07 M 12:XX:XX), whilst prover (08 M 07:XX:XX) described his skin as “thick and oily for the past few days” (08 M 07:XX:XX). Prover (04 F 02:XX:XX) noted that her skin was hydrated, soft, smooth and clear.

Shiny, oily skin was experienced by provers (07 M 04:XX:XX), (18 M 21:XX:XX), and (19 F 01:XX:XX).

An itchy, burning sensation was observed by the following two provers: (01 M 00:XX:XX) and (19 F 01:XX:XX). Even though both provers experienced discomfort, neither observed skin eruptions that accompanied these symptoms.

5.3.26 Generals

There was a clear theme of increased energy as well as noticeable malaise amongst most provers. Provers (04 F 02:XX:XX), (07 M 01:XX:XX), (08 M 00:XX:XX), (17 M 01:XX:XX), (18 M 02:XX:XX), (19 F 01:XX:XX), (20 M 00:XX:XX), (22 M 02:XX:XX) and (30 M 02:XX:XX) noted that they had a discernable increase in their energy

levels, whilst provers (02 M 02:XX:XX), (21 F 09:XX:XX), (22 M 04:XX:X) and (31 M 01:XX:XX) experienced a decrease in their daily energy levels.

The most noticeable craving was for that of tea as observed by provers (08 M 02:XX:XX), (13 M 08:XX:XX), (14 F 09:XX:XX), (17 M 28:XX:XX), (19 F 02:XX:XX), and (30 M 01:XX:XX). Prover (27 F 23:XX:XX) noticed a marked increase in her desire for chocolates.

Prover (21 F 03:XX:XX) noted an increase in generalized muscle soreness.

Influenza occurred during the course of the proving period and was noted in provers (02 M 27:XX:XX), (07 M 23:XX:XX), (19 F 03:XX:XX), (21 F 19:XX:XX), and (29 M 08:XX:XX).

Symptoms were noted to have occurred mainly on the left side of provers (08 M 00:XX:XX), (19 F 01:XX:XX), and (31 M 03:XX:XX).

Generalized weakness occurring at the morning was one of the themes that arose during the proving period (05 M 03:XX:XX), (07 M 08:XX:XX), (13 M 00:XX:XX), and (24 M 00:XX:XX).

5.3.27 Miscellaneous symptoms

Prover 17 experienced his subconscious working continuously “Body is relaxed but subconscious is on its own mission I guess” as well as describing his new found affinity to music (17 M 05:XX:XX).

Prover 29, was uncertain as to whether what he was witnessing was at a conscious or subconscious level – “Had a very restless sleep. Not sure if I was dreaming or thinking of everything. So I’m not taking anymore (any more) of the powders!!!” (29 M 01:XX:XX).

5.4 The Doctrine of Signatures

The doctrine of signatures aims to discuss the nature of the proving substance in relation to the symptoms derived from provers during the proving study.

5.4.1 Physical Properties of *Malus Domestica* and Doctrine of Signatures

5.4.1.1 Star Shape of the Apple Core

When bisected transversely, the apple bears a striking resemblance to a 5 pointed star and this description can correlate directly to astrocytes found within brain tissue. During the proving period many provers experienced symptoms involving the head – ranging from pounding headaches to a detached “as if the head is floating” sensation.

Incidentally, prover (18 M 17:XX:XX) described a visual disturbance as “seeing silver stars” whilst enduring a severe headache.

5.4.1.2 Yellow Colour of the Proving Substance

The proving substance was that of the Golden Delicious variety of *Malus domestica* – therefore yellow was the predominant colour of the triturating substance.

According to colour therapy, the colour yellow energises the adrenal glands, the heartbeat, digestion, circulatory system and activates motor nerves thereby energizing the muscles. It is indicated for the treatment of mental fatigue, poor decision making, poor concentration and nervous anxiety (Graham 1996: 106). This increase in adrenal gland activity can be associated with provers 01, 02, 13 and 16 as manifestations of anger, frustration and irritability. After ingesting the remedy, prover 17 noted a decrease in heartburn, which he described at the pre-proving meeting as an ailment that he endured for a considerable amount of time prior to participating in the research study (“Heartburn decreased a bit” (17 M 01:XX:XX)). Throughout the study period

numerous provers 04, 16, 17 and 19 documented a distinct increase in mental dexterity as well as increased clarity of mind, especially regarding financial concerns.

McLeod (2000) states that the colour yellow cleanses the body by acting as a laxative and is therefore useful in the treatment of constipation as well as facilitating the excretion of urine. Curiously, there was the common symptom of diarrhoea that was observed in provers 01, 08, 13, 16, 19 and 22 and an increase in urine output observed in provers 08, 18, 19 and 24.

According to Wills (1998), yellow is associated with detachment and if an individual is excessively exposed to the colour, that individual may undergo the sensation of detachment from others around him/her and the environment. This sense of detachment from persons around him was observed in prover 11 and 22. Prover 11 describes his experience of detachment as a secret fixation of voyeurism – an act wherein the observer is detached from an intimate act involving an independent party (“I have a secret obsession which over the years has grown, I love to watch other people having sex live. I feel most alive when I watch a guy hammering a girl. I do not need to participate just watching is enough” (11 M 14:XX:XX)). He further elaborates that even though he had a pleasing outing socializing with friends, he found that an element of fulfillment was “missing” (“I feel stupid today went out with my friends and had a great time, felt good but something's missing, I can't see the point of everything” (11 M 18:XX:XX)). On the other hand, prover 22 documented apprehensions before sexual intercourse with his girlfriend. This incident can be likened to the detachment from an intimate partner resulting in apprehension prior to the act of sexual intercourse and therefore his “lack of libido” (“I had a strange sexual encounter today which I thought I needed to write down. I felt tremendous fear before having sex with my girlfriend. Just lasted for the beginning then it was fine. The fear was lack of libido” (22 M 04:XX:XX), “Felt that great fear again today just before having sex goes away after we start though” (22 M 26:XX:XX)).

Provers 05, 17 and 30 noted that they experienced feeling detached from the environment around them. Prover 05 described this as “Something inside is missing. The thing that’s missing inside is zest for life, passion and the drive to succeed. It feels like a big hole in my chest” (05 M 02:XX:XX). Prover 17 stated that his “Body is relaxed but subconscious is on its own mission I guess” (17 M 03:XX:XX) – this clearly depicts his level of detachment from the environment around him. An exceptional case displaying the theme of detachment was documented by prover 30. He states: “...Had the 5th powder at work: had a supernatural experience! I literally could see myself at my workstation aimlessly typing away on my computer. This was my first “out of body” experience – it was like I my body was separated from my soul, like being in a dream...” (30 M 02:XX:XX).

Prover 22 clearly denoted a higher sense detachment that occurred between his mind and body (“I feel a loss in connection between my mind and body. Things that I want to do I never seem to achieve. When I have a plan I find it difficult to follow through as I’m tired or doing too many things at once” (22 M 01:XX:XX))

On the physical plane provers 05, 08, 19 and 24, experienced a detached sensation pertaining to their lower limbs (“...my legs feel like their separated from my body” (05 M 04:XX:XX), “My legs feel like their (they’re) not part of my body at times” (05 M 05:XX:XX), “But had this odd sensation that my feet wernt (weren’t) attached to my body when I was running” (08 M 14:XX:XX), “Leg cramps began again but this time it started from the top of my feet, feels like my feet are separated from my legs” (19 F 07:XX:XX), “A very strange thing happened today while I was walking to work. It felt like my toes were cut off from my feet like they were separated” (24 M 04:XX:XX)), whilst prover 08 noted a detached sensation regarding his head as well (“Felt like my head wasn’t on my body...” (08 M 03:XX:XX)).

As mentioned earlier, the colour yellow is thought to have an influence on the motor nerves and increases muscle power (Graham 1996: 106; Wills 1998: 101). During the proving period, prover 17 noticed that at the end of long working days he did not suffer

the exhaustion he normally experiences. It is believed that if any part of the human anatomy is deficient in the energy of the colour yellow, paralysis of that area results (Wills 1998: 101). This was evident in provers 02 and 07 as they both described sensations of weakness and numbness at their lower limbs (“Felt weak in all extremities especially legs at about 12pm – 15:00pm” (02 M 01:XX:XX), “Legs were feeling weak today and numb at times got better in the afternoon after keeping them warm” (07 M 24:XX:XX)).

Coincidentally, provers developed coughs that ranged from wet, productive coughs to dry coughs. Sputum produced during the study period was described as “yellow-green” and this can therefore be correlated to the colour of the proving substance.

5.4.1.3 Gross Fruit and Plant Appearance

The nature of the ripe fruit is to hang suspended at the end of branches in a similar manner to grapes (see Figure 4). This analogy can be likened to the appearance of alveoli in the respiratory system and during the study period it was documented that provers developed a range of respiratory symptoms. These symptoms are as follows:

- “Chest was a bit tight...” (08 M 04:XX:XX).
- “My chest started to feel tight after 12pm...” (11 M 05:XX:XX).
- “I noticed that my chest started painning when I was laughing hard. Felt like less air was going into my chest. I had pins and needles all over my chest. Breathing in made it worse“(NS) (18 M 25:XX:XX).
- “Came home chest was still feeling tight but was coughing up less phlegm than at lunch time” (19 F 08:XX:XX).

Prover 07 noticed that his skin felt smooth and shiny and after shaving, his skin appeared white (“Dry skin has gone skin feels smooth and seems shiny, after shaving skin seemed white” (07 M 04:XX:XX)). This description of his skin after shaving bears a resemblance to the act of peeling an apple – as when the peel is removed, the hypanthium (the white inner flesh of the fruit) is exposed.

When quartered longitudinally the fruit appears to resemble the form of the kidney. Provers 4 and 19 experienced kidney disturbances, as well as an increase in the frequency, in passing urine (“Woke up like 3 times during the night definitely not normal. Plus there was a burning pain and lower back ache even but the colour was clear” (08 M 03:XX:XX), “Getting sum lower back ache while passing urine” (19 F 02:XX:XX)).

The apple tree has a short sturdy trunk composed of heavy, hard and close grained wood, with a somewhat rounded crown of branches (Malus - Apple Tree, Crab Apple Tree 2010). In comparison to the trunk, these branch limbs are thin and wispy, although robust enough to support the weight of ripe fruit clustered together at the ends. An analogy can thus be drawn between the branch limbs of the tree to the limbs of the provers and can possibly indicate that the remedy produced from this plant will have an affinity for the extremities. Numerous provers documented symptoms ranging from cramping pains to a “separated” sensation that occurred at their lower limbs (“...my legs were cramping after clinic – both of them...” (08 M 02:XX:XX), “Noticed that the cramps at my legs came up again, both of them at my calves...” (08 M 07:XX:XX), “Both my legs were severely cramping in the afternoon” (11 M 11:XX:XX), “Was walking and my legs started cramping” (13 M 13:XX:XX), “Calf muscle cramp: ±4am. Right calf muscle. Muscle spasm cramp... Very painful” (14 F 16:XX:XX), “Just had powder number 3 and realized that my legs are cramping” (16 M 00:XX:XX), “Both my calves were cramping...” (19 F 04:XX:XX), “Leg cramps began again” (19 F 07:XX:XX), “Legpain, tired, cramps” (24 M 10:XX:XX)).

Provers 01 and 24 indicated that they experienced symptoms on both the upper and lower limbs. Prover 01 describes this as an increase in perspiration accompanied by itching at legs and feet, whilst prover 24 noticed that the soles of his feet were burning and itchy (“Only my legs were itching today but it got better after midday” (01 M 04:XX:XX), “Had itchy feet and sweat palms the whole morning” (01 M 16:XX:XX), “Sweated a lot today especially on my palms” (01 M 21:XX:XX), “Legs was red and

itchy today put e45 cream and it helped” (01 M 22:XX:XX), “Noticed the skin under my feet were burning and itchy when I woke up...” (24 M 03:XX:XX)).

Prover 14 noted that she experienced a shooting, throbbing pain between the phalanges of her upper limb (“Pain between left 2 fingers. Shooting, throbbing pain” (14 F 10:XX:XX)).

The leaves of the apple tree are five (5) to ten (10) centimetres long, are oval to broadly ovate, pointy-tipped and have fine, sharp toothed edges with the upper surfaces being bright green and the undersides lighter and covered with a white down (Malus - Apple Tree, Crab Apple Tree 2010). Interestingly, a parallel can be drawn between the symptoms described by prover 19 and the hairy underside of the leaves as prover 19 stated that her “Tongue felt thick and fat and hairy at the back at my throat” (19 F 08:XX:XX).

5.4.1.4 Microscopic Fruit Appearance

The microscopic structure of the hypanthium of the apple bears a striking resemblance to the histology of the alveoli of the lung parenchyma. Interestingly, both systems are designed to maximize gaseous diffusion and transport of nutrients from one area to the sub adjacent area (albeit, within the lung parenchyma there is an added function of the exchange of waste products) (Mendoza *et al.* 2007: 559). During the course of the research study, many provers documented respiratory disturbances during the inspiration interval and correlates well to this characteristic of the fruit.

5.4.1.5 Peel Characteristics

The skin of the fruit is innately waxy. It is this waxy cuticle that prevents dehydration of the fruit whilst on the tree as the natural habitat for the plant is in dry, arid areas. There was an increase in the production of facial as well as bodily oil as experienced by provers – with some describing this increase in sebum production as their skin

feeling “oily” (“Woke up and my skin felt very oily-this is not normal my skin is usually dry” (18 M 21:XX:XX), “At the end of these long days I noticed my skin is oilier, normally is dry” (19 F 07:XX:XX), “Skin still oily” (19 F 09:XX:XX)), “shiny” (“The places where there was irritation became shiny – not normal for me” (19 F 01:XX:XX)) or “waxy” (“Noticed that my skin feels thick and oily for the past few days thawt (thought) it was the congestion that was causing it but it’s still oily till now, feels like candle wax” (08 M 07:XX:XX)).

Interestingly, the appearance of the waxy nature of the fruit was projected beyond the level of the skin, as prover 07 noticed that he developed a “fatty taste” in his mouth whilst eating and this endured for that entire day (07 M 05:XX:XX).

5.4.1.6 Congruencies between the Garden of Eden and the Proving Substance

According to Christian belief, God created Adam to tend to the Garden of Eden and thereafter created Eve as the partner to Adam (BBC 2009). When Adam and Eve ate the fruit from the tree of the knowledge of good and evil (which came to be regarded as an apple) they realized they were naked and hid in shame – this is known as the transition from “innocent obedience” to “guilty disobedience”. God banished them from the Garden of Eden, and this is regarded as “The Fall of Man” (BBC 2009).

During the proving study, there seemed to be the common theme of guilt that was experienced by provers 08 and 19 (“Had a weird dream last night. Dreamt I was at sumones (someone’s) party I don’t know whose. But I didn’t know anyone there. Was at a strange place that I couldn’t recognize. People were staring at me like I wasn’t supposed to be there – made me feel guilty like I was gate crashing or something...” (08 M 01:XX:XX), “Had dream about me and I took my mum shopping and we were accused of stealing by the security guards – was a dumb dream but it made me feel like I was a criminal on trial for murder or something” (08 M 07:XX:XX)). This can be compared to the guilt that was experienced by Adam and Eve in the transition from “innocent obedience” to “guilty disobedience”.

Curiously, the theme of “falling” was prevalent in the dreams of provers 21 and 27. Prover 21 documented that she had a dream wherein she was “falling in space” (21 F 04:XX:XX), whilst prover 27 recorded a disturbing dream of her sister falling into a deep pit “Had a very disturbing dream, I dreamt of my youngest sister (7) falling into a deep deep pit and we couldn’t see her” (27 F 09:XX:XX).

Numerous provers documented experiencing symptoms regarding God. Prover 11 recorded having heard the voice of God speaking to him (“When I went to bed and prayed lastnight it felt like God was talking to me. I physically felt that God spoke to me with an audible voice – I could literally hear it because His voice seemed very loud. It was late at night and I felt like praying. I was half asleep half awake” (11 M 01:XX:XX)). Interestingly, prover 20 and 24 documented feeling persecuted by God himself. Prover 20 noted that he felt as though his “faith is being questioned all the time” (20 M 08:XX:XX), whilst Prover 24 stated that “God himself hates me... I feel that he could favor me more” (24 M 07:XX:XX). This can possibly be compared to the emotions experienced by both Adam and Eve during “The Fall of Humans”.

During the proving study doubts regarding the relationship were experienced by prover 11 on numerous occasions. These experiences are as follows:

- “Im starting to have doubts about my relationship and religion, double minded, am I doing the right thing. Is there a future for us as in do I love her enough? When I say double minded I mean is there somebody else out there for me?” (11 M 00:XX:XX).
- “The doubts are getting stronger, am I with the right person, am I making the right decisions. Am I the right person to love her enough. To be there for her” (11 M 01:XX:XX).
- “My chest started to feel tight after 12pm, my brain still feels confused, I’m insecure about my relationship. I couldn’t breathe in properly. Im confused about whether I should stay in this relationship or not” (11 M 05:XX:XX).
- “After a week on theses powders I’m starting to think more about my decisions and relationships” (11 M 07:XX:XX).

Although the apple (*Malus domestica*) is not confirmed in the Biblical context as being the fruit of the tree of the knowledge of good and evil, over time the apple has been universally associated with that fruit referred to in the saga of Adam and Eve.

These above mentioned delusions experienced by provers can be regarded as the subconscious' access to the archetype of the proving substance.

5.4.1.7 Congruencies between Anthroposophical Medicine and the Proving Substance

In the interest of compiling a well-rounded, comprehensive study of *Malus domestica* 30CH, the symptoms derived thereof were compared to anthroposophical medicine. Although the fruits of plants are not specifically elaborated upon in this unique type of medicine, fruits share similar characteristics to the flowers of plants, and flowers are referred to in anthroposophical medicine.

Anthroposophical medicine believes that the root system of plants can be compared to the nervous-sense system of human beings (Louw, 2002). The root structure of the apple tree is complex and consists of both a tap root system and an adventitious root system, thus allowing the tree to source nutrients from a considerable distance away (De Silva *et al.* 1999: 335). Numerous symptoms regarding the head and nervous system arose during the proving study and were recorded by several provers. Provers 05, 08, 13, 29 and 30 documented that they observed a “light” sensation of their heads, whilst prover 11 recorded that he experienced “dizziness and weak feeling” in his head. Many provers noted headaches ranging in description from being likened to the “continuous prick of a needle” (“Feel a slight headache coming on; right side of the brain in the region that’s behind the ear. No eyes and ear pains. Feels like a slight, continuous prick of a needle...” (02 M 01:XX:XX), “Headache on top and back of head, ached the whole day. It felt like a nail pressing into my head” (07 M 18:XX:XX)) to a “pounding” type (“Did not experience the pounding headache that I experience mainly on hot days (it was a very hot day). Normally it’s a pounding headache at the

back of my head that gets really bad when it's hot. When I stand in a cool place it subsides" (04 F 01:XX:XX), "Came home and the itching stopped but the headache was back, there was pain at the back of my head and at the top – a pounding pain" (19 F 01:XX:XX)) and a "splitting" type ("Had a splitting headache more on the left side of my head face and jaw and going down my neck. Same type as yesterdays – felt sharp like a poking sort of type. It stopped after I rested for a while" (08 M 01:XX:XX)).

Although the fruits of plants are not specifically elaborated upon in this unique type of medicine, fruits do share similar characteristics to the flowers of plants, and flowers are referred to in anthroposophical medicine. In addition, fruit start off as flowers. According to anthroposophical medicine, remedies prepared from the flowers of plants will have an affinity for the metabolic-limb system (Wagner, 2007). Although the proving remedy for this research study was produced from the fruit of the plant, certain characteristics can be related to the metabolic-limb system as contained within the fruit are the reproductive capacity of the plant. Muscular activity and a general increase in energy were documented by provers 04 ("Woke up energetic, maybe because of unbroken of sleep" (04 F 02:XX:XX)), 07 ("Woke up today not as tired as usual lots of energy" (07 M 01:XX:XX)), 08 ("After the 2nd one I felt I had a lot more energy than I normally do at this time of the day – I'm normally sluggish at lunchtime and need to hav (have) a nap to be fine. Come to think of it I was also wide awake in the morning also" (08 M 00:XX:XX)), 17 ("Felt much more energy through the day and into the afternoon after the second powder" (17 M 02:XX:XX)), 18 ("Woke up with more energy today, felt mentally strong and also had a lot of vigour" (18 M 02:XX:XX)), 19 ("Feels like I have unlimited energy" (19 F 02:XX:XX)), 20 ("Immediately taking the remedy felt increase in strength and power, head felt clearer, thoughts were easier to make up" (20 M 01:XX:XX)), 22 ("Immense energy in the morning, felt like I can take over the world. Drained in the afternoon" (22 M 02:XX:XX)) and 30 ("...I did have lots more energy and I found that I could think much clearer..." (30 M:XX:XX)). Provers 02 and 07 indicated that they experienced fever during the course of the research study ("...Sinuses acting up, headache killing me,

increased heart rate and ofcourse (of course) the fever...” (02 M 27:XX:XX), “Had a fever in the afternoon, wasn’t too bad-manageable” (07 M 22:XX:XX)).

In light of the information above, there seems to be a definite correlation between the symptoms produced during the proving of *Malus domestica* 30CH and the doctrine of signatures of the plant.

5.5 The Thematic Expression of the Rosaceae Family

The thematic expressions regarding the Rosaceae family has been a subject surrounded by much deliberation. A comprehensive proving into the *Malus* species has never been conducted and thus an in-depth investigation into this species was necessary to definitively establish the themes and remedy picture thereof.

According to Sankaran (2007: 1741), the vital sensations of the Rosaceae family are:

- Pressure;
- Oppression;
- Pinching pains (both inward and outward);
- Shooting pains (like lightning);
- Cramping pains (which are forceful and fast).

Included in this family are the roses; apple; pear; plums; apricots; cherries; nectarines; peaches; prunes; sloe; raspberries; blackberries; quince and strawberries.

The proving of *Malus domestica* 30CH revealed that many provers developed cramping pains, which were chiefly experienced in the extremities (14 F 16:XX:XX; 11 M 11:XX:XX; 13 M 13:XX:XX; 08 M 02:XX:XX), as well as in the abdominal area (22 M 18:XX:XX). Sankaran (2007) further suggests that the experience of pressure found within the Rosaceae family is characterized by an inward shooting sensation, followed by an outward shooting sensation. This sensation of inward shooting pressure is often accompanied by symptoms of shortness of breath; suffocation; gasping and

oppression – as well as further cramping and spasms – or even collapse. It is interesting to note that a few provers experienced tightness in their chests (08 M 04:XX:XX), as well as a sensation of difficulty in inspiration (18 M 25:XX:XX) during the proving of *Malus domestica* 30CH which seemingly verified Sankaran's proposed analysis of the Rosaceae family.

Welte (2012) postulates that the Rosaceae family can be recognized by an expression of:

- Romantic, idealistic, sweet “courtly” love;
- The demanding and stifling themes of Hydrocyanic acid (see Section 5.6);
- The “prick of thorns”.

According to Welte (2012), a person requiring a remedy from this family would exhibit a combination of the above mentioned themes in differing proportions. Welte (2012) suggests that the theme of the Rosaceae family is one of suffocative love stemming from the idealistic notions about love and eternal love, which, when threatened, causes an individual to take it too much to heart. It is then that such individuals feel the anguish of an unfulfilled love. He further suggests that the stifling theme of cyanide emerges in the Rosaceae family when the need for eternal, exclusive, sweet scented and *summum-bonum* (“highest good”) love is unfulfilled. (Welte, 2012).

Both Scholten and Collins (2012) seem to concur with Welte's idea that the themes surrounding exclusive and sweet, “courtly” love prevails in the Rosaceae family; they are both quick to suggest that, as the apple tree has no thorns and that the apple seeds contain very little hydrocyanic acid, the “sweetness” of the Rosaceae family predominates in this plant. Such were the results of this proving study, as certain provers noted a change in their personas from one that was hard and rigid to soft, sweet and yielding (04 F 01:XX:XX).

Scholten (2013) further elaborates that the Rosaceae family focuses on love in the society we live in as well as establishing a family that survives. He states that there is

a strong desire to earn money and to create a business that will earn enough to provide a good, comfortable life for the family – as was apparent in prover (17 M 02:XX:XX) (Scholten 2013: 344). Scholten (2013: 347) postulates that the theme of the *Malus* species is that of a relationship that has begun but the partner questions whether he/she can or has to continue with it and whether the relationship is a good choice or not. This deliberation was evident in prover (11 M 00:XX:XX) as he documented doubts about his relationship and whether he “was doing the right thing”.

Delusions of being dirty were clearly indicated by prover (27 F 13:XX:XX) as she stated that she “feels dirty and just wants to bath...”. This is in keeping with the assumption of delusions that everything, including himself, is dirty (Scholten 2013: 347).

5.6 The Thematic Expression of Hydrocyanic Acid

Hydrogen cyanide – also known as Prussic acid – is a colourless, toxic liquid and precursors to this acid are present in bitter almonds, the stones of peaches, plums, and the pips of apples (Vermeulen, 2003). Described by Collins (2012) as the “epitome of lovelessness”, once the acid is consumed these precursors are converted to hydrocyanic acid within the gut of the consumer, but fortunately, the amount of acid produced is not medically significant (Vermeulen, 2003). The compound was discovered by Carl Wilhelm Scheele (1742-1786) in 1782 and derives its name “Prussic acid” from Prussian blue (ferric ferrocyanide) – a colour pigment discovered in Berlin – as it was first obtained from this pigment (Morrison, 2006; Vermeulen, 2003). Hydrogen cyanide is a poison of rapid action and affects the organism by paralyzing the respiratory and vasomotor centre as well as inhibiting metabolism and respiration at a cellular level (Vermeulen 2003: 491).

As stated before, many plants within the Rosaceae family contain the precursors to hydrocyanic acid (Scholten and Collins, 2012). Welte (2012) therefore believes that

the hydrocyanic acid themes will be a property of all members of the Rosaceae family even though not all members contain the precursors to this acid.

Data obtained during the proving of *Malus domestica* 30CH noticeably presents an overlap with indications of the homoeopathic remedy *Hydrocyanicum acidum*. Common symptoms shared between these two remedies are tabulated below (see Table 6).

Table 6. The congruencies between *Malus domestica* 30CH and *Hydrocyanicum acidum*.

<i>Malus domestica</i>	<i>Hydrocyanicum acidum</i>
Provers (08 M 00:XX:XX), (11 M 00:XX:XX) and (30 M 00:XX:XX) recorded the sensation of dizziness and vertigo.	A sensation of vertigo (Morrison 2006).
Cramping pains of the abdomen were experienced by provers (05 M 08:XX:XX) and (22 M 18:XX:XX)	Cramping pains in the stomach (Morrison 2006).
A dry cough was noted by prover (08 M 03:XX:XX)	Dry cough (Morrison 2006).
Provers (02 M 01:XX:XX) and (07 M 24:XX:XX) documented weakness of the legs and lower limbs.	Weakness in the extremities – especially the lower limbs (Vermuelen 2003).
Pains at the nape of the neck were recorded by prover (31 M 06:XX:XX).	Pain at the nape of the neck (Vermuelen 2003).
A cured symptom of dyspepsia was noted by prover (17 M 01:XX:XX).	Dyspepsia (Vermeulen 2003).
Provers (08 M 04:XX:XX), (11 M 05:XX:XX), (18 M 25:XX:XX) and (19 F 08:XX:XX) experienced constriction of their chests.	Constriction of the chest with difficulty in breathing (Vermeulen 2003).

Even though there are parallels drawn between the homoeopathic remedy *Hydrocyanicum acidum* and *Malus domestica* 30CH, the sweet-tempered, soft, yielding nature of the proving substance predominates.

5.7 Miasmatic Indication of *Malus domestica* 30CH

The researcher proposes that *Malus domestica* 30CH may have themes of both the Malarial and Sycotic miasms, as symptoms derived from the proving study corresponds to both these miasms.

5.7.1 The Sycotic Miasm

The sensation of the Sycotic miasm is of a fixed, irremediable weakness within the individuals self which he/she attempts to cope with by hiding this weakness from others. He/she employs egotism, compulsive acts and secretiveness as mechanisms to camouflage this intrinsic weakness (Sankaran 2005: 54). Symptoms of the Sycotic miasm were evidenced by numerous themes – the themes of secrecy associated with the desire to cover-up and hide these secrets for fear of discrimination from others; themes of guilt over trivial matters; the theme of being disconnected and separated from others, including from one's physical self. The overall expression of the Sycotic miasm is one of “excess” as was noticed by an increase in sebum production during the course of the proving study. The following symptoms correspond to the Sycotic miasm:

- Respiratory affections;
- Oily skin;
- Guilt;
- Disconnected;
- Secretive;
- Hiding;
- Covered-up;
- Fragmented;
- Cut off.

5.7.2 The Malarial Miasm

The Malarial miasm carries with it the acute sensation of a threat that arises in erratic phases within the individual. Between these phases lies the chronic, fixed feeling of being deficient (Sankaran 2005: 54). During the course of the research study, provers experienced the theme of being persecuted by those around them– this included feeling as if they were persecuted by God himself. The following symptoms relate to the Malarial miasm:

- Persecution;
- Hindered;
- Attacked;
- Stuck;
- Unfortunate;
- Obstructed;
- Neuralgia.

5.8 Clinical Indications for *Malus domestica* 30CH

This proving study of *Malus domestica* 30CHrevealed numerous symptoms that are indicative of clinical conditions that could be treated by prescribing the proving remedy. Nevertheless, it is imperative that further studies are carried out to determine the efficacy of *Malus domestica* 30CHin treating these conditions. These clinical conditions and disorders are as follows:

- Anal fissures;
- Anxiety;
- Backache;
- Bronchitis;
- Cramps;
- Cystitis;
- Diarrhoea;
- Haemorrhoids;

- Headaches;
- Influenza;
- Irritable bowel syndrome;
- Nasal congestion;
- Renal infections;
- Sciatica;
- Sinusitis;
- Vertigo.

5.9 Summary

The correlation between the physical properties and doctrine of signatures of *Malus domestica* to the symptoms produced by provers during the proving period was clearly evident. It is recognised, however, that the correlations between the doctrine of signatures and the proving substance are subjective, as they can be interpreted in a different manner from individual to individual.

CHAPTER SIX: RECOMMENDATION AND CONCLUSION

6.1 Recommendations

6.1.1 The Provers

6.1.1.1 The Prover Group

The quality of homoeopathic provings, and symptoms derived therefrom, depend greatly on the individual prover. This research study enlisted provers that were members of the general public as well as students from various campuses of the Durban University of Technology.

Even though a detailed explanation of proper symptom journaling was presented to the provers – as well as instruction sheets distributed amongst them – some provers recorded indistinct and incomplete symptoms. This can be attributed to their rudimentary knowledge of homoeopathic provings, their state of self-awareness, and potentially poor prover compliance during the course of the study. This being said, however, most provers did precisely record detailed symptomatology. It is noted by the researcher that homoeopathic proving studies utilizing homoeopathic students and practitioners as provers, yielded more precise, clear descriptions of proving symptomatology. This can be attributed to their comparatively greater knowledge of homoeopathy, the homeopathic proving process and what was required from them during the research study than members of the general public.

It is therefore recommended by the researcher that, in future, mainly individuals knowledgeable of the practice of homoeopathic provings be considered as participants for the study as this will ensure greater detail in symptomatology and a higher quality proving.

6.1.1.2 Prover Ethnicity and Prover Gender

Ethnicity, age and gender play a key role in a well-balanced, thorough proving, as these elements lend variation regarding cultural traditions, dietary patterns and individual lifestyle. In this proving study, there was a dominance of Asian and African provers and an absence of members of Caucasian ethnicity – this led to limitations pertaining to cultural imagery produced during the proving period. There was a clear difference in numbers of male provers over female provers during the course of the study – as males outnumbered females at a ratio of 2:1.

To enhance the quality and variation of symptoms, it is recommended that for future provings a more balanced prover sample be attained as disparities were noted regarding ethnicity and gender within the prover sample in the research study of *Malus domestica* 30CH.

6.1.2 Further Provings of *Malus domestica*

To gain further insight into the mental, emotional and physical planes of a newly proven remedy, Vithoulkas (2002) suggests that a broader range of potencies be utilized. Sherr (2003) believes that conducting proving studies on a substance at varying levels of potency it allows us to gain information that would aid in prescribing the correct potency for a patient – for example, if, during the proving study of a 200CH potency, a prover develops a headache with a “cutting” sensation, the same potency of the proving substance will be administered to cure the headache. It is therefore recommended that further investigations into 6CH, 9CH, 200CH and 1M potencies of *Malus domestica* be conducted in future as symptomatology produced from varying potencies may differ from the symptomatology produced by the 30CH potency. The researcher suggests that future research into *Malus domestica* be conducted under the following guidelines:

- A comparative study of other remedies from the Rosaceae family that have already been proven so as to determine the variations between the different species of the same family;
- A re-proving of remedies from the Rosaceae family that are already in existence but have not been proven comprehensively;
- Clinical trials in treating the indicated clinical conditions with *Malus domestica* 30CH.

It is further recommended that a newer, more up-to-date analysis of the Rosaceae family be conducted once sufficient proving studies have been conducted within this family. The appropriate miasmatic classification can be determined if the remaining Rosaceae family members are comprehensively proven.

6.1.3 Publication

The proving of *Malus domestica* 30CH produced a wide variety of symptoms on the mental, emotional and physical planes amongst the provers. In light of this symptomatology, information regarding this homoeopathic remedy should be made available to practicing homoeopathic physicians internationally. It is thus recommended by the researcher that this proving study and materia medica of *Malus domestica* 30CH be published as articles in homoeopathic journals.

6.2 Conclusion

The hypothesis that the proving of *Malus domestica* 30CH would produce symptoms in participating provers in this study was confirmed, as was the second hypothesis that any proving symptomatology experienced by the provers during the research study would show resemblance to signature characteristics of the plant used for the proving study.

The proving remedy produced a wide variety of symptoms on the mental plane and can be useful in the treatment of anxiety disorders, depression, frustration accompanied by anger, nervous afflictions and disconnection between the mind and body. Head symptoms were elaborate and ranged from headaches with a “pounding” sensation to that of the sensation of “a prick of a needle”. Provers noted the sensation of “lightness” of their heads and at times this was associated with the sensation of vertigo. Eye pain was also noted as being associated with the headaches experienced and resting the eyes brought about amelioration of these symptoms. These above mentioned symptoms affecting the head indicate that the proving remedy may be valuable in the treatment of tension headaches. Congestion of the nasal passages, as well as of the sinuses, was indicated and will therefore be useful in the treatment of sinusitis and nasal congestion. An alteration from dry skin to oily skin was evident in the proving with some provers likening their skin to that of candle wax, whilst the sensation of hair on the tongue was experienced by some provers. Abdominal pain associated with flatulence and diarrhoea and/or constipation can to the fore throughout the proving. Some provers documented urgency regarding bowel movements immediately upon rising from bed in the morning. Concurrently, discomfort whilst passing stool was encountered, with the sensation of pins in the anus. Back pain was an important symptom as pain manifested at the thoracic, shoulder and neck regions. Lower limb symptoms were prominent with provers describing symptoms that would correlate well with the clinical condition of sciatica as provers stated enduring pain and numbness along the lower limb. The theme of disconnection and separation was also apparent at the level of the extremities as the sensation of the limbs being separated from the body was discovered during the proving study. Excessive perspiration at the region of the palms along with a burning sensation of the soles of the feet was prominent as well. Insomnia was often encountered as provers noted waking frequently throughout the course of the night, with some provers experiencing causeless sleeplessness – this indicates that the condition of insomnia may successfully be treated by administering the proving substance. Marked increases in energy levels were established as well as an increased desire for chocolates and tea. Noticeable increases in the prevalence of

influenza infections were documented and this indicates that the proving remedy may be useful in treating such conditions.

The symptoms produced during the proving period displayed a correlation between the fruit, including the plant, of the proving remedy and the doctrine of signatures, thus confirming the second hypothesis. Clear relations between the physiology and anatomy of the fruit and plant and symptoms experienced by provers on the mental, emotional and physical planes were produced.

The proving of *Malus domestica* 30CH was a long, insightful journey for the provers, the researcher and supervisors. Many new perspectives regarding the Rosaceae family were brought to light during the exploration of the curative powers of this homoeopathic remedy. The careful prescribing of this new remedy will provide cure to ailments that were previously treated symptomatically.

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APPENDIXES

Appendix A: Institutional Research Ethics Committee (IREC) Letter of Information, and
Consent form.

Appendix B: Case History Sheet.

Appendix C: Methods of Preparation.

Appendix D: Advertisement for Provers.

Appendix E: Suitability for Inclusion in the Proving.

Appendix F: Inclusion/Exclusion Criteria for Symptomatology.

Appendix G: Correspondence with Dr Bertling.

Appendix A



INSTITUTIONALRESEARCHETHICSCOMMITTEE (IREC) LETTEROFINFORMATION

Title of the Research Study: *A homoeopathic drug proving.*

Principal Investigator/s/researcher: Sumir Ramnarayan (B.Tech: Homoeopathy)

Co-Investigator/s/supervisor/s:

Supervisor: Dr. M. Maharaj (M.Tech: Homoeopathy)

Co-supervisor: Dr. N. Somaru (M.Tech: Homoeopathy)

Co-investigator: Mr. B. Moonsamy (B.Tech: Homoeopathy)

Brief Introduction and Purpose of the Study:

Dear Prover

Thank you very much for taking part in this proving. We are grateful for your contribution to the growth of homoeopathy.

At present there are many homoeopathic remedies whose individual characteristics have been entirely discovered through carefully conducted provings research studies - with many more remedies having been incompletely researched. However, in order to expand the range of homoeopathic remedies, it is necessary to conduct proving research studies on new substances.

Each individual homoeopathic prescription must be based on the similarity between the totality of symptoms of the patient and the symptoms the remedy being prescribed produced in healthy subjects during the proving study. Provings are the main source of data for the homoeopathic materia medica.

Outline of the Procedures:

Inclusion criteria:

To participate in this proving you must meet all the inclusion criteria as follows:

- You must be between the ages of 18 and 70 years old;
- Must be in a general good state of good health;
- Must be willing to follow the proper procedure for the duration of the proving.

Exclusion Criteria:

You may not participate in this study if:

- You are younger than 18 years old or older than 70 years old,
- You are on chronic allopathic, homoeopathic, or herbal medication,
- You are on, or have been on, the oral contraceptive pill or hormone replacement therapy in the last six months,
- You are pregnant,
- You have had surgery in the last six weeks,
- You use recreational drugs such as cannabis, LSD, or ecstasy (MDMA),
- You consume more than two measures of alcohol a day,
- You smoke more than 10 cigarettes a day,
- You consume more than 3 cups of coffee or tea a day,
- You are in a poor state of health,
- You are not willing to follow the proper procedure for the duration of the proving.

Responsibilities of the provers

Before the proving

Should you be accepted into the proving, you will be supplied with the following:

- The correct journal
- Written instructions
- An informed consent form.

A thorough case history will then be taken and a physical examination performed. Your proving supervisor will contact you with the date that you are required to commence the pre proving observation period and the date you are required to start taking the remedy. You will also agree on a daily contact time for the researcher to contact you.

Should there be any problems or anything you don't fully understand, please do not hesitate to call the researcher.

Beginning the proving:

After having been contacted by the researcher and asked to commence the proving, record your symptoms daily in the diary for one prior to taking the remedy. This will help you get into the habit of observing and recording your symptoms, as well as bringing you into contact with your normal state. This is an important step as it establishes a baseline for you as an individual prover.

Taking the remedy:

Begin taking the remedy on the day you and the researcher have agreed upon. Record the time that you take each dose. Time keeping is an important element of the proving.

The remedy should be taken on an empty stomach with a clean mouth. Neither food nor drink should be taken for a half hour before or after taking the remedy. The remedy should not be taken for more than 3 doses a day for two days (6 powders maximum). In the event that you experience symptoms or those around you observe any proving symptoms **do not take any further doses of the remedy.** This is very important. By proving symptoms we mean:

- 1) **Any new symptoms**, i.e. ones that you have never experienced before.
- 2) **Any change or intensification of any existing symptom.**
- 3) **Any strong return of an old symptom**, i.e. a symptom that you have not experienced for more than a year.

If in doubt phone the researcher. Be on the safe side and do not take further doses. Our experience has shown again and again that the proving symptoms begin very subtly. Often before the prover recognizes that the remedy has begun to act.

Lifestyle during the proving:

Avoid all **antidoting factors** such as **coffee, camphor, and mints**. If you normally use these substances, please stop taking them for two weeks before, and for the duration of the proving. Protect the powders you are proving like any other potentised remedy; store them in a cool place, dark place away from **strong smelling** substances, **chemicals**, and **electric equipment** and **cell phones**.

A successful proving depends on your recognizing and respecting the need for the moderation in the following areas: work, alcohol, exercise and diet. Try to maintain within your usual framework and maintain your usual habits.

Avoid taking **medication** of any sort, including antibiotics and any steroid or cortisone preparations, vitamins or mineral supplements, herbal or homoeopathic remedies.

In the event of a medical or dental emergency seek immediate medical help – contact your doctor, dentist, or local hospital as necessary. Please contact the researcher as soon as possible.

Confidentiality:

It is important for the quality and the credibility of the proving that you discuss your symptoms only with your supervisor. Keep your symptoms to yourself and do not discuss them with fellow provers.

Your privacy is something that we will protect. Only the researcher will know your identity and all the information will be treated in the strictest confidence.

All information will be kept under lock and key at the Department of Homoeopathy at the Durban University of Technology.

Contact with your supervisor:

The researcher will telephone you to inform you to begin your 1-week observation period and then daily from the day that you begin to take the remedy. This will later decrease to 2 to 3 times a week and then to once a week, as soon as you and the

researcher agree that there is no need for such close contact. This will serve to check on your progress, ensure that you are recording the best quality symptoms possible and to judge when you need to cease taking the remedy. If you have any problems during the please do not hesitate to call the researcher.

Recording of symptoms:

When you commence the proving note down carefully any symptoms that arise, whether they are old or new, and the time of the day or night that they occurred.

This should be done as vigilantly and frequently as possible so that the details will be fresh in your memory. Make a note even if nothing happens.

Please start each day on a new page with the date noted at the top of each page. Also note which day of the proving it is. Note in an accurate, detailed but brief manner your symptoms in your language.

Information about **location, sensation, modality, time, and intensity** is particularly important:

- **Location:** Try to be accurate in your anatomical descriptions. Simple, clear diagrams may help here. Be attentive to which side of the body is affected.
- **Sensation:** Describe this as carefully and as thoroughly as possible e.g. burning, shooting, stitching, throbbing, and dull, etc.
- **Modality:** A modality describes how a symptom is affected by different situations/stimuli. Better (>) or worse (<) from weather, food, smells, dark, lying, standing, light, people, etc. try different things out and record any changes.
- **Time:** Note the time of onset of the symptoms, and when they cease or are altered. Is it generally > or < at a particular time of day, and is it unusual for you.
- **Intensity:** Briefly describe the sensation and the effect on you.
- **Aetiology:** Did anything seem to cause or set off the symptom and does it do this repeatedly.
- **Concomitants:** Do any symptoms appear together or always seem to accompany each other or do some symptoms seem to alternate with each other?

This is easily remembered as:

C - Concomitants

L - Location

A - Aetiology

M - Modality

I - Intensity

T - Time

S – Sensation

On a daily basis, you should run through the following checklist to ensure that you have observed and recorded all your symptoms:

- ✓ **MIND/BODY**
- ✓ **HEAD**
- ✓ **EARS**
- ✓ **EYES**
- ✓ **NOSE**
- ✓ **BACK**
- ✓ **RESPIRATORY SYSTEM**
- ✓ **DIGESTIVE SYSTEM**
- ✓ **SKIN**
- ✓ **EXTREMITIES**
- ✓ **URINARY ORGANS**
- ✓ **GENITALIA**
- ✓ **SEX**
- ✓ **TEMPERATURE**
- ✓ **SLEEP**
- ✓ **DREAMS**
- ✓ **GENERALITIES**

Please give full description of dreams, and in particular note the general feeling or impression the dream left on you.

Mental and emotional symptoms are important, and sometimes difficult to describe- please take special care in noting these.

Reports from friends and relatives can be particularly enlightening, please include these where possible. At the end of proving, please make a general summary of the proving. Note how the proving affected you in general. How has this experience affected your health? Would you do another proving?

As far as possible try to classify each of your symptoms by making a notation according to the following key in brackets next to each entry:

(RS) – Recent symptom i.e. a symptom that you are suffering from now, or have been suffering from in the last year.

(NS) – New symptom

(OS) – Old symptom. State when the symptom occurred previously.

(AS) – Alteration in the **present** or **old symptom**. (E.g. used to be on the left side, now on the right side).

(US) – An unusual symptom for you.

If you have any doubts please discuss them with the researcher.

Randomisation:

The randomisation process will be carried out electronically. This ensures that neither the researchers nor the provers will have knowledge of who is in the placebo or verum group.

The powders of both the verum and control groups will be identical in presentation. An independent third party will distribute the powders to the provers. This further ensures that the identity of the provers within the two groups remains unknown to the researcher.

Risks or Discomforts to You:

Discomfort may be experienced as a result of participating in the proving. Complete recovery is usual.

All provers will be informed and warned about the inconveniences, potential risks, objectives and benefits of the study. You will be required to sign a consent form before beginning with the study.

Benefits:

It is believed that each proving undertaken strengthens the body's vital force (Hahnemann, 1996: 208). You will learn and develop the skill of observation and gain homoeopathic knowledge through direct involvement in proving. You may be cured of certain ailments if the remedy is indicated for you.

Reason/s why You May Be Withdrawn from the Study:

- The proving remedy will be antidoted if you experience distressing symptoms during the course of the proving period.
- If any medical emergencies not related to proving study occur e.g. acute appendicitis, motor vehicle accident or any incident requiring immediate hospitalization/medical intervention, you will be withdrawn from the study.
- In the event of non-compliance to the instructions presented to you.
- Personal choice of the participant i.e. you are free to withdraw from the study as you wish without any bias or consequences. (however the information gathered while you were a part of the study may still be used)

Remuneration:

No remuneration will be offered to you.

Costs of the Study:

There is no expense to you for participating in the proving.

Research-related Injury:

No compensation will be offered to you.

Persons to Contact in the Event of Any Problems or Queries:

Please contact the researcher, Mr. Sumir Ramnarayan (079 460 9602), my supervisor Dr. M. Maharaj (083 388 2688) or the Institutional Research Ethics administrator on 0313732900. Complaints can be reported to the DVC: TIP, Prof F.Otieno on 031 3732382 or dvctip@dut.ac.za.

Please remember that detailed observation and concise, legible recording is crucial to the proving. One reads in the Organon of Medicine paragraph 126:

**“The person who is proving the medicine must be pre-eminently trustworthy and conscientious... and be able to express and describe his sensations in accurate terms”
(Hahnemann, 1997:200).**

Thank you for participating in this proving. We are sure you will find that there is no better way of learning and advancing homoeopathy



INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC) CONSENT

Statement of Agreement to Participate in the Research Study:

- ☐ I hereby confirm that I have been informed by the researcher, Sumir Ramnarayan, about the nature, conduct, benefits and risks of this study -Research Ethics Clearance Number: IREC 011/13
- ☐ I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- ☐ I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- ☐ In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- ☐ I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- ☐ I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- ☐ I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant **Date** **Time** **Signature/Right Thumbprint**

I, _____ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher **Date** **Signature**

Full Name of Witness (If applicable) **Date** **Signature**

Full Name of Legal Guardian (If applicable) **Date** **Signature**

Appendix B

Case History Sheet

This appendix has been adapted from Wright, C. 1999. A Homoeopathic Drug Proving of the Venom of *Bitis arietans arietans*. M. Tech. Dissertation, Technikon Natal, Durban.

Prover Number:

Surname:.....

Name:.....

Sex:.....

Age:.....

Date of birth:.....

Number of Children:.....

Marital status:.....

Occupation:.....

Past Medical History:

Please list any previous health problems and their approximate dates:

Do you have any of the following?

Cancer		Asthma	
HIV		Pneumonia / Chronic bronchitis	
Parasitic infections		Tuberculosis	
Glandular fever		Tendency to suppuration / boils	
Bleeding disorders		Haemorrhoids	
Eczema or skin conditions		Cardiovascular disease	
Arthritic / rheumatic conditions		Warts	

Surgical History:

Please list any past surgical procedures you have undergone, and the approximate dates. (Including the removal of tonsils, warts, moles, appendix)

Allergies:

Vaccinations:

Medication (including supplements):

Estimation of daily consumption of:

Alcohol:

Cigarettes:

Family History:

Is there a history of any of the following within your family?

Cardiovascular disease		Cerebrovascular disease	
Diabetes mellitus		Tuberculosis	
Mental disease		Cancer	
Epilepsy		Bleeding disorders	
Arthritic / Rheumatic conditions			

Please list any other medical conditions within your family:

General Health:**Energy:**

Please describe your energy levels on a scale from 1 to 10, where 1 is the lowest and 10 is the highest.

Stress:

Please describe your stress levels on a scale from 1 to 10, where 1 is the lowest and 10 is the highest.

Sleep:

- Quantity
- Quality
- Position

Dreams:

Include any recurrent dreams and themes, and any significance related to life situations at the time of the dream.

Time modalities:

Weather modalities:

Temperature modalities:

Perspiration:

- Distribution
- Odour
- Colour

Appetite:

- Hunger
- Cravings
- Aversions

- Aggravations

Thirst:

- What do you normally drink?
- Quantity
- How do you drink? (small / large sips...)

Travel:**Specific Body Systems:**

Symptoms from each system will be concentrated on more than pathologies – these headings are just guidelines for the researchers.

Head:

- Scalp, hair
- Headache
- Trauma, whiplash
- Concomitants
- Modalities

Neurological:

- Seizures

- Weakness / palsy
- Sensations
- Concomitants
- Modalities

Eyes:

- Pain
- Inflammation
- Discoloration
- Vision
- Concomitants
- Modalities

Ears:

- Otitis
- Balance / vertigo
- Tinnitus
- Hearing
- Concomitants
- Modalities

Nose:

- Allergic rhinitis
- Coryza
- Sneezing
- Sinusitis
- Post-nasal drip
- Concomitants
- Modalities

Throat:

- Sore throats
- Hoarseness
- Tonsils – IN or OUT
- Concomitants
- Modalities

Pulmonary:

- Chest
- Cough
- Sputum
- Asthma
- SOB
- Bronchitis
- Pneumonia
- Concomitants
- Modalities

CVS:

- Hyper / hypotension
- Pain / discomfort (chest)
- Palpitations
- Syncope
- Oedema
- Phlebitis, varices, telangiectasias, anaemia, easy bruising...
- Concomitants
- Modalities

GIT and Abdomen:

- Nausea / vomiting
- Indigestion / heartburn
- Hernia
- Ulcers
- Abdominal pain
- Bloating
- Bowel movements
- Constipation
- Flatulence

- Any organ particularly affected (liver, pancreas, gall bladder...)
- Haemorrhoids
- Any GI surgery
- Concomitants
- Modalities

Urinary system:

- Urine output per day (quantity, colour, odour...)
- Fluid intake (what, how much, hot / cold...)
- Infections
- Nocturia
- Haematuria
- Past stones
- Concomitants
- Modalities

Male system:

- Libido
- Pain

- Impotence
- Emissions
- Prostate
- Swellings
- Lesions
- STD's
- Concomitants
- Modalities

Female system:

- Contraception
- Libido
- Coital pain
- Pain (other)
- Bloating
- Cysts
- PMS

For how long:
Past history of:

- Menstrual cycle
 - Interval
 - No. of days
 - Amt of flow
 - Colour of blood
 - Clots
 - Pain
 - Menarche
- Menopause
- Discharge
- Breast pain
- Check ups
- PAP smear
- Last gynaecological appointment
- Pregnancy
- Labour
- Infections

- STD'S
- Concomitants
- Modalities

Skin:

- General appearance
- Eruptions
- Dryness
- Turgor
- Nails
- Concomitants
- Modalities

Musculoskeletal:

- Muscle pain / stiffness
- Joints
 - Pain
 - Stiffness
 - Inflammation

- Concomitants
- Modalities

Mental:

Please describe your mental and emotional state as it is at this present time.

Physical Examination:

Vital signs:

- Pulse
- Temperature
- Blood pressure
- Height
- Weight (any recent change...)

JACCOLD:

- Jaundice
- Anaemia
- Capillary refill
- Cyanosis

- Oedema
- Lymphadenopathy
- Dehydration
- Dyspnoea

Cursory examination:

Brief head to toe examination of all your systems.

- Skin
- Head and neck
- Respiratory
- CVS
- Abdomen
- Extremities
 - Reflexes
 - Range of motion
 - Muscle tone

Appendix C

This appendix has been adapted from Olivier, M. 2007. An Evaluation of the Triple-Blind Homoeopathic Proving of an Indigenous South African substance, *Erythrina Lysistemon 30CH*, and the Traditional uses of the Crude Substance. M. Tech. Dissertation, Durban Institute of Technology, Durban.

Methods of Preparation: (German Homoeopathic Pharmacopoeia)

1. Method 6: Triturations

Preparations made according to Method 6 are triturations of solid basic drug materials with lactose as the vehicle unless otherwise specified. Triturations up to and including the 4th dilution are triturated by hand or machine in a ratio of (1 to 10 [decimal dilution] or) 1 to 100 (centesimal dilution). Unless otherwise stated, the basic drug materials are reduced to the particle size given in the Monograph (Mesh Aperture). Quantities of more than 1000g are triturated by mechanical means.

The duration and intensity of triturations should be such that the resulting particle size of the basic drug material in the 1st decimal or centesimal dilution is below 10 ug at 80 percent level. No drug particle should be more than 50 ug.

Trituration by hand:

Divide the vehicle (lactose) into three parts and triturate the first part for a short period in a porcelain mortar. Add the basic drug material and triturate for 6 minutes, scrape down again for 4 minutes with a porcelain spatula, triturate for a further 6 minutes, scrape down again for 4 minutes, add the second of the vehicle and continue as above. Lastly add the third part and proceed as before. The minimum time required for the entire process will be 1 (one) hour. The same method follows for subsequent dilutions.

(For triturations above the 4X or 4C, dilute 1 part of the dilution with 9 parts of lactose or 99 parts of lactose as follows: in a mortar, combine one third of the required amount of lactose with the whole of the previous dilution and mix until homogenous. Add the second third of the lactose, mix until homogenous and repeat for the last third.)

Trituration by machine:(not applicable)

2. Method 8a: liquid preparations made from triturations

Preparations made by Method 8 are liquid preparations produced from triturations made by Method 6.

To produce a 6C liquid dilution, one part of the 4C trituration is dissolved in 99 parts of water and succussed. One part of this dilution is combined with 99 parts of ethanol 30 percent to produce the 6C liquid dilution by succession. In the same way, the 7C liquid dilution is made from the 5C trituration, and the 8C liquid dilution is made from the 6C trituration. From the 9C upward, liquid decimal dilutions are made from the previous decimal dilution with ethanol 43 percent in a ratio of 1 to 100.

WANTED

**Provers wanted for an exciting new
research**

PROVING

Department of Homoeopathy

**If you are between the ages of 18
and 70, not pregnant and in general
good health,**

Contact:

**Sumir Ramnarayan (031–5647036 /
079 460 9602) or**

**Brenton Moonsamy (031–4613409
/ 083 476 0549)**

Appendix E

Suitability for Inclusion in the Proving

(All information will be treated as strictly confidential)

SURNAME:

FIRST NAMES:

SEX: M/F

TELEPHONE NUMBER:

PLEASE CIRCLE THE APPROPRIATE ANSWER:

- Are you between the ages of 18 and 70? YES/NO

- Are you on or in need of any medication?
 - Chemical/allopathic YES/NO
 - Homoeopathic YES/NO
 - Other YES/NO

- Have you been on the birth control pill/any form of contraceptive or hormone replacement therapy in the last 6 months? YES/NO

- Are you pregnant or nursing? YES/NO

- Have you had surgery in the last six weeks? YES/NO

- Must not have any surgical or medical procedures planned for the duration of the proving period YES/NO

- Do you use recreational drugs such as cannabis, LSD or MDMA (ecstasy)? YES/NO

- Do you consume more than:
 - Two measures of alcohol per day? YES/NO

- (1 measure=) 1 tot/1 beer/ ½ glass of wine per day? YES/NO
 - 10 cigarettes per day? YES/NO
 - 3 cups of tea or coffee per day? YES/NO

- Do you consider yourself to be in a general state of good health? YES/NO

- Are you willing to follow proper procedures for the duration of the proving? YES/NO

This appendix has been adapted from Wright, C. 1999. A Homoeopathic Drug Proving of *Bitis arietans arietans*. M. Tech. Technikon Natal, Durban.

Appendix F

The following list of criteria will determine whether any symptomatology should be included or rejected.

Inclusion Criteria:

- New symptom that is unfamiliar to the prover (ICCH 1999: 36)
- Usual or current symptoms that are intensified to a marked degree (ICCH 1999: 36)
- Current symptoms that have been modified or altered – with clear description of current and modified components. (ICCH 1999: 36)
- Old symptoms that have not occurred for at least one year – note the time of last appearance. (ICCH 1999:36)
- Present symptoms that have disappeared during the proving (curative action) (ICCH 1999: 36)
- The time of day at which the symptom occurred should only be included if there is repetition of such times in one or more provers (ICCH 1999: 36)
- If a symptom is in doubt – include it in brackets. If another prover experiences the same symptom, it could be valid. Otherwise it must be included. (ICCH 1999: 36)
- A symptom occurred after taking the medication on at least 2 (two) occasions during the homoeopathic drug proving.
- A symptom experienced when the proving started and which disappeared or is significantly ameliorated after the administration of the proving medication, is classified as a cured symptom (Riley 1997: 227)
- All symptoms occurring in more than one subject (Riley 1997: 227)
- If the prover is under the general influence of the remedy then all the new symptoms are proving symptoms (Sherr 2003: 76)

Exclusion Criteria:

- Symptoms should not be included if they have occurred in recent history i.e. In one year or less (Sherr 2003: 76)

- Symptoms that are usual or current for the prover should be excluded (Sherr 2003: 76)
- If there is any serious doubt as to the validity of the symptom, it should be excluded.

Any information that is collected will then be collated. “Collating” is the process of combining all the information obtained from each prover and putting it together ‘as if one person’ (Sherr 2003: 76); this collated information will then be written in standard materia medica and repertory format to be added to synthesis repertory. Homoeopaths both locally and internationally will be able to use *Malus domestica* in clinical practice.

Appendix G

On Mon, Oct 22, 2012 at 2:18 PM, Sumir

Ramnarayan<sumir.ramnarayan@gmail.com>wrote:

Good day Dr Bertling

I hope that you are well. My name is Sumir Ramnarayan and am currently conducting research into the *Malus domestica* sp. under the supervision of Dr. Madhu Maharaj. Can I please ask for your assistance in identifying the following sample that I have procured. Your assistance in this will be priceless! Please find attached the pictures of the sample. It measures 157mm at its' broadest circumference. Please let me know you require any further information regarding the sample.

Warm regards

Sumir Ramnarayan

On Tue, Oct 23, 2012 at 8:42 AM, Isa Bertling <BertlingI@ukzn.ac.za> wrote:

Hi Sumir,

Then I would definitely go for the Golden Delicious.

If you want to do a last test: cut the apple open and see how long it takes to get brown if there is no browning within 5 min, it's likely to be a Golden.

Let me know if there are further problems...

Ta

Isa

On Tue, Oct 23, 2012 at 4:20 PM, Isa Bertling <BertlingI@ukzn.ac.za> wrote:

Hi Sumir,

yes that was the final give away...

You can just state that it was identified as a 'Golden Delicious' apple (cultivars must be placed in inverted comma) by me (put: "*pers. com.* Dr I Bertling, Horticultural Science, UKZN"). I know my students have put such statement into their thesis...

Hope that suffices.

Isa