

**A DOCTRINE OF SIGNATURES-BASED EVALUATION OF
THE RESULTS OF A TRIPLE BLIND PROVING
OF STRYCHNOS hENNINGSII 30CH**

**by
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I hereby declare that this mini-dissertation represents my own work both in concept and execution.

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ABSTRACT

Aim

The proving study of *Strychnos henningsii* 30CH was primarily conducted to extract as many symptoms as possible from healthy provers to create a Homoeopathic picture of the drug. This would allow practitioners in clinical practise to prescribe *Strychnos henningsii* 30CH based on the *Law of Similars*. The second part of this study was to assess the symptoms produced, and thereafter determine the relationship to the natural history of the *Strychnos henningsii* plant as it relates to the Doctrine of Signatures.

Methodology

The Homoeopathic drug proving of *Strychnos henningsii* 30CH took the form of a mixed-method triple-blind, placebo-controlled study. The proving population consisted of a minimum of 32 subjects who met all the inclusion criteria. The proving was conducted by 4 M.Tech.Hom students, under the supervision of the principal researcher. The 32 provers were randomly divided into four equal groups of eight provers, with each group supervised by one of four M.Tech.Hom student researchers. Nine powders each of the respective test substance (verum or placebo) was randomly assigned by an independent clinician to 32 prover numbers (16 verum and 16 placebo). Randomisation was conducted by an independent clinician who was unaware of the proving substance.

The physical and behavioural symptoms that were noted by the provers were extracted from their prover journals, case-histories and post-proving group discussions. This was then written up into *Materia Medica* and *Repertory* format and graded accordingly. Once this proving data was captured it allowed for the application of the Doctrine of Signatures.

During this analysis, similarities were compared between the behaviour of the patient and the behaviour of the substance in nature, which indicated the therapeutic action of the plant. The main characteristics used to link the *Strychnos henningsii* plant in its natural state to the Homoeopathic remedy developed was the plants habitat, kingdom, toxicity, structure, Anthroposophy and Vibrational therapy. By applying the Anthroposophical and vibrational therapy view, it allowed the researcher to establish a more holistic approach.

Results

A broad spectrum of symptoms was obtained which resulted in the formation of 876 rubrics. The areas that *Strychnos henningsii* had a profound affinity for were the mind which yielded 170 rubrics, head (76 rubrics), extremities (82 rubrics), dreams (91 rubrics) and the generals (80 rubrics). These rubrics were used in the evaluation of the Doctrine of Signatures.

The sensation of heat, dryness and burning appeared to be an integral part of the manifestation of symptoms in this proving study which correlated to the habitat of the plant in its natural environment. Many mind themes were noted, but in particular emotional sensitivity was one of the major themes. Sensitivity is the Plant Kingdom's key sensation in general.

The remedy was prepared using the bark of the plant which contained high levels of the alkaloid strychnine. This reflected in the provers symptoms (itching, skin eruptions, cramps, stiffness, tingling). The structure, colour, mode and speed of growth were all factors which yielded satisfactory comparative results.

Chakras, Colour Therapy and Anthroposophy allowed the researcher to apply a more dynamic scientific methodology. This tied in well with the Doctrine of Signatures and essentially provided a broader understanding of the remedy.

Conclusions

The hypotheses of this study were largely validated by the symptoms produced and analysis conducted, after applying the scientific methodology. The Doctrine of Signatures evaluation helped to reveal the intrinsic nature of *Strychnos henningsii*, further highlighting the underlying themes in the remedy and explained certain symptoms in more detail and finally distinguished between the behaviour of the patient and the substance in nature aiding us with a better understanding for clinical practise. It is important to note that recommendations have been made for future provings.

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An optimist gets the best out of life. He hopes for the best and makes the best of conditions and people. The accident is not as terrible as he had feared. The hill is not as steep as he had imagined. The difficulty is not as great as he had expected. Things came out better than he had hoped. **Sri Swami Sivananda [1887 – 1963]**

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TABLE OF CONTENTS

TITLE PAGE	
ABSTRACT	ii
ACKNOWLEDGEMENTS	v
TABLE OF CONTENTS	vi
LIST OF APPENDICES	xii
LIST OF FIGURES	xii
LIST OF TABLES	xii
DEFINITIONS OF TERMS	xiii

CHAPTER ONE

1.1 Introduction	1
1.1.1 The Importance of Provings	1
1.1.2 The Doctrine of Signatures	3
1.2 The Hypotheses	4
1.3 The Delimitations	4
1.4 The Assumptions	5

CHAPTER TWO

THE REVIEW OF THE RELATED LITERATURE

2.1 Introduction	6
2.2 Historical Perspective	7
2.3 Proving Methodology	9
2.4 Blinding and Placebo Measures	10
2.5 Potency	11
2.6 Modern Developments	11
2.7 Doctrine of Signatures	13
2.8 Anthroposophical Approach to Medicine	17
2.9 Vibrational Therapy	20
2.9.1 Colour Therapy	20
2.9.2 Chakra System	22

2.10 Loganiaceae Family in Homoeopathy	23
2.11 Strychnos henningsii	26
2.11.1 Taxonomy	26
2.11.2 Description	27
2.11.3 Natural Habitat	27
2.11.4 Geographic Distribution	28
2.11.5 Therapeutic Indications	28
2.12 Summary	29

CHAPTER THREE

HOMOEOPATHIC PROVING METHODOLOGY

3.1 The Experimental Design	30
3.2 Outline of the Proving Methodology	31
3.3 The Proving Substance	34
3.3.1 Potency	34
3.3.2 The Preparation and Dispensing of the proving substance	35
3.3.3 Dose and Posology	37
3.4 The Prover group	37
3.4.1 Sample size and demographics	37
3.4.2 Criteria for inclusion of a subject	38
3.4.3 Randomisation	39
3.4.4 Lifestyle of provers during the proving	40
3.4.5 Monitoring of Provers	41
3.5 Case-history and Physical Examination	41
3.5.1 Case History	41
3.5.2 Physical Examination	42
3.6 Duration of the Proving	42
3.6.1 Pre-proving observation	42
3.6.2 Commencement of proving	43
3.6.3 Chronology	43
3.6.4 Post-proving observation	44
3.7 Group Discussion	44
3.8 Symptom Collection, Extraction and Evaluation	45

3.9 Manipulation of the proving data	46
3.9.1 Collating and Editing	46
3.9.2 Formatting	47
3.10 Levels of Relationship of Proving Data	48
3.10.1 The Doctrine of Signatures	49
3.11 Ethics	50

CHAPTER FOUR

THE *MATERIA MEDICA* AND *REPERTORY* OF *STRYCHNOS HENNINGSII*

4.1 Related Information	51
4.1.1 Key	51
4.1.1.1 <i>Materia Medica</i> Section	51
4.1.1.2 <i>Repertory</i> Section	52
4.1.2 Prover List	53
4.2 The <i>Materia Medica</i> of <i>Strychnos henningsii</i>	54
4.2.1 Mind	54
4.2.2 Vertigo	64
4.2.3 Head	64
4.2.4 Eye	68
4.2.5 Vision	70
4.2.6 Ear	71
4.2.7 Hearing	71
4.2.8 Nose	71
4.2.9 Face	73
4.2.10 Mouth	74
4.2.11 Teeth	75
4.2.12 Throat	75
4.2.13 Stomach	76
4.2.14 Abdomen	78
4.2.15 Rectum	79
4.2.16 Stool	80
4.2.17 Bladder	80

4.2.18 Urethra	80
4.2.19 Female	81
4.2.20 Respiration	82
4.2.21 Cough	83
4.2.22 Expectoration	83
4.2.23 Chest	83
4.2.24 Back	84
4.2.25 Extremities	85
4.2.26 Sleep	88
4.2.27 Dreams	90
4.2.28 Chill	97
4.2.29 Perspiration	97
4.2.30 Skin	97
4.2.31 Generals	98
4.3 The <i>Repertory</i> of <i>Strychnos henningsii</i>	102
<u>Rubrics of Characteristic Symptoms</u>	102
4.3.1 Mind	102
4.3.2 Vertigo	109
4.3.3 Head	109
4.3.4 Eye	112
4.3.5 Vision	114
4.3.6 Ear	114
4.3.7 Hearing	115
4.3.8 Nose	115
4.3.9 Face	116
4.3.10 Mouth	117
4.3.11 Teeth	118
4.3.12 Throat	118
4.3.13 Stomach	119
4.3.14 Abdomen	120
4.3.15 Rectum	121
4.3.16 Stool	122

4.3.17 Bladder	122
4.3.18 Urethra	123
4.3.19 Female	123
4.3.20 Respiration	124
4.3.21 Cough	125
4.3.22 Expectoration	125
4.3.23 Chest	125
4.3.24 Back	127
4.3.25 Extremities	128
4.3.26 Sleep	131
4.3.27 Dreams	132
4.3.28 Fever	136
4.3.29 Chill	136
4.3.30 Skin	136
4.3.31 Generals	137
4.4 Abbreviation of the remedy	140

CHAPTER FIVE

GENERAL DISCUSSION OF THE PROVING OF STRYCHNOS HENNINGSII

5.1 Introduction	141
5.2 The Symptoms	143
5.2.1 Mind	143
5.2.2 Vertigo	147
5.2.3 Head	147
5.2.4 Eyes	148
5.2.5 Vision	149
5.2.6 Ears	149
5.2.7 Hearing	149
5.2.8 Nose	149
5.2.9 Face	150
5.2.10 Mouth	150
5.2.11 Teeth	150
5.2.12 Throat	151

5.2.13 Stomach	151
5.2.14 Abdomen	151
5.2.15 Rectum	151
5.2.16 Stool	152
5.2.17 Bladder	152
5.2.18 Urethra	152
5.2.19 Female	153
5.2.20 Respiration	153
5.2.21 Cough	153
5.2.22 Expectoration	153
5.2.23 Chest	154
5.2.24 Back	154
5.2.25 Extremities	154
5.2.26 Sleep	155
5.2.27 Dreams	155
5.2.28 Chill	157
5.2.29 Perspiration	158
5.2.30 Skin	158
5.2.31 Generals	158
5.3 Discussion in Light of Doctrine of Signatures	160
5.3.1 Plant Habitat	163
5.3.2 Plant Kingdom	164
5.3.3 Plant Toxicity	165
5.3.4 Plant Structure	166
5.3.5 Anthroposophy	169
5.3.6 Colour Therapy and Chakras [Vibrational therapy]	170
5.4 Clinical Indications	173

CHAPTER SIX

RECOMMENDATIONS AND CONCLUSION

6.1 Recommendations	175
6.1.1 Proving Population	175

6.1.2 Prover Supervision	176
6.1.3 Further Provings in other Potencies	177
6.1.4 Triple-blind Proving Methodology	177
6.1.5 Proving of Indigenous substances	177
6.1.6 Clinical Information	178
6.2 Conclusion	178
REFERENCES	180

APPENDICES

Appendix A – Suitability for Inclusion in the Proving	1
Appendix B – Informed Consent Form	4
Appendix C (i) – Case History sheet	10
Appendix C (ii) – Post-proving Case history sheet	25
Appendix D – Instructions to Provers	37
Appendix E – Methods of preparation	44

LIST OF FIGURES AND TABLES

Figure 1 – <i>Strychnos henningsii</i> plant	26
Table 1 – Plant Elements	19
Table 2 – List of Provers on verum	53
Table 3 – Rubrics in each section of the repertory	142

DEFINITIONS OF TERMS

ANTHROPOSOPHICAL MEDICINE

Regards illness as something intimately connected to the biography of the human being. The patient is treated holistically as a being of body, soul and spirit (Yasgur, 1998:16).

DOCTRINE OF SIGNATURES

External characteristics (including colour) of a substance serve to indicate possible therapeutic effects (Yasgur, 1998:70-71). Paracelsus refers to the idea that plants with shapes resembling human organs or structures should be regarded as healing agents for those body parts (Pujol, 1990:24).

HOMOEOPATHY

A holistic therapeutic medical science based upon the teachings of Hahnemann (Yasgur, 1998:112-113).

LAW OF SIMILARS

“Similia Similibus Curentur”, the fundamental law of Homoeopathy, formulated by Hahnemann. It means Let Likes Be Cured By Likes (Gaier, 1991:123).

MATERIA MEDICA

A pharmacological text, a reference book containing a list of medicines and their uses (Hahnemann, 1996:325).

PHARMACOPOEIA

Has originated from 2 Greek words 'pharmakon' meaning a drug and 'poies' meaning to make. It is the standard authoritative book, containing a list of drugs and medicines, habitats, descriptions, collections and identification of drugs. It also provides directions for their preparation, combining, compounding and standardisation (Banerjee, 2006:6).

PLACEBO

Non-medicated substance, that is relatively inert pharmacodynamically, sometimes administered to allow a previous remedy a prolonged period of action without undue medicinal interference, or to allow for the observation of a patient for a period without Homoeopathic medicine in order to arrive at the similimum (Gaier, 1991:426).

POTENCY

Therapeutic strength of a substance attained through the process of serial dilution and succession of that substance known as potentisation (Cook, 1989:50-51).

POTENTISATION

A multi-step process developed by Samuel Hahnemann by which the medicinal power (potency) of a Homoeopathic remedy is released or increased, involving serial dilution with succession or using trituration or fluxion (Swayne, 2000:168).

PROVERS

Subject of a proving or Homoeopathic pathogenetic trial. A person who should be in good health, who records changes in his or her condition during and after administration of the substance to be tested (Swayne, 2000:173).

PROVING

The systematic procedure of testing substances on healthy human beings in order to elucidate the symptoms reflecting the action of the substance (Vithoulkas,1998:96).

SUCCUSSION (DYNAMISATION)

Vigorous shaking, with impact or “elastic collision”, carried out at each stage of dilution in the preparation of a Homoeopathic potency (Swayne, 2000:201).

THIRTIETH CENTESIMAL POTENCY (30CH)

The thirtieth step of sequential dilution in the preparation of 1 in 100, with succession at each step, having an effective concentration of 1:10 to the power of 60 (Swayne, 2000).

CHAPTER ONE

1.1 INTRODUCTION

1.1.1 The importance of provings:

Samuel Hahnemann called the systematic procedure of testing substances on healthy human beings in order to elucidate the symptoms reflecting the use of the medicine a “*proving*” from the German word ‘*Pruefung*’, meaning a test or trial. He conducted provings to gain more knowledge, he experimented with *Cinchona* until he was satisfied that he had identified a reliable method of selecting medicines based on the concept of like to treat like, expressed as the ‘*Law of Similars*’. He realised the need for individualising treatments, discovering that not all patients would react to treatments in the same way. This led to the birth of Homoeopathy, the method of prescribing according to the *Law of Similars* (Kayne, 1997).

Homoeopathic drug provings form an integral part of the foundation of Homoeopathic history, philosophies as well as practical application. They are the basis on which the *Materia Medicas* and *Repertories* of pathological symptoms are written and on which the homoeopath bases his diagnosis in order to prescribe the correct remedy (Delinick, 2006). Hahnemann was the first to investigate exhaustively the subjective effects of drugs on individual, healthy human organisms, then collating all subjectively and objectively assessed responses. His method for obtaining such detailed pathogenetic information has not changed, except that additional placebo control has become customary in the 2nd half of the 20th century (Gaier, 1991:390-391).

According to De Schepper (2006:34) “*The proving of remedies is a great undertaking, a fascinating adventure, for we never know what we will find. It demands the keenest observation of symptoms produced and requires careful weighing of their relative value. A properly-conducted proving produces a living monument of value for all time.*”

Sherr states that provings are the very pillars upon which Homoeopathic practice stands as there is no other way of predicting the effect of any given substance as a Homoeopathic remedy, with any degree of accuracy, other than through a reliable proving (1994:7). Vithoulkas (1998:143) further states that provings are the best way to accurately predict the effects of substances as Homoeopathic remedies and are vital to the expansion of the therapeutic knowledge of Homoeopathic remedies.

Delinick clearly explains that proving of old and new remedies help modern homoeopaths keep the *Materia Medica* up to date and also help us to see what roles present day factors and the environment play in the makeup of symptoms of the remedy. By ascertaining what symptoms show up in the prover, it gives us a picture of the somatic, emotional and mental pathology of the Homoeopathic remedy under examination. Thus it helps us bring up to date old Homoeopathic remedies as well as providing new clinical pictures for new Homoeopathic remedies (2006:40).

Periodically drugs undergo re-proving, because the subjective nature of their effects alters in accordance with changed environmental influences e.g. modern pollution levels (Gaier, 1991). The ICCH reiterates that most of the remedies that already exist in the *Materia Medica* were proved during Hahnemann's time. We need to consider that people have experienced many factors that hadn't occurred in his time: radiation, global pollution, food additives, war's. As homoeopaths we need to find cures for the people of our time bearing in mind the new and modern challenges faced by our patients, by the process of proving new remedy sources (1999:33). According to Whitmont, many substances still remain unproven and their undiscovered healing potential unknown. In order to utilize this undiscovered healing potential it is fundamental that new provings be regularly conducted (1991:3).

South Africa boasts a vast quantity of indigenous flora and fauna linked to a widespread healing potential. Hence, the Homoeopathic proving study of *Strychnos henningsii* which is indigenous to South Africa was conducted as it was thought to be advantageous in portraying its healing potential more clearly thus expanding our *Materia Medica* and *Repertories*.

A further motivation for this proving is that this medicinal plant in particular has deep roots in African traditional medicine incorporating our cultural heritage.

Medicinal plants are an important aspect of the daily lives of many people and an important part of the South African cultural heritage. Plants were once a primary source of all the medicines in the world and they still continue to provide mankind with new remedies (Van Wyk, Oudtshoorn & Gericke, 1997). According to Sherr (1994:49) a useful remedy should be a local one within close proximity of the patient, as nature will always provide an accessible cure.

Wright (1999:3) felt that South African homoeopaths should utilize more indigenous substances as sources of Homoeopathic remedies. It was noted that South African homoeopaths rely significantly on Europe and the United States as sources for crude drugs, as is evidenced by consulting any pharmaceutical company's catalogue.

1.1.2 The Doctrine of Signatures:

The Doctrine of Signatures was first proposed in the Middle Ages which says that external characteristics (including colour) of a substance serve to indicate possible therapeutic effects. It was noticed that some plants, either by their shape or colour, brought to mind characteristics of the human body or a disease. It was concluded that this 'signature' defined the therapeutic action of the item in question. People thought it was a signature from God that this plant would heal diseases which affected that particular organ or system (Yasgur, 1998:70-71).

Arising from the Doctrine of Signatures is "the Idea of Similars" which is the cornerstone of Homoeopathic philosophy. African herbalists are said to have a gift of detecting healing plants making them attuned to nature and the universe.

They have the ability to perceive likeness between plant and man when judging the use of any plant for the treatment of diseases (Pujol, 1990:24).

Strychnos henningsii has successfully been utilised by traditional healers to treat a variety of ailments for many years. It was thought to be beneficial in Homoeopathic clinical practise, culminating in the birth of this research study. The Doctrine of Signatures analysis of *Strychnos henningsii* was included as a complement to this proving as this plant is an indigenous African plant and in Africa this approach has remained untouched surviving modern developments (Pujol,1990).Through Homoeopathy the practitioner tries to understand the state of the patient and the effects of the remedy in its totality, which means acknowledging that there is a connection between the substance and nature.

1.2 THE HYPOTHESES

1. The first hypothesis was that *Strychnos henningsii* 30CH would produce clearly observable signs and symptoms in healthy provers.
2. The second hypothesis was that the proving of *Strychnos henningsii* 30CH would produce symptoms that would correlate to the Doctrine of Signatures of the plant.

1.3 THE DELIMITATIONS

The study did not:

- seek to explain the mechanism of action of the Homoeopathic preparation in the production of symptoms in healthy individuals.
- determine the effects of potencies or deconcentrations of *Strychnos henningsii* other than the thirtieth centesimal potency.

1.4 THE ASSUMPTIONS

- the provers would take the remedy in the dosage, frequency and manner required of them.
- the provers would conscientiously and closely observe themselves and note down the effects of the drug.
- the provers would conscientiously, accurately and honestly record all symptoms experienced.
- the provers would not deviate from their normal lifestyle or dietary habits in a significant manner immediately prior to or for the duration of the proving.

CHAPTER TWO

REVIEW OF THE RELATED LITERATURE

2.1 INTRODUCTION

“It is only by proving a considerable number of simple medicines on healthy individuals, and carefully and faithfully recording all the disease elements and symptoms that each medicine (as an artificial disease potency) is capable of engendering, that we can have a true Materia Medica” (Hahnemann, 1996:161).

Vithoulkas provides the following definition for the term proving: *“The systematic procedure of experimentally testing substances on healthy human beings in order to observe and record the totality of symptoms produced reflecting the action of the substance.”* Provings have continued since Hahnemann’s time and have become the basis upon which a given remedy is chosen for a given patient (Vithoulkas, 1998:96). Hahnemann’s introduction of provings provided an important contribution that created a precise system linking the *Law of Similars* with the clinical practice of medicine. By conducting a proving, the constitution of the drug, miasmatic group, and the action of the drug is obtained. The mode of action of the drug as quick, slow, deep, long acting in relation to duration is known providing a better understanding (Topkhanewale, 2006:178).

Banerjee stated further that through drug provings we get the knowledge of the positive effects of drugs over living organisms i.e. the pathogenetic effects of the drug substance is established (2006:397-398). Provings are considered by many to be the only reliable way to fully ascertain the action of any substance that is to be used as a Homoeopathic remedy (Dantas, 1996:230).

Hahnemann felt that every Homoeopathic practitioner should take part in provings; that this is the best way in which to learn and fully understand the *Materia Medica* (Hahnemann, 1996: footnote aphorism 119b and aphorism 141) and in doing so it enhances powers of observation and generally helps the practitioner to become a better physician. This view is more recently supported by Sherr.

According to Sherr, provings are the very pillars upon which Homoeopathic practice stands as there is no other way of predicting the effect of any given substance as a Homoeopathic remedy, with any degree of accuracy, other than through a reliable proving (1994:7).

2.2 Historical Perspective

There are two schools of thought with regards to medicine. One school follows the *Law of Contraries* meaning opposites cure opposites and this is the basis for Conventional or Allopathic medicine. The other school follows the *Law of Similars* which is the foundation of Homoeopathic medicine (Delinick, 2006:13).

Hippocrates [460-370 B.C.] a Greek from the island of Cos, is considered the father of modern medicine. He viewed disease with respect to the patient and his environment. His medical doctrine took into account both the *Law of Contraries* and the *Law of Similars* (Banerjee, 2006).

Provings have been in existence for many years and still is the cornerstone of the science and practice of Homoeopathy worldwide. Galen [129-199 A.D] a Greek physician was one of the first people to test drug substances on healthy people. He was also credited with being “the father of polypharmacy” (Goel, 2002).

The *Law of Similars* reappeared in the writings of Paracelsus, a Swiss physician (1493-1541) who was another pioneer who determined the medicinal properties of substances by careful observation of their effects on healthy individuals (Walach, 1994:129). He was said to be the most important advocate of chemically prepared drugs from crude plant and mineral substances, which sparked the growth of modern pharmaceutical sciences (Goel, 2002:3). Paracelsus also mentions “the Doctrine of Signatures”. This doctrine referred to the fact that the outward characteristics of a remedy were thought to reveal some of its innate properties (Delinick, 2006:14-15).

Samuel Christian Hahnemann, the founder of Homoeopathy was born in Meissen, Germany in April 1755 and died in Paris in July 1843. He was a Renaissance man who was not only a medical doctor, but a good chemist and a very good translator. He translated many scientific works that influenced him in his own thinking about medicine. At the time of Hahnemann the only research available for Homoeopathy were the *Clinical Provings* (Delinick, 2006).

Hahnemann's first proving of *Cinchona* was conducted in 1796. Hahnemann experimented by ingesting the Peruvian bark himself and a few hours later he developed malaria like symptoms which included fever, increased thirst, heart palpitations, drowsiness, a fast strong pulse, anxiety as well as trembling and prostration of the limbs. The active ingredient of the bark is *China* (quinine) which is used to treat malaria. His experiments on this bark lead to his formulation of the Law of Similars, as he deduced that the Peruvian bark (*China*) was curative in malarial fever because it produced similar symptoms when ingested by healthy individuals, and it also marked the beginning of the systematic performance of Homoeopathic drug provings (Bloch & Lewis, 2003:17). *Law of Similars* means "Like cures like" (*Similia similibus curentur*). Any substance, which can produce a totality of symptoms in a healthy human being, can cure that totality of symptoms in a sick human being (Vithoulkas, 1998:92). This principle was not new, as the origin of the law was attributed to Hippocrates, considered by most as the "father of medicine". Hahnemann however was the first physician to confirm this law of cure and he developed a system of medicine which benefited the whole of mankind (Sankaran, 1991).

Hahnemann went on to conduct a total of hundred and one provings during the period of 1805 to 1839, mostly on friends and family. Most of the remedies that were proven by Hahnemann have become indispensable to homoeopaths worldwide and are widely used in Homoeopathic practise (Taylor, 2004:6). Following this, in the 19th century, many homoeopaths including Kent, Hering, Sankaran, Sherr, Wells and others conducted great provings (Sherr, 1994:9).

2.3 Proving Methodology

Initially Hahnemann never began with a set methodology but developed a most effective method as he gained more experience (Wieland, 1997:229). Although his methods and instructions for proving are still valid today and forms the basic foundation of the current methodology used for proving, certain scientific research methods have been incorporated such as placebo, double-blind and randomisation to scientifically validate the data collected during a proving.

The International Council for Classical Homoeopathy(ICCH) stresses the need for remedies to be properly proven; and in an effort to encourage a process by which the highest standards of provings are adopted by the largest possible circles of homoeopaths in the world, have established a set of guidelines for good proving methodology. It is hoped by the ICCH that the guidelines they have established may provide a 'checklist' of principles and practices in provings worldwide and hence form a standard of reliability in modern provings (ICCH, 1999).

Sherr (1994:12) has compiled a proving design of a very high standard that is widely accepted and commonly used by many homoeopaths. In *Dynamics and Methodology of Homoeopathic Provings*, Sherr states: "No proving can be, or ever will be, 100% complete or error free. The search for scientific perfection by overzealous clinical rigor will only serve to suffocate a proving. On the other hand laxity and compromise will lead to inaccuracy and mediocrity. I believe there is a dynamic harmony which can support science and embrace art."

In the "Science of Homoeopathy", Vithoulkas also has a very comprehensive proving design that includes testing proving substances in different locations, on subjects of different nationality and at different altitude levels, requiring a proving group of a large number of people and extending over a period of about two and a half years (1998:147-152).

The proving methodology for this proving study was adapted from the proving methodology of Jeremy Sherr (Sherr, 1994:41-89) which in turn is based on Samuel Hahnemann's methodology as outlined in the "*Organon of Medicine*" in aphorisms 105-145 (Hahnemann, 1996:144-163).

2.4 Blinding and Placebo Measures

According to Demarque, the term 'blinding' refers to keeping trial participants, investigators or assessors unaware of the assigned interventions so that they will not be influenced by that knowledge (1987).

Initially, the principles of blinding and double-blinding were introduced by Gerstel during the proving of *Aconitum napellus*, and by Bellows whilst reproving *Atropa belladonna* (Demarque, 1987). With the double-blind technique, the nature of the substance is unknown to the subjects and known to the observer, there is also placebo control. It should also be known that the observer does not know which particular provers receive placebo and which receive the actual proving substance. This is done in order to protect against bias (Sherr, 1994:35).

Raeseide (1972) introduced a treble-blind design concept. With regards to this technique, the observer is blind and the nature of the substance is unknown to both the researcher and the provers. This design provides an additional layer of security to prevent undue influence of study results by anyone directly involved in the study. According to Wright (1999:7), both Sherr and Riley make use of the treble-blind design in their provings. Hence, in this particular study the treble-blind design was used to ensure the added security against bias of any kind.

Placebos are used as a control measure, and this has become one of the biggest debates relating to the proving process, whether it is necessary to use placebo or not. The placebo is said to be completely indistinguishable from the test substance (Swayne, 2000:162). The symptoms that are produced by the provers who are on placebo are discarded.

Sherr states that provings have been done without placebo for over a hundred years and have stood the test of time and proved clinically efficient in thousands of cases (1994). Placebos are given to a smaller percentage of the proving group and the main purpose is to decrease expectation and promote improved quality of judgement and sharpness of discrimination (Pistorius, 2007:8).

2.5 POTENCY

There are different schools of thought when it comes to potency selection. In the *Organon of Medical Art*, 6th edition, Hahnemann recommends the use of the 30CH potency. It has been suggested by various Homoeopathic practitioners that the 30CH potency produces the strongest mental symptoms and should be used as the Homoeopathic norm (Sherr, 1994). Vithoulkas on the other hand believed that in order for the full spectrum of the remedy to be explored, the proving substance needs to be proved in different potencies (1998:98).

In the proving of Hydrogen conducted by Sherr, he used potencies ranging from 6CH to 200CH (6C, 15C, 30C, 200C). He thereafter came to the conclusion that the majority of the mental/emotional symptoms produced during the proving were ultimately due to the 30CH potency (Sherr, 1994:27).

For the proving of the *Ringworm* remedy, Sankaran utilised the 30th potency and he explains that the higher the potency the more intense the central disturbance of an organism which could lead to bad aggravations and be harmful to the prover (2005). Hence, the 30CH potency was utilised in this proving study due to the views expressed above.

2.6 MODERN DEVELOPMENTS

Modern medicine is slowly concurring with the fundamental principles of Homoeopathy. Sankaran states that the Law of Homoeopathy and its well proved remedies have stood the test of time.

Like other laws of nature, the *Law of Similars* is unchangeable. Modern medicine is slowly concurring with the fundamental principles of Homoeopathy. He further adds that with its natural law, small, powerful and harmless doses and with its ideal as cure there is little doubt that Homoeopathy has a definite place in medicine of the future(2005:5-58).

Today Homoeopathic drug provings are being largely compared to the phase one clinical trials used in orthodox medicine where the safety and efficacy of a drug is determined through a double-blind placebo controlled study. However, the purpose of a Homoeopathic drug proving is not to show the efficacy of the remedy, but to obtain complete individualistic symptoms in order to correlate reliable data for the Homoeopathic *Materia Medica* (Wieland, 1997:230).

The Science of Homoeopathy was published by Vithoulkas in 1980 and the proving process was discussed in an entire chapter. He preferred complicated methods such as conducting three different experiments, in three different locations, on three different nationalities as well as a treble-blind design (Vithoulkas, 1998:150-152). After conducting provings on *Adamas*, *Androctonus amoreuxii hebraeus*, *Chocolate*, *Germanium* and *Hydrogen*; Sherr published the famous book called *The Dynamics and Methodologies of Homoeopathic Provings* in 1994. This book has contributed greatly to Homoeopathic provings worldwide (Wagner, 2007). It provides a practical framework for conducting comprehensive modern provings.

The proving of *Bitis arietans arietans* by Craig Wright (1999) has paved the way for further provings at Durban University of Technology (Low, 2002:10). Thereafter many proving studies were conducted at DUT such as *Sutherlandia frutescens* (Low, 2002); *Naja mossambica* (Taylor; Smal, 2004); *Chamaeleo dilepis dilepis* (Pistorius; Moore, 2007); *Erythrina lysistemon* (Olivier, 2007) and *Peucedonum galbanum* (Wagner, 2007).

2.7 DOCTRINE OF SIGNATURES

“The Signatures likewise are taken notice of, they being as it were the books out of which the Ancients first learned the vertues of Herbes; Nature or rather the God of nature, having stamped on divers of them legible Characters to discover their uses” William Coles, Adam in Eden(1657)

The Doctrine of Signatures is used around the world in pre-modern cultures where thought by association is accepted as a valid means of obtaining knowledge of the world. It is a philosophy that states that everything in nature is given a signature appearance that indicates its use to humanity. It is a process whereby one recognizes and looks for the unique signs of a plant's identity which will clearly indicate their medicinal uses. These signs include colours, shape, habitat and growing habits. All of these observations characterize plants uniquely and they help to differentiate plants accordingly:

Colours – The colour of a flower is a powerful indicator of the flower's use; colours usually align with the chakras or energy centres in the body. A yellow flower is related to the 3rd chakra and the colour yellow is associated with bile, hence with the liver and gallbladder. A large number of yellow plants are also bitter, which fits in with their use, because the bitter flavour acts strongly on the liver and gallbladder, as well as the digestive tract in general.

Shape – The resemblance of a plant part to a human organ indicated medicinal relationships. A plant shaped like the liver would be beneficial in the treatment of liver diseases.

Habitat – Powerful indicator of the plant's healing qualities. Changes in the environment of a plant will change its chemistry and thus its medicinal properties. Plants grown out in the hot, dry desert show a much stronger capacity to survive than a flower grown in moist, sheltered conditions.

Growing habits – A vine which grows up strangling all other plants could be likened to the person who dominates all, whereas a flower only growing in clumps of its own species might be used for people who follow the crowd with no opinion of their own (Wood, 2011).

This mode of thinking stretches all the way back to Plato who taught thinking from the *eidos* (idea, archetype). It was advocated by Aristotle, for whom ‘formal logic’ signified thought from the *eidos*.

It was Paracelsus (1493-1541), a Swiss alchemist, physician and professor of medicine who went on to develop the Doctrine of Signatures. He applied this thought by association philosophy and based his entire medicinal system upon this type of similarity or signature. He believed in ‘similar cured similar’ and observed a pharmacological relationship between the human anatomy and the shape, colour and texture of various plant materials (Delenick, 2006:14-15).

Paracelsus explains in his book “On the Nature of things” (1537), how God leaves ‘signs’ on the creatures it fabricates so that we may make deductions about what they are and what they have experienced. Nature leaves signs of a person’s character in the face and hands, making possible the arts of physiognomy and chiromancy. He states that it is not only the human hand that can be read, but also all herbs, woods, flints, earths, and rivers hence whatever has lines, veins and wrinkles. He emphasises that all of nature signifies, all is purposive, once our eyes are opened to it (Ball, 2007:249-250).

The Doctrine of Signatures was further spread by the writings of Jakob Bohme (1575-1624), who was a mystic philosopher as well as a master shoemaker in Germany. His philosophical work *Signature Rerum* (signature of all things), where he expressed his idea about the *Law of Similars*, became very popular and later on it was adapted into the field of medicine. His doctrine stated that “*by observation, one can determine from the colour of the flowers or roots, the shapes of leaves, the places of growing, or other signatures what the plant’s purpose was in God’s plan*” (Delinick, 2006:15). He believed that God marked objects with a sign or ‘signature’ and these markings will aid in healing the sick (Wikipedia, 2009).

The Doctrine of Signatures remains a continuing source of intrigue, with various people applying this philosophy in their system of healing. The Doctrine of Signatures is practiced all over the world, including South Africa, by various different cultures (Pujol, 1990:24).

According to Roberts, various doctrines of healing sprang up through the years; perhaps the most interesting of these was the doctrine of signatures, founded on the belief that each member of the vegetable kingdom carried within itself the likeness of some organ or part of the human economy, as a sign that this particular plant was applicable to disturbances of that organ (Roberts, 1993:135).

It is thought that nature has its own language to express its quality. This is a kind of signature; the sign as its shape, size, colour, taste, smell etc., hence it is called the Doctrine of Signatures (Topkhanewale, 2006:163). The traditional Zulu healers, otherwise known as Izinyanga and Izangomas have always believed that God created identical structures in plants and man so that they could recognise the healing herbs for the benefit of mankind. According to Pujol, the traditional healers and herbalists that still make use of the Doctrine of Signatures play an important role in healing, even in today's times (Pujol, 1990:24).

The Doctrine of Signatures states that by observation one can determine from the colour of the flowers or leaves, the place of growth, or other signatures just what the plant's therapeutic purpose was intended to be (Pujol, 1990:24). Goel stated that the Doctrine of Signature is inferring the actual nature of actions of a substance from its physical appearance and properties, that is, from its colour and form (2002:465).

Kayne (1997:24) stated further that in applying the Doctrine of Signatures, the medicinal use of a substance was based on its physical form or colour, thus red coral was used for haemorrhages and walnuts for brain diseases.

E.g.

1. *China* has a bitter taste, in fever the taste gets bitter hence *China* is a fever remedy
2. *Phosphorus* is yellow hence it is used to treat jaundice
3. The shape of the *Euphrasia* flower is like an eye so it is a remedy for eye conditions
4. *Sanguinaria* has red juice, the blood is red hence *Sanguinaria* is a remedy for blood disorders (Topkhanewale, 2006:163)

In the proving study of *Bambusa arundinaceae* (Bamboo), Dr. Hanschka hypothesized about the actions of bamboo; he thereafter experimented and found out that it had effective qualities against degenerative processes in the cartilage, connective tissue and the spine (Yasgur, 1998:70). Therefore *Bambusa arundinaceae* (spiny bamboo) is used in cases of arthrosis, painful joints, and cartilage fragility and to strengthen the skin, hair and arterial walls. Ultimately the Doctrine of Signatures may help to reveal the intrinsic nature of a substance, which would facilitate in the accurate prescribing of the remedy and it may also highlight themes in the remedy and explain certain symptoms (Taylor, 2004:23).

Mangialavori elaborates on his perception of the Doctrine of Signatures and natural history in an interview: “In his time Hahnemann criticised the superficial way the *law of signature* was interpreted. Even in today’s day and age he thinks that the similarities between the law of nature and the law of people are still considered in a very superficial way by most homoeopaths. He went on to study the substances thoroughly, and tried to find out what could be the sense of the substance in nature. His thoughts were that we do not have to consider this in an Anthroposophical way, rather just try to find out what the similarities are between the behaviour of a patient and the behaviour of a substance in nature. He goes on to say that patients, plants, animals and even minerals do their best to arrange a good living in their environment. He sums up by stating that he studied the substances, the toxicology, the environment, the origin and the symbolism to get an overall picture” (Konig, P & Santos, U, 1996).

Although viewed as controversial and non-scientific in the present day, where data-based evidence is the underlying principle, the Doctrine of Signatures has proven over time to be a very effective way of discovering the healing properties of plants. Hence, these signatures laid down the foundation for an intuitive approach to knowledge (Wood, 2011).

In Homoeopathic proving studies using clinical trials, many of these theories have been confirmed accurately, leading to fruitful results. Likewise in their relationship to plants, traditional African people, like the Zulu's believed that plants were the most powerful source of healing, able to cure any disease and make people strong and in tune with the universe. The value of most of the herbal medication administered by the African healers is based on the Doctrine of Signatures (Pujol, 1990:24).

2.8 ANTHROPOSOPHICAL APPROACH TO MEDICINE

During the past few centuries, the Art of Medicine has become increasingly influenced by the Natural Sciences. The conventional approach has advanced medicine in some respects but is based on a limited, materialistic view of the human being which has failed to produce a comprehensive understanding of illness (Evans & Rodger, 1992:9).

Anthroposophy is derived from the Greek *anthropos* (human) and *sophia* (wisdom), which is an extension of medical thinking or practice on the basis of a comprehensive view of the human being, thus taking into account both the spiritual and physical sides of the human being (Evans & Rodger, 1992:9). It is said to be the 'science of the knowledge of man'. The patient is treated holistically as a being of body, soul and spirit. This vast body of knowledge, mainly attributed to the work of Rudolf Steiner, touches virtually every realm: philosophy, medicine, architecture, spirituality, food production, nature awareness, etc (Yasgur, 1998).

Johann Wolfgang von Goethe (1749-1832) was the major inspiration for Rudolf Steiner, the founder of Anthroposophical medicine. Goethe tried to establish a science based on analogical thought, and he also attempted to resuscitate science based on a more intuitive and imaginative approach.

He applied the Doctrine of Signatures as it was traditionally used to understand the medicinal properties of plants. He further emphasised that the forms of nature were in continuous transmission, that the phenomena of nature were never still, but that forms were changing, continuously interplaying and transferring themselves (Treuhertz, 2011).

Rudolf Steiner (1861-1925) picked up Goethe's work and systematized his vision leading to the development of Anthroposophical medicine. Steiner defined the organic processes of growth, healing and disease in relationship to the 4 elements and the 3 alchemical substances more clearly than did Goethe. He used the 4 elements and the 3 alchemical substances to explain patterns of growth and the resulting signatures. Using Rudolph Steiner's model of the 4 elements we can learn to see and detect underlying relationships between plants, the body and the mind of humanity (Wood, 2011).

According to this spiritual science, man is a threefold being: he has the nerve/sensory functions (nervous system and brain which support the mind and the thinking process), rhythmic functions (the physical processes of a rhythmic/periodic nature-pulse, breathing, intestinal rhythms which support the emotional or feeling processes), and the metabolic functions (digestion, elimination, energetic metabolism and voluntary movement processes which supports the aspects of human behaviour that express the will) (Yasgur, 1998:16-17).

The main aim of Anthroposophical medicine is to stimulate the natural healing forces in the patient. These are said to be the life forces which maintain the physical body and oppose decay (Evans & Rodger, 1992:10-11). In Anthroposophy it is believed that there are 4 elements:

Elements of Plant	Organic medium	Natural elements
Fruit/Seed	Human	Fire
Stem/Flower	Animal	Air
Leaf	Plant	Water
Root	Mineral	Earth

Table 1 – Plant Elements

Man has a physical body in common with the mineral kingdom, an etheric body in common with the vegetable kingdom, an astral body in common with the animal kingdom but only he possesses an ego or human spirit. These 4 elements maintain close connections with each other. The etheric forces constitute every living being. The etheral body of a plant regulates growth and form, and without water as its medium the plant will withdraw and die (Bott, 1978:16:30).

According to Wolff, there are two large groups of diseases which stand in a polar relationship to one another, i.e. they face each other in such a way that they mutually maintain a balance. On one side of the pole are the nerve/sensory system whereby the diseases originating from here are said to be 'cold' such as degeneration, cancer, diabetes and sclerosis. The diseases are slow and passive and there is little metabolic activity involved. It can be likened to the analogy of a plant whereby this system represents the roots of the plant; the roots passively absorb water, nutrients and information. On the other side of the pole is the metabolic system whereby the diseases are hot and inflammatory such as febrile illnesses. The disease processes are fast and energetic; there is great activity and metabolism. This can be likened to the analogy of the plant and this represents the reproductive system namely the flowers.

The rhythmic system separates the 2 poles and is likened to the stem of the plant allowing easy communication thus bringing about harmony. The rhythmic aspect mediates the other two. If the three systems are in harmonious balance then man is said to be in a general state of health. A shift in the balance of these systems brings about a disease state in an individual (Wolff, 1988).

In Anthroposophical medicine one can help heal the most affected areas in man by looking closely at a medicinal plant. By determining the ratio of the different parts of the plant it makes the decision at hand easier, a high root to flower ratio would be more beneficial for a nerve/sensory disease than a metabolic/limb disease, as it would have a greater effect when administered to sick individuals (Hopkins, 2000).

It is believed that Anthroposophical medicine is out of touch with modern, science-based medicine. However it recognizes and use the vast information acquired by modern medicine in the fields of anatomy, physiology, biochemistry and diagnosis. It just goes a step further by incorporating the knowledge of the spiritual scientific methodology. The result is an integrated image of the whole being in illness and in health. This makes it possible to have a holistic but also rational approach (Anthroposophy, 2011).

Thus, both the old and new philosophers saw great importance in the use of signatures, archetypes and intuition in human endeavour, not only because of the facts learned, but the way of learning them (Wood, 2011).

2.9 Vibrational Therapy

2.9.1 Colour Therapy

For centuries the healing profession has recognized that colour is a force of immeasurable and infinite power, exerting a tremendous psychological and physiological influence on people. Colour therapy is the therapeutic use of various forms of colour and light for physical, emotional and spiritual benefit to the human body. In 1666, Sir Isaac Newton developed a valuable theory of colour whereby he admitted sunlight through a prism. He established the presence of 7 basic colours in the spectrum. Johann Wolfgang von Goethe went on to visualise colour relationships in a circle. He adapted the entire spectrum and developed a relationship between colour and Hippocratic medicine. He believed that every colour produces a corresponding influence on the mind. Following Goethe, doctors began using colour not just as an aid to diagnosis, but as a cure in itself (Colour Therapy, 2011).

In Colour Therapy, the 7 colours of the rainbow represent 7 vibratory modalities of human existence, related to the 7 chakras of Indian Yogic tradition (energy centres that exist in the body) which in turn can influence a specific gland, organ or tissue of the body.

Light consists of the 7 colour energies: red; orange; yellow; green; blue; indigo and violet. Each colour is connected to various areas of our body and will affect us differently emotionally, physically and mentally (Wills, 1998).

Brief overview of the 7 colours:

RED- thermal, heating, warming; stimulates the root chakra at the base of the spine; connects us to our physical body; great energizer; father of vitality

ORANGE- warm, cheering, non-constricting; freeing action upon the body and mind; blend of red and yellow thus combines physical energy with mental wisdom; connects us to our senses and helps to remove inhibitions and makes us independent and social

YELLOW- helps strengthen the nerves and the mind; links with and stimulates the solar plexus; helps awaken mental inspiration and stimulates higher mentality; clarity, self esteem; yellow energy is related to the ability to perceive and understand; connects us to our mental self

GREEN- universal healing colour; colour of balance, harmony, nature, neutrality and of non-resistance; has an energizing effect and a soothing effect

BLUE- cooling, electric, astringent; stimulates the throat chakra (power centre) which is the primary centre of expression and communication, through speech

INDIGO- freeing and purifying agent; links with and stimulates the 3rd eye chakra and controls the pineal gland; connects us to our unconscious self

VIOLET- link with the crown chakra; used for spiritually related problems; violet energy connects us to our spiritual self bringing guidance, wisdom and inner strength (Colour Therapy, 2011).

2.9.2 Chakra System

The mind/body dynamic can be understood only when we appreciate that our bodies are ever-changing, dynamic fields of energy, not static physical structures. We also know from quantum physics that at the subatomic level, matter and energy are interchangeable (Northrup, 1998:25-26).

A chakra is an area that receives, assimilates and expresses life force energy. It literally means 'wheel or disc'. It refers to a spinning sphere of bio energetic activity emerging from the major nerve ganglia branching forward from the spinal column. We have 7 specific energy centres in our bodies and each of them is affected by specific emotional and psychological issues. These 7 wheels of energy spans from the base of the spine to the top of the head (Northrup, 1998:71).

Though standard western medicine has not recognised chakras yet, Eastern cultures have long appreciated them. The chakra system originated in India, more than 4000 years ago. Today, many complementary practitioners identify with this concept linking areas of the body and mind. This energy anatomy offers a comprehensive and holistic view of how each of us co-creates health or disease (Northrup, 1998:71-92).

In each chakra area, there are 2 basic polarities that are connected with ill health. In order to stay healthy or regain health in a certain area, we must learn how to strike a healthy balance between the 2 extremes of emotional expression represented in each area. These polarities exist on a continuum, with the chakras as steps that are embodied within all life processes (Northrup, 1998:73).

Brief overview of the 7 Chakras:

(1) Root Chakra- Is affected by how connected we feel to the Earth and the processes of the Earth; located at base of spine; fiery red-orange in colour; central issue is survival

(2) Sacral/Spleen Chakra- located over the spleen, issue revolves around sexuality and emotions, associated with the water element; orange in colour. Influences the adrenal glands.

(3) Solar Plexus- located above the navel; power and will are the main issues; associated with the fire element; yellow in colour. Influences the pancreas.

(4) Heart Chakra- centre of the chakra system, located in the heart area; main issues involve love and relationships; associated with the air element. Influences the thymus.

(5) Throat Chakra- located around the throat area, main issue is communication, associated with the sound element, green in colour. Influences the thyroid gland.

(6) Third Eye- located around the brow area, central issue with intuition and imagination, associated with the light element. Influences the pituitary gland.

(7) Crown Chakra- located at top of head, issue with awareness, associated with the thought element. Influences the pineal gland. (Human Chakras, 2011).

2.10 LOGANIACEAE FAMILY IN HOMOEOPATHY

Strychnos henningsii is a member of the *Loganiaceae* family. They are a family of flowering plants classified in order Gentianales. The family includes 13 Genera namely *Antonia*, *Bonyunia*, *Fagraea*, *Geniostoma*, *Labordia*, *Logania*, *Mitrasacme*, *Mitreola*, *Neuburgia*, *Norrisia*, *Spigelia*, ***Strychnos***, *Usteria*. They are distributed widely around the world tropics (Rafeeqe, 2009).

A predominantly woody family with about 20 tree species native to Southern Africa. The leaves are opposite or whorled, simple, and often with reduced stipules (sometimes with a stipular line between the petioles). All species have flowers with 4 or 5-lobed tubular corollas, and 4 or 5 stamens which are attached to the petals. *Strychnos* is unmistakable with its opposite, 3-veined leaves. Many species are rich in alkaloids and extremely poisonous. The *Strychnos* species yields strychnine and curare (Van Wyk, Oudtshoorn & Gericke, 1997:26).

The *Loganiaceae* belong to the *Gentianales* together with the *Rubiaceae* who share the theme of idealism and have similarities with the silver row of the periodic table. According to *Sankaran*, the plant sensations are described as shocked, shattered, torn to pieces, disappointed, ruined. The shock is said to be sudden so as to paralyze the person. He then discusses the passive reactions which includes grief, silence, and faint, cannot weep, sadness and paralyzed with the feeling that they cannot move. The active reactions are excitable, beside one self and convulsions. The compensation techniques adopted by these individuals are that they are calm and composed in the most shocking circumstances (Sankaran, 2005).

Some of the mental themes that run through this family are competition, ambition, alertness, purposeful and extraordinary performances which also featured in the proving study of *Strychnos henningsii*.

General features of the *Loganiaceae* family:

- Over sensitivity, hysteria, impatience, easy excitability
- Changeable mood, hides grief from others
- Depression of mind and great irritability, paralytic action, spasmodic action, neuralgic pain
- Severe headache with hammering sensation
- Fever with predominance of the chill state

- Tobacco aggravation
- Aggravation of complaints from coffee/stimulants
- Aggravation from change of weather
- General aggravation during the summer season
- Action on the cardiovascular system, upon the urinary organs, on genitalia and on digestive organs (Ram, 2000)

Many Homoeopathic remedies have been derived from this family and have proven beneficial in the treatment of many ailments in clinical practise throughout the years. Remedies belonging to this family include *Nux vomica*, *Ignatia amara*, *Gelsemium sempervirens*, *Curare woorari*, *Upas tiente* and *Strychnine*.

The well known remedy *Nux vomica* stands as an example for the family with cramping pains coming from strychnine contained by this plant: the perfectionist workaholic with complaints after disappointed ambition, such as coughing with vomiting, gastritis, constipation, irritable bowel syndrome. Strychnine being a poison causes restlessness, trembling of limbs, stiffness of the neck and jaws, constriction of the throat and tetanic convulsions with opisthotonos.

In *Nux vomica*, as Strychnine is its principal ingredient, we will find running through its symptomatology this over-impressing state; that is, everything impresses the patient excessively. External impressions such as sounds, odours and noises excite him, and this symptom is characteristic of the drug. Similarly *Ignatia amara* has ailments from disappointed love and wounded honour. *Gelsemium sempervirens* shows the other side of the coin with paralysis and stage fright (Archive, 2010).

2.11 STRYCHNOS HENNINGSII



Figure 1- *Strychnos henningsii* plant

2.11.1 Taxonomy

Domain: Eukaryota

Kingdom: Plantae

Subkingdom: Viridaeplantae

Phylum: Tracheophyta

Subphylum: Euphyllophytina

Infraphylum: Radiatopses

Class: Magnoliopsida

Subclass: Lamiidae

Super order: Gentiananae

Order: Gentianales

Family: Loganiaceae

Genus: Strychnos

Specific epithet: *henningsii* – Gilg. The genus *Strychnos* has about 190 species mainly found in the tropics. The specific epithet honours Professor Paul Cristoph Henning, 1841-1908, a mycologist at the Royal Botanic Gardens, Berlin-Dahlem

Botanical name: *Strychnos henningsii* Gilg.

Common names: Afrikaans – *rooibitterbessie, koffiehardepeer*

Zulu – *umqalothi, umdunye*

Xhosa – *umnonono, umkaloti*

English – *red bitter berry, coffee bean*

strychnos, Natal teak (Orwa et al, 2009)

2.11.2 Description

Strychnos henningsii varies in size from a large shrub to a tall tree of more than 15 metres in height. The bark is pale grey and smooth in young trees but becomes darker brown and flaky as the plant ages (Van Wyk, Oudtshoorn & Gericke, 1997). It is heavy, durable and termite-resistant and is often used for implementing handles in tools and as fencing posts (Van Wyk, Oudtshoorn & Gericke, 1997).

The leaves are bright green, leathery, glossy and hairless with three main veins (3-veined) arising from the base. This is a characteristic feature of most *Strychnos* species. Flowers are produced along the branches in spring and early summer and they range from cream to yellow in colour. This is followed by the bright orange glossy fruits of about 15 mm in diameter which can be one- or two-seeded (Van Wyk, Oudtshoorn & Gericke, 1997). The seed is oblong, solitary and deeply grooved down one side, similar to a coffee bean (Van Wyk, B & Van Wyk, P. 1997).

The bark, roots and fruit are mainly used for medicinal purposes. The *Strychnos* species are famous for the presence of strychnine and other indole alkaloids. *S. henningsii* produces numerous alkaloids, structurally closely related to strychnine. An example is *henningsiine* (Van Wyk, Oudtshoorn & Gericke, 1997).

2.11.3 Natural Habitat

S. henningsii commonly grows in dry or moist forests, woody hillsides, and evergreen thickets on rocky hills, coastal forests and stream banks (Orwa et al, 2009).

2.11.4 Geographic distribution

Native: Angola, Kenya, Mozambique, South Africa, Swaziland, Tanzania, Uganda

The plant occurs along the east coast of South Africa and northwards into the Kruger National Park.

2.11.5 Therapeutic Indications

S. henningsii is used in African traditional medicine to treat various ailments including:

- Rheumatism
- Syphilis
- Snake bites
- Purgative for gastrointestinal disorders, the boiled roots are used for stomach complaints including indigestion, heartburn, nausea
- The ground bark is a mouth antiseptic and applied onto wounds in cattle and horses to hasten healing
- Pulverised bark is taken in doses of 10mm in a tablespoon of cold water for nausea
- The bark is also chewed for stomach complaints such as constipation
- Parasitic conditions
- Rheumatic fever
- Treatment of dysmenorrhoea
- Colic remedy

It is believed that *Strychnos henningsii* has the potential in the development of new antinociceptive and antispasmodic drugs (Orwa et al, 2009).

2.12 SUMMARY

Many substances still remain unproven, and their undiscovered healing potential unknown. In order to utilize this undiscovered healing potential it is fundamental that new provings be regularly conducted (Whitmont, 1991:3). According to Sherr (1994:49) a useful remedy should be a local one, within reach of the patient, as nature will always provide an accessible cure.

South African homoeopaths still rely heavily on Europe and the United States as sources for crude drugs and this is determined by consulting any pharmaceutical company's catalogue (Low, 2002:2). She states further that it would be advantageous if South African homoeopaths could rely more on indigenous substances as sources of Homoeopathic remedies which correlates with Sherr's view above. South Africa possesses a vast range of indigenous substances which have not yet been Homoeopathically proven. Such substances could possibly possess a substantial therapeutic value (Taylor, 2004:8).

The proving study of *Strychnos henningsii*, an African indigenous plant was conducted bearing the above statements in mind. The analysis of this proving study was beneficial as it provided an understanding of the base substance in its natural habitat allowing the researcher to provide an external framework for the *Materia Medica*s which are utilised by all homoeopaths worldwide. It adds another useful Homoeopathic remedy of African indigenous origin for homoeopaths to prescribe particularly in South Africa. Furthermore it has a rich history of traditional usage and has been used by African traditional healers for centuries to treat ailments with positive outcomes.

The Doctrine of Signatures correlation helps to distinguish between the behaviour of the patient and the *Strychnos henningsii plant* substance in its natural habitat providing us with the complete essence of the Homoeopathic remedy.

CHAPTER THREE

HOMOEOPATHIC PROVING METHODOLOGY

3.1 THE EXPERIMENTAL DESIGN

The Homoeopathic drug proving of *Strychnos henningsii* 30CH took the form of a mixed-method triple-blind, placebo-controlled study. Thirty-two provers were selected after meeting the **Inclusion Criteria**(Appendix A) and 50% of the subjects (16 of the 32) received placebo in a randomised manner. The 32 provers were randomly divided into four equal groups of 8 provers, with each group having been supervised by one of four M.Tech.Hom student researchers (Durban University of Technology, Durban).

Volunteers included Homoeopathic students from The Durban University of Technology, as well as volunteers from the general public residing in and around the Durban area. The provers and the four M.Tech.Hom research students were both unaware of the name or nature of the substance being proved, the potency of the proving substance (Sherr, 1994; Riley, 1995a, b), nor whether a prover had been assigned the proving substance or a placebo. The supervisor (as principal researcher), was aware of the proving substance and its potency, but was unaware of the details of the verum/placebo assignment of provers to the researchers. Randomisation was conducted by an independent clinician who was unaware of the proving substance.

All provers were required to record their state for one week prior to commencing the verum/placebo powders (Vithoulkas, 1998: 148-150), providing the researchers with an additional 'internal' control. All provers recorded their symptoms in their assigned journals in the manner described (see Appendix D). Data extracted from the journals were combined with the case histories and physical examinations to compile the Homoeopathic proving profile.

Data derived from the journals and case histories were edited and collated. Objective measures derived from blood tests and physical examinations were subjected to statistical manipulation with reference to the pre-proving baselines and changes induced during the initial proving period.

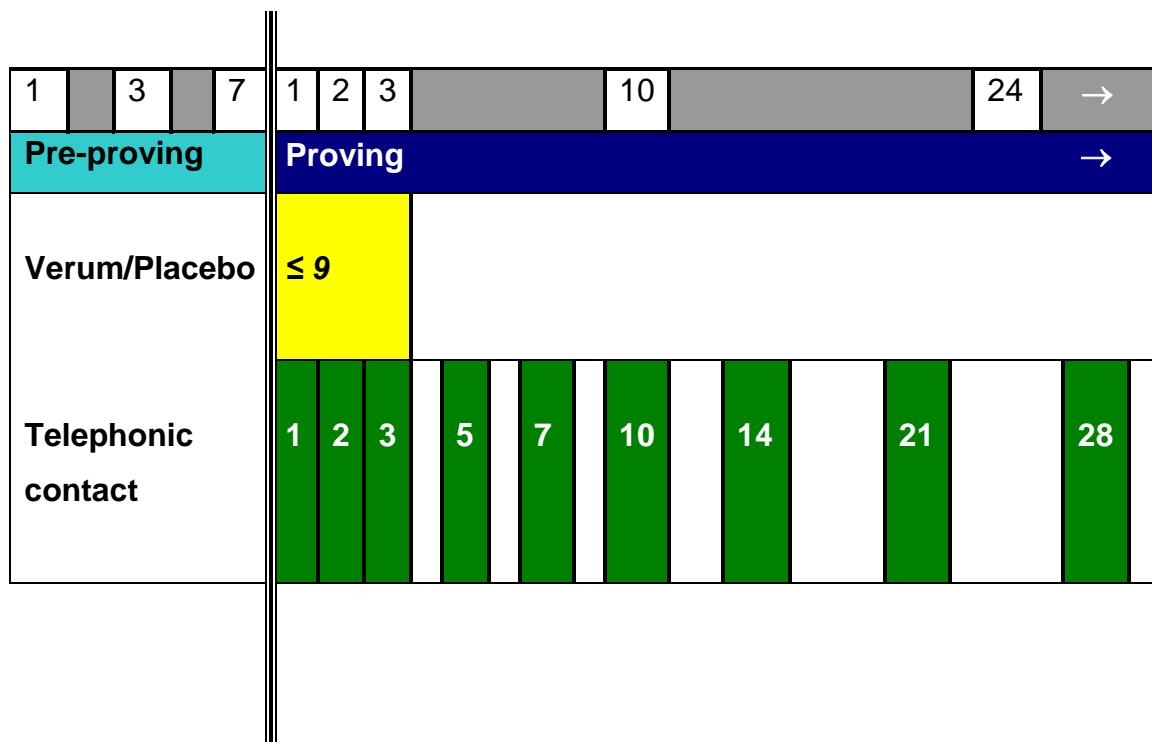
Proving symptomatology derived from the journals, case histories and post-proving group discussions were reformatted and classified according to standard *Materia Medica* and *Repertory* conventions. The Homoeopathic picture of the substance created then underwent a doctrine of Signatures-based evaluation providing us with a better understanding of the base substance. The Doctrine of Signatures-based analysis allowed us to find out what the similarities are between the behaviour of the patient and the behaviour of the substance in nature, which gives us the external framework to base our *Materia Medicas*.

3.2 OUTLINE OF THE PROVING METHODOLOGY

- The proving was conducted by four M.Tech.Hom. students, under the supervision of the principal researcher;
- The proving substance (bark of *Strychnos henningsii* 30CH) was prepared by the principal researcher according to Methods 6 (*Triturations by hand*) and a modification of Method 8a (*Liquid preparations made from triturations*), as specified in the German Homoeopathic Pharmacopoeia (GHP) (Benyunes, 2005) [*Appendix E*];
- Thirty-two prover volunteers were recruited by advertisement and word of mouth from Homoeopathic practitioners, Homoeopathic students and patients, and the general public;

- Verum/placebo powders were prepared according to the method described below (see 3.3.2), and nine powders each of the respective test substance (verum or placebo) were randomly assigned by an independent clinician to thirty-two prover numbers (16 verum and 16 placebo);
- Each student researcher conducted interviews in which prospective provers were screened for suitability, and checked against the **Inclusion Criteria** (*Appendix A*);
- The provers attended a pre-proving training course, conducted by the principal researcher, and in the presence of the 4 M.Tech.Hom student researchers, during which the procedure of Homoeopathic proving was explained to them;
- The provers were guided through the **Instructions to Provers** document (*Appendix D*), and thereafter signed the **Consent form** (Wright, 1999) (*Appendix B*);
- Each prover was allocated a prover code, and was provided with a personal copy of the **Instructions to Provers** document, an appropriately numbered journal, and a list of contact numbers for the researchers;
- The provers were divided randomly into four equal groups, with each student researcher being responsible for eight provers;
- At scheduled times, a thorough case history and physical examination (*Appendix C*) of each prover was completed by the respective student researcher;
- The provers commenced recording their symptoms at least three times daily for one week prior to taking the proving substance. Provers commenced recording in a staggered manner with groups of two provers per researcher commencing at 3-day intervals (i.e. commencement of recording is staggered over a 10-day period (*viz. days 1, 4, 7, and 10*)) (Ross, 2009);

- On completion of the pre-proving week, the prover commenced taking the powders a maximum of three times daily for 3 days (a maximum of 9 doses), or until the first symptoms appeared, whereupon no further doses of the proving substance were taken. The prover continued to record their symptoms throughout. The researcher was in daily telephonic contact with each prover;
- Telephonic contact frequency was daily initially, reducing to 2-3 times daily, then weekly after the first week (*i.e. days 1, 2, 4, 7, 14, 21, 28 etc*);
- If no symptoms had been noted after the ninth powder, the prover ceased to take any further doses, but continued to record as previously (Sherr, 1994; Ross, 2009);



- The proving was considered complete when there had been no occurrence of symptoms for two weeks;
- Journaling continued for a post-proving observation period of one week, to ensure no recurrence of proving symptoms (Sherr, 1994);

- The respective journal was then recalled, and a post-proving case history and physical examination conducted on the prover (*Appendix C(ii)*);
- After submission of all journals a group discussion around the proving experience was conducted;
- The verum/placebo assignment was then unblinded to the student researchers, which allowed for distinction between verum and placebo groups;
- Extraction and collation of journal data was elicited manually;
- Data was then presented in traditional *Materia Medica* and *Repertory* formats. At this point the identity and potency of the proving substance was revealed to the researchers;
- The symptoms obtained from this proving study was then analyzed according to the Doctrine of Signatures.

3.3 The Proving Substance

The substance used for the preparation of the Homoeopathic potency for use in the triple-blind placebo-controlled Homoeopathic proving was a fresh sample of the *Strychnos henningsii* bark.

3.3.1 Potency

Strychnos henningsii in the 30th Hahnemannian potency (30CH) was utilised for this proving study. There are different schools of thought when it comes to potency selection. In the *Organon of Medical Art*, 6th edition, Hahnemann recommended the use of the 30CH potency.

It has been suggested by various Homoeopathic practitioners that the 30CH potency produces the strongest mental symptoms and should be used as the Homoeopathic norm (Sherr, 1994). In the proving of *Hydrogen* conducted by Sherr, he used potencies ranging from 6CH to 200CH (6CH, 15CH, 30CH, 200CH). He thereafter came to the conclusion that the majority of the mental/emotional symptoms produced during the proving were ultimately due to the 30CH potency (Sherr, 1994:27).

3.3.2 The preparation and dispensing of the proving substance

- The proving substance (bark of *Strychnos henningsii*) was prepared by the principal researcher (research supervisor) according to Methods 6 (*Trituration of insoluble substances*) and a modification of Method 8a (*Liquid potency from trituration*), as specified in the German Homoeopathic Pharmacopoeia (GHP), First supplement edition (Benyunes, 2005) (*Appendix E(i) and (ii)*). Method 6 was utilised in the preparation of the first 3 potencies due to the fibrous nature of the bark sample, and to ensure potentisation of all bark components, and not merely those able to be extracted through ethanol maceration (Method 4a) [Unilab® chemically pure lactose monohydrate (loss on drying + water max 6%) Lot 1033011; Illovo Limited Anhydrous alcohol 99.9% UN No 1170 Batch 046/10/68];
- A 20ml volume of the 30th Hahnemannian centesimal potency (30CH) was produced in 96% ethanol;

- A 60ml volume of standard size 10 lactose granules was triple-impregnated (to facilitate maximum coverage and penetration of the impregnating liquid) at 1% volume/volume (1% v/v) with *Strychnos henningsii* 30CH (96% ethanol) [*verum*] [Method 10 of GHP (Benyunes, 2005)];
- A 60 ml volume of standard size 10 lactose granules was likewise triple-impregnated at 1% volume/volume (1% v/v) with unprocessed 96% ethanol [*placebo*]. The decision to use unprocessed ethanol as opposed to potentised ethanol was based upon the prevailing chemical basis of the pharmacological framework. Within this framework the possible effect of succession is neither acknowledged nor defined (Walach et al., 2005);
- Placebo and verum powders were prepared by adding twenty (20) of the respective impregnated granules to standard pure lactose powders [*144 (+27) verum and 144 (+27) placebo powders divided into packets of 9 powders each (16+3 verum; 16+3 placebo)*];
- An independent clinician numbered 32 respective placebo/verum packets according to his secret random schema, which was stored by him until unblinding;
- An additional three sets each of verum and placebo powders were held in reserve, to be administered to provers who may have been required to replace provers who withdrew from the study prematurely.

3.3.3 Dose and Posology

- The provers took one lactose-based verum/placebo powder sublingually for a maximum of three times daily for 3 days, or until the first symptoms appeared (whichever occurred sooner);
- The prover ceased taking the powders as soon as they, or the researcher noted the onset of proving symptoms (Sherr 1994:53);
- There was no repetition of the dose after the onset of symptoms;
- The proving substance was taken on an empty stomach and with a clear mouth. Neither food nor drink was to be taken for a half-hour before or after administration of the proving substance;
- The dosage and posology was clearly explained to each prover in the pre-proving training course, and was presented in writing in the ***Instructions to Provers*** document (Appendix D), a copy of which was provided to each prover for reference and safekeeping at home.

3.4 The Prover Group

3.4.1 Sample size and demographics

The proving of *Strychnos henningsii* was conducted on 32 healthy subjects. In keeping with international recommendations (ICCH, 1999) the prover population consisted of a fair mix of individuals thoroughly acquainted with Homoeopathic principles, as well as those with no Homoeopathic background.

Provers were recruited by advertisement and word of mouth from amongst practising Homoeopaths, Homoeopathic and Chiropractic students of the Durban University of Technology, as well as patients who had previously presented to the Homoeopathic Day Clinic (DUT), and their relatives and friends.

Although recruitment of provers was conducted on a purely voluntary basis, the need for a balanced ethnic distribution, fair male/female ratios and a reasonable spread of provers across the age range (18-60 years) was taken into account.

The verum/placebo distribution ratio was 50% *verum*/ 50% *placebo* according to independent random allocation. Provers were aware of the presence and likelihood of receiving placebo, but details of the specific allocation were known only to the independent clinician until all data had been collected and processed.

There was a predominance of female provers over male provers, in the ratio of 25:7. In the verum group the ratio was 14 female: 2 male, whereas the placebo group was 11 female: 5 male. The age of provers ranged between 19 and 53 years. Within the verum group the average age was 26.6 years, and the placebo group 23.4 years.

The ethnic distribution of this proving study was predominantly Indian, but consideration was taken into account on having a fair racial mix. The ratios of Caucasian to Coloureds to Indians to Africans were respectively 1:0:13:2 (placebo) and 3:2:7:4 (verum). Due to random allocation of provers to placebo and verum groups respectively, it was not possible to match the two respective groups for ethnicity, age and gender.

3.4.2 Criteria for inclusion of a subject

The prover subject:

- was between 18 and 60 years of age;
- had obtained parental consent if he/she was between 18 and 21 years old (*Appendix B*);

- was in a general state of good health with no gross physical or mental pathology determined by the case history or physical examination (Sherr, 1994; Riley, 1997; Walach, 1994; ICCH, 1999);
- was in no need of medical treatment; conventional, Homoeopathic or other (Riley, 1997);
- had not used the oral contraceptive pill or hormone replacement therapy within the preceding six months (Sherr, 1994; Riley, 1997; ICCH, 1999);
- was not pregnant or breastfeeding (Sherr, 1994; Riley, 1997; ICCH, 1999);
- did not use recreational drugs (Sherr, 1994; Walach, 1994; ICCH, 1999);
- had not had surgery in the preceding six weeks;
- did not consume more than two measures of alcohol per day, 10 cigarettes per day, nor three cups of coffee or tea per day;
- was able to follow the proper procedures (including case history, physical examination) for the duration of the proving; and
- was competent and had signed the **Consent Form** (*Appendix B*) (Riley, 1997).

3.4.3 Randomisation

Fifty percent of provers (16 provers) were randomly assigned to the placebo group. The remaining fifty percent (16 provers) constituted the verum group.

The allocation of provers to either group was effected by an independent clinician. Allocation of prover numbers to either group was according to the random sequence of withdrawal of 32 folded slips of paper from a shaken box. Sixteen slips contained the letter 'V' and sixteen the letter 'P' denoting the respective group.

Thirty-two packets of powders (16 verum/16 placebo) which corresponded to prover numbers 1-32 were numbered according to the resultant schema. The schema was divided into four equal parts such that prover numbers 1-8, 9-16, 17-24 and 25-32 were assigned to respective M.Tech.Hom research students in a 'luck of the draw' manner. The record of the schema was stored by the independent clinician until all data had been collected, and unblinding was required for differentiation of respective sets of data.

An additional three sets each of verum and placebo powders were held in reserve (unallocated), to be administered to provers who may have been required to replace provers who withdrew from the study prematurely. In such cases the 'replacing' prover was assigned to the same group, and assumed the 'b' version of the same prover number, as the 'withdrawing' prover [e.g. withdrawing prover 25 (*verum*) was replaced with new prover 25b (*verum*); prover 8 (*placebo*) with prover 8b (*placebo*)]. The appropriate set of powders was labelled as such (by the independent clinician) at the time of dispensing.

3.4.4 Lifestyle of provers during the proving

The provers were advised to:

- avoid antidoting factors such as camphor and menthol, and to cease their use for two weeks prior to administration of the proving powders (Sherr, 1994);
- practice moderation with respect to work, alcohol, smoking, exercise, diet and sexual expression (Sherr, 1994; Hahnemann, 1996);
- maintain their usual habits (Sherr, 1994);
- store the proving powders in a cool, dark place away from strong-smelling substances, electrical equipment and cellular telephones (Sherr, 1994);

- avoid any medication (including antibiotics), vitamin and mineral supplements, herbal or Homoeopathic remedies (Sherr, 1994); and to
- consult their doctor, dentist or hospital in the event of a medical emergency, and to contact their supervisor as soon as possible thereafter (Sherr, 1994).

3.4.5 Monitoring of Provers

The prover and their respective researcher were in daily telephonic contact for the beginning of the proving (days 1 and 2), with contact frequency decreasing across the first week (days 4 and 7) becoming weekly contact (days 14, 21, 28 etc.) for the duration of the proving (Sherr, 1994).

The purpose of these contacts was to:

- ascertain when the proving substance began to act, so that the prover may be instructed to cease taking any further doses;
- ensure that the prover recorded accurately, and did not neglect to record a symptom; and to
- ensure the safety of the prover by closely monitoring for any reaction which may have needed to be antidoted (by an existing Homoeopathic remedy, or another necessary intervention).

3.5 Case-history and Physical examination

3.5.1 Case-history

Each prover who complied with the **Inclusion criteria** (*Appendix A*), had attended the pre-proving training course, and read, understood and signed both the **Consent form**

and the **Instructions to Provers** documents (*Appendices B and D* respectively) had a scheduled 90-minute appointment with the assigned student researcher for the completion of a standard Homoeopathic case history and general physical examination (*Appendix C*).

The purpose of the case-history was to confirm and clarify the baseline status of each prover prior to administration of the proving substance.

3.5.2 Physical examination

The general physical examination (*Appendix C*) included physical description, assessment of vital signs, cursory overview and system specific examination (as relevant to the case-history).

3.6 Duration of the proving

3.6.1 Pre-proving observation

Each prover commenced recording his/her symptoms at least three times daily for one week prior to taking the proving substance, as an internal control. This period of mandatory pre-proving observation was staggered in such a manner that only two provers per researcher commenced his/her recording on any particular day. Pairs of provers commenced their pre-proving observation at 3-day intervals to allow the researcher to have predominant focus on each commencing pair of provers in the initial days of their journal recording. This afforded the researcher the opportunity to ensure that each prover's journaling was occurring according to the methodology, and that good journaling habits were being established. Commencement of recording was therefore staggered over a 10-day period (viz. days 1, 4, 7, and 10) (Ross, 2009).

3.6.2 Commencement of proving

On completion of the week of pre-proving observation and journaling, each prover commenced taking the powders a maximum of three times daily for 3 days, or until the first symptoms appeared, whereupon no further doses of the proving substance was taken. If no symptoms had been noted after the 9th powder, the prover ceased to take any further doses, but continued to journal as previously.

Individual provers were monitored telephonically by their respective supervisor to confirm the onset of proving symptoms (where those occurred), that the methodology was being implemented correctly, and that the prover's interests were being protected. Prover's journalled at least once daily for the duration of the proving.

3.6.3 Chronology

The prover noted the time elapsed between the commencement of the proving and the appearance of each symptom. This was recorded in the DD:HH:MM format, as proposed by Sherr (1994), where DD are the number of days since commencement of the proving (day 1 was designated 00), HH were the number of hours, and MM denoted the number of minutes.

The top of each page of the prover's journal was marked with the appropriate day code. After 24 hours, the minutes became redundant, and were represented by XX. After 2 days the hours became redundant and were indicated similarly by XX. In instances where the time was insignificant or unclear the symptom was marked XX: XX: XX. The actual time of the day was included only if it was definite, significant and causal to the symptom. All irrelevant time data was erased in the initial extraction.

3.6.4 Post-proving observation

The proving was considered completed when there had been no occurrence of proving symptoms for two weeks. Journaling continued for a post-proving observation period of one week, whereupon the respective journal was then recalled, and a post-proving case history and physical examination was thereafter conducted on the prover [*Appendix C(ii)*].

The purpose of the post-proving case-history and physical examination is to confirm the return to the pre-proving state, and to confirm the disappearance of any 'cured symptoms'. Although the duration of the individual prover's reaction to the proving substance could not be predicted, the broad prediction of duration was approximately 73 days as set out below:

Initiation of the pre-proving observation	10 days
Pre-proving observation (1 week)	7 days
Proving period (<i>approx. 5 weeks</i>) [<i>variable</i>]	35 days
Cessation of proving (2 weeks)	14 days
Post-proving observation (1 week)	<u>7 days</u>
	<i>Approx. 73 days</i>

3.7 Group Discussion

Once all provers had completed their respective provings (and handed in their journals), the randomisation was unblinded (identity of the proving substance remained blinded), and all verum provers met with the M.Tech.Hom research students for a group discussion of symptomatology experienced. Sherr (1994) argues that this discussion is an essential component of proving methodology, since the discussion often triggers provers memories for symptoms which may have gone unnoticed, or of which the prover was doubtful. The discussion assists in clarifying and validating, or discarding doubtful symptoms.

3.8 Symptom Collection, Extraction and Evaluation

The most difficult phase of proving development lies in the extraction and collation of symptomatology as recorded in journals and case histories (Sherr, 1994; Riley, 1997). In this study each recorded symptom was analysed and evaluated against the following criteria. Symptoms included as valid proving symptoms were then collated and formatted according to conventional *Materia Medica* and *Repertory* formats (ICCH, 1999):

Criteria for inclusion of a symptom as a proving symptom:

- A new symptom unfamiliar to the prover occurring after taking the remedy (Riley, 1997; ICCH, 1999);
- The symptom did not appear in a prover in the placebo group;
- A current or usual symptom for the prover intensified to a marked degree (Sherr, 1994; ICCH, 1999);
- A current symptom that was modified or altered, with a clear description of current and modified component (Sherr 1994; ICCH 1999);
- The symptom did not occur in the prover within the last year (a current symptom) (Sherr, 1994; Riley, 1997);
- The symptom did not appear naturally or spontaneously during the proving (Sherr 1994);
- Any symptom that occurred a long time previously, especially longer than 5 years previously, but that had not occurred for at least one year and that had no reason to reappear at the time of the proving (Sherr, 1994);
- A present symptom that disappeared during the proving. This was marked as a 'cured symptom' (Sherr, 1994; Riley, 1997; ICCH, 1999);
- The frequency of the symptom (Sherr, 1994);
- The intensity of the symptom (Riley, 1997);

- The number of subjects which experienced a symptom. A symptom experienced in more than one subject (Sherr, 1994; Riley, 1997);
- A strange, rare or peculiar symptom for that prover. The knowledge and conviction of the prover that symptoms were foreign to him/her were a reliable and definite consideration (Sherr, 1994);
- The modalities, concomitants, localisations (sides and extension) and timing associated with a symptom (Riley, 1997);
- Accidents and co-incidences that occurred to more than one prover (Hahnemann, 1996);
- If the prover was under the influence of the remedy (as was seen by a general appearance of symptoms), then all other new symptoms were proving symptoms (Hahnemann, 1996; Sherr, 1994);
- The time of day at which a symptom occurred was only included if there was repetition of such a time in another prover (ICCH 1999);
- A symptom was excluded if it may have been produced by a change in life or other exciting cause (ICCH, 1999).

3.9 Manipulation of the Proving Data

3.9.1 Collating and Editing

The aim of collation is to synthesise valid proving symptoms from individual provers into a single structured composition (ICCH, 1999) representing the *Materia Medica*. Similar symptoms from individual provers are sorted into subgroups, and subgroups are combined within broader groupings according to the format scheme below. In the case of Mind and Dream symptomatology, these are grouped according to themes, within the broader grouping. The allocation of journal entries to particular chapters is according to predominant themes, so as to ensure maximal clarity of the remedy image and reduce superfluous duplication of entries in more than one chapter. The selection of symptoms for inclusion in *Materia Medica* was according to the criteria cited in Item 3.8 above.

3.9.2 Formatting

Valid proving symptoms were recorded *verbatim* in the *Materia Medica* format adopted in standard modern Homoeopathic texts (as stated in 3.9.2 (a) below). Proving symptomatology (as reflected in *Materia Medica*) was further translated into reportorial rubric entries according to the same hierarchical format adopted in the compilation of *Materia Medica*.

a) *Materia Medica*

The following standard head-to-toe schema was adopted in compiling the *Materia Medica* of *Strychnos henningsii* 30CH:

Mind	Prostate Gland
Vertigo	Urethra
Head	Urine
Eye	Male
Vision	Female
Ear	Larynx
Hearing	Respiration
Nose	Cough
Face	Expectoration
Mouth	Chest
Teeth	Back
Throat	Extremities

External Throat	Sleep
Stomach	Dreams
Abdomen	Chill
Rectum	Fever
Stool	Perspiration
Bladder	Skin
Kidney	Generalities

Throughout the compilation and formatting of the *Materia Medica* the emphasis was on clarity of presentation, grouping of similar symptoms, and emphasis of evident consistency and commonality. Symptoms recorded under the headings of Mind, Head, Dreams and Generalities were arranged by theme (Mind and Dreams), common localisation (Head), or commonality of sensation or general sensitivity (Generalities).

b) Repertory

Each *Materia Medica* entry was subsequently translated to reportorial rubrics. The conventional rubric---sub-rubric---sub-sub-rubric format and structure as adopted in Radar® 9.0 was utilised for this process, and the translation was effected according to this methodology.

3.10 Levels of Relationship of Proving Data

Proving data (subjective and objective) was related to the following:

Relationship to the natural history and associations of the plant substance (as documented in literature, and later, as understood by a selection of traditional healers).

3.10.1 The Doctrine of Signatures

Taylor states that The Doctrine of Signatures may help to reveal the intrinsic nature of the substance which would facilitate in the accurate prescribing of the remedy, and it may also highlight themes in the remedy and explain certain symptoms (2004:23). H A Robert says in his work on Homoeopathic philosophy: “*Various doctrines of healing sprang up through the years; perhaps the most interesting of these was the Doctrine of Signatures, founded on the belief that each member of the vegetable kingdom carried within itself the likeness of some organ or part of the human economy, as a sign that this particular plant was applicable to disturbances of that organ. That was probably the most consistent method among all the very ancient systems of applying drugs.*” This view was supported by J C Burnett.

After the overall proving symptoms had been extracted and analysed, the correlation of proving symptoms to the Doctrine of Signature of *Strychnos henningsii* were discussed. The physical and behavioural symptoms that were noted by the provers during the proving of *Strychnos henningsii* that correlated to the nature and behaviour of the plants in their natural environment/habitat are discussed in section 5.4 of this study. Hence this Doctrine of Signatures-based analysis allowed the researchers to find out what the similarities are between the behaviour of the patient and the behaviour of the substance in nature, giving us an external framework to base our *Materia Medica*s.

3.11 ETHICS

Voluntary participation was adopted, every prover was required to sign an **Informed consent** form (*Appendix C*), and the entire process was explained in detail to the provers in the pre-proving session.

The *Faculty of Health Sciences Ethics Committee* of the Durban University of Technology (Durban) approved the proving methodology of *Strychnos henningsii* before the research study commenced. This ensured that no bias took place and protected the rights of each prover.

CHAPTER FOUR

THE MATERIA MEDICA AND REPERTORY OF STRYCHNOS HENNINGSII

4.1 RELATED INFORMATION

This is the process of successfully uniting all the information obtained from each prover and putting it together 'as if one' person (Sherr, 1994). In this chapter symptoms will be listed in *Materia Medica* format and thereafter be converted into rubric form and will be displayed in the order that they appear in the *Repertory*.

4.1.1 KEY

4.1.1.1 Materia Medica Section

The selection of symptoms for inclusion in the Materia Medica section is referenced in the following format **(Prover number, Gender, Day: Hours: Minutes)**.

The prover number, gender of the individual and the time at which the symptom was experienced is listed after the recorded symptom. The valid proving symptoms were recorded verbatim in the *Materia Medica* format adopted in standard modern homoeopathic texts **(Mind-----Generalities)**. With regards to the Mind and Dream symptomatology, these are grouped according to themes. The symbols < and > utilised by provers represents the modalities worse for and better for respectively.

4.1.1.2 Repertory Section

In the repertory section rubrics are recorded according to the standard **rubric – sub-rubric – sub-sub-rubric** convention adopted in *Synthesis 9th Edition* (Schroyens, 2001), using the chapter scheme from the *Materia Medica* (Mind-----Generalities).

Symptoms were typed in **ALL CAPS (bold)** if in the 4th degree, in **bold** if in the 3rd degree, in *italics* if in the 2nd degree and in plain type if in the 1st degree.

4.1.2 Prover List

List of provers that received *Strychnos henningsii*:

PROVER CODE	SEX
01	F
02	F
03	F
04	F
06	F
09	F
11	F
14	F
15	F
18	F
20	F
23	F
25	M
28	F
30	F
31	M

Table 2: - List of provers on verum

4.2 THE MATERIA MEDICA OF STRYCHNOS HENNINGSII

4.2.1 MIND

Heightened senses

Feel like senses are acute. Feel happy!!! 02F xx: xx: xx

Senses are more acute! 02F 01: xx: xx

Very alert and generally feeling well. 25M 01: xx: xx

Feel more alert and lively i.e. full of energy. 25M 01: XX: XX

Woke up with a very active mind. 25M 02: XX: XX

Increased sensitivity to noise. 04F XX: XX: XX

Getting very annoyed about my hands smelling of food after cooking or eating. I wash them a few times [RS]. 14F 12: XX: XX

Good mood and happiness

Although am very frustrated with research, I feel lighter and happier than last week. 02F 01: XX: XX

Fought with my fiancé, but still remained happy. Did not let our argument spoil my mood. 04F 04: XX: XX

Very good mood this morning! 06F 02: XX: XX

I feel very positive and not moody. 15F 08: XX: XX

I'm in a very good mood. 15F 03: XX: XX

I was very bubbly towards the end of the day. I kept on giggling as if I'm drunk. 15F 04: XX: XX

Refused to go to my cousin's funeral because I felt it would be depressing. It seems like I aim to please these days: washed my two sisters' clothes and even offered to do that. I never do. 23F 04: XX: XX

In such a good mood, I just feel happy for no reason. 23F 05: XX: XX

Noticed I'm much nicer than usual or showing more affection than usual. Just took my spending money and bought butter to bake for my dad because I felt it is unfair for him to buy them when I can bake them. He didn't say thank you so had to force him to do so. But was proud of myself. My mother thinks I have a hidden agenda because of this. But no hidden agenda just wanted to do something nice. 23F XX: XX: XX

(I'm) too nice. I even scare myself; made my sister breakfast in bed. 23F 02: XX: XX

Was content today; not too phased by other people around me. (I) was in a good mood and cheerful. 25M 12: XX: XX

In a very good mood. 09F 20: XX: XX

Felt a general uplift in mood. 20F XX: XX: XX

Still feel an upliftment in mood, during the day. 20F 02: XX: XX

Great mood! Had a lovely evening and I'm looking forward to tonight as well. 18F 06: XX: XX

Feel more positive about things; feel happier with life. 02F 14: XX: XX

I think about sex very often. 15F 05: XX: XX

Confidence

Increased confidence; was able to go on stage at church for first time. 04F 02: XX: XX

My personality is funny. I think I know everything when we in a group talking. I always want to talk and be listened to – and I always describe people's personalities. 15F 08: XX: XX

I feel confident in what I do and who I am, at work and out of work. It feels good to be acknowledged. Feel good – not sure if I should feel anything else considering I am on a “drug proving” journey. 30F 09: XX: XX

I feel I can handle anything that comes my way. I managed to process my work before the cut-off time with no errors. (It) gives me a sense of accomplishment. 30F 17: XX: XX

Work has been smooth sailing; nothing that I can't handle. 30F 20: XX: XX

Had a busy day at work – nothing that I cannot handle. 30F 24: XX: XX

Feeling very good about myself: on top of the world. 30F 26: XX: XX

Feel less irritable. Crying easily, but (I) move on. Not dwelling on things. 02F 12: XX: XX

I went to a practical session of consulting as counsellors. When I was consulting I didn't connect with my patients. I felt like something was pulling me backwards. I felt bigger than the patient. I felt as if I was higher, and that my patient was as if she was very little (and) down there. 11F 02: XX: XX

Increased energy and concentration

Was very energetic and excited. 04F 03: XX: XX

Industrious. 14F 09: XX: XX

Feeling fine and energized. I am in a relaxed and happy mood. 30F 02: XX: XX

I was very hyperactive. 15F 04: XX: XX

I describe people's personalities. I talk a lot; I describe my personality [talkative during the day]. 15F 06: XX: XX

In the evening around 18h00 I felt weird. Light headed though (having) lots of energy. 18F XX: XX: XX

I can study well. My sleeping patterns are OK. 15F 04: XX: XX

Despite feeling a little ill, I worked well and was able to focus on a project. 25M 10: XX: XX

Relaxation

Very much more relaxed and calm than usual. 14F XX: XX: XX

I'm relaxed. 15F 10: XX: XX

Feel relaxed. 20F 03: XX: XX

I feel relaxed and happy. 30F 03: XX: XX

Went to dinner at my sister's: good to socialize with my extended family. It is good to catch up with all that is happening around us. 30F 21: XX: XX

Feeling relaxed and well rested. 30F 24: XX: XX

Relaxed. I can spend time with my family and dogs this weekend. My dogs love it when we are all at home. You can just sense that they are happy and content and so am I. (I) feel good today that I do not have to rush around. Energy levels are high. 30F 28: XX: XX

I am kind of in a good mood and all relaxed; even though I have lot of test and assignments coming. 15F 01: XX: XX

Anyway this is just me: cool, calm and connected. 30F 29: XX: XX

Spirituality and connection

Increased love for fiancé! Spiritually refreshed and re-rooted. 04F 03: XX: XX

Went to church today. (It) was wonderful. I felt God's presence and it was comforting!!! 04F 04: XX: XX

I look forward to Monday evenings as I attend a spiritual service. It feels so good when you come out of there. (You feel) light hearted, and you feel you are closer to God. 30F 02: XX: XX

Feel like my emotions are distant, like I am less connected to my emotions and the moment. 02F 06: XX: XX

I also feel like I have been distanced from God. I have prayed less and had much less faith that God will look after me! This is very unusual and I hope it does not last long! 02F 06: XX: XX

Dis-connection from mother; distant from her. (02F Prover summary)

Had to go to temple today for a prayer. I sat next to (a) weird woman who seemed to have some sort of mental problem. She kept talking and moaning and crying out to herself. She made me feel so uncomfortable as if she would infect me or something. It is strange that I reacted so strongly!!! I still feel strangely detached, as if I were a little removed from what was happening. 06F 07: XX: XX

I don't know whether this is from (the) proving or what, but I don't really miss my boyfriend as it used to be. I just find excuses not to see him. 11F 01: XX: XX

Was not myself today; very distant and irritable. Just felt dissatisfied with everything. 06F 09: XX: XX

Really desired company today, felt very isolated and lonely. 06F 13: XX: XX

Anxiety and paranoia

Anxiety; palpitation; scared of going to sleep. 04F 22: XX: XX

Still a bit afraid to go to sleep. Decided to go to sleep with the lights on and slept the whole night through. *04F 23: XX: XX*

At night I was lying on the bed facing the wall when I heard a man's footsteps in the room [I do not know why I felt it was a man, I think it was the heaviness of the steps]. I was a bit surprised but not afraid at first because I thought it was my friend's husband. But the steps seemed to stop next to my bed and then I heard heavy breathing. I was becoming more and more afraid as I realised that someone was standing behind me just breathing heavily. I turned around and there was no one there!!! I was terrified and confused because it was so real. I tried to fall asleep again, facing the other direction. Just as I was starting to relax I felt someone [a man] whisper in my ear from behind ['hello']. I was terrified, I ran to my friend's room and she had to sit up with me for half an hour before I calmed down enough to sleep. I slept with the light on, and a picture of Gurudev next to me, but I still kept getting strange images of rippling waves making up someone's stomach and a knife being plunged into it and bones. *06F XX: XX: XX*

In the evening I felt very anxious and fearful before going to bed. I found it hard to go to sleep, slept with lights on. Kept thinking I heard or saw something out of the corner of my eye. *06F 01: XX: XX*

In the evening before I had got a disturbing phone call about some money going missing from work. (It) makes me anxious because I was the last person to see the money!!! (I) have been feeling very anxious and guilty that the money from work hasn't been found. I don't know why it is affecting me so badly because I didn't do anything wrong, but I just feel so stressed out by the whole thing. *06F 12: XX: XX*

Feel very worried about work but annoying. Can't stop myself gaming, cleaning or doing anything (other than) what I should be doing. *14F 12: XX: XX*

Supposed to be excited about the long weekend but I'm just tense and worried because I feel I should be working. *14F 12: XX: XX*

Had very bad emotional breakdown this morning: Major crying and anxiety attacks etc... I cracked: (I) felt like (I) had too many expectations on my shoulders and when I vented it out to mum, it came down to my research and feeling completely on my own and that no one can help me and no one understands!!! Nothing is working and I feel trapped. Taking so much of my energy and effort and emotions!!! I am exhausted. Tired physically and emotionally. 02F 10: XX: XX

Started over-analyzing very badly with no cause – thinking that I need to leave my boyfriend because he is not right for me and we don't have fun or enjoy ourselves when together but looking back now, is completely not true, we have lots of fun together, but we are both deep people, not superficial and life affects us very deeply! We are both sensitive!!! 02F XX: XX: XX

Was slightly paranoid about my relationship with a guy I recently met. Was feeling a bit anxious for a while. That settled once I had reasoning injected in me by a friend. 18F 04: XX: XX

Anxiety about work. Anxiety in general > being busy. Grumpy. 14F 05: XX: XX

Feel restless. Want to get out and do something. 02F 07: XX: XX

Irritability and indignation

Had stubborn argument with Gran about how it is OK for a wife to divorce her husband who refuses to be faithful, even with kids involved. That she deserves love! (I) am quite passionate when arguing such things. 02F XX: XX: XX

Feel frustrated: irritated and restless. 02F 09: XX: XX

Went for hospital rounds. (I) got so angry that my group members were so incompetent! They had no rhythm to what they were doing and they were doing everything wrong and out of order. I wanted to just cry and walk out. I was angry and got tremors on my left leg. 04F 15: XX: XX

(Had an) argument with fiancé. I know I can be oversensitive but it should not mean that he can say whatever he feels like saying to me. Spent time with my friends; I felt cheered up by their company. *06F 04: XX: XX*

In a bit of an irritated mood this morning. *09F 10: XX: XX*

Was very annoyed today. Not pissed off. *09F 13: XX: XX*

Irritable. I just want to do my thing without people getting in my way, (in the) morning. *14F 07: XX: XX*

Relaxed but tired and irritable. *01F 18: XX: XX*

These entries are beginning to annoy me slightly, I feel as if I'm writing the same thing every day. *18F 06: XX: XX*

Woke up fine. Feeling a bit down – not like before. Was getting irritable. *20F 04: XX: XX*

Had a very short temper about small things. *25M 03: XX: XX*

Was very quick to get irritated with small situations. *25M 16: XX: XX*

I was very moody in the morning. *15F 13: XX: XX*

Apathy and tiredness

I got very fastidious. Tired all day. *01F XX: XX: XX*

Feels like I am in a dream/shock state. *01F 12: XX: XX*

(It is) very hard to think. Absent-minded. Keep forgetting what I'm supposed to be doing! *01F XX: XX: XX*

Sleepy and tired; not motivated to study. *01F 01: XX: XX*

Can't clean, tidy, organize, write lots, or get things done. *14F 09: XX: XX*

Fuzzy and tired. *01F 07: XX: XX*

Feeling apathetic. 01F 13: XX: XX

Miss my partner! Mind dull, thick, misty and foggy. 01F 15: XX: XX

I was so tired I could hardly focus on what I was thinking. Wanted to go home and sleep the whole day; hot, bothered, foggy, irritated, just want to be at home, alone and quiet! 01F 19: XX: XX

Can't concentrate! 04F 07: XX: XX

Decreased concentration! Absent minded! 04F 09: XX: XX

I had a fight with my boyfriend and strangely he dumped me, but I couldn't care less. I didn't even understand the reason. Just thought he was being fussy for nothing. A few hours after that he phoned me asking whether I'm not sorry for what I did, and I wasn't. He ended up being the one who's apologising and I forgave him, but I don't know what he did wrong. I absolutely felt nothing for his problems. I usually cry when we have a fight. This is strange. 11F 06: XX: XX

Truthfully I hate writing all this. Actually I am tired of everything and recently I have been bunking *[skipping]* lectures and I couldn't care less. This is so strange for me to do. I am tired of everything. During a pharmacy practical we were doing LM potencies [I was doing Natrum mur.] I started to get all clumsy; dropping remedies, dropping everything. I couldn't concentrate. 11F 08: XX: XX

I woke up this morning very tired. 15F 04: XX: XX

I'm out of energy; de-motivated to live. I just want to sleep and quit school. 15F 15: XX: XX

(The) day didn't start off too well: (I) was down for most of the day. I however cheered up at a later stage. 18F 03: XX: XX

So lazy, but in general I'm feeling well. 23F 01: XX: XX

Felt lazy. Not tired but lazy. Slept during the whole day; it was great. 23F 03: XX: XX

Realized by late afternoon that I was very distracted with whatever I was doing; a lack of focus. 25M 07: XX: XX

Hypochondriasis

I am convinced that I have the placebo. 01F XX: XX: XX

I have the placebo. 01F 03: XX: XX

If I am on the proving substance I am the worst prover ever!!! 01F 20: XX: XX

I decided to go for check up for Swine-flu – but I didn't. I'm scared. 15F 10: XX: XX

I am really really sick now. 15F 06: XX: XX

I was feeling sick at night. 15F 06: XX: XX

Today everything was different. I became sick and tired towards the end of the day, and now can't study for (a) test. 15F 09: XX: XX

I have 'flu today. 15F 10: XX: XX

I've never been so sick like this in my life. In fact all my senses are disturbed. 15F 12: XX: XX

If it's not one illness, it's another. I had a bad 'flu during the weekend. 15F 15: XX: XX

Crying

Feel sick. Want to cry, but can't. 02F 01: XX: XX

I may start screaming (or) crying at people. 14F 09: XX: XX

Was in a very irritable mood today. Increased sensitivity: wanted to just burst out in tears when I found out I failed [a subject], but didn't. 04F 06: XX: XX

Got so irritable and angry with one of my classmates for being so inconsiderate! (I) got really angry at one of my classmates after they made a selfish comment. (I) wanted to burst out and cry. 04F 08: XX: XX

4.2 .2 Vertigo

Felt dizzy a bit. It felt like I was moving around quickly. (I) felt confused > for closing eyes and shaking head. 04F 07: XX: XX

Felt a bit dizzy when I got out of bed. 20F 07: XX: XX

I was in a lift and I jumped off I felt my body as if it was floating like losing balance. 11F 02: XX: XX

During the later afternoon I felt a sense of vertigo. It is a sensation as if things are tilting or I am moving, but I don't perceive the movement visually, it is just a feeling. It is very disorientating. (I) felt this once at work and later in the afternoon as I rose from a seated position. 06F 03: XX: XX

Just after midday, I felt very dizzy again. Similar to the other instances of vertigo. I was at home standing in the lounge. 06F 04: XX: XX

(In the) evening I had a few odd episodes when I felt a little dizzy; sensation as if falling towards my right side every time. 06F XX: XX: XX

4.2.3 Head

Temporal headache

Felt an aching sensation extending from my right temple to right jaw. 01F XX: XX: XX

Dull headache with sore points around right side; spots in right eye, over right temple and right occiput. 01F 12: XX: XX

Headache in temples got worse all day < noise and straining eyes. Felt sick; eyes irritated and painful. Headache in temples and eyes [sharp] and neck pain. 02F 12: XX: XX

Headaches: Temporal (and) occipital; sharp pain and head is heavy. (02F Prover summary)

Got a headache: throbbing in nature, located behind my left eye and temporal region which radiates to my neck. 03F XX: XX: XX

I have a temporal headache, and it is throbbing!!! 03F 14: XX: XX

The headache above my eyes is dull (and) more diffuse. (It) started on both sides. Moved to left then to right eye. Minutes later (it moved) to the right temple region. Moved down to the neck. I felt pain down the right arm; tingling tiring pain. 11F XX: XX: XX

I woke up with a headache on the right temple; dull, aching pain. 11F 01: XX: XX

Woke up with a slight headache – nothing major; on the right side of my temple, just above my eyebrow. (I) massaged my forehead. Headache was gone before I reached work. 30F 10: XX: XX

Frontal headache

Dull frontal headache. 14F 05: XX: XX

Throbbing pain in forehead in the mid-afternoon, < walking > sitting down. 15F 02: XX: XX

Forehead feels compacted. 04F 01: XX: XX

Throbbing headache in forehead and eyes. Occipital area and neck [back] stiff and painful. (I) feel nauseous and dizzy. Headache is killing me!!! 04F 16: XX: XX

Headache is back [23h30]. It is compressing on my forehead and eyes. Trying to sleep, feels like there is light shining on me while sleeping. 04F 16: XX: XX

(I) feel a sinus headache brewing. 25M 11: XX: XX

Mild headache around 17h00, but (it) didn't last long. (It) was in front of my head. 25M 16: XX: XX

Have a headache in the front of my head above my eyes. 25M 26: XX: XX

(I) developed a bit of a headache in the course of the day: It was actually at the front of my head just above my left eye. I am so sure it was the wind that caused it. We had gale force winds and I was out in the wind. Took two Paracetamol at work and another two when I had come home. The headache was still there. 30F 23: XX: XX

Headache like a skullcap

Headache dull and foggy all over my head like a cap. Made concentration difficult. 01F 18: XX: XX

Woke up with dull headache and no sore points around my head. (It) feels like I am wearing a skullcap around my brain. 01F 13: XX: XX

Headache is situated at the centre of my head and moves to my left side, ear, neck and shoulder. It starts in the centre and moves over the scalp and covers my head like a hat or sack and ends at shoulders and stops; but it starts all over again! (It is) > when I am sitting up (and) < as soon as I rise up. I feel like a zombie; so lifeless. I am scared I might die. I miss my mother! < when I close my eyes. Feels like my head does not belong to me. My body feels free, but my head feels burdened. It is like I am carrying a heavy load. Eyes worse when I move them around; > when focusing on one place; << dark. Palpitation and increased heart beat on any movement. I want to just cut my skull and open it up. I feel so lifeless; > if I look straight at the light. 04F 16: XX: XX

Parietal and occipital headaches

Around 10:00 I wasn't bloated anymore just a bit tired of a headache on the right side. 11F XX: XX: XX

Headache < pressure, especially of pillow. Boring pain experienced on the side of the head. Pain with a feeling of congestion. 23F 01: XX: XX

I had a terrible headache for the whole day. It started gradually getting worse. It was on the left side. Supra-orbital dull aching pain, but sometimes I felt as if there's something like an iron band from occiput to the back of my ears; mostly left ear. Resulting in pain on my left side. 11F 04: XX: XX

As I was driving home I had a headache which felt very different to my normal headache: it was in the occipital region, < motion; happened at 15h00; and it was throbbing/pulsating!!! 06F 07: XX: XX

General headaches

Headache in the morning and feeling tired. 15F 03: XX: XX

Headache in the morning. 15F 09: XX: XX

Woke up sick with a headache as always. 15F 12: XX: XX

Wake up tired with headache. 15F 19: XX: XX

On waking, with my eyes closed, I felt movement from within my head. It is like my brain and eyes are in constant motion from side to side. 04F 01: XX: XX

I woke up with a terrible headache, dizzy, and moody. 15F 15: XX: XX

Headache in the midday; < moving or walking; > sitting down. 15F 03: XX: XX

Slight headache during the day. 15F 13: XX: XX

I have a bit of a headache around 15h00. 11F 01: XX: XX

By 19h00 head was beginning to feel heavy possibly due to congestion. By the time I went to bed around 23h00 it got worse. 20F 04: XX: XX

Headache at night. 15F 01: XX: XX

Headache started at 02h00 with a great sense of hunger. So (I) ate bread and I feel much better. 23F 01: XX: XX

My head feels heavy. 15F 10: XX: XX

My head was heavy and (I) had a terrible headache. 15F 11: XX: XX

Headache is back because I've been walking. 15F 06: XX: XX

I walked to university, and (the) headache is killing me. 15F 08: XX: XX

Slight headache when I'm walking. 15F 14: XX: XX

Slight headache < moving around. 15F 16: XX: XX

Scalp and hair

Scalp itchy; dandruff. 14F 09: XX: XX

Head was itchy [scalp]. 25M 02: XX: XX

Head was still itchy from previous night. 25M 03: XX: XX

Itching all over my scalp – first in one spot, then all over. 01F XX: XX: XX

Dry, itching all over scalp and occiput. 01F 09: XX: XX

Hair very dry at the moment (RS). Scalp very itchy especially vertex; not > scratching. 14F 12: XX: XX

Hair on head very dry. 02F 06: XX: XX

4.2.4 Eye

Eyes dry and tired. 01F 02: XX: XX

Earlier on I had very dry and itchy left eye. I rubbed it and (it) went very red and watery. 02F 03: XX: XX

Eyes felt dry and itchy. 09F 05: XX: XX

Eyes feel dry and itchy [21h00]. 09F 25: XX: XX

Eyes were itchy but did not persist beyond morning. 25M 02: XX: XX

Itchy eyes and dry cough. 25M 10: XX: XX

Itchy eyes now and again. 28F 01: XX: XX

Burning and itchy eyes. 28F 02: XX: XX

Itchy eyes. 28F 03: XX: XX

Eyes red and sore from being in front of the TV screen (NS); > closing and resting them; > sleep. 14F XX: XX: XX

Eyes have been red for three days; < when looking at computer and reading < night. 14F 05: XX: XX

Eyes still a bit sore and red; < watching television, computer screen or reading. 14F 07: XX: XX

Eyes red and scratching; < computer work. 14F 08: XX: XX

Left eye very sore and red. (It) burns in the outer canthus; < if I move my eye. 14F 23: XX: XX

Left upper eyelid is burning and stinging [22h40]; < opening > closed. It feels like there is salt or sand inside. Sticky discharge from eye. 04F XX: XX: XX

Eyes started burning; left eye first then right. Sticky liquid came out. 04F 19: XX: XX

Eyes are watery. (I) have a weird throbbing sensation in upper right eyelid area. At the same time (as above sensation) I sneeze a lot. (The) sensation keeps coming and going (It's) a little painful. (I've) just realised the weird eyelid area pain starts (in the) extreme right hand top corner of my nose travels upwards to the eyelid. This occurs when I chew hard on my right side. When I felt the pain in the afternoon (I) was (chewing) almonds – it's very weird! 09F 12: XX: XX

Eyes feel enlarged from within, especially upper lids. Left eye is painful, > closing. 04F 01: XX: XX

Felt like my eyes just zoomed in or they were looking at an object that was really close. Left eye is burning > for closing eyes. 04F 07: XX: XX

Feels like sand is in my left eye. Eyes feel heavy. Can't look up straight; > looking down. 04F 01: XX: XX

Upper eyelid feels very heavy; difficulty in opening eyelid. Light becomes unbearable; (I) can't look up > if looking down. 04F 07: XX: XX

Eyes heavy and painful. 04F 16: XX: XX

(I have a) small bump on my left eye [lower lid, lateral side in eyelashes]; sore when I rub my eye. 01F XX: XX: XX

Bottom of right eyelid is feeling sore and tender - like I am developing a sty. 09F XX: XX: XX

Woke up with a sty on my right lower eyelid. 09F 13: XX: XX

My left eye twitches. 15F 01: XX: XX

Left eye always twitches, but not sore. 15F 03: XX: XX

My left eye (is) twitching, with tearful eyes. 15F 05: XX: XX

Eyes teary. 15F 10: XX: XX

My eyes are teary. 15F 12: XX: XX

My eyes look a bit yellow. 04F 19: XX: XX

4.2.5 Vision

Eyesight (is) a bit 'dotty'. 02F 02: XX: XX

Vision is blurry. 15F 11: XX: XX

4.2.6 Ear

Had (a) very itchy right eardrum this afternoon. (I) needed to rub (my) ear! 02F 05: XX: XX

My ear piercings seem to be a bit itchy and (RS) 'unhappy' on right side. 14F 09: XX: XX

My left ear is sore and itchy, but it's not too bad. 15F 05: XX: XX

At about 17h00, (I) felt my ears itching and a post nasal drip coming on. 20F 04: XX: XX

When I finally woke up at 08h00 (my) throat and ears (were) still painful. 20F 05: XX: XX

Left ear was very itchy and painful when touched i.e. sensitive. No problem with my hearing, but ear is painful. 25M 15: XX: XX

Have an abscess in my ear. Very sensitive when touched. Noticed ear canal was swollen. It is very itchy. 25M 16: XX: XX

Ear still very sensitive and red inside; left ear canal is swollen. 25M 16: XX: XX

Ear wax yellow [not bright, close to mustard colour]. 02F 01: XX: XX

4.2.7 Hearing

Hearing (is) not so great. 15F 11: XX: XX

4.2.8 Nose

Towards the evening (my) nose feels itchy. 09F 12: XX: XX

Nose feels acrid, burning and tingling! 04F 08: XX: XX

(I) sneeze a lot in the evening. 09F 14: XX: XX

Hay fever: just in the morning; > (when I) got up and walked around < dogs. 02F 14: XX: XX

(I had an) urge to sneeze but I couldn't. 11F 08: XX: XX

I sneeze (NS). 15F 10: XX: XX

Still have 'flu. I sneeze. 15F 11: XX: XX

Nose started to tickle inside nostrils, and right nostril blocked up. 02F 02: XX: XX

'Flu! Oh, my gosh – I sneeze. My nose is blocked and I keep on blowing it. 15F 12: XX: XX

Woke up fine – just a bit of a runny nose. 20F 04: XX: XX

Had worst night ever. (I) hardly slept. At 03h00 I woke up with (a) blocked and painful left nostril. (I) finished a lot of tissues just wiping water from (my) nose! Very frustrating. Then at 04h00 (it) swapped to right nostril. (I) blew (my) nose; increased mucous which is watery. 02F 09: XX: XX

I'm always blowing my nose. 15F 09: XX: XX

I keep blowing my nose. 15F 10: XX: XX

My nose is extremely runny with thick, yellow mucus. 20F 06: XX: XX

My nose was extremely runny, with very thick mucus. (I had) difficulty in cleaning nose because mucus was too thick. Yuck! 20F 07: XX: XX

Nasal discharge (is) yellow; not bright, close to mustard colour). 02F 01: XX: XX

Still very mucous. Coughing up phlegm and (have a) runny nose. 20F 08: XX: XX

Slight mucus build up in nose, and phlegm in throat. 28F 02: XX: XX

I produce some mucus. Sometimes my nose is blocked. 15F 05: XX: XX

Nose is blocked. 15F 10: XX: XX

Nose started to get a bit congested from 21h00 till the late evening. I hope I am not falling ill because both my parents are sick. 31M XX: XX: XX

Nose has been very congested and stuffy the whole day. It was really thick jelly stuck in my nose, but when I tried to blow my nose nothing really came out. The best way to clear my nose was to do brisk walking. But the clearing is usually very temporary. 31M 01: XX: XX

I keep smelling a wet dog! 04F 02: XX: XX

4.2.9 Face

Pain is diffuse at the right side of my jaw. About 3 weeks prior to this, I used to get mild discomfort which would resolve in a few minutes. However, this is lasting for more than two hours, with a beating sensation; > biting on something. 20F 01: XX: XX

Feel like I'm burning on my skin < face. 02F 02: XX: XX

Skin still bad, can't stop touching my face – feels almost itchy, but not... 02F 10: XX: XX

Dry, itchy rash appearing on right side of face, on cheekbone. 01F 09: XX: XX

Rash on face / acne rosacea [unusual]. 01F 15: XX: XX

My skin broke out in acne: cyst like form of acne mostly on my forehead!!! 03F 01: XX: XX

The acne break out is getting worse. 03F 02: XX: XX

Skin on my face is very bad; pimples!!! 02F 10: XX: XX

I had cold-like symptoms, feeling pressure on my face. 11F 08: XX: XX

By midday felt a tingling sensation on my upper lip. (It) progressed to a fever sore by late afternoon. 25M 01: XX: XX

Woke up with full blown fever sore on my upper lip. 25M 02: XX: XX

4.2.10 Mouth

Bad taste in mouth (in the) afternoon and evening. 02F 01: XX: XX

Still have bad taste in my mouth. (I) cannot really describe it... Not pleasant, could make me nauseous. 02F 02: XX: XX

Taste is not bitter, but is maybe bile! Bad bile!!! < when I breathe out through (my) nose. 02F 02: XX: XX

Bad taste has got worse and stronger now! 02F 02: XX: XX

Have had (a) very bad taste in my mouth the whole day... 02F 02: XX: XX

Still have very bad taste in mouth! < when I breathe out. I can't explain (the) taste; maybe like after taste from off milk or cheese... 02F 03: XX: XX

Unpleasant taste in the mornings until I brush my teeth or wash my mouth. 15F 05: XX: XX

Mouth feels very dry in the night [23h00]. 09F 26: XX: XX

I noticed that I have mouth sores. It feels like small cuts on my lower lip. 11F 01: XX: XX

At around 21h00 developed a dull gnawing gum pain. 20F 01: XX: XX

4.2.11 Teeth

Mouth [jaws and teeth] is very sore, as if someone is pushing my teeth outwards.

09F 15: XX: XX

4.2.12 Throat

Have a scratchy throat in the morning. (It's) not sore. *09F 11: XX: XX*

Still have an itchy throat. *09F 11: XX: XX*

(My) throat feels dry and itchy – especially in the morning. *09F 20: XX: XX*

Felt a slight bit of discomfort i.e. itchy throat, but was not lasting. *25M XX: XX: XX*

Because my throat was itchy, I had the urge to cough. After taking a shower, the sensation in my throat subsided, but I still continued coughing. My throat felt like it was bruised. *20F 07: XX: XX*

(My) throat is sore when I try to swallow. *09F 17: XX: XX*

My throat is sore at night or in the mornings - as if there is a lump or something. *15F 06: XX: XX*

My throat is very sore at night, as if there is a lump blocking it (OS) – happened when I took tablets after going to the doctor. Now it's coming back. *15F 07: XX: XX*

By 19h00 swallowing was painful. (I) had a sore throat. It was red and felt raw. By the time I went to bed around 23h00 it got worse. *20F 04: XX: XX*

Woke up at 03h30am (with) throat very rough like sand or grainy. I couldn't swallow. (It was) very painful. When I finally woke up at 08h00, (my) throat and ears (were) still painful. It felt a bit better during the day but got worse again at 17h00. *20F 05: XX: XX*

Sore throat was very painful and red. 25M 23: XX: XX

(I) still have a sore throat and feel weak. 25M 25: XX: XX

Phlegm feels terrible. 09F 21: XX: XX

Still have a lot of phlegm and mucus in my throat. 09F 23: XX: XX

4.2.13 Stomach

Have been getting hiccoughs which is unusual for me, when I think of [a subject I study]!!! 01F 01: XX: XX

Got hiccoughs earlier in the shower; not normal for me. 02F XX: XX: XX

Eructation's increased and smelly. 01F 04: XX: XX

Feels like a hamster has crawled into my throat and died in my tummy and now I am burping dead hamster!!! [unusual]. 01F 12: XX: XX

Now I have over eaten and feel so full. (I) feel like the food is sitting just beneath my throat. (The) bad taste in (my) mouth (is) gone now. (I) really enjoyed dessert. 02F 03: XX: XX

Still have the bad taste in (my) mouth. I think my liver is affected (because of) nausea, and taste, and waking between 01h00 and 02h00. (I am) also bloated and passing gas often... 02F 05: XX: XX

(I am) feeling a bit more thirsty today! 03F 20: XX: XX

Increased feeling of nausea. 04F XX: XX: XX

Felt nauseous after eating KFC. 04F 04: XX: XX

This afternoon I ate one segment of a naartjie (*tangerine*) and within 10 minutes, my stomach was in knots and cramping. (It was) very painful! (I) then got nauseous! (I) felt pale. The pains subsided within 20 minutes but (the) nausea got worse; I was gagging over (the) toilet bowl, thinking I was going to bring up. (It) was very severe. (I) forced down some water, and within 1 hour or so, (I) felt better. But after the nausea the bad taste has come back into mouth; very strong!! (I also) got very bloated, like I needed to pass gas but couldn't! 02F 04: XX: XX

I feel very nauseous [10h30] and threw up. 09F XX: XX: XX

I start feeling nauseous around 16h00. Nausea disappears at 23h30. 09F 01: XX: XX

Feel nauseous. The feeling persists throughout the day. 09F 15: XX: XX

Have a lot of bile. 09F 21: XX: XX

(I am) very nauseous [03h00]. I feel as if am going to throw up any minute. (I) also feel very weak and shaky- as if I have low blood pressure. It is how I imagine people to have low blood pressure. 09F 23: XX: XX

Perhaps I've eaten too many unusual foods today and that's messing with my system. 18F XX: XX: XX

Threw up around 06h30. 09F 23: XX: XX

(I have) decreased appetite! 04F 05: XX: XX

(I have a) better appetite in the evening!!! 06F 13: XX: XX

(I have a) craving for something (*RS*). 14F 05: XX: XX

Was very hungry today, and thirsty despite having a lot of water. 25M 03: XX: XX

Had a good appetite. 25M 05: XX: XX

Woke up early feeling very hungry, but didn't feel like eating. 25M 06: XX: XX

(I am) still thirsty although drinking more than 2 litres of water yesterday. 25M 05: XX: XX

Drank lots of water, but didn't have a good appetite. 25M 07: XX: XX

(I have) increased thirst for water with ice. 04F 16: XX: XX

Felt very thirsty and hungry. 25M 12: XX: XX

Today I really enjoyed my juice. I could drink so much of it and I'd still want more. But it is not the first time I've had a craving for juice like this. 31M 04: XX: XX

4.2.14 Abdomen

Flatulence has increased a lot. It's very smelly!!! 01F 01: XX: XX

Still a lot of flatulence which is smelly, and a little constipated. 01F 02: XX: XX

I have got bad gas! Passing wind often even had loose stool this morning... (It's) been the last couple of days where (I) can't hold in the gas, unusual for me. 02F 08: XX: XX

Have had a huge amount of bloating and gas! Not normal at all. I need to pass wind very often. (It) is embarrassing. I don't know how to stop it!! Usually I can control it, and (it) is never this much!!! 02F 09: XX: XX

After dinner I am bloated and there is increased gas. (I am) getting very annoying now. 02F 10: XX: XX

I had (an) enormous amount of gas after dinner. (It) seems like my IBS has got worse with (the) proving. Increased flatulence < onions. 02F 16: XX: XX

Feel bloated and passing gas. 04F 01: XX: XX

(I'm) feeling a bit bloated but can't pass out gas. My abdomen is only windy in the lower quadrants, especially on the left side. 11F 02: XX: XX

I was bloated for the whole day, mostly on the left side. 11F 03: XX: XX

When I woke up I was bloated until 12h00. 11F 05: XX: XX

I'm feeling a bit bloated. 20F 06: XX: XX

I have an increase in flatulence; < night. 30F XX: XX: XX

I have a heavy sensation on my abdomen below my umbilicus. 11F 07: XX: XX

I have been having abdominal cramps for a while now; it feels like needles in my belly button and feels like something is pulling my belly button! 04F 12: XX: XX

(I have) pain in (a) left inguinal node. The pain is a bit dull like something heavy sitting there or perhaps a cramping pain. 11F XX: XX: XX

My stomach is still sore when I eat sweet things (RS). 14F 07: XX: XX

Tummy (was) sore this morning around 09h00; > stool. 14F 08: XX: XX

Tummy was sore this morning after I ate yoghurt and seeds and apple for breakfast. The pain is crampy. (It) was also sore after last night's rich curry. 14F 09: XX: XX

My tummy (is) still sore from sweet food (with) very low level nausea; > if I go to the loo; > eating a proper meal. 14F 23: XX: XX

Stomach ache. Oh, my gosh! I always go to the loo, especially after eating something. It makes me lose energy. 15F 15: XX: XX

4.2.15 Rectum

Intense pain before and on defecation. (It) felt like plug; scraped on the way out. 01F 09: XX: XX

I tried to pass stool; (it) felt like it was coming out easily, then got 'stuck', and wouldn't come out! I had (an) awful 'incomplete' feeling. Not normal for me... I usually pass stool easily. 02F 01: XX: XX

Feel constipated. Hate it!! 09F 20: XX: XX

Tummy problems: I feel constipated. 09F 26: XX: XX

With regards to bowel habits, (I'm) very constipated – I didn't go over the weekend – though not feeling bloated. 20F 05: XX: XX

Stools (are) more frequent than normal i.e. from once daily to three times daily, but no pain and properly formed. 14F 07: XX: XX

My stomach is upset after having breakfast in the morning. I was rushing to the toilet. 15F 15: XX: XX

4.2.16 Stool

My stool is darker, almost black. 04F 04: XX: XX

(My) stool colour is black. 04F 06: XX: XX

4.2.17 Bladder

I have fullness of bladder although no or little passing of urine. I drank a lot of water and symptoms subsided. 01F 10: XX: XX

(I am) very incontinent. I have increased frequency and urgency. (There is) slight pain after urination and after emptying in groin – dull pain. 01F 16: XX: XX

(I have) a slightly increased frequency of urination!!! 03F XX: XX: XX

4.2.18 Urethra

(There is a) warm, pressing, burning sensation in my urethra. 01F 10: XX: XX

Burning (during) urine; just during (urination), not before or after. 14F 23: XX: XX

4.2.19 Female

(I have) increased sex drive. 01F 09: XX: XX

Sexual desire (is) increased. 15F 11: XX: XX

Libido (is) increased (NS). 14F 12: XX: XX

Sexual desire at night and midday (OS): just a good feeling < for cold weather; at midday and < night. This is quite embarrassing. 15F XX: XX: XX

This is weird: sexual desire every midday. It is < cold. I just feel cold after this feeling. 15F 01: XX: XX

(I have an) awareness of my uterus. 11F XX: XX: XX

Started period: very heavy flow; had to change quite often!!! Slight cramping in lower abdomen and back. 02F 12: XX: XX

I started to have period pains; like something was pulling and twisting my uterus. 11F 05: XX: XX

My period started but was late by two days. 11F 05: XX: XX

Around 14h00 my flow started to get worse, which is very unusual for me. 11F 05: XX: XX

Around 17h00 my periods were heavy and the pain very violent; pulling down (and) twisting. I started to lose my temper, shouting at my siblings. I felt like my whole uterus was going to come out, but the strange thing is that the pain is the same as the pain I had when I had my first period nine years ago; with spasms in upper extremities. 11F 05: XX: XX

At 20h 00 I was flat and around 21h 00 I felt the pulling, twisting pain on my uterus as if it wanted to come out. It lasted until I fell asleep. 11F 07: XX: XX

Period pains around 19h00 (OS); > pressure; accompanied by hunger (NS). 14F XX: XX: XX

I still have my periods: I have clots and (the) smell (is) really bad. 04F 04: XX: XX

I still have my period!!! (The) period smells really bad and contains clots. 04F 06: XX: XX

Still having period pains. 11F 07: XX: XX

My discharge has a weird colour. 15F 02: XX: XX

4.2.20 Respiration

(My) chest is heavy and tight. (The) respiratory area feels as if it is restricting when I laugh or take a deep breath. 09F 02: XX: XX

Had a tight chest in the morning. 09F 05: XX: XX

(My) Breathing is a bit heavy in the evening. 09F 25: XX: XX

(I have) difficulty breathing. 15F 12: XX: XX

On waking (I) was short of breath. (My) chest felt heavier with more mucus secretion than what I previously woke up with. 20F 02: XX: XX

Woke up with a very tight chest. 20F 07: XX: XX

I hear the wheezing sound and have to take deeper breaths. 20F 07: XX: XX

Feel asthmatic especially in the morning. 20F 08: XX: XX

(I am) only asthmatic when I wake up. 20F 09: XX: XX

Noticed being out of breath after a short burst of exercise initially. 25M 19: XX: XX

4.2.21 Cough

Dry cough. Very irritating. 09F 25: XX: XX

Chest feels tighter with a dry cough. 20F 06: XX: XX

(I have) difficulty in coughing, but because my throat was itchy, (I) had the urge to cough. After taking a shower, the sensation in my throat subsided, but I still continued coughing. The cough continued throughout the day – a dry cough – but I feel it (as) heavy. Cough got worse at bedtime. 20F 07: XX: XX

Dry cough. 25M 10: XX: XX

4.2.22 Expectoration

Lots of mucus is being produced. 15F 08: XX: XX

Coughing up phlegm. 20F 08: XX: XX

Coughed up thick white phlegm when brushing my teeth this morning. 25M 24: XX: XX

4.2.23 Chest

(Skin is) itchy over chest too. *02F 02: XX: XX*

Chest is itchy along sternum. *04F 02: XX: XX*

I noticed my breasts have remained big (during menses). They usually go small during my period. *04F 06: XX: XX*

My breasts are sore. *11F 01: XX: XX*

I had a sharp poking pain on my right nipple. *11F 07: XX: XX*

Ribs feel like they are overlapping. *09F 04: XX: XX*

I feel great though have a slight pain in my ribs on the right side - weird!! *09F 23: XX: XX*

Around 07h00 I had (a) stabbing pain on right anterior axillary line around 5th rib. (It) lasted for about 10 minutes. *11F 09: XX: XX*

Minor skin irritation over my ribs on the right side. A little red and itchy, but was not bad. *25M 09: XX: XX*

Anxiety felt like weight on chest. *14F 05: XX: XX*

Chest pains. *15F 10: XX: XX*

Chest very painful. *15F 11: XX: XX*

Chest pain when I sneeze. *15F 12: XX: XX*

4.2.24 Back

Back (is) itchy and dry; > scratching. *01F 04: XX: XX*

Huge pimple on back. *01F 10: XX: XX*

Neck (is a) bit sore whilst walking; < right side. Back pain; > pressure. 02F XX: XX: XX

Neck (is) very sore. 02F 14: XX: XX

Lumbar area (is) a bit sore and neck stiff. 01F 17: XX: XX

Stiff lower back, shoulders and neck. 02F 03: XX: XX

I am just a little tired and my lower back is very sore! 03F 13: XX: XX

Back is stinging and burning along spinal cord. 04F 02: XX: XX

Had a terrible back ache (on) lower left side. 09F 13: XX: XX

Have a sharp pain in my lower left side of back but (it) goes away after (a) short while. 09F 26: XX: XX

Back (is) aching. 15F 05: XX: XX

Slight pain in lower back. 25M 06: XX: XX

Slight pain in lower back; a pinching sensation. 25M 18: XX: XX

4.2.25 Extremities

Neck and shoulders (are) very tense! 02F 10: XX: XX

Right shoulder (is) cramping badly. (It's) very painful, shooting down (my) right arm and up (the) right side of (my) neck. Arm muscles (are) sore and stiff from playing squash. 02F 05: XX: XX

My upper extremity muscles are painful. I can't even make a tight fist especially on my left hand. Also the trapezius and deltoid muscles sometimes go into spasm. These muscles are only painful when I'm trying to move. The spasm also occurs when I'm resting. 11F 05: XX: XX

My muscles are painful especially the hamstring muscles and my left arm. 11F 07: XX: XX

(The) brachioradialis insertion on (my) lateral epicondyle is sore (*RS before proving*); < touch and movement, > warm bath. 14F 01: XX: XX

Very stiff. It may be due to kung fu training getting harder, but I feel worse than usual; > stretching and activity, < beginning motion. 14F 05: XX: XX

My right trapezius muscle is very very sore; < touch, > warm bath. Not affected by movement. Right and left wrists (are) very sore. 14F 06: XX: XX

Right shoulder [trapezius muscle] still hurts a lot; < touch. Not affected by movement once moving (*RS*). 14F 07: XX: XX

Right wrist (is) very sore – may have hurt it in kung fu; < movement (*OS*). Left wrist is better. 14F 07: XX: XX

Right shoulder muscles still bloody sore. Right wrist (is sore) too. Right gracilis muscle insertion (is) sore; < touch and movement, > warm bath. 14F 08: XX: XX

My upper extremities are sore when I wake up. 15F 19: XX: XX

My back and upper limbs and joints are sore. 15F 05: XX: XX

Joints of my upper extremities are sore. 15F 20: XX: XX

Right shoulder joint sore from sleeping on it! 01F 08: XX: XX

Slight pain in left shoulder. 25M 06: XX: XX

Pain in left shoulder more pronounced. Piercing pain when moving my arm in certain directions. 25M 07: XX: XX

Had a muscle cramp in my forearm but (it) wasn't severe. (It) lasted less than a minute. *25M 08: XX: XX*

Had a muscle cramp in my forearm after lunch. (I) massaged it out. *25M 17: XX: XX*

Right wrist feels a little stiff. *25M 19: XX: XX*

Drove home and felt a weird throbbing feeling in my hand between my forefinger and thumb, similar to throbbing of the headache I had the other day. *06F 09: XX: XX*

Wake up with (my) right hand feeling numb. *09F 11: XX: XX*

Hands have tremors, and (I have) weakness in (my) knees. *04F XX: XX: XX*

Muscles are very stiff again even though there was not much exercise to warrant it; especially the right butt muscles, and calves on both sides; < sitting still for long. *14F 12: XX: XX*

Muscle stiffness; < when starting to move. *14F 12: XX: XX*

Every muscle feels heavy (*RS*). *14F 13: XX: XX*

Muscles (are) still sore and stiff from squash game; < right arm. *02F 06: XX: XX*

My body was very achy at night. *15F 05: XX: XX*

Left knee unable to flex. (I am) unable to walk down stairs. No pain. Sharp pain when flexing (my) right arm. *04F 01: XX: XX*

Pain while sitting with right knee in flexion. (The) pain is severe; > extending knee. (There is) pain above (the) left knee. *04F 01: XX: XX*

Thighs ached by (the) end of a walk; < left, < inguinal area. Physically tired. Legs are very sore; < thighs. Sharp pains; < pressure. *02F XX: XX: XX*

Legs are a bit stiff (*OS* return). Knees and thighs ache like from lactic acid build up. It feels better if I massage them. *14F 23: XX: XX*

Arms (are) itchy; < above elbow medially, < left! Very itchy! (I) want to scratch; only > for short time. 02F 02: XX: XX

Itchy along left shin. (There is a) rash [red small bumps and itchy] inferior and medial to right knee. 02F 02: XX: XX

Legs itching very badly, started with red raised lumps. Got welts that look like (mosquito) bites on thigh and underarm. 02F XX: XX: XX

(Skin is) dry, especially elbows. Itching all over. 01F 10: XX: XX

Hands (are) very very dry; more than usual. I never use cream. 14F 05: XX: XX

Hands (are) red and sore; < touch, < water. 14F 09: XX: XX

Feet are red. 02F 02: XX: XX

When I finally woke up at 08h00 (my) feet were incredibly tired. 20F 05: XX: XX

Extremities (are) cold. 01F 07: XX: XX

Hands and feet (are) cold. 01F 10: XX: XX

Very cold hands and feet. 02F 02: XX: XX

Palms (are) sweating a lot. 02F 02: XX: XX

Nails are breaking (which is) unusual. (I) usually have very hard, strong, healthy nails. 02F 06: XX: XX

4.2.26 Sleep

Was uncomfortable during the night; my muscles ached. 02F 01: XX: XX

No matter how I want to sleep, (I) will always find things to do instead of sleeping. Can't go to bed early. 02F 12: XX: XX

Increased yawning!!! 04F 06: XX: XX

Had the worst sleep ever. I woke up at 04h30 and only went back to sleep after 08h00. 09F XX: XX: XX

I always wake up feeling very tired. 15F 05: XX: XX

Couldn't sleep till (the) early hours of the morning. Tired as I hadn't had much sleep last night. 18F XX: XX: XX

Lack of sleep!!! 01F 24: XX: XX

Disturbed sleep. (02F Prover summary)

Had a disturbed sleep. Kept waking in the middle of the night. 09F 05: XX: XX

Have had a restless sleep. 09F 16: XX: XX

Had a bit of an uneasy restless night; woke up easily. 20F 02: XX: XX

Had a restless night; (my) mind was busy with too many things. 25M 03: XX: XX

What is wrong with me? (It) takes me an hour to fall asleep. 09F 18: XX: XX

Still sleep problems. Woke up very early - slept very late. 09F 20: XX: XX

Had an extremely uneasy night. Woke up at 03h30. 20F 05: XX: XX

Had an awesome night. (I) slept late, but (woke) up early and (am) not feeling tired. 25M 20: XX: XX

Sleep pattern changing: Sleep broke at 01h30 and then again at 02h33. Second time around I battled to go back to sleep. It makes you feel restless and just when you fall off to sleep, you must wake up. 30F 01: XX: XX

Between 01h30 to 02h30am I was incredibly hot and restless, especially in (my) legs. (It) felt like (the) muscles needed to be used. I could have even (have) gone for a run!! Was almost painful! Whole body was tense and restless. (I) couldn't stop moving; turning over and over. Wide awake. Too hot, even though (a) very cold night. *02F 04: XX: XX*

Woke up at about 03h00 feeling extremely hot. *09F 26: XX: XX*

Woke at 03h00, anxious and fearful. *06F 01: XX: XX*

Couldn't sleep; I felt anxious. Had to get up and game. *14F 02: XX: XX*

Had a bit of an uneasy restless night; woke up easily. On waking (I) was short of breath. *20F 02: XX: XX*

Felt a bit drained at 18h00 so I took a small nap. *31M XX: XX: XX*

Woke up at around 04h50 from a strange dream. *31M 02: XX: XX*

4.2.27 Dreams

Spirituality and praying

Had active dreams last night!!! Adventure dreams (of) escaping from people trying to catch us, breaking through the burglar guards to climb through the windows. Finding underground tunnels, running. Groups of religious people. One bad man under false pretences, posing to be good and religious, but he actually tortures and kills people. "Try to save the baby" – kept coming up over and over. Dreamt that I was writing in this diary. *02F XX: XX: XX*

I dreamt that my fiancé was not over his ex, so I gave him an ultimatum that it was either me or her, but he could not make up his mind, so I left him! Felt very sad and disappointed. I woke up and prayed about it. *04F 06: XX: XX*

Woke up in such fear, had a terrible nightmare! Dreamt that I was dreaming that my fiancé tried to kill me [choked me]. Woke up and prayed [but was still in dream]. Then went back to sleep [in my dream]. Dreamt that I was dreaming that I was lying down and was hearing two people discussing someone's engagement. One of the voices sounded like my dead sister and couldn't recognise the other one. They sounded like they were outside, but I heard the voices and footsteps coming closer to me and I heard them in my room, but then they got closer to my bed and was jumping into bed with me. I got scared, prayed and woke up in first dream, but remained in the other! Then felt like my blanket was suffocating me. It was as if someone was deliberately holding the blanket tight on my head. I finally woke up and ran to my housemate's room. Slept there, but soon was back in the nightmare. Continuously dreamt that someone was suffocating me. Kept waking up to realise that I was still sleeping. Continued to dream that I was dreaming that someone [couldn't see anyone, just a voice] was there. I forgot what they kept saying to me, but I remember them saying that people who suck their thumb are not yet matured. He kept forcing me to speak, he kept grabbing me by my left lower ribs, tried to fight him, but he was too strong. Finally woke up completely, and fought to stay awake. Afraid that if I sleep again, I won't wake up!!! I feel like God has forsaken me, I feel like I am in total darkness and evil is overshadowing me! Started reading the Bible.

04F 21: XX: XX

I was dreaming that I was attacked by demons. I woke up with short breath. My heart was pounding. I felt like the demon in my dreams was holding on to me and not allowing me to wake up. *31M 02: XX: XX*

I dream of myself as a nun. *11F 01: XX: XX*

Sympathy and connection

Dreamt of a young child, punished by being locked for one week in a purple room, so that he never does it again. Dreamt of massive fish jumping out of the pond, and I was calling for someone to help me put it back in, then I looked and it was gone, I was crying because I thought it had died!!! The fish had huge eyes that stared at me! Also dreamt that I was walking through my garden and a huge bird landed on my head. I screamed and a girl helped get it off my head. She had been showing me a 'tiny' costume that she had to wear and was upset... 02F 01: XX: XX

Had a good sleep. Dreamt that my sister had a baby boy and when I tried to carry the baby the head was too loose – so it was like it was almost detached from the neck. 09F 03: XX: XX

Think I slept well. Dreamt fun, happy dreams for a change. Was at a party, dancing with boyfriend. Then he whirled me up and spun me round etc. I was laughing so much and felt really happy!!! 02F 02: XX: XX

Dreamt I was in a war, but not part of it. The soldier was hiding in muddy water shooting at aeroplane. I saw an aeroplane crash on electricity wires on the street and flatten a young boy, but I felt nothing, no sympathy, no sadness, nothing. I just walked away. The war didn't affect me. I walked with my dead great-grandmother. 04F 01: XX: XX

Nostalgia and family

Dreamt I was helping a friend's mum whom I haven't seen in years put up curtains! Not sure what to make of that. 18F 02: XX: XX

Dreamt I was having a cup of tea at my granny's and listening to her tales about my late grandfather. 18F 05: XX: XX

Dreamt I was vacationing with my ex- boyfriend down the South Coast at a place we used to visit. We argued a lot in my dream. I woke up upset thinking about that era of my life. 18F 03: XX: XX

Last night I dreamt of my matric [*high school*] reunion that never happened. I recognised many people I had not seen or thought of in years in my dream. 18F 06: XX: XX

Diwali celebration with the family and friends. Muslim family with children. Jumped from a high Pillar [wall]. Was scared, but didn't fall to the ground. 28F 01: XX: XX

Water

Had a dream around 02h00 about two of my aunts in the water – could have been a pool or dam. I think my one aunt has been sick and the doctor is asking questions. The other aunt is answering for her. The only thing I heard was my aunt that is sick said that 'when she drinks' this is how she feels. My other aunt laughed and said, 'But you do not drink'. All about her symptoms – her feelings etc. and all of a sudden the aunt that is answering falls asleep in the water and is actually snoring; then she glides through the water and I wake up. 30F XX: XX: XX

Secrets

A lady I know, with a secret of mine arrived and opened up a clinic next door. Was hoping that she wouldn't tell my secret! 02F 02: XX: XX

Dreamt that someone told me the name of the proving remedy!!! 02F 08: XX: XX

Dreamt that my father found out a secret about me but he took it alright. He wasn't angry. I was very scared though. 14F 07: XX: XX

I dreamt I had tattoos all down my arms and they didn't feel right. My mom was very angry and we fought. I felt like I had made a big mistake and would have to live with it for the rest of my life. 14F 21: XX: XX

Criticism

Had a dream that I was trying to teach the cast of "My name is Earl". We were fighting a lot and I really wasn't happy. 14F 23: XX: XX

I always dream very irritating dreams, but I forget all my dreams when I wake up: I was walking, and then came between two Indian girls and they said I have Autism – that's a psychological disorder and I was so mad, very angry. I kept telling them I am a doctor. They can't tell me that. They know nothing. I woke up very mad, only to find out I was dreaming. 15F 12: XX: XX

Dreamt I was having dinner on business class on the plane. The air hostess was manly-looking and I remember thinking bad things about her, such as (that) she has a funny voice and big feet! Don't ask! 18F 01: XX: XX

Anxiety and panic

Dreamt last night of things from the day; throwing ball to my dog, except in my dream I threw it and it went in the road and got huge fright that he went onto the road with cars. Also dreamt of buying boats but were synthetic... 02F 07: XX: XX

Dreamt was in a tent with friend and a bear attacked us, but it turned into a man and I hit him. Was scary. 02F 09: XX: XX

Nightmares: Hijacked by two black men, defended herself with a knobkerrie; In a dessert with friends watching animals, (I) saw an Arab woman giving birth and then a man snatches the baby from her and gives it to a beast who eats the child; Leaving home, black man outside, when outside he starts coming after her; she starts praying; he has a panga and wants to rape her (02F Prover summary)

Dreamt of a new house with steep stairs. Was afraid to walk down the stairs. Did not walk. 28F XX: XX: XX

Dreams about kung fu: very scary and exciting. [I normally have such boring dreams. NS]. 14F 02: XX: XX

Dreams anxious – can't remember specifics. 14F 05: XX: XX

Teeth

Had a dream that my upper teeth all fell out. Felt very worried and incomplete. There was something missing in me. I felt strange and out of control. How can my teeth just fall out!!! I was scared, but I was on my way to confront the doctor/dentist about it, but woke up before. On waking I checked if my teeth were still there and was so relieved to find them intact. 04F 04: XX: XX

Dreamt last night a weird dream about teeth and jaw bones. It was so strange. 06F 06: XX: XX

Forsaken

Dreamt of being in Saudi Arabia – lots of children – more like a refugee camp. 28F 03: XX: XX

Straight after that, another dream: This is also about water. I am alone near this dam and I could hear my nephew talking to somebody about a friend of his that lives somewhere else who has a garlic and ginger factory or shop. How robbers had gone in and attacked them. Where I was, there is a line across the water with lime, I think. All of a sudden, when I looked on the other sides, there is a white male in his thirties pointing a gun at me. I got such a fright; I am now trying to move away from him. There is grass and I am wheeling myself in a chair, moving towards my nephew's voice of whom I still cannot see. This man is still aiming at me but has not fired as yet. When I reach the other side, where I think I heard my nephew's voice, there is no one there and I am all alone. Sleep broke – feel a bit scared. (I) went back to sleep at 02h36. 30F XX: XX: XX

Dreamt I was trying on a pair of shoes in my favourite store in London. Fell completely in love with a shoe that they didn't have my size for. I remember leaving my details at the store in order for them to order one and contact me. I'd left me South African address instead of my London address by mistake and we all started to laugh about it! 18F 04: XX: XX

Mundane dreams

Dreaming about mundane stuff, about painting my nails of all things. 14F 12: XX: XX

Dreamt about trying to drive a manual car but not being able to go above 40km/h. That's all I remember anyway. 09F 16: XX: XX

Had a weird dream: serving soapy soup to visitors. 09F 25: XX: XX

I do not like my dreams at all; it's like I'm really seeing people doing things. They are just weird. 15F 15: XX: XX

My dreams are weird. I dream about things I talk about; I saw; I think about; I want to achieve; people I know, but I am not liking them at all. 15F 16: XX: XX

Whatever happens or is about to happen in my life, I dream about it. 15F 19: XX: XX

My dreams seem real. It's either that (that) thing has happened before, or it's still going to happen, or I've seen it somewhere or I've been thinking about it. 15F 20: XX: XX

Weird dreams. 15F 21: XX: XX

At night, I dreamt of achieving all my dreams and goals (very positive dreams). 15F 05: XX: XX

Dreamt about 'Star Wars'. Seems to be very memorable, but details missing. Left me in a good mood. 25M 05: XX: XX

4.2.28 Chill

Feeling extremely cold but my house is a freezer. 09F XX: XX: XX

I'm always feeling cold. 15F 16: XX: XX

4.2.29 Perspiration

Noticed I didn't perspire as much as usual. 25M 16: XX: XX

4.2.30 Skin

Skin is very sensitive. 03F 02: XX: XX

My skin felt tingly as if something was crawling underneath. 18F XX: XX: XX

Dry, itching all over. 01F 09: XX: XX

Had a rash on my body. It stung and was itchy. It looked like little red raised lesions, and it disappeared after a few minutes. 04F 05: XX: XX

Rash is back, just below my breast and chest, at the back and on my arm. Looks like swelling; pale on the inside, but with a red border. 04F 06: XX: XX

Skin cold and dry. 01F 04: XX: XX

Skin has been very oily today on T-zone of face. Very annoying. Hair (very oily) too. 14F 23: XX: XX

Got pimples on inner thigh [unusual]; < right thigh with white heads. (It) came up yesterday (as a) red area. Numerous on right thigh. Skin on my face is very bad: pimples!!! 02F 10: XX: XX

4.2.31 Generals

Cravings

Craving for curry. 01F 10: XX: XX

Eating fish more often, which is unusual. Craving for meat, which is also unusual (since I'm) vegetarian. 01F 26: XX: XX

Craved sugar, especially jam doughnuts!!! Had chocolate croissant (and) loved it. 02F XX: XX: XX

Really enjoyed chocolate tonight. I'm not usually bothered too much by chocolate. 02F XX: XX: XX

Feel like sweets and fast food at any time. I'm having chocolate, cake, KFC, McDonald's etc. *02F 01: XX: XX*

Have a desire for food; mostly sugary foods, chocolate etc. Want to bake pastries...
02F 02: XX: XX

Craving chocolate cake. *09F 10: XX: XX*

Craving cake. *02F 04: XX: XX*

Have a real sweet tooth since the proving!!! *02F 05: XX: XX*

Have had a definite sweet tooth lately, and loving it! *02F 06: XX: XX*

Went shopping for candy. Had a lot of chips. *04F 04: XX: XX*

(I have) thirst for juice. *31M 03: XX: XX*

Starting to have a thirst for juice. *31M 03: XX: XX*

Sensation of heat

Felt hot and faint in [a large shopping mall] today. Like no air and overheated. When so cold outside, feeling hot inside. *02F 06: XX: XX*

Feeling hot inside. *02F 02: XX: XX*

During the night I took off my socks and pants. (It's) crazy because it was a freezing night. (I) probably felt hot. *02F 08: XX: XX*

Feel a bit hot!!! *04F 16: XX: XX*

Feeling extremely hot around 05h30. *09F 01: XX: XX*

Very hot. (I) don't know why. *09F 21: XX: XX*

> Warm; very tired. *02F 06: XX: XX*

Increased energy

Bouncy, happy, full of energy!!! 01F 09: XX: XX

Feeling much better. I have more energy! 03F 17: XX: XX

Feeling extremely energetic. 09F 20: XX: XX

Still feel energetic. 09F 21: XX: XX

Energy levels are high. 30F 03: XX: XX

My energy is regained during the day. 15F 08: XX: XX

(I have) more energy. (I am) less tired by the end of the day than I usually am. 20F 02: XX: XX

Felt very energized today. 25M 05: XX: XX

Was very active today, climbing mountains and swimming. 25M 19: XX: XX

Hyper (active) during the day. 15F 06: XX: XX

Restlessness in body; like aching muscles full of energy, but (I) am tired! Feels like (I) need to move. 02F 10: XX: XX

Internal restlessness; Energy inside body that needs to be released (02F Prover summary)

I'm restless and I eat a lot. 15F 06: XX: XX

Prostration

No energy!!! Exhausted and cannot move. 01F 08: XX: XX

Decreased energy! Was tired the whole day. Increased energy at night! 04F 05: XX: XX

I am very tired today. I am yawning a lot and I am very sleepy. Very tired, constantly yawning. 04F 09: XX: XX

So tired! Constantly yawning! Very tired!!!! 04F 14: XX: XX

Increased tiredness! 04F 03: XX: XX

Very tired! 04F 04: XX: XX

Feel tired and weak in the morning, like some sort of sick person. 09F 24: XX: XX

Feel extremely drained and exhausted in the early afternoon. 09F 08: XX: XX

Still feel very tired by mid-afternoon because am not sleeping well at night. 09F 17: XX: XX

(The) energy has officially drained from me. (I) feel extremely exhausted – throughout the day and slightly fluey. 09F 22: XX: XX

Energy levels very very down (NS), but I have had a few late nights; << morning (OS). 14F 01: XX: XX

Woke up tired. (I) battle to get up in the morning (OS). 14F 05: XX: XX

Woke up very tired. Energy levels (are) very low. 14F 09: XX: XX

Energy levels at an all time low. I really don't remember when last I was so tired. 14F 13: XX: XX

No energy whatsoever. (I) went to a friend's place for a party, but had to leave early because I was so tired. 14F 20: XX: XX

I woke up very tired and not well in the morning. (I was) very moody. 15F 07: XX: XX

Felt drained/tired and fatigued throughout day. 20F 07: XX: XX

Felt lethargic in the late afternoon and drained. 25M 15: XX: XX

Feel as if a truck ran over me. (I am) feeling weak and tired. (I) feel very sick. 25M 22: XX: XX

Wake up feeling very horrible. 09F 23: XX: XX

Influenza

Developing flu-like systems again. 09F 06: XX: XX

Had flu-like symptoms. 11F 01: XX: XX

Flu-like symptoms: runny nose, itchy eyes, dry cough. 25M 10: XX: XX

Painful muscles; tired. 11F 07: XX: XX

Body feels stiff. 25M 11: XX: XX

Miscellaneous

All my senses have changed. 15F 05: XX: XX

Right-sided symptoms. (02F Prover summary)

Intercourse makes me feel numb!!! 04F 17: XX: XX

Cold feet, hands and skin. 01F 05: XX: XX

I prefer cold weather. 15F 05: XX: XX

4.3 The Repertory of *Strychnos henningsii*

Rubrics of Characteristic Symptoms

4.3.1 MIND

MIND: Absentminded

MIND: Abstraction of mind

MIND: Activity; desires activity

MIND: Ailments from; anger

MIND: Ailments from; anger, suppressed
MIND: Ailments from; anger, indignation; with
MIND: Ailments from; bad news
MIND: Ailments from; cares, worries
MIND: Ailments from; disappointment
MIND: Ailments from; failure: literary, scientific failure
MIND: Ailments from; fright
MIND: Ailments from; mental shock, from
MIND: Ailments from; money; from losing

MIND: Alert
MIND: Anger; trifles, at

MIND: Anxiety
MIND: Anxiety; night
MIND: Anxiety; business; about
MIND: Anxiety; conscience; anxiety of
MIND: Anxiety; fear: with
MIND: Anxiety; health; about
MIND: Anxiety; health; about: own health; one's
MIND: Anxiety; hypochondriacal

MIND: Ardent

MIND: Awkward
MIND: Awkward; drops things

MIND: Busy
MIND: Carefulness
MIND: Cares; full of
MIND: Censorious

MIND: Cheerful

MIND: Cheerful; alternating with, sadness

MIND: Clarity of mind

MIND: Company; aversion to

MIND: Company; desire

MIND: Company; desire for; amel. in company

MIND: Concentration; active

MIND: Concentration; difficult

MIND: Concentration; difficult: headache, with

MIND: Concentration; difficult: studying

MIND: Confident

MIND: Confusion of mind

MIND: Confusion; dream, as if in a

MIND: Conscientious about trifles

MIND: Content

MIND: Delusions

MIND: Delusions; clouds: black cloud enveloped her; a heavy

MIND: Delusions; dead: he himself was

MIND: Delusions; devil; present, is

MIND: Delusions; devil; sees

MIND: Delusions; enlarged

MIND: Delusions; footsteps; hearing

MIND: Delusions; forsaken, is

MIND: Delusions; God: presence of God; he is in the

MIND: Delusions; head: belongs to another

MIND: Delusions; hearing: illusions of

MIND: Delusions; images, phantoms; sees: frightful

MIND: Delusions; images, phantoms; sees: night

MIND: Delusions; influence; one is under a powerful

MIND: Delusions; intoxicated

MIND: Delusions; looking: down, he were looking

MIND: Delusions; people: behind him; someone is

MIND: Delusions; sick, being

MIND: Delusions; small, things: appear small; things

MIND: Despair

MIND: Detached

MIND: Discontented

MIND: Discontented; everything, with

MIND: Dream; as if in a

MIND: Dullness

MIND: Egotism

MIND: Elated

MIND: Ennui

MIND: Estranged: family; from his

MIND: Excitement

MIND: Exhilaration

MIND: Fastidious

MIND: Fear

MIND: Fear; alone, of being

MIND: Fear; dark

MIND: Fear; death, of

MIND: Fear; evil; fear of

MIND: Fear; sleep: go to sleep; fear to

MIND: Fear; sudden

MIND: Fear; terror

MIND: Flattering

MIND: Forgetful

MIND: Forsaken feeling

MIND: Forsaken feeling, isolation; sensation of

MIND: Generous; too

MIND: Giggling

MIND: Haughty

MIND: Heedless

MIND: High-spirited

MIND: Home; desires to go

MIND: Homesickness

MIND: Hypochondriasis

MIND: Ideas; abundant

MIND: Impatience

MIND: Inactivity

MIND: Indifference

MIND: Indifference; everything, to

MIND: Industrious

MIND: Injustice; cannot support

MIND: Intolerance

MIND: Irritability

MIND: Irritability; morning

MIND: Irritability; morning, waking on

MIND: Irritability; headache, during

MIND: Irritability; menses, during

MIND: Irritability; trifles, from

MIND: Lamenting

MIND: Lascivious

MIND: Laughing

MIND: Laughing; immoderately

MIND: Laziness

MIND: Light; desire for

MIND: Loquacity

MIND: Memory; active

MIND: Memory; weakness of memory: do; for what he was about to

MIND: Mental exertion; agg.

MIND: Mental exertion; impossible

MIND: Mental exertion; aversion to

MIND: Mildness

MIND: Mirth

MIND: Mood; agreeable

MIND: Mood; changeable

MIND: Morose

MIND: Occupation; amel.

MIND: Passionate

MIND: Pleasing; desire to please others

MIND: Positiveness

MIND: Praying

MIND: Prostration

MIND: Quarrelsome

MIND: Quiet disposition

MIND: Religious affections; too occupied with religion

MIND: Religious; want of religious feeling

MIND: Reproaches; others

MIND: Restlessness

MIND: Restlessness; bed, tossing about in

MIND: Sadness

MIND: Senses; acute

MIND: Senses; dull

MIND: Sensitive

MIND: Sensitive; noise, to

MIND: Sensitive; odours, to

MIND: Sentimental

MIND: Shrieking

MIND: Starting

MIND: Starting; sleep during

MIND: Stupefaction

MIND: Stupor

MIND: Suspicious

MIND: Sympathetic

MIND: Taciturn

MIND: Thinking; complaints: Agg; thinking of his complaints

MIND: Thoughts; sexual

MIND: Thoughts; vanishing of

MIND: Tranquillity

MIND: Trifles seem important

MIND: Unobserving

MIND: Vivacious

MIND: Weary of life

MIND: Weeping

MIND: Weeping; anger, after

MIND: Weeping; cannot weep, though sad

MIND: Weeping; easily

MIND: Weeping; sobbing; weeping with

MIND: Weeping; vexation, from

4.3.2 VERTIGO

VERTIGO: Vertigo

VERTIGO: Afternoon

VERTIGO: Evening

VERTIGO: Accompanied by: head; pain in head

VERTIGO: Closing eyes; on: amel.

VERTIGO: Fall; tendency to: right, to

VERTIGO: Floating, as if

VERTIGO: Intoxicated; as if

VERTIGO: Motion; head, of: quickly; amel.

VERTIGO: Rising: bed; from

VERTIGO: Rising: seat; from a, on

VERTIGO: Standing; while

4.3.3 HEAD

HEAD: Congestion

HEAD: Dandruff

HEAD: Fullness

HEAD: Hair; dryness

HEAD: Hair; greasy

HEAD: Heaviness

HEAD: Heaviness; headache, from

HEAD: Itching of scalp

HEAD: Itching of scalp; scratching, not amel. after

HEAD: Itching of scalp; occiput

HEAD: Itching of scalp; vertex

HEAD: Looseness of brain; sensation of

HEAD: Looseness of brain; sensation of, morning: waking; on

HEAD: Motions in head

HEAD: Pain

HEAD: Pain; daytime

HEAD: Pain; morning

HEAD: Pain; morning, waking: on

HEAD: Pain; afternoon

HEAD: Pain; afternoon, 15h

HEAD: Pain; night

HEAD: Pain; night, midnight: after

HEAD: Pain; accompanied by, nausea

HEAD: Pain; accompanied by, neck: pain in

HEAD: Pain; catarrhal

HEAD: Pain; closing eyes, on

HEAD: Pain; coryza, with

HEAD: Pain; eating, before

HEAD: Pain; exertion, eyes; of the
HEAD: Pain; gastric
HEAD: Pain; light, amel.
HEAD: Pain; motion: agg
HEAD: Pain; motion: eyes, of
HEAD: Pain; pressure: external, agg
HEAD: Pain; rising: lying, from
HEAD: Pain; rubbing: amel.
HEAD: Pain; sitting: amel.
HEAD: Pain; spot, pain in small
HEAD: Pain; violent pains
HEAD: Pain; walking: air, open; in the: while
HEAD: Pain; wind: exposure to; from

HEAD: Pain; extending to, cervical region

HEAD: Pain; Forehead, in

HEAD: Pain; Forehead, in: eyes, above; alternating sides
HEAD: Pain; Forehead, in: eyes, above; left
HEAD: Pain; Forehead, in: extending to: eyes
HEAD: Pain; Forehead, in: pulsating; eyes, behind

HEAD: Pain; Occiput
HEAD: Pain; Occiput: motion; agg.
HEAD: Pain; Occiput: pulsating
HEAD: Pain; Occiput: extending to: ears

HEAD: Pain; Sides: one side
HEAD: Pain; Sides: right
HEAD: Pain; Sides: left

HEAD: Pain; Temples

HEAD: Pain; Temples: right

HEAD: Pain; Temples: left
HEAD: Pain; Temples: left; pulsating
HEAD: Pain; Temples: noise; agg.
HEAD: Pain; Temples: pulsating
HEAD: Pain; Temples: extending to; eye
HEAD: Pain; Temples: extending to; neck
HEAD: Pain; Temples: extending to; jaw
HEAD: Pain; Temples and Occiput

HEAD: Pain; Vertex

HEAD: Pain; aching
HEAD: Pain; boring: Sides
HEAD: Pain; dull pain
HEAD: Pain; dull pain: Forehead
HEAD: Pain; pressing: band; as from a
HEAD: Pain; pressing: cap; like a
HEAD: Pain; pressing: inward
HEAD: Pain; pressing: Forehead
HEAD: Pain; pulsating
HEAD: Pain; sore: temples

HEAD: Skullcap; sensation of a

4.3.4 EYE

EYE: Discharges

EYE: Discoloration: red
EYE: Discoloration: yellow

EYE: Dryness

EYE: Enlarged, sensation of

EYE: Heaviness: lids

EYE: Itching

EYE: Itching; rubbing: amel.

EYE: Lachrymation

EYE: Lacrymation; rubbing, after

EYE: Opening the eyelid: difficult

EYE: Pain

EYE: Pain; left

EYE: Pain; lids

EYE: Pain; closing eyes; amel.

EYE: Pain; exertion of eyes; from

EYE: Pain; pulsating

EYE: Pain; reading

EYE: Pain; burning

EYE: Pain; burning: left; extending to right

EYE: Pain; burning: canthi, outer

EYE: Pain; sand, as from

EYE: Pain; sore

EYE: Pain; sore: motion; eyes, of

EYE: Pain; stinging: lids; upper

EYE: Pain; stitching: headache; during

EYE: Photophobia

EYE: Pupils; contracted

EYE: Staring

EYE: Staring; pain: forehead; with pain in

EYE: Styes

EYE: Styes; lids, lower

EYE: Tired sensation

EYE: Twitching

EYE: Twitching; left

4.3.5 VISION

VISION: Blurred

VISION: Dim

4.3.6 EAR

EAR: Abscess; meatus

EAR: Itching; meatus

EAR: Itching; lobes

EAR: Pain

EAR: Pain; sore

EAR: Pain; touch, on

EAR: Swelling; meatus

EAR: Wax; yellow

4.3.7 HEARING

HEARING: Impaired

4.3.8 NOSE

NOSE: Blow the nose; inclination to blow the nose, constant

NOSE: Catarrh

NOSE: Catarrh; postnasal

NOSE: Coryza

NOSE: Coryza; morning

NOSE: Coryza; night

NOSE: Coryza; air: open; amel.

NOSE: Coryza; discharge, with

NOSE: Coryza; discharge, without

NOSE: Coryza; walking amel.

NOSE: Discharge; burning

NOSE: Discharge; copious

NOSE: Discharge; excoriating

NOSE: Discharge; thick

NOSE: Discharge; viscid, tough

NOSE: Discharge; watery

NOSE: Discharge; yellow

NOSE: Hay fever

NOSE: Itching

NOSE: Itching; inside

NOSE: Obstruction

NOSE: Obstruction; right

NOSE: Obstruction; night

NOSE: Obstruction; sensation of

NOSE: Odors; imaginary and real

NOSE: Odors; imaginary and real: dog, wet (N)

NOSE: Pain

NOSE: Sneezing

NOSE: Sneezing; morning

NOSE: Sneezing; frequent

NOSE: Tingling; inside

4.3.9 FACE

FACE: Congestion

FACE: Cracked; lips: lower

FACE: Dryness

FACE: Eruptions

FACE: Eruptions; zygoma (N)

FACE: Eruptions; acne

FACE: Eruptions; acne: forehead

FACE: Eruptions; acne: papules; with indurated

FACE: Eruptions; acne; rosacea

FACE: Eruptions: itching

FACE: Eruptions; pimples

FACE: Eruptions; rash

FACE: Eruptions; vesicles: lips

FACE: Eruptions; vesicles: lips, fever blisters

FACE: Greasy

FACE: Itching

FACE: Pain; right

FACE: Pain; pulsating

FACE: Pain; jaw, lower jaw

FACE: Pain; burning

FACE: Pain; pressing

FACE: Tingling

FACE: Tingling; lips

4.3.10 MOUTH

MOUTH: Dryness; night

MOUTH: Pain; sore: gums

MOUTH: Taste; bad

MOUTH: Taste; bad, morning

MOUTH: Taste; nauseous

MOUTH: Taste; offensive

MOUTH: Taste; sour

4.3.11 TEETH

TEETH: Biting; hard which relieves pains; desire to bite on something

TEETH: Pain; pressing: outward

TEETH: Pain; sore

4.3.12 THROAT

THROAT: Catarrh

THROAT: Discoloration; red

THROAT: Dryness

THROAT: Dryness; morning

THROAT: Hawk; disposition to

THROAT: Inflammation

THROAT: Itching

THROAT: Lump; sensation of

THROAT: Lump; sensation of: swallowing on

THROAT: Mucus

THROAT: Pain

THROAT: Pain; morning

THROAT: Pain; night

THROAT: Pain; swallowing

THROAT: Pain; rawness

THROAT: Pain; sore

THROAT: Roughness

THROAT: Sand in throat; sensation as if

4.3.13 STOMACH

STOMACH: Appetite; capricious

STOMACH: Appetite; diminished

STOMACH: Appetite; increased

STOMACH: Appetite; increased, evening

STOMACH: Appetite; wanting: thirst; with

STOMACH: Eructations

STOMACH: Eructations; type of: foul

STOMACH: Eructations; type of: putrid

STOMACH: Fullness, sensation of

STOMACH: Fullness, sensation of; eating: after

STOMACH: Heaviness; eating: after

STOMACH: Hiccough

STOMACH: Nausea

STOMACH: Nausea; morning

STOMACH: Nausea; afternoon: 16h

STOMACH: Nausea; evening

STOMACH: Nausea; fats, after eating

STOMACH: Nausea; pain, during: abdomen in

STOMACH: Retching

STOMACH: Retching; ineffectual

STOMACH: Thirst

STOMACH: Thirst; extreme

STOMACH: Thirst; large quantities, for

STOMACH: Thirst; unquenchable

STOMACH: Vomiting

STOMACH: Vomiting; morning

STOMACH: Vomiting; bile

4.3.14 ABDOMEN

ABDOMEN: Complaints of abdomen

ABDOMEN: Distension

ABDOMEN: Distension; morning

ABDOMEN: Distension; morning: waking, on

ABDOMEN: Distension; dinner: after

ABDOMEN: Distension; eating, after

ABDOMEN: Distension; hypochondria

ABDOMEN: Distension; hypochondria: left

ABDOMEN: Flatulence

ABDOMEN: Flatulence; evening

ABDOMEN: Flatulence; night

ABDOMEN: Flatulence; eating, after

ABDOMEN: Flatulence; obstructed

ABDOMEN: Heaviness

ABDOMEN: Heaviness; hypogastrium

ABDOMEN: Liver and region of liver; complaints of

ABDOMEN: Pain

ABDOMEN: Pain; morning

ABDOMEN: Pain; eating, after

ABDOMEN: Pain; menses, during

ABDOMEN: Pain; stool: after, amel.

ABDOMEN: Pain; sugar, after

ABDOMEN: Pain; hypochondria

ABDOMEN: Pain; inguinal region

ABDOMEN: Pain; inguinal region, left

ABDOMEN: Pain; umbilicus

ABDOMEN: Pain; umbilicus, region of

ABDOMEN: Pain; cramping

ABDOMEN: Pain; cramping, eating: after

ABDOMEN: Pain; cramping, hypogastrium

ABDOMEN: Pain; cramping: umbilicus

ABDOMEN: Pain; drawing, umbilicus

ABDOMEN: Pain; stitching, umbilicus, region of

4.3.15 RECTUM

RECTUM: Constipation

RECTUM: Constipation; difficult stool

RECTUM: Constipation; insufficient

RECTUM: Diarrhoea

RECTUM: Diarrhoea; morning

RECTUM: Diarrhoea; eating: after

RECTUM: Flatus

RECTUM: Flatus; involuntary

RECTUM: Flatus; offensive

RECTUM: Pain; pressing

RECTUM: Pain; scraping

RECTUM: Pain; stool: before

RECTUM: Pain; stool: during

RECTUM: Urging, sudden

RECTUM: Urging; frequent

4.3.16 STOOL

STOOL: Black

STOOL: Dark

STOOL: Thin

4.3.17 BLADDER

BLADDER: Fullness, sensation of

BLADDER: Fullness, sensation of; urinate; without desire to

BLADDER: Pain; neck, urination: after

BLADDER: Urging; frequent

BLADDER: Urging; sudden

BLADDER: Urination; frequent

BLADDER: Urination; involuntary

4.3.18 URETHRA

URETHRA: Pain; burning

URETHRA: Pain; burning, urination; during

URETHRA: Pain; pressing

FEMALE

FEMALE: Conscious of the uterus

FEMALE: Leukorrhoea

FEMALE: Menses; clotted

FEMALE: Menses; copious

FEMALE: Menses; late, too

FEMALE: Menses; late, too: two days

FEMALE: Menses; offensive

FEMALE: Menses; painful

FEMALE: Menses; protracted

FEMALE: Pain; uterus

FEMALE: Pain; uterus, menses, during

FEMALE: Pain; uterus: pressure, amel.

FEMALE: Pain; bearing down, uterus: come out; as if everything would

FEMALE: Pain; cramping, uterus: menses during

FEMALE: Pain; labor-like

FEMALE: Pain; labor-like: menses, during

FEMALE: Pain; twisting (N)

FEMALE: Sexual desire, increased

FEMALE: Sexual desire, increased: noon (N)

FEMALE: Sexual desire, increased: night

FEMALE: Sexual desire, increased; cold agg.

4.3.20 RESPIRATION

RESPIRATION: Asthmatic

RESPIRATION: Asthmatic; morning

RESPIRATION: Asthmatic; evening

RESPIRATION: Difficult

RESPIRATION: Difficult; morning

RESPIRATION: Difficult; evening

RESPIRATION: Difficult; cough, with

RESPIRATION: Difficult; exertion, after

RESPIRATION: Difficult; inspiration

RESPIRATION: Difficult; laughing

RESPIRATION: Impeded

RESPIRATION: Impeded: oppression; from, chest

RESPIRATION: Wheezing

4.3.21 COUGH

COUGH: Evening; bed, in

COUGH: Dry

COUGH: Dry; tickling, from: larynx; in

COUGH: Irritation; air passages; from irritation in

COUGH: Irritation; larynx, in

COUGH: Irritation; trachea, in

4.3.22 EXPECTORATION

EXPECTORATION: Morning

EXPECTORATION: Morning, waking, after

EXPECTORATION: Mucous

EXPECTORATION: Thick

EXPECTORATION: White

4.3.23 CHEST

CHEST: Anxiety in

CHEST: Catarrh

CHEST: Constriction

CHEST: Constriction, morning

CHEST: Eruptions

CHEST: Eruptions; itching

CHEST: Eruptions; rash

CHEST: Eruptions; axilla

CHEST: Itching

CHEST: Itching; sternum

CHEST: Oppression

CHEST: Oppression; morning

CHEST: Oppression; inspiration, on

CHEST: Pain

CHEST: Pain; morning

CHEST: Pain; sneezing

CHEST: Pain; mammae, nipples

CHEST: Pain; sides

CHEST: Pain; sides, morning

CHEST: Pain; sides, right

CHEST: Pain; sore: mammae

CHEST: Pain; stitching

CHEST: Pain; stitching: mammae; nipple, right

CHEST: Palpitation

CHEST: Palpitation, motion

CHEST: Palpitation, motion, slightest

CHEST: Palpitation; anxiety, with

CHEST: Swelling; mammae

CHEST: Swelling; mammae: menses; during

4.3.24 BACK

BACK: Eruptions; pustules

BACK: Eruptions; rash

BACK: Itching

BACK: Pain

BACK: Pain; menses, during

BACK: Pain; pressure, amel.

BACK: Pain; walking, while

BACK: Pain; cervical region

BACK: Pain; lumbar region

BACK: Pain; lumbar region, left

BACK: Pain; spine

BACK: Pain; aching

BACK: Pain; burning, spine

BACK: Pain; drawing

BACK: Pain; sore, lumbar region

BACK: Pain; sore, spine, spinal irritation

BACK: Pain; stitching, lumbar region

BACK: Spasmodic drawing, cervical region

BACK: Stiffness

BACK: Stiffness; cervical region

BACK: Stiffness; cervical region: headache, during

BACK: Stiffness; lumbosacral region

4.3.25 EXTREMITIES

EXTREMITIES: Coldness

EXTREMITIES: Coldness; hands

EXTREMITIES: Coldness; foot

EXTREMITIES: Contraction

EXTREMITIES: Contraction; lower limbs

EXTREMITIES: Convulsion

EXTREMITIES: Convulsion; upper limb

EXTREMITIES: Cramps; menses

EXTREMITIES: Cramps; forearm

EXTREMITIES: Cramps; shoulder

EXTREMITIES: Cramps; upper limbs

EXTREMITIES: Discoloration; hand, redness

EXTREMITIES: Discoloration; foot, redness

EXTREMITIES: Dryness; hands

EXTREMITIES: Eruptions; itching

EXTREMITIES: Eruptions; urticaria

EXTREMITIES: Eruptions; upper limbs, rash

EXTREMITIES: Eruptions; thigh

EXTREMITIES: Eruptions; thigh, pimples

EXTREMITIES: Eruptions; knee, rash

EXTREMITIES: Heaviness

EXTREMITIES: Heaviness; lower limbs

EXTREMITIES: Heaviness: foot

EXTREMITIES: Itching; upper limbs

EXTREMITIES: Itching; upper arm

EXTREMITIES: Itching; lower limbs

EXTREMITIES: Itching; leg

EXTREMITIES: Itching; leg: tibia, over

EXTREMITIES: Nails; brittle nails: finger nails

EXTREMITIES: Numbness; hand

EXTREMITIES: Numbness; hand: right

EXTREMITIES: Numbness; hand: waking, on

EXTREMITIES: Pain

EXTREMITIES: Pain; motion

EXTREMITIES: Pain; rheumatic

EXTREMITIES: Pain; touch, agg.

EXTREMITIES: Pain; warm applications, amel.

EXTREMITIES: Pain; joints

EXTREMITIES: Pain; joints, rheumatic

EXTREMITIES: Pain; upper limbs

EXTREMITIES: Pain; upper limbs, left

EXTREMITIES: Pain; upper limbs, morning

EXTREMITIES: Pain; upper limbs, bending arm; when

EXTREMITIES: Pain; upper limbs, motion

EXTREMITIES: Pain; upper limbs, joints

EXTREMITIES: Pain; shoulder

EXTREMITIES: Pain; shoulder, right

EXTREMITIES: Pain; shoulder, left

EXTREMITIES: Pain; shoulder, extending to: neck

EXTREMITIES: Pain; elbow, bend of

EXTREMITIES: Pain; wrist

EXTREMITIES: Pain; wrist, motion; on

EXTREMITIES: Pain; thigh
EXTREMITIES: Pain; knee: bending, on
EXTREMITIES: Pain; knee: extending limb; amel.

EXTREMITIES: Pain; aching, thigh
EXTREMITIES: Pain; shooting, upper limbs
EXTREMITIES: Pain; shooting, shoulder, right
EXTREMITIES: Pain; sore
EXTREMITIES: Pain; sore, upper limbs
EXTREMITIES: Pain; sore, upper limbs: morning
EXTREMITIES: Pain; sore, shoulder
EXTREMITIES: Pain; sore, upper arm
EXTREMITIES: Pain; sore, forearm
EXTREMITIES: Pain; sore, wrists
EXTREMITIES: Pain; sore, thigh; posterior part
EXTREMITIES: Pain; sore, thigh; walking, after
EXTREMITIES: Pain; stitching
EXTREMITIES: Pain; stitching: shoulder; motion, during

EXTREMITIES: Perspiration; hand, palm
EXTREMITIES: Pulsation; hand
EXTREMITIES: Restlessness

EXTREMITIES: Stiffness

EXTREMITIES: Stiffness; exertion, after
EXTREMITIES: Stiffness; moving: beginning to move; on
EXTREMITIES: Stiffness; resting: after

EXTREMITIES: Stiffness; shoulder
EXTREMITIES: Stiffness; wrist
EXTREMITIES: Stiffness; lower limbs
EXTREMITIES: Stiffness; knee

EXTREMITIES: Trembling; hand

EXTREMITIES: Weakness; knee

4.3.26 SLEEP

SLEEP: Disturbed

SLEEP: Disturbed; anxiety, from

SLEEP: Falling asleep; difficult

SLEEP: Falling asleep; late

SLEEP: Interrupted

SLEEP: Restless

SLEEP: Restless; night: midnight, after

SLEEP: Restless; bodily restlessness, from

SLEEP: Sleepiness

SLEEP: Sleepiness; morning

SLEEP: Sleepiness; forenoon

SLEEP: Sleepiness; heat, during

SLEEP: Sleepiness; weariness, with

SLEEP: Sleeplessness

SLEEP: Sleeplessness; night

SLEEP: Sleeplessness; night: midnight, before

SLEEP: Sleeplessness; night: midnight: morning; until

SLEEP: Sleeplessness; night: midnight; after

SLEEP: Sleeplessness; night: midnight; after, 3h

SLEEP: Sleeplessness; night: midnight; after, 4.30h

SLEEP: Sleeplessness; accompanied by: sleepiness, daytime

SLEEP: Sleeplessness; anxiety from
SLEEP: Sleeplessness; restlessness, from
SLEEP: Sleeplessness; thoughts: activity of thoughts; from
SLEEP: Sleeplessness; waking, after
SLEEP: Sleeplessness; weariness: in spite of weariness

SLEEP: Unrefreshing

SLEEP: Waking; difficult
SLEEP: Waking; dreams, by
SLEEP: Waking; early, too
SLEEP: Waking; early, too: asleep late; and falling
SLEEP: Waking; frequent
SLEEP: Waking; fright, as from
SLEEP: Waking; heat, from and with
SLEEP: Waking; night: midnight; after
SLEEP: Waking; night: midnight; after, 3h
SLEEP: Waking; palpitations with

SLEEP: Yawning

4.3.27 DREAMS

DREAMS: Accusations
DREAMS: Achievement, of
DREAMS: Adventurous
DREAMS: Aggressive
DREAMS: Airplanes, crash of an airplane
DREAMS: Alone; being
DREAMS: Anger
DREAMS: Animals

DREAMS: Anxious

DREAMS: Attacked, of being

DREAMS: Battles

DREAMS: Betrayed, having been

DREAMS: Birds

DREAMS: Children; about

DREAMS: Children; about: abused; being

DREAMS: Children; about: newborns

DREAMS: Choked; being

DREAMS: Clairvoyant

DREAMS: Conspiracies

DREAMS: Dancing

DREAMS: Danger

DREAMS: Danger, escaping from a danger

DREAMS: Danger, impending danger

DREAMS: Dead; of the, relatives

DREAMS: Deceived; being

DREAMS: Desert

DREAMS: Disease

DREAMS: Dogs

DREAMS: Dreaming, of

DREAMS: Driving; car, a

DREAMS: Escaping

DREAMS: Escaping, danger; from

DREAMS: Events, future, of

DREAMS: Events, previous

DREAMS: Falling

DREAMS: Falling, height, from a

DREAMS: Family; own

DREAMS: Fights

DREAMS: Fights, rights; for her

DREAMS: Fish

DREAMS: Fish, rescuing

DREAMS: Fleeing

DREAMS: Forsaken; being

DREAMS: Friends, old

DREAMS: Frightful

DREAMS: Gardens

DREAMS: Happy

DREAMS: Hearing talking

DREAMS: Jaws

DREAMS: Journeys

DREAMS: Jumping: height; from a: landing easily; and

DREAMS: Ludicrous

DREAMS: Men, huge and strong man; a: controlling her

DREAMS: Misfortune

DREAMS: Mistakes; of making

DREAMS: Mortification

DREAMS: Nightmares

DREAMS: Nostalgic

DREAMS: Nuns

DREAMS: Parties

DREAMS: People

DREAMS: People, seen for years; people not

DREAMS: Pleasant
DREAMS: Praying
DREAMS: Prophetic
DREAMS: Pursued, being
DREAMS: Pursued, being, man; by a
DREAMS: Pursued, being: man; by a: violate her; to

DREAMS: Religious
DREAMS: Restless
DREAMS: Rousing the patient
DREAMS: Running
DREAMS: Secret
DREAMS: Shooting; about
DREAMS: Sister
DREAMS: Stairs
DREAMS: Suffocation
DREAMS: Teeth
DREAMS: Teeth: falling out

DREAMS: Tunnel
DREAMS: Unimportant
DREAMS: Unpleasant
DREAMS: Unremembered
DREAMS: Vexatious
DREAMS: Violence
DREAMS: Visionary
DREAMS: Visits, making visits, relatives; to
DREAMS: Voice
DREAMS: War
DREAMS: Water
DREAMS: Writing

4.3.28 FEVER

FEVER: Fever, heat in general

4.3.29 CHILL

CHILL: Chill

4.3.30 SKIN

SKIN: Burning

SKIN: Coldness

SKIN: Dry

SKIN: Dry; perspire; inability to

SKIN: Eruption; itching

SKIN: Eruption; rash

SKIN: Eruption; stinging

SKIN: Eruption; urticaria

SKIN: Formication

SKIN: Itching

SKIN: Itching; scratching, amel.

SKIN: Prickling

SKIN: Sensitiveness

4.3.31 GENERALS

GENERALS: Morning

GENERALS: Morning; waking, on

GENERALS: Afternoon

GENERALS: Afternoon; 16h

GENERALS: Afternoon; 17h

GENERALS: Night

GENERALS: Night; midnight, after

GENERALS: Activity; amel.

GENERALS: Air; open air, desire for

GENERALS: Bathing; warm bathing: amel.

GENERALS: Bending; affected part, agg.

GENERALS: Cold; agg.

GENERALS: Cold; amel.

GENERALS: Energy; excess of

GENERALS: Exertion physical; agg.

GENERALS: Faintness

GENERALS: Faintness; crowded; in: room

GENERALS: Food; aversion: accompanied, hunger

GENERALS: Food; chocolate, desire

GENERALS: Food; cold drink, cold water; desire

GENERALS: Food; fat, desire

GENERALS: Food; fish, desire

GENERALS: Food; fruit: desire; fruit juice

GENERALS: Food; juicy things, desire

GENERALS: Food; meat, desire

GENERALS: Food; onions: agg.

GENERALS: Food; pastry, desire

GENERALS: Food; rich food: agg.

GENERALS: Food; spices, desire

GENERALS: Food; sugar, desire

GENERALS: Food; sweet, agg.

GENERALS: Food; sweets, desire

GENERALS: Heat: flushes of

GENERALS: Heat; sensation of

GENERALS: Heat; sensation of, night

GENERALS: Heaviness; externally

GENERALS: Influenza

GENERALS: Irritability, physical: excessive

GENERALS: Knotted sensation internally

GENERALS: Lassitude

GENERALS: Lassitude; afternoon

GENERALS: Motion; agg.

GENERALS: Motion; desire for

GENERALS: Mucous secretions; increased

GENERALS: Numbness; internally

GENERALS: Pain; muscles, of

GENERALS: Pain; sore

GENERALS: Pain; sore, externally

GENERALS: Pain; spots, in small

GENERALS: Pain; twisting

GENERALS: Pressure; agg.

GENERALS: Pulse; frequent

GENERALS: Pulse; frequent, motion agg.

GENERALS: Rubbing; amel.

GENERALS: Sick feeling; vague

GENERALS: Sides; right

GENERALS: Sides; left: then right side

GENERALS: Sleep; loss of sleep, from

GENERALS: Sleep; short sleep amel.

GENERALS: Sluggishness

GENERALS: Strength; sensation of

GENERALS: Touch; agg.

GENERALS: Trembling; externally

GENERALS: Trembling; externally, anger: from

GENERALS: Trembling; internally

GENERALS: Twitching

GENERALS: Uncovering; amel.

GENERALS: Walking; agg.

GENERALS: Warm; amel.

GENERALS: Weakness

GENERALS: Weakness; morning

GENERALS: Weakness; morning: waking, on

GENERALS: Weakness; evening

GENERALS: Weakness; stool, after

GENERALS: Weariness

GENERALS: Weariness; morning

GENERALS: Weariness; morning: waking, on

GENERALS: Weariness; afternoon

GENERALS: Weariness; afternoon, 4h

GENERALS: Weariness; evening

4.4 Abbreviation of the remedy

The genus *Strychnos* has about 190 species mainly found in the tropics. The *Henningsii* species honours Professor Paul Christoph Henning, 1841-1908, a mycologist at the Royal Botanic Gardens, Berlin-Dahlem (Orwa et al, 2009).

The adopted abbreviation for *Strychnos henningsii* is *Strych-h* in accordance with the *Synthesis, Repertorium Homeopathicum Syntheticum* (Schroyens, 2001).

CHAPTER FIVE

GENERAL DISCUSSION OF THE PROVING OF STRYCHNOS HENNINGSII

5.1 Introduction

This chapter will serve as a general discussion and overview of the proving study as a whole. It will highlight the profile of the Homoeopathic remedy enabling fellow Homoeopathic practitioners to have a clearer understanding of *Strychnos henningsii* in its totality. Prominent themes will be discussed, as well as specific physical symptomatology that came through in the proving. In Section 5.3, the researcher will reflect on the Doctrine of Signatures by a comparative discussion of the plant substance, exploring different dynamics that relates to the data extracted. It was hypothesised that the proving of *Strychnos henningsii* 30CH would yield clearly observable signs and symptoms in healthy provers taking part in this research study. It was further hypothesised that the symptoms produced would thereafter show a correlation to the *Strychnos henningsii* plant substance and structure as it relates to the Doctrine of Signatures.

Hahnemann elaborates in aphorisms 118-120 the importance of conducting provings: “ He states that each plant is different in its outer form, in its own way of life and growth, in its taste and smell from every other plant species and genus; as certainly as each mineral and each salt in its outer as well as its inner physical and chemical properties differs from every other; just as certainly are they all different and divergent from one another in their morbidic, thus also, in their curative actions”. He explains that each and every medicine acts in a unique way and no two medicines are equivalent. Medicines must be thoroughly tested on healthy individuals to ascertain each medicine’s powers and true actions and to differentiate the medicines from one another (Hahnemann, 1996).

According to Nagpaul (1987:77) another relevant reason for conducting a Homoeopathic proving is to obtain a complete understanding of the therapeutic action of the remedy so that its uses can be readily distinguished from any other remedy.

The data obtained from this proving study of *Strychnos henningsii* produced a wide variety of symptoms which resulted in the formation of 876 rubrics. These rubrics are distributed throughout 31 sections of the Repertory. Of this total, 170 rubrics were found in the mind section which yielded the most symptoms, 76 in the head section and 82 in the extremities section, 91 in the dreams section and 80 in the generals section. These were the areas that *Strychnos henningsii* 30CH had a profound effect on.

When the symptomatology in its totality became clear, it afforded us the opportunity to analyze the data in the light of a Doctrine of Signatures approach. A correlation became evident between the symptoms produced and the analysis of the plant in its natural state within its general environment.

Mind	170	Face	23	Bladder	7
Vertigo	12	Mouth	7	Urethra	3
Head	76	Teeth	3	Female	21
Eyes	35	Throat	18	Respiration	13
Vision	2	Stomach	27	Cough	6
Ears	8	Abdomen	33	Expectoration	5
Hearing	1	Rectum	15	Chest	29
Nose	31	Stool	3	Back	22
Extremities	82	Sleep	38	Dreams	91
Fever	1	Chill	1	Skin	13
Generals	80				

Table 3- Rubrics in each section of the repertory

5.2 THE SYMPTOMS

5.2.1 MIND

The proving substance had a profound effect on the mind, and a total of 170 rubrics pertained to this section. To provide a clearer understanding of the mental picture of the remedy, the mind symptoms were grouped into different themes which resulted in prominent mental themes emerging from this proving. A summary of the different themes follows highlighting some of the contrasting mind symptoms that provers experienced:

Heightened senses

Keywords/Phrases used by provers: “feel happy; feeling well; full of energy; senses more acute; active mind, increased sensitivity to noise; alert; lively”.

Four provers felt more in touch with themselves and their surrounding environment. It was described by one prover as her “senses are more acute” (02F 01: XX: XX). There was much more sensitivity towards current situations. Incidents that went unnoticed in the past became more prevalent to them. “Getting very annoyed about my hands smelling of food after cooking or eating. I wash them a few times” (14F 12: XX: XX). “Increased sensitivity to noise” (04F XX: XX: XX).

Good mood and happiness/Confidence versus Anxiety and paranoia/Irritability and indignation/ Hypochondriasis

Keywords/Phrases used by provers: “feel lighter and happier; very good mood; positive; bubbly; aim to please these days; feel happy for no reason; much nicer than usual; showing more affection than usual; content and cheerful; upliftment in mood;

positivity and happier with life; think about sex very often; increased confidence; feels good to be acknowledged; feel like I can handle anything that comes my way; work has been smooth sailing; feeling very good about myself; not dwelling on things; felt bigger than the patient (higher)”

“Anxiety; palpitation; afraid to go to sleep; anxiety and fearfulness at night; worrying; tense; emotional breakdown; restless night; paranoid about my relationship; anxiety about work; grumpy; feel restless; feel frustrated and irritated; anger; oversensitive; annoyed; short temper about small things; moody”

It was evident that the general mood of the provers was profoundly affected. What arose from this proving study were contrasting emotions. Some provers were extremely happy and full of confidence ready to take on the world oozing with exuberance and positivity whilst others experienced irritability, vexation, anxiety with much frustration and paranoia. Linked to these emotions is another theme that shone through: **high versus low and up versus down**. Many of the provers went through periods where they were extremely content, full of happiness and had a great mood and felt that they were on top of their game with regards to work and their social life (**up/high**) alternating with a dragged down feeling whereby they felt misunderstood. They were irritable and vexed about little situations which led to frustration and resulting in them losing their temper (**down/low**).

The provers had many ways of interpreting the above views: “Feel more positive about things; feel happier with life” (02F 14: XX: XX). “My personality is funny. I think I know everything when we are in a group talking. I always want to talk and be listened to – and I always describe people’s personalities” (15F 08: XX: XX).

“Work has been smooth sailing; nothing that I can’t handle” (30F 20: XX: XX). “I went to a practical session of consulting as counsellors. When I was consulting I didn’t connect with my patients. I felt like something was pulling me backwards. I felt bigger than the patient. I felt as if I was higher, and that my patient was very little and down there” (11F 02: XX: XX). This statement by prover 11F links back to the above mentioned theme.

“In the evening I felt very anxious and fearful before going to bed. I found it hard to go to sleep, slept with lights on. Kept thinking I heard or saw something out of the corner of my eye” (06F 01: XX: XX). Anxiety about work. Anxiety in general>being busy. Grumpy” (14F 05: XX: XX). “Feel restless. Want to get out and do something” (02F 07: XX: XX). “Went for hospital rounds. I got so angry that my group members were so incompetent! They had no rhythm to what they were doing and they were doing everything wrong and out of order. I wanted to just cry and walk out. I was angry and got tremors on my left leg” (04F 15: XX: XX). This describes the oversensitivity and irritability experienced by this prover. “Irritable. I just want to do my thing without people getting in my way, in the morning” (14F 07: XX: XX). “Was very quick to get irritated with small situations” (25M 16: XX: XX).

One prover was convinced that she was given the placebo, and she repeatedly related this view during the proving study. This links back to the paranoia and hypochondriasis. “I am convinced that I have the placebo” (01F XX: XX: XX). “If I am on the proving substance I am the worst prover ever!!! (01F 20: XX: XX).

Increased energy and concentration/Relaxation versus Apathy and tiredness/Crying

Keywords/Phrases used by provers: energetic and excited; industrious; hyperactive; talkative; relaxed; well rested; energy levels are high; tired all day; absent-minded; apathetic; can’t concentrate; de-motivated; laziness; distraction; crying; increased sensitivity

There were many circumstances whereby the provers felt energized and motivated to work hard and accomplish whatever they needed to. Contrary to this, some provers were very absent-minded and had difficulty concentrating on the task at hand. Increased sensitivity came up again, combined with irritability and weepiness.

“Industrious” (14F 09: XX: XX). “Felt much energized today” (25M 05: XX: XX). “I was very hyperactive” (15F 04: XX: XX). “Feeling relaxed and well rested” (30F 24: XX: XX). “It is very hard to think. Absent-minded. Keep forgetting what I’m supposed to be doing! (01F XX: XX: XX). “Feeling apathetic” (01F 13: XX: XX). “Decreased concentration! Absent minded!” (04F 09: XX: XX). “Got so irritable and angry with one of my classmates for being so inconsiderate! I got really angry at one of my classmates after they made a selfish comment. I wanted to burst out and cry” (04F 08: XX: XX).

Spirituality and connection

Keywords/Phrases used by provers: spiritually refreshed and re-rooted; emotions distant; less connected to my emotions; distanced from God; dis-connection from mother; detached; dissatisfied with everything; desire company; isolated and lonely

Some provers felt distanced from God and from people around them, this relates to the loss of connection that ran through this proving. “Feel like my emotions are distant, like I am less connected to my emotions and the moment” (02F 06: XX: XX). “Disconnection from mother; distant from her” (02F Prover summary). “Really desired company today, felt very isolated and lonely” (06F 13: XX: XX).

Isolation and the need for closeness to God and surrounding people were prominent. The ability to communicate freely and express what was on their mind became difficult, which in turn led to much confusion and dissatisfaction.

5.2.2 VERTIGO

Vertigo was experienced by a few provers, some with a feeling as if they were falling to the right side or as if they were floating (**losing balance**). Others felt it while rising from a seated position or getting out of bed. “During the later afternoon I felt a sense of vertigo. It is a sensation as if things are tilting or I am moving, but I don’t perceive the movement visually, it is just a feeling. It is very disorientating. I felt this once at work and later in the afternoon as I rose from a seated position” (06F 03: XX: XX). “Felt dizzy a bit. It felt like I was moving around quickly. I felt confused > for closing eyes and shaking head” (04F 07: XX: XX).

5.2.3 HEAD

76 proving symptoms were obtained from the head section. Headaches were the most common symptom experienced by most of the provers. A few provers described their scalp as being itchy. There were different types of headaches that emerged: *Temporal; Frontal; Headaches which felt like a skullcap; Parietal and occipital; General headaches.*

Overview of the Headaches

Aching	Sharp pain	Throbbing
Dull	Compressing	Congestive
Mainly right-sided	Iron band	Skullcap

< Motion; pressure; noise; straining eyes > sitting down

Temporal headaches were mostly right-sided and the common sensation was dull, aching and throbbing in nature. “Felt an aching sensation extending from my right temple to right jaw” (01F XX: XX: XX). “Dull headache with sore points around right side; spots in right eye, over right temple and right occiput” (01F 12: XX: XX). “I woke up with a headache on the right temple; dull, aching pain” (11F 01: XX: XX).

Frontal headaches were also noted. They were mostly situated near the forehead region and just above the eyes. The main sensation was described as the forehead being compressed and compacted. “Throbbing pain in forehead in the mid-afternoon < walking > sitting down” (15F 02: XX: XX). “Forehead feels compacted” (04F 01: XX: XX). “Headache is back. It is compressing on my forehead and eyes” (04F 16: XX: XX).

A headache that felt like a skullcap links back to the sensation of the frontal headaches where it felt like the forehead was being compressed or compacted. “Woke up with dull headache and no sore points around my head. It feels like I am wearing a skullcap around my brain” (01F 13: XX: XX). “Headache is situated at the centre of my head and moves to my left side, ear, neck and shoulder. It starts in the centre and moves over the scalp and covers my head like a hat or sack” (04F 16: XX: XX).

Parietal and occipital headaches occurred as well. “Supra-orbital dull aching pain, felt as if there’s an iron band from occiput to the back of my ears” (11F 04: XX: XX). “Headache in the occipital region < motion, throbbing/pulsating” (06F 07: XX: XX).

It is quite evident that *Strychnos henningsii* has a definite action on the head which will be beneficial as a remedy for headaches in clinical practise when indicated.

5.2.4 EYES

A total of 35 symptoms were noted relating to the eyes. Dryness, itching and burning of the eyes occurred frequently in the proving. Teary eyes were also prominent. “Eyes dry and tired” (01F 02: XX: XX). “Dry and itchy left eye. Rubbed it and it went very red and watery” (02F 03: XX: XX). “Eyes feel dry and itchy” (09F 25: XX: XX). One prover had the sensation that there was salt or sand in her eyes: “It feels like there is salt or sand inside” (04F XX: XX: XX). “Feels like sand is in my left eye” (04F 01: XX: XX). Another prover experienced twitching of the left eye: “My left eye is twitching, with tearful eyes” (15F 05: XX: XX).

5.2.5 VISION

Two provers experienced dim, blurry vision during the proving study.

5.2.6 EARS

Itching of the ears was noted by a few provers. Itching seems to be prevalent in this proving as it came up in the head and eye section so far. “Itchy right eardrum” (02F 05: XX: XX). “Left ear is sore and itchy” (15F 05: XX: XX). One prover developed an ear abscess during the proving: “Abscess in my ear. Sensitive when touched. Ear canal swollen. Very itchy” (25M 16: XX: XX).

5.2.7 HEARING

One prover had a bit of impaired hearing 15F 11: XX: XX

5.2.8 NOSE

The main symptoms that provers noted were an itchy nose, burning or tingling sensation, a blocked nose, and thick nasal discharge which at times were yellow in colour. Coryza was a main feature amongst provers. “Nose started to tickle inside nostrils, right nostril blocked up” (02F 02: XX: XX). “Nose extremely runny, with very thick mucus” (20F 07: XX: XX). “Nose is blocked” (15F 10: XX: XX).

5.2.9 FACE

A total number of 23 symptoms pertained to the face region. Some provers broke out in skin eruptions during the proving and itching of the skin was common as well. The skin eruptions were described as forms of acne. One prover experienced a diffuse pain on the right side of her jaw linking back to right sided symptoms which is also dominant in this proving. Another prover developed a fever blister on his upper lip. “Skin broke out in acne: cyst like form of acne mostly on forehead” (03F 01: XX: XX). “Acne rosacea on face” (01F 15: XX: XX).

5.2.10 MOUTH

7 mouth symptoms were noted by provers. The most common symptom being a strange taste in the mouth described by the provers as a bad taste. “Bad taste in mouth, similar to bile” (02F 02: XX: XX). “Unpleasant taste in mouth in the mornings” (15F 05: XX: XX). Mouth sores were also noticed by another prover during the proving.

5.2.11 TEETH

Three symptoms pertained to this section which was all related to pain. Pressing pain was experienced with soreness. Relief was felt when biting hard on something.

5.2.12 THROAT

A sore throat was a common symptom experienced by provers. Itchy, scratchy and rough like sand (grainy) were sensations used to describe the soreness of the throat. Painful swallowing also came up linked to the soreness. A sensation of a lump in the throat, almost as if it is blocking the throat was also noted by one prover.

5.2.13 STOMACH

27 symptoms emerged from the digestive system. The appetite of the provers were not altered drastically, a few provers had an increased appetite whilst others had a decreased appetite. Increased thirst was also noted by a few. The main symptom that came up was nausea which was peculiar for the provers. Other unusual symptoms experienced were hiccoughs and increased eructations. “Increased feeling of nausea: (04F XX: XX: XX). “Increased thirst for water with ice” (04F 16: XX: XX). “Feeling nauseas, the feeling persists throughout the day” (09F 15: XX: XX).

5.2.14 ABDOMEN

Abdominal distension as well as increased flatulence was marked in several provers during the proving of this remedy. One prover described a heavy sensation below her umbilicus.

5.2.15 RECTUM

From this region arose 15 proving symptoms but in general it was less affected by the proving remedy. Constipation and diarrhoea were experienced but to a lesser extent, with only 4 provers noting both. Intense pain before and on defecation came up for one prover and an incomplete feeling after defecation for another.

5.2.16 STOOL

“Blackness of the stools was noted by one prover, she described it as being darker than usual” (04F).

5.2.17 BLADDER

The main symptoms arising from this region are fullness of bladder with little or no urge to pass urine; dull pain after urination; increased frequency and urgency of urination. In general this region did not produce a great number of symptoms.

5.2.18 URETHRA

Main sensation felt was burning. One prover experienced a burning sensation in the urethra accompanied by warmth and pressure whilst another felt burning during urination.

5.2.19 FEMALE

The main symptoms experienced by the female provers were as follows. Several of the provers noted an increased sexual desire. “Libido is increased” (14F 12: XX: XX). The nature of the provers menstrual cycle was altered during the proving; in general there was a heavier menstrual flow and for some an offensive smell. Uterine pain was common during menstruation. “Period pains twisting and pulling” (11F 05: XX: XX).

5.2.20 RESPIRATION

13 symptoms were obtained from this section. The main sensations experienced were a constrictive feeling, tightness of the chest, difficulty breathing and shortness of breath due to the accumulation of phlegm in the chest.

5.2.21 COUGH

Dryness is another theme that comes up time and again in this proving. A few provers experienced a cough which was mainly described as dry and one prover felt that her chest was tight due to the dry cough.

5.2.22 EXPECTORATION

Some provers had to cope with a copious amount of phlegm. “Coughed up thick white phlegm this morning” (25M 24: XX: XX).

5.2.23 CHEST

29 symptoms were derived from this region. Some of the noticeable symptoms produced were tenderness of the mammae, skin being itchy over the sternum and rib region on the right side, and chest pain described in different ways: “Chest pain when I sneeze” (15F 12:XX:XX). “Stabbing pain on right anterior axillary line around 5th rib” (11F 09: XX: XX). “Sharp poking pain on my right nipple” (11F 07: XX: XX).

5.2.24 BACK

The back region produced a total of 22 symptoms. Itching and dryness seen in many other sections came up again. Back pain was prominent, with many provers experiencing lower back pain and the nature of the pain was varied. “Lumbar area is a bit sore and neck stiff” (01F 17: XX: XX). “Back is stinging and burning along spinal cord” (04F 02: XX: XX). “Slight pain in lower back; a pinching sensation” (25M 18: XX: XX).

5.2.25 EXTREMITIES

The musculoskeletal system yielded 82 symptoms; various sensations were experienced in the extremities, namely soreness of the upper extremities; weakness of the lower limbs; muscular cramping; numbness; stiffness; itching and dryness of the skin; as well as aching of muscles. Coldness of the hands and feet also featured in this section.

5.2.26 SLEEP

A number of sleep related problems were noted by provers. Disturbed or restless sleep was repeatedly mentioned. Un-refreshing sleep resulted due to the restlessness and being too hot in bed. Others reported inability to fall off to sleep. Frequent waking in the early hours of the morning was also common. Another symptom that was mentioned was frequent yawning.

5.2.27 DREAMS

The proving remedy resulted in many provers having vivid dreams throughout the duration of the proving. Many of the dreams centred on adventure, escape, impending danger, feeling isolated, dead relatives, animals and water. The main themes that emerged are as follows:

Spirituality and praying

This links up with the mental theme of spirituality and connection whereby there was a want for closeness with God and trying to reach out and get that comfort. Many dreams ended with the prover praying due to fear and anxiety. One prover felt forsaken by God: "I feel like God has forsaken me, I feel like I am in total darkness and evil is overshadowing me! Started reading the bible" (04F 21: XX: XX).

Sympathy and connection

For some provers, their dreams reflected the desire to save children and animals from danger coupled with the feeling of helplessness, yet showing compassion and sympathy at the same time. Socialising with people also came up reiterating the sense of isolation felt, bringing about the need to stay connected.

Nostalgia and family

Several provers had dreams of re-uniting with people particularly with relatives and friends. “Dreamt of my high school reunion that never happened. Recognised many people I had not seen or thought of in years” (18F 06: XX: XX). “Dreamt I was having a cup of tea at my granny’s and listening to her tales about my late grandfather” (18F 05: XX: XX).

Water

Another dream that was experienced by one prover revolved around water.

Secrets

Secrets also featured in the proving, with provers having secrets and trying to prevent them from coming out. Similarly the revelation of secrets also emerged.

Criticism

Anger and frustration due to criticism from people around them emerged, as well as one prover having criticism towards another person.

Anxiety and panic

For some provers the theme of danger and fear was present in their dreams. There were dreams of hijackings, attacking, and of anxiety about the safety of one's dog.

Teeth

Two provers had dreams about teeth. "Had a dream about my upper teeth that all fell out" (04F 04: XX: XX). This also links back to the inability to communicate when they are conscious and of them losing control or power.

Forsaken

A few provers had dreams about being forsaken and the feeling of isolation and helplessness emerged again.

Mundane dreams

In general, many provers had dreams related to normal daily activities which were not out of the ordinary.

5.2.28 CHILL

A feeling of coldness was felt by two provers: "I am always feeling cold" (15F 16: XX: XX). "Feeling extremely cold, house is a freezer" (09F XX: XX: XX).

5.2.29 PERSPIRATION

One prover noticed that he didn't perspire as much as usual. This can be related to a cooler body temperature similar to the coldness that the 2 provers felt above.

5.2.30 SKIN

Throughout this proving study itching, dryness and skin eruptions were noticed by provers. It is evident that this remedy has an affinity for the skin. One prover described her skin as being "tingly as if something was crawling underneath" (18F XX: XX: XX). Sensitivity towards the cold was also noted by some.

5.2.31 GENERALS

There were various food desires and cravings that the provers had: "craving for curry and meat" (01F 10:XX:XX) (01F 26:XX:XX); "craving for sugar and chocolates" (02F XX:XX:XX) (09F 10:XX:XX) (04F 04:XX:XX). There also seemed to be an increased desire for fatty and rich foods (02F 01: XX: XX).

A sensation of internal heat was felt by some whilst cold hands and feet were prominent during the proving with an increased sensitivity towards the cold.

An increase in energy levels, together with internal restlessness and hyperactivity was noted several times, but similarly some provers experienced decreased energy levels, increased tiredness, a drained feeling, fatigue, as well as lethargy.

In general:

- many of the symptoms were right-sided
- Itching and dryness was prominent in many of the sections
- Increased sensitivity towards many situations were noted
- Increased energy versus decreased energy came up
- Happy/Good mood versus irritability and frustration was also seen amongst provers

5.3 DISCUSSION IN LIGHT OF DOCTRINE OF SIGNATURES

In essence everything is interconnected. With these connections however, some are immediately apparent while others can be subtle. My job as the researcher is to explore these connections and bring it to light. The ability to understand a remedy and its connection to the plant substance and similarly by studying its qualities, characteristics and its natural environment can be very insightful. As Homoeopathic practitioners, it is our duty to decipher the state of the patient and the effects of the remedy in its totality, which ultimately means acknowledging that there is a connection between the substance and nature, and how that eventually relates to the patient in an individualistic expression (Kingdoms Wholebook, 2009). Hence, it is necessary to understand why a patient does something and how that connects to the Homoeopathic prescription.

The *Strychnos henningsii* plant has characteristics in nature that are impressively similar to the type of person for whom the medicinal *Strychnos henningsii* remedy is prescribed. The following discussion will help us to explore these attributes of the plant, thus providing a clearer picture of the therapeutic uses of the substance for the practitioners in clinical practise.

Indigenous species of medicinal plants have been made available everywhere in Africa for a very long time. They have provided the tribal doctors and Izinyanga with a variety of non-toxic medication. Pujol states that plants are everywhere in our fields, bushvelds, woodlands, forests, in their natural beauty, ready to sacrifice themselves for the benefit of mankind (1990:194).

A Brief Synopsis of the *Strychnos henningsii* Proving Symptomatology:

Key mind themes:

- Heightened senses
- Good mood and happiness
- Confidence
- Increased energy and concentration
- Relaxation
- Spirituality and connection
- Anxiety and paranoia
- Irritability and indignation
- Apathy and tiredness
- Hypochondriasis
- Crying

Key Symptoms:

- Headaches
- Itchiness
- Dryness
- Congestion

- Heaviness
- Burning
- Skin eruptions
- Bad taste in mouth
- Hiccoughs
- Nausea
- Increased thirst
- Increased flatulence
- Bloating
- Heavy sensation in stomach
- Increased libido
- Tight chest
- Dry cough
- Increased phlegm
- Cramps
- Stiffness
- Generalised pain
- Disturbed sleep
- Cravings for sweets
- Sensation of heat
- Increased energy

- Prostration
- Influenza

Key Dream Themes:

- Spirituality and praying
- Sympathy and connection
- Nostalgia and family
- Water
- Secrets
- Criticism
- Anxiety and panic
- Teeth
- Forsaken

5.3.1 Plant Habitat

Strychnos henningsii belongs to the *Loganiaceae* botanical family and it is indigenous to Africa and native to Angola, Kenya, Mozambique, South Africa, Swaziland, Tanzania and Uganda and it is distinguished by its opposite, three-veined leaves (Orwa et al, 2009).

The plant varies in size from a large shrub to a tall tree of more than 15 metres in height and it is widely found in dry or moist forests; wooded hillsides, evergreen thickets on rocky hills; coastal forests and stream banks (Van Wyk, Oudtshoorn & Gericke, 1997). Since *Strychnos henningsii* is widely found in Africa, it tends to grow and survive in a harsh climate, which is dry and hot most of the time. The immediate signature of the *Strychnos henningsii* tree in its current environment suggests protection from the fierceness of the African summer as well as strength and survival. Plants which thrive in hot and dry conditions tend to be warming, drying and cheering as remedies (Apollonios, 1998). Heat, dryness and burning appeared to be an integral part of the manifestation of symptoms in this proving study while the provers were on the remedy. It was also interesting to note the increased thirst experienced by the provers suggestive of the dryness and the sensation of heat.

5.3.2 Plant Kingdom

Strychnos henningsii belongs to the Plant Kingdom. Plants are at the base of all food chains – they are eaten, they are passively responsive and the basic quality of a plant is sensitivity (Norland, 2003). In order to differentiate this particular plant from others, we looked at how it adapted to situations. A major mental theme produced in the proving was that of over-sensitivity/hypersensitivity. Some provers experienced heightened senses whereby their senses became hyper acute. There was sensitivity to any impression from the environment; sensitivity to odour, pain and noise. Emotional sensitivity was portrayed in the mental symptoms, delusions and dreams of provers. It is said that plants are living organisms rooted to the soil, unable to move, and essentially can only face and react to physical challenges like the weather. The plant needs to be sensitive to changes in the external environment and also capable of adapting to these changes in order to survive.

These features of being sensitive, affected by many things, and adjusting and adapting to these things are qualities of plant remedies (Kingdom Wholebook, 2009). It was noted that provers were easily affected and had abrupt mood changes (changeable mood) and the dreams of the provers were varied and possibly were influenced by the day's occurrences due to their sensitivity.

5.3.3 Plant Toxicity

Alkaloids are alkaline in solution and have a bitter taste. They produce a strong physiological effect on the body (Pujol, 1990). *Strychnos henningsii* contains high levels of the alkaloid known as strychnine. Higher concentrations of the active ingredient are found in the bark of a plant, as well as the bark retains its natural colour, pigment and potency for a very long time (Van Wyk, Oudtshoorn & Gericke, 1997).

The preparation of this proving remedy was yielded from the bark of the plant substance. Many of the symptoms that were experienced by the provers were related to the strychnine. Strychnine has powerful effects upon the nervous system and produces a strong physiological effect on the body. It is said to be toxic in large doses but therapeutic in minute doses as is used in Homoeopathy. It causes initial excessive excitability of the nervous system and all senses and creates muscle cramps, spasms and stiffness that later lead to exhaustion and paralysis (Murphy, 1988).

When reflecting on the proving of *Strychnos henningsii* cramps, spasms and hypersensitive nerve reactions were major symptoms elicited. It was noted that most things impressed the provers excessively. External impressions such as sounds, odours and noises excited the prover and the researchers believe that this symptom is characteristic of the drug. The physical symptoms that provers experienced were a bitter taste in the mouth, increased nausea and foul eructations.

We can conclude that people who need *Strychnos henningsii* are restless, always on the go, both during waking hours and while tossing and turning during sleep. When the sensitivity of the *Strychnos henningsii* person is upset (and it is easily upset), the bitter active ingredient namely strychnine manifests.

In its natural habitat, the plant is found to be an irritant if it comes in direct contact with the skin due to this high strychnine content. Many of the provers developed skin symptoms whilst proving *Strychnos henningsii*. The skin symptoms included skin sensitivity; tingling; dryness; itching; swelling; stinging; rashes and vesicular eruptions. This would make sense because in Zulu medicine, the medicinal usage of this plant includes face masks for pimples, rashes, fever blisters and generalised skin eruptions with successful results.

Furthermore it is also used to treat skin infections and to dress small wounds. It is interesting to note that this proving remedy was prepared from the bark of the plant which contains a high concentration of strychnine. The dryness of the skin experienced by the provers relates to the plant being able to adapt and survive in dry areas.

5.3.4 Plant Structure

According to Pujol, plants differ in their structure, colour, mode and speed of growth and all these factors are reflected in the plant and consequently in the use to which they are used (1990:15). *Strychnos henningsii* belongs to the ordinary flowering type, plants in whose leaves run a network of veins with conspicuous flowers and a root system.

In the following paragraphs we will explore the different parts of the plant more closely as it relates to the symptomatology that arose.

The bark of a tree is the outer protective layer of a tree trunk. According to Pujol, upper level branches form a better quality bark for medicinal purposes (1990:16). In *Strychnos henningsii*, the bark is pale grey and smooth in young trees but becomes darker brown and somewhat flaky in older trees (Van Wyk, Oudtshoorn & Gericke, 1997). It is bitter, heavy, and durable and contains the most strychnine. The bark is of high importance in this proving as the remedy was prepared from it. The bitterness was mentioned by provers and it was compared to bile by some. We know from digestive health that bile assists in digestion, and hence this explains the great effect the remedy had on the gastrointestinal tract. Some provers felt a heaviness of their bodies and a few experienced episodes of losing their balance and falling over to the side. The heaviness and stiffness of the plant also relates to the back and extremities, whereby many provers noted stiffness and heaviness as symptoms. In African traditional medicine, stiffness links back to rheumatic complaints treated by the use of this plant.

The leaves of the *Strychnos henningsii* are glossy and leathery, and this is the plants expression of protection. They represent our need to protect ourselves from life's difficulties, our pain, our challenges and our suffering. It also provides protection against the harsh African summer sun. The leaves' being hairless also suggests vulnerability, sensitivity and the lack of protection which ties in with our kingdom analogy. With the leaves being intensely green and glossy, it indicates that it is high in minerals and bitters that cleanse the blood and liver (Natura Sophia, 2011). This purification would explain the many symptoms that came up particularly relating to the skin and gastrointestinal health.

There is a strong affinity to the brain and nervous system. The leaves of the plant have 3 main veins arising from the base. These veins divide the leaf into 2 parts reflecting the split feelings that the prover felt. Changeability was a distinct theme that arose. The greatest changefulness is apparent in the enormous varieties there are. There are more than 200 species of *Strychnos* that exist.

The changeable themes elicited were **good mood, happiness and confidence versus anxiety, paranoia, irritability and indignation** as well as **increased energy and concentration, relaxation versus apathy, tiredness and crying**. With regards to the alternate mood, one day the prover was fine and the next day there were intense mood swings and irritability. Most provers went through a feeling of initial euphoria followed by feeling tired, dragged out, exhausted and with that they became very apathetic. This links back to the action of strychnine in the body.

The leaves of *Strychnos henningsii* are relatively large and this is a signature for the skin and lungs. Both these organs require a large surface area to carry out their bodily functions. The lungs would need this for breathing and likewise the skin would need it for perspiration to expel toxins from the body.

Loganiaceae is a family of flowering plants. During spring and early summer, small yellow flowers are produced along the branches, followed by bright orange glossy fruit of about 15mm in diameter (Van Wyk, Oudtshoorn & Gericke, 1997:244). The *Strychnos henningsii* flower is perennial, suggesting that people who need this remedy are persistent, perhaps never-ending in their energy. Provers did relate symptoms of increased energy and concentration, including initial excessive excitability followed by fatigue and exhaustion.

The seeds and fruit of a plant are the embryonic expression of the plant itself. The seeds have the mysterious capacity to germinate and therefore possess the intrinsic life energy (Pujol, 1990:16). The flower of *Strychnos henningsii* creates a large fruit which is leathery or hard-coated sometimes like a cricket ball size. This is suggestive of being top heavy, which signifies being more emotional. This explains the changeable mood, increased irritability and marked sensitivity that was noted. The hard-coated and leathery covering of the fruit sheds some light on the protective barrier portrayed by the person to adapt and survive but inside reflects the true vulnerability and sensitivity felt.

5.3.5 Anthroposophy

I will now briefly look at Rudolf Steiner's Earth element and nervous system model which are found in Section 2.8, by comparing *Strychnos henningsii*'s roots to these components:

This particular plant has well established roots, and from an Anthroposophical perspective, this implies that the system of nerves and senses are greatly affected. With this system extending throughout the body with its main activity focused in the head, it explains why a large number of mind and head rubrics were experienced by the provers as it provides a physical basis of sense perceptions and thinking. *Strychnos henningsii* having large roots, heavy, thick barks and a powerful structure is an Earth plant. Being an Earth plant, it produces powerful, thick, strong wood covered with heavy, strong bark. This bark was used to prepare the proving remedy.

In Anthroposophy it would then make sense to say that *Strychnos henningsii* 30CH would be beneficial in treating slow developing and passive diseases such as cancer, diabetes, sclerosis and degenerative diseases in general, due to a higher root to flower ratio. These diseases are associated mainly with the nervous system pole and have earthy qualities. The colour yellow is also associated with the earth element and this will be discussed below.

5.3.6 Colour Therapy and Chakras

Brief Synopsis

1. Root = Anus/Genitals = Red
2. Sacral/Spleen = Adrenals = Orange
3. Solar Plexus = Pancreas = Yellow
4. Heart = Thymus = Green
5. Throat = Thyroid
6. 3rd Eye = Pituitary gland
7. Crown = Pineal gland

Colour Therapy was studied in relation to the different chakras in our body. The structure of the *Strychnos henningsii* plant was compared to these modalities respectively. According to Colour therapy, light consists of 7 energies: red, orange, yellow, green, blue, indigo and violet. Each colour is connected to various areas of our body and will affect us differently emotionally, physically and mentally (Wills, 1998).

The Leaves

The leaves of this plant were intensely green. Green impacts the heart chakra. It is cooling, soothing and calming both bodily and mentally. Many provers noted increased sensitivity which is related to this chakra and this colour. By prescribing this remedy, it will serve as an emotional stabilizer helping to soothe the nervous system. Common ailments that can be treated are: Hypertension, Insomnia, Exhaustion, Irritability, Headaches, Ulcers, Asthma, Heart Conditions, Malaria, Malignancy, and Neuralgia.

Yellow Flowers

Yellow is linked to the solar plexus chakra and the pancreas. The solar plexus is where our emotional energy radiates. Yellow helps strengthen the nerves and mind, thus it is an excellent colour for nervous or nerve-related conditions or ailments. This would also explain why *Strychnos henningsii* had a profound effect on the nervous system and produced many mind symptomatology. It elicited in prover's clarity of thought, increased awareness, and also stimulated interest and curiosity (Wills, 1998).

Plants with yellow flowers are believed to be beneficial in treating conditions of the stomach, liver and intestines by the signature of colour (Wills, 1998). This was proven as *Strychnos henningsii* had a significant effect on the gastrointestinal tract, particularly the liver. Yellow has a stimulating, cleaning, and eliminating action on the liver, intestines and the skin. Furthermore, this colour is associated with bile, hence with the liver and gallbladder.

The bitterness of this plant fits in with their use, because the bitter flavour acts strongly on the liver and gallbladder, as well as the digestive tract in general.

Noticeable symptoms included a bad taste in the mouth upon waking in the morning and this is a sign of a weak liver. Foul eructation's, fullness, bloating, distension, nausea, increased flatulence, cramping pains and a heavy sensation in the abdomen were amongst other symptoms.

The theme detachment can be linked to the yellow flowers as well (Wills, 1998). Symptoms noted by provers related to detachment included being estranged from family; a forsaken feeling (sensation of isolation) and this could explain the desire to be in the company of others. The flowers are also found in clusters, never alone hence reflecting the strong desire for company. Furthermore the seeds are solitary and grooved down the centre as well which is indicative of isolation and detachment.

The Bark

The bark of this plant is brown which is an earthy colour. It grounds, stabilizes and neutralizes. With the remedy being made from the bark, it would explain why many provers experienced an over excited state due to the strychnine. This remedy however counteracted this hyperactive state, hence calming the provers and stabilized the entire bodily system. It will be very useful for any form of spaciness and hyperactivity.

Orange berries

The berries are linked to the spleen/sacral plexus. This chakra regulates circulation and metabolism and impacts the adrenal glands. Proving symptoms tied with this orange colour and chakra included exhaustion, tiredness and a drained feeling. Orange impacts our emotional health and promotes joy and happiness. Similarly it has a warming effect on our bodily systems helping to soothe spasms, cramps and stiffness (Colour Therapy, 2011). This explains the many spasmodic symptoms that arose and it is indicative of the healing potential of *Strychnos henningsii*. Can assist in the therapeutic circumstances of the spleen, pancreas, stomach, intestines, adrenals, and depression.

5.4 Clinical Indications

The various symptoms that came up in the proving indicate a variety of conditions that could possibly be treated by the use of *Strychnos henningsii*. General conditions include:

- Headaches
- Insomnia
- Paralysis
- Vertigo
- Coryza
- Sinusitis
- Influenza

- Syphilis
- Gastrointestinal symptoms (nausea, abdominal distension, indigestion, flatulence, cramping, fullness, heartburn)
- Liver conditions
- Backache and stiffness
- Rheumatic fever
- Skin complaints
- Colic
- Dysmenorrhoea
- Rheumatism
- Snake bites

CHAPTER SIX

Recommendations and Conclusion

6.1 Recommendations

6.1.1 Proving population

The foundation of any proving study is dependent on the proving population that make up the study group. For the proving of *Strychnos henningsii* 30CH, provers with a Homoeopathic background (Homoeopathic students), as well as members from the general public with a basic awareness of homoeopathic principles were included.

During the analysis of the symptoms at the end of the proving study, it was noted that the Homoeopathic students observed and recorded their symptoms in much more detail, providing the researchers with a wealth of valuable information. Whereas the provers from the general public provided key symptoms too but left out important details which they probably deemed not important. These provers either summarised their symptoms too much or in some circumstances provided monotonous symptoms with too much irrelevant information. It is believed that the principles laid out in the instruction sheet on how to record symptoms were generally not adhered to.

The researcher would suggest that in future more thought and care should be taken into consideration when selecting the proving population. The bulk of the provers should have a keen interest in homoeopathy and have a direct link to this form of medicine, but it is advisable not to exclude the general public as some people are unknowingly sensitive and are prone to produce excellent symptoms. All of this will ensure that the standard of homoeopathic provings improve, and are of the best quality.

Another observation made was that there were a larger percentage of females in this study group. Due to this, no apparent symptoms came up from the few male provers to add to the male genitalia/sex section of the *Repertory*. It is recommended that an equal ratio of males to females should be represented in all proving studies to get a better reflection of the proving substance.

The researchers did strive to include a balanced and fair mix of ethnic groups at the recruitment stages. However, the ethnic distribution of this proving study turned out to be predominantly Indian.

Even though the ethnicity of the provers did not appear to have a significant impact on proving data in this research data, I would recommend that future proving studies should consider targeting their research around the impact of ethnicity on proving data.

6.1.2 Prover supervision

This research study was supervised by 4 researchers. Each researcher was responsible for 8 provers. This made it much easier for the proving to run smoothly. It is recommended that in future proving studies, the number of provers monitored by individual researchers be lessened to no more than 12 provers. This would allow for close contact with the provers and provide a better quality and higher standard of provings.

6.1.3 Further Provings in other Potencies

Vithoulkas advises using different potencies for the proving process in order to explore the full spectrum of the remedy, hence getting the complete essence of the remedy picture in its totality (1998:152). It is believed by the researcher that a clearer picture of *Strychnos henningsii* would appear if higher and lower potencies were utilised for further provings. It might produce more symptoms in provers that would not have occurred with the 30CH potency. For this particular proving the 30CH potency was utilised as stipulated by the Durban University of Technology.

6.1.4 Triple-blind Proving Methodology

A triple-blind placebo-controlled methodology was employed in this study. This allowed for the student researchers who were interacting with the thirty-two proving subjects and determining the final subjective data to be unaware of the nature of the substance being proved, in addition to the standard double-blind conditions under which neither subject nor observer is aware of the randomisation and allocation of placebo and verum test substances, but the nature of the substance under investigation is often known to the observer and/or the individual who defines the research data set (Campora, 1999).

Although this triple-blind design did not yield any additional advantages, as opposed to using the more commonly used double-blind design, it provided further protection against bias and prejudice in this particular study.

6.1.5 Proving of Indigenous substances

Southern Africa has a vast amount of indigenous substances which have been utilised by traditional herbalists (Inyangas) for many years to treat their communities, proving that they contain powerful healing potential. Pujol states that plants are everywhere in our fields, bushvelds, woodlands, forests, in their natural beauty, ready to sacrifice themselves for the benefit of mankind (1990:194). More Homoeopathic provings should be undertaken on local substances in Southern

Africa periodically, which can contribute to a *South African Homoeopathic Materia Medica* being compiled in the near future.

6.1.6 Clinical Information

With the widespread clinical use of *Strychnos henningsii* 30CH in Homoeopathic practise, the symptomatology that was produced in this proving study would be verified. It is highly recommended that the results of this study be made available to fellow homoeopaths, providing them with a better understanding of the remedy in order to prescribe it. Publication of cases successfully treated with *Strychnos henningsii* would render encouragement to homoeopaths and create awareness of the benefits of this remedy.

6.2 Conclusion

This proving study investigated the Homoeopathic indications of a plant indigenous to Africa, namely, *Strychnos henningsii* 30CH. The investigation clearly supported the hypothesis that this medicinal plant would produce clearly observable signs and symptoms in healthy provers. A variety of mental, emotional and physical symptoms were extracted from this proving study, which indicates that this remedy may be beneficial when successfully prescribed according to homoeopathic guidelines and principles.

The comparison between the homoeopathic proving symptomatology of *Strychnos henningsii* and the doctrine of signatures revealed similarities, most of which related to the nervous system, the head, the skin, the extremities and the gastrointestinal tract. The second hypothesis that the symptoms produced would show a correlation to the doctrine of signatures as related to *Strychnos henningsii* plant was also thereby confirmed.

Strychnos henningsii 30CH has the potential to become a significant Homoeopathic remedy. It appears to be a remedy that would be considered for many clinical scenarios because of its wide range of symptoms produced. This study contributed towards the proving of indigenous substances of South Africa and is a step towards the development of the *South African Materia Medica* mentioned by Wright (1999:112) which will be beneficial in the treatment of South Africans in general.

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Appendix A

Suitability for Inclusion in the Proving*

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

Surname:				
First Names:				
Age:	Sex:	<table border="1"><tr><td>M</td><td>F</td></tr></table>	M	F	Telephone:
M	F				
.....				

PLEASE TICK THE APPROPRIATE ANSWER

- Are you between the ages of 18 and 60 years?

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 or hormone replacement therapy*
in the last 6 months?

YES	NO
-----	----

- Are you pregnant or breastfeeding?

YES	NO
-----	----

- Have you had surgery in the last six weeks?

YES	NO
-----	----

- *Do you use recreational drugs such as cannabis, LSD or Ecstasy (MDMA)?*

YES	NO
-----	----

- Do you consume more than:
 - Two measures of alcohol per day?
(1 measure = 1 tot spirit / 1 beer / ½ glass of wine)

YES	NO
-----	----
 - 10 cigarettes per day?

YES	NO
-----	----
 - 3 cups of coffee or tea per day?

YES	NO
-----	----

- *Do you consider yourself to be in a general state of good health?*

YES	NO
-----	----

- *If you are between the ages of 18 and 21 years do you have consent from a parent/ guardian to participate in this proving?*

YES	NO
-----	----

- *Are you willing to follow the proper procedures for the duration of the proving (including journal-keeping, consultations with your supervisor and blood tests)?*

YES	NO
-----	----

This appendix has been adapted from Wright, C. (1999) *A Homoeopathic Drug Proving of Bitis arietans arietans

Appendix B

Informed Consent Form*

TO BE COMPLETED IN **TRIPLICATE** BY THE PROVER

Title of Research Project:

A Doctrine of Signatures-Based Evaluation of the Results of a Triple Blind Proving of
Strychnos henningsii 30 CH

Name of Supervisor:

Dr Ashley H.A. Ross (M.Tech.Hom. (TN) B.Mus. *cum laude* (UCT))

Names of Master's Research Students:

Nerisha Naidoo

Melanie Naidoo

Irfana Lockhat

Poonam Maharaj

PLEASE TICK THE APPROPRIATE ANSWER

1. Have you read the Research Information Sheet?

YES	NO
-----	----

2. Have you had an opportunity to ask questions regarding this proving?

YES	NO
-----	----

3. Have you received satisfactory answers to your questions?

YES	NO
-----	----

4. Have you had an opportunity to discuss the proving?

YES	NO
-----	----

5. With whom have you spoken?

6. Do you believe you have received enough information about this proving?

YES	NO
-----	----

7. Do you understand the implications of your involvement in this proving?

YES	NO
-----	----

8. Do you understand that you are free to withdraw from this proving:

at any time;

without having to give a reason for withdrawing, and

without affecting your future healthcare?

YES	NO
YES	NO
YES	NO

9. Do you agree to voluntarily participate in this study?

YES	NO
-----	----

10. To participate in this proving you must meet all the inclusion criteria.

These are as follows:

- You must be between the ages of 18 and 60 years of age;
- must not need any medication, including chemical, allopathic, homoeopathic or other;
- must not be on, or have been on the contraceptive pill or hormone replacement therapy in the last 6 months;
- must not be pregnant or breastfeeding;
- must not have had surgery in the last 6 weeks;
- must not use recreational drugs such as cannabis, LSD or Ecstasy (MDMA);
- must not consume more than two measures of alcohol per day;
- must not smoke more than 10 cigarettes a day;
- must not consume more than 3 cups of coffee or tea a day;
- must be in a general state of good health;
- if you are between the ages of 18 and 21, years you must have consent from a guardian/ parent to participate in the proving; and
- must be willing to follow the proper procedure for the duration of the proving.

Have you completed *Appendix A* which outlines in detail all of the

inclusion criteria stated above?

YES	NO
-----	----

Additional notes:

1. *Discomfort:*

Discomfort may be experienced as a result of participating in the proving. It is observed from previous homoeopathic provings that any discomfort experienced is generally of a transitory nature, and complete recovery is usual.

2. *Benefits:*

- a) It has been postulated that each proving undertaken strengthens bodily vitality (*Hahnemann, 1997: 208*). Many provers report higher levels of mental and physical energy, and increased resistance after participation in homoeopathic drug proving (*Sherr, 1994:*). The mechanisms responsible for this perceived benefit are unclear.
 - b) Provers learn and develop the skill of astute observation, and gain homoeopathic knowledge through direct involvement in the proving process; and
 - c) Provers may be cured of certain ailments where the remedy being proved corresponds closely to the prover's pre-proving state.
3. There is no expense to the prover for participating in the proving and no remuneration is offered to the prover.
4. Every prover is provided with the names and telephone numbers of the research student and the supervisor of the proving, in the event of any questions or difficulties arising:

Name:	Office hours:	After hours:	Cellular:
Dr Ashley Ross (Supervisor)	(031) 204 2542	(031) 309 2349	082 458 6440
Nerisha Naidoo	(031) 204 2041	(032) 533 4528	083 307 5761
Melanie Naidoo	(031) 204 2041	(031) 464 5604	
Irfana Lockhat	(031) 204 2041		082 463 1327
Poonam Maharaj	(031) 204 2041	(031) 309 4207	072 509 2681

N.B.: *If you have answered "NO" to any of the above, please seek additional information before signing.*

If the prover is between 18 and 21 years of age, written consent from a guardian/parent is required for the prover to participate in the proposed research:

I, _____ (*guardian/parent*) hereby consent to the proposed procedures associated with participation of _____ (*prover*) in the above-mentioned research project.

Signature: _____ Date: _____

I, _____ (*prover*) hereby consent to the proposed procedures associated with my participation in the above-mentioned research project.

Signature: _____ Date: _____

WITNESS:

Name _____ Signature: _____

RESEARCH STUDENT:

Name _____ Signature: _____

SUPERVISOR:

Name _____ Signature: _____

*This appendix has been adapted from Wright, C. (1999) *A Homoeopathic Drug Proving of Bitis arietans arietans*

Appendix C(i)

Case History Sheet*

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

PROVER NUMBER:		<input type="text"/>					
Name:	<input type="text"/>	Sex:	<table border="1"><tr><td>M</td><td>F</td></tr></table>	M	F		
M	F						
Date of Birth:	<input type="text"/>	Age:	<input type="text"/>				
		Children:	<input type="text"/>				
Occupation:	<input type="text"/>	Marital Status:	<table border="1"><tr><td>S</td><td>M</td><td>D</td><td>W</td></tr></table>	S	M	D	W
S	M	D	W				

1. Past Medical History:

(Please list previous health problems and their approximate dates:)

Do you have a history of any of the following? *[Please tick relevant blocks]*

Cancer	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
HIV	<input type="checkbox"/>	Pneumonia/ Chronic bronchitis	<input type="checkbox"/>
Parasitic infections	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>
Glandular fever	<input type="checkbox"/>	Boils/ Suppurative tendency	<input type="checkbox"/>
Bleeding disorders	<input type="checkbox"/>	Smoking	<input type="checkbox"/>
Eczema/ Skin conditions	<input type="checkbox"/>	Oedema/ Swelling	<input type="checkbox"/>
Warts	<input type="checkbox"/>	Haemorrhoids	<input type="checkbox"/>

2. Surgical History:

(Please list any past surgical procedures [e.g. *tonsils, warts, moles, appendix etc.*] and their approximate dates:)

3. Family History:

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

(including siblings, parents and grandparents)

Cardiovascular disease

☐

incl. hypertension, heart disease, etc.

Cerebrovascular disease

☐

incl. stroke, transient ischaemic attacks, etc.

Diabetes mellitus

☐

Tuberculosis

☐

Mental illness

☐

incl. depression, schizophrenia, suicide, etc.

Cancer

☐

Epilepsy

☐

Bleeding disorders

☐

Please list any other medical conditions within your family:

♂		♂♂	
		♂♀	
♀		♂♀	
		♀♀	

4. Background Personal History:

Allergies:

Vaccinations:

Medication (including supplements):

Estimation of daily consumption:

Alcohol:

Cigarettes:

5. Generalities:

Energy:

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

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Sleep:

Quantity:

Quality:

Position:

Dreams:

Time modalities:

>	
<	

Weather modalities

>	
<	

Temperature modalities:

>	
<	

Perspiration:

Appetite:

<i>Cravings</i>	
<i>Aversions</i>	
<	
>	

Thirst:

Bowel habits:

Urination:

Menstrual cycle and menses:

<i>Menarche:</i>	yrs	Regular	Irregular	<u><i>Pre-menstrual:</i></u>
<i>LMP:</i>		<i>Interval:</i>	days	
<u><i>Nature of bleed:</i></u>		<i>Duration:</i>	days	
		Meno-	Metro-	
				<u><i>Post-menstrual:</i></u>
<u><i>Pain:</i></u>				

6. Head-to-toe and Systems Overview:

Head:

Eyes and Vision:

Ears and Hearing:

Nose and Sinuses:

Mouth, Tongue and Teeth:

Throat:

Respiratory System:

Cardiovascular System:

Gastro-intestinal System:

Urinary System:

Genitalia and Sexuality:

Musculoskeletal System:

Extremities:

Upper:

Lower:

Skin:

Hair and Nails:

Other:

7. Psychic Overview:

<i>Disposition:</i>
<i>Fears:</i>
<i>Relationships:</i>
<i>Social interaction:</i>

<i>Ambition / Regret:</i>
<i>Hobbies/Interests:</i>

8. The Physical Examination:

a) Physical Description

Frame / Build:			
Hair colour:		Complexion:	
Eye colour:		Skin texture:	

b) Vital Signs

Height:	m
Weight:	kg
Pulse rate:	beats/min
Respiratory rate:	breaths/min
Temperature:	°C
Blood Pressure:	/ mmHg

c) Findings on Physical Examination *[Tick positive blocks]*

Jaundice	<input type="checkbox"/>	Oedema	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>	Lymphadenopathy	<input type="checkbox"/>
Cyanosis	<input type="checkbox"/>	Hydration	<input type="checkbox"/>
Clubbing	<input type="checkbox"/>		
Specific System Examinations			

Consultation Date:		Signature:	

Appendix C(ii)

Post-proving Case History Sheet

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

PROVER NUMBER:		<input type="text"/>					
Name:	<input type="text"/>	Sex:	<table border="1"><tr><td>M</td><td>F</td></tr></table>	M	F		
M	F						
Date of Birth:	<input type="text"/>	Age:	<input type="text"/>				
		Children:	<input type="text"/>				
Occupation:	<input type="text"/>	Marital Status:	<table border="1"><tr><td>S</td><td>M</td><td>D</td><td>W</td></tr></table>	S	M	D	W
S	M	D	W				

1. Background Personal History:

Allergies:

Vaccinations:

Medication (including supplements):

Estimation of daily consumption:

Alcohol:

Cigarettes:

2. Generalities:

Energy:

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

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Sleep:

Quantity:

Quality:

Position:

Dreams:

Time modalities:

>	
<	

Weather modalities

>	
<	

Temperature modalities:

>	
<	

Perspiration:

Appetite:

<i>Cravings</i>	
<i>Aversions</i>	
<	
>	

Thirst:

Bowel habits:

Urination:

Menstrual cycle and menses: (overleaf)

Menstrual cycle and menses:

<i>Menarche:</i>	yrs	Regular	Irregular	<u><i>Pre-menstrual:</i></u>
<i>LMP:</i>		<i>Interval:</i> days		
<u><i>Nature of bleed:</i></u>		<i>Duration:</i> days		
		Meno-	Metro-	
				<u><i>Post-menstrual:</i></u>
<u><i>Pain:</i></u>				

3. Head-to-toe and Systems Overview:

Head:

Eyes and Vision:

Ears and Hearing:

Nose and Sinuses:

Mouth, Tongue and Teeth:

Throat:

Respiratory System: (overleaf)

Respiratory System:

Cardiovascular System:

Gastro-intestinal System:

Urinary System:

Genitalia and Sexuality:

Musculoskeletal System:

Extremities:

Upper:

Lower:

Skin:

Hair and Nails:

Other:

4. Psychic Overview:

<i>Disposition:</i>
<i>Fears:</i>
<i>Relationships:</i>

<i>Social interaction:</i>
<i>Ambition / Regret:</i>
<i>Hobbies/Interests:</i>

5. The Physical Examination:

a) Vital Signs

Height:	m
Weight:	kg
Pulse rate:	beats/min
Respiratory rate:	breaths/min
Temperature:	°C
Blood Pressure:	/ mmHg

b) Findings on Physical Examination *[Tick positive blocks]*

Jaundice	<input type="checkbox"/>	Oedema	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>	Lymphadenopathy	<input type="checkbox"/>
Cyanosis	<input type="checkbox"/>	Hydration	<input type="checkbox"/>
Clubbing	<input type="checkbox"/>		
Specific System Examinations			

Appendix D

Instructions to Provers*

Dear Prover

Thank you very much for taking part in this proving. We are grateful for your willingness to contribute to the advancement and growth of homoeopathic Science, and are sure that you will derive benefit from the experience.

Before the proving:

Ensure that you have:

- signed the *Informed Consent Form (Appendix B)*;
- had a case history taken and a physical examination performed;
- attended the pre-proving training session;
- an assigned prover number, and corresponding journal; and
- read and understood these *Instructions*

Your proving supervisor will contact you with the date that you are required to commence the pre-proving observation period, and the date that you are required to start taking the remedy. You will also agree on a daily contact time for the supervisor to contact you.

Should there be any problems, or anything you do not fully understand, please do not hesitate to call your proving supervisor.

Beginning the proving:

After having been contacted by your supervisor and asked to commence the proving, record your symptoms daily in the diary for one week prior to taking the remedy. This will help you to get into the habit of observing and recording your symptoms, as well as bringing you into familiarity 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 that you and your supervisor 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 and with a clean mouth. Neither food nor drink should be taken for a half-hour before and 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:

- Any new symptom, i.e. ones that you have never experienced before
- Any unusual change or intensification of an existing symptom
- Any strong return of an old symptom, i.e. a symptom that you have not experienced for more than one year.

If in doubt phone your supervisor. Be on the safe side and do not take further doses. Homoeopathic experience has repeatedly shown that the proving symptoms begin very subtly – often before the prover recognises 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, dark place away from strong smelling substances, chemicals, electrical equipment and cellphones.

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

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

In the event of medical or dental emergency of course common sense should prevail. Contact your doctor, dentist or local hospital as necessary. Please contact your supervisor 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 your supervisor will know your identity and all information will be treated in the strictest confidence.

Contact with your Supervisor:

Your supervisor will telephone you to inform you to begin your one-week observation period, and then daily from the day that you begin to take the remedy. This will later decrease to 2 or 3 times a week and then to once a week, as soon as you and the supervisor agree that there is no longer a 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 encounter any problems during the proving, please do not hesitate to call your supervisor.

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 at which 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. The day that you took the first dose is day zero.

Write neatly on alternate lines, in order to facilitate the extraction process, which is the next stage of the proving. Try to keep the journal with you at all times. Please be as precise as possible. Note in an accurate, detailed but brief manner your symptoms in your own 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 this 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	-	<i>concomitants</i>
L	-	<i>location</i>
A	-	<i>aetiology</i>
M	-	<i>modality</i>
I	-	<i>intensity</i>
T	-	<i>time</i>
S	-	<i>sensation</i>

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

- | | |
|-------------------------|----------------------|
| • MIND / MOOD | • URINARY ORGANS |
| • HEAD | • GENITALIA |
| • EYES / VISION | • SEX / MENSTRUATION |
| • EARS / HEARING | • SKIN |
| • NOSE | • TEMPERATURE |
| • BACK | • SLEEP |
| • CHEST AND RESPIRATION | • DREAMS |
| • DIGESTIVE SYSTEM | • GENERALITIES |
| • EXTREMITIES | |

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

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 the 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 notion 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, discuss them with your supervisor.

Please remember that detailed observation and concise, legible recording is crucial to the proving. One reads in *The Organon of the Medical Art*, 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)

* Adapted from Sherr, J. The Dynamics and Methodology of Homoeopathic Provings (2nd Edition,) 1994

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Acknowledgement of Understanding

I, _____ agree to participate in the proving outlined in *Appendix D (above)*, and acknowledge that I have read and understand the instructions regarding the proving.

PROVER:

Name: _____ Signature: _____

WITNESS:

Name: _____ Signature: _____

PROVING SUPERVISOR:

Name: _____ Signature: _____

Date: _____

Appendix E

Methods of Preparation

(German Homoeopathic Pharmacopoeia)

i) Method 6: Triturations

Preparations made according to Method 6 are triturations of solid basic drug materials with lactose as the vehicle unless otherwise prescribed. Triturations up to and including the 4th dilution are triturated by hand or machine in a ratio of **[1 to 10 (decimal dilution) or]^a** 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 trituration should be such that the resulting particle size of the basic drug material in the 1st **[decimal or]** centesimal dilution is below 10µg at 80 percent level; no drug particle should be more than 50µg.

Triturations up to and including the 4th **[decimal or]** centesimal are produced at the same duration and intensity of trituration.

Trituration by hand:

Divide the vehicle [lactose 19.800g]^b into three parts and triturate the first part [6.600g] for a short period in a porcelain mortar. Add the basic drug material [0.200g] and triturate for 6 minutes, scrape down for 4 minutes with a porcelain spatula, triturate for a further 6 minutes, scrape down again for 4 minutes, add the second part [6.600g] of the vehicle and continue as above. Finally add the third part [6.600g] and proceed as before. The minimum time required for the whole process will thus be 1 hour. The same method is followed 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 homogeneous. Add the second third of the lactose, mix until homogeneous, and repeat for the last third].

[Trituration by machine: - not applicable]

ii) Method 8a: Liquid preparations made from triturations

Preparations made by Method 8a are liquid preparations produced from triturations made by Method 6.

[To produce a 6x liquid dilution, 1 part of the 4x trituration is dissolved in 9 parts of water and succussed. 1 part of this dilution is combined with 9 parts of ethanol 30 percent to produce the 6x liquid dilution by succussion. In the same way, the 7x liquid dilution is made from the 5x trituration, and the 8x liquid dilution from the 6x trituration.

To produce a 6c liquid dilution, 1 part [0.200g] of the 4c trituration is dissolved in 99 parts [19.800g] of water and succussed. 1 part of this dilution [30μl] is combined with 99 parts of ethanol 30 percent [2.970ml] to produce the 6c liquid dilution by succussion. [*In the same way, the 7c liquid dilution is made from the 5c trituration, and the 8c liquid dilution from the 6c trituration*]. From the 9c [7c] upwards, liquid centesimal dilutions are made from the previous centesimal dilution with ethanol 43 percent in a ratio of 1 to 100.^c

[The 6x, 7x, 6c, 7c liquid dilutions produced from the above method must not be used to produce further liquid dilutions].

a) [italics] indicates portions of the methods which are not applicable to the preparation of XXXX 30c.

b) [*bold italics*] indicates specific detail applicable to the preparation of XXXX 30c

c) In the preparation of XXXX 30c, the 7c and 8c liquid dilutions will be made from the previous centesimal dilution with ethanol 43 percent in a ratio of 1 to 100. From the 9c upwards, liquid centesimal dilutions will be made from the previous centesimal dilution with ethanol 96 percent in a ratio of 1 to 100 (to allow for subsequent impregnation of lactose granules)