


# **A homoeopathic drug proving of *Withania somnifera* 30CH**

**By**

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Durban University of Technology

**I, Marisa Laidlaw, do hereby declare that this dissertation is representative of  
my own work, both in conception and execution.**

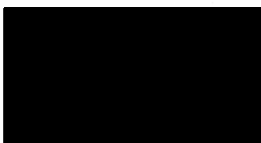


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## DEDICATION

This proving is dedicated to those in need of *Withania somnifera*.

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My sincere thanks go to every prover who contributed in their own way to the proving of *Withania somnifera*. Every detailed symptom and small insight provided another window into a more comprehensive understanding of this remedy.

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# ABSTRACT

## Introduction

The purpose of this study was to conduct a homoeopathic proving of *Withania somnifera* in the thirtieth centesimal potency [30CH], thereafter to determine and report the symptomatology in standard materia medica and repertory format, and then compare this symptomatology to the indigenous African and Ayurvedic medicinal usage of *Withania somnifera*.

## Methodology

The homoeopathic drug proving of *Withania somnifera* 30CH was conducted as a randomised, double-blind, placebo-controlled trial at the Durban University of Technology.

The intervention, *Withania somnifera* 30CH, was manufactured according to methods 6, 8a and 10 of the German Homoeopathic Pharmacopoeia [GHP] (Driehsen, 2003).

Thirty healthy subjects were recruited as provers after meeting with the inclusion criteria (see Appendix A). The provers were randomised into two groups: 80% of provers received verum and 20% received a placebo control identical in appearance to the verum. The vehicle for both verum and control was six lactose powders, self-administered sublingually three times daily by all provers over two consecutive days.

The measurement of proving symptoms was two-fold: a subjective account of symptoms produced by the verum/placebo recorded daily in a journal provided, and objective monitoring by the researcher.

After the proving-generated symptoms had subsided, journals were collected and data analysis commenced. The accepted symptoms were collated and reported in standard materia medica and repertory format.

## **Results**

The proving of *Withania somnifera* 30CH produced a total of 282 rubrics, five of which were newly formulated rubrics. There were 184 Grade 1 rubrics, 98 Grade 2 rubrics and 0 Grade 3 rubrics. The majority of rubrics were represented in the MIND, DREAMS, HEAD and GENERALS sections of the repertory.

Analysis of results provided insight into the similarities and differences between indigenous African and Ayurvedic medicinal usage of *Withania somnifera* and the relationship to other homoeopathic medicines.

## **Conclusion**

Clearly observable symptomatology was produced by healthy provers in response to the administration of *Withania somnifera* 30CH. In addition, there was significant correlation between the proving symptomatology and the indigenous African and Ayurvedic medicinal usage of *Withania somnifera*.

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## DEFINITION OF TERMS

### **Centesimal potency (CH)**

A potency scale which utilises the Hahnemannian potency method, in which the dilution ratio is in the proportion of 1:99. The Hahnemannian potency method involves the process of serial dilution, in which one part taken from the previous potency is added to 99 parts of the diluent (in new glassware at each stage), and subsequent succession after each dilution. The number of serial dilutions performed in this manner defines the potency (Swayne, 2000: 36).

### **Law of Similars**

The fundamental principle of homoeopathy which states that any substance which can produce a certain set of disease symptoms has the potential to cure those same symptoms in a diseased individual (Vithoulkas, 1980: 92). Expressed as '*similia similibus curentur*' (Swayne, 2000: 193).

### **Materia medica**

In homoeopathy, the description of the nature and therapeutic repertoire of homoeopathic medicines; of the pathology, the symptoms and signs and their modifying factors (modalities), and the general characteristics of the patient associated with them (Swayne, 2000: 132-133).

### **Placebo**

A substance with no active biological properties, used for comparison with the substance or method to be tested in a controlled trial, and indistinguishable from it (Swayne, 2000: 162).

### **Potency**

The medicinal power of a homoeopathic medicine, released or developed by dynamisation or potentisation; the measure of the power of the medicine based on the degree to which it has been potentised, expressed in terms of the degree of dilution (Swayne, 2000: 165-166).



**Potentisation**

A Hahnemannian concept of increasing the 'medicinal power' (potency) by serial dilution and succussion (Swayne, 2000: 168).

**Prover**

The volunteer of a proving who is in good health, and who records changes in his or her condition during and after administration of the substance to be tested (Swayne, 2000: 173-174).

**Proving**

The process of determining the medicinal properties of a substance by administration of that substance to healthy volunteers, to elicit effects from which the therapeutic potential, or materia medica of the substance may be derived (Swayne, 2000: 174).

**Remedy**

The term colloquially used amongst homoeopaths for the homoeopathic medicine because it implies both the more comprehensive remedial action which the prescription is expected to achieve and the more purposive relationship to what is to be remedied in the patient than the more general term, 'medicine' (Swayne, 2000: 182-183).

**Repertory**

Systemic cross reference of symptoms and disorders to the homoeopathic medicines in the materia medica in order to identify the remedy during a process known as repertorisation (Swayne, 2000: 183).

**Rubric**

The phrase used in a repertory to identify a symptom or disorder and its component elements, and to which a list of the remedies which are known to have produced that symptom or disorder in provings, or to have remedied it in clinical practice, is attached (Swayne, 2000: 186).

**Succussion**

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

**Verum**

In the context of a homoeopathic proving, refers specifically to the medically active substance administered to provers as opposed to the medically inert placebo (Swayne, 2000: 221).

# CHAPTER ONE: INTRODUCTION

## 1.1 Rationale for Conducting a Proving

Homoeopathic provings and retrospective toxicological findings are two ways by which the picture of a homoeopathic remedy can be elucidated from a substance in nature (Sherr, 1999: 1; Dantas, 1996: 230). Thus, homoeopathic provings are central to homoeopathic research so as to continually expand the existing materia medica. By expanding the materia medica, a greater therapeutic potential is reached within clinical practice as the homoeopathic practitioner has a greater number of remedies from which to prescribe, and therefore more accurate and specific remedies can be administered to patients (Sherr, 1999: 8; O'Reilly, 1996: 173-174).

According to the fundamental law of homoeopathy, the Law of Similars ('*Similia Similibus Curentur*'), any substance which can produce a totality of disease symptoms in a healthy human being can cure that same totality of symptoms in a sick human being (Vithoulkas 1980: 92). The importance of thorough provings becomes apparent in clinical practice (Sherr, 1999: 8). Patients who have not previously responded well to homoeopathic treatment may be cured by administration of a newly-proven substance which more closely corresponds to their totality of disease symptoms i.e. the simillimum (O'Reilly, 1996: 173-174; Sherr, 1999: 8). By increasing the homoeopathic armamentarium, the incidence of successful and accurate homoeopathic prescription increases (Sherr, 1999: 8; O'Reilly, 1996: 173-174).

With ever increasing morbidity and mortality rates from diseases such as cancer and Human Immunodeficiency Virus, new remedies should be welcomed to relieve the burden of human suffering (Vithoulkas, 1980: 143). Sherr believes that nature provides easily-accessible and local cures and therefore we should be looking to our immediate surrounding environment for answers to local disease (Sherr, 1999: 49).

## 1.2 Rationale for *Withania somnifera*

The domain of indigenous African homoeopathic remedies is largely unexplored, a concern which is being addressed at the Durban University of Technology (Ross, 2009: 58) and within this study. *Withania somnifera* cannot be defined purely as an 'African' medicinal plant because of its wide natural distribution pattern throughout Africa, Asia and Southern Europe (Van Wyk, Oudtshoorn and Gericke, 1997: 274). However, it is an important medicinal plant within indigenous African medicine with significant therapeutic value.

To date there have been no formal provings conducted on *Withania somnifera* ([www.provings.com](http://www.provings.com)), although the *Solanaceae* botanical family is well-known and widely used within homoeopathy (Long, 2011: 5). This paucity in an otherwise well-established taxonomical family provides an opportunity for remedy comparison within the family and therefore a greater chance of accuracy in the determination of the symptom picture of *Withania somnifera*.

*Withania somnifera* belongs to a class of plants (otherwise biologically unrelated) known as adaptogens, that provide cellular resistance to stress and promote homoeostasis (Van Wyk and Gericke, 2000: 139). Although *Withania somnifera* is well-known for maintaining and supporting health within the ancient system of Ayurvedic medicine, its potential has only recently been acknowledged by modern medicine. This is largely due to investigations into the activities, pharmacology and chemistry of *Withania somnifera*'s plethora of healing properties (Van Wyk and Gericke, 2000: 150). It would therefore be beneficial to conduct homoeopathic research parallel to current trends in phytochemical research to allow for a thorough basis of comparison.

## **1.3 Aim and Objectives**

### **1.3.1 Aim**

To conduct a double-blind placebo-controlled homoeopathic proving of *Withania somnifera* in the thirtieth centesimal potency [30CH].

### **1.3.2 Objective 1**

To determine the resultant symptomatology produced and recorded by healthy provers who self-administered *Withania somnifera* in the thirtieth centesimal potency [30CH] according to a set inclusion criteria.

### **1.3.3 Objective 2**

To report derived symptomatology in standard materia medica format and translate the materia medica into repertory format for future homoeopathic clinical application.

### **1.3.4 Objective 3**

To compare the totality of symptoms produced by the homoeopathic dose to the indigenous African and Ayurvedic medicinal usage of the herb *Withania somnifera* by means of highlighting similarities and differences.

## 1.4 Assumptions

With the above aim and objectives in mind, it was assumed that the proving of *Withania somnifera* 30CH would:

- Produce clearly observable symptoms in healthy provers;
- Be reproducible when applying the identical proving methodology in later studies;
- Produce a distinct difference in symptomatology in comparison to existing homoeopathic remedies;
- Produce a distinct difference in symptomatology between the verum and placebo groups;
- Produce a symptom picture comparable to other remedies from the same taxonomical family already existing in the materia medica and repertory; and
- Produce symptomatology comparable to the indigenous African and Ayurvedic medicinal usage of *Withania somnifera*.

The Law of Similars states that any substance that is capable of inducing pathological symptoms in healthy human beings is also capable of curing those same symptoms when administered in a homoeopathic potentised form (O'Reilly, 1996: 161-2).

The primary assumption when embarking on this study was that:

- There will be a transient, clearly observable change in the state of health of the proving volunteers in response to the administration of *Withania somnifera* 30CH.

The methodology used in this study was in accordance with the recommended methodology set out by Jeremy Sherr in his *Dynamics and Methodology of Homoeopathic Provings* 2<sup>nd</sup> ed. (1994).

Certain assumptions were made with regards to the methodology employed:

- The methodology adhered to was comparable to Sherr's methodology.
- The preparation of the verum and placebo was in accordance with standard *German Homoeopathic Pharmacopoeia* methods.

- The provers self-administered the verum/placebo correctly, and were closely monitored by the researcher.
- The provers recorded their symptoms accurately, honestly and in as much detail as possible.
- Provers complied with the proving procedure, and maintained a lifestyle similar to that of their normal lifestyle during the time of the proving.
- The resultant symptomatology was comprehensive enough to develop a balanced and complete materia medica and repertory for *Withania somnifera* 30CH.

### **1.5 Delimitations**

The researcher limited her field of study exclusively to the aims described above. Certain areas beyond the scope of this research study are listed below:

- The study did not endeavour to explain the mechanism of action of homoeopathic remedies with regards to production of symptoms;
- The study did not endeavour to determine the effect of any other potency excepting the thirtieth centesimal potency [30CH];
- The study did not venture to perform multicentre drug trials of the verum; and
- The study did not attempt to prove the effects of the placebo.

## CHAPTER TWO: LITERATURE REVIEW

### 2.1 Historical Perspectives

#### 2.1.1 The Law of Similars and Samuel Hahnemann

The word 'homoeopathy' originates from the Greek words '*omeos*' and '*pathos*' – translated as 'similar' and 'suffering' (Vithoukas, 1980: 6). According to the Law of Similars ('*Similia Similibus Curentur*'), the fundamental law upon which homoeopathy is based, any substance which can produce a certain set of disease symptoms has the potential to cure those same symptoms in a diseased individual (Vithoukas 1980: 92).

The principle of similitude did not originate with homoeopathy. Hippocrates, the father of medicine, can be attributed with the first written evidence of the concept, although it can be argued that treatment by similars existed before it was documented (Sankaran, 1997: 9). However, it was Samuel Hahnemann who systematically and methodically produced pathogenic effects using substances in a homoeopathically potentised form on healthy volunteers, and then applied the Law of Similars to treat those pathogenic diseases in patients with the same substances.

Hahnemann was a German physician and chemist, disillusioned with the contemporary medicinal practices which he considered barbaric, unscientific, inhumane and cruel (Sankaran, 1997: 8). He had decided to retire from medical practice but continued to research and study towards a more dignified, rational approach to medicine (Sankaran, 1997: 8).

In 1790, whilst translating the manuscript of Cullen's *A Treatise on Materia Medica*, Hahnemann was not satisfied with the explanation of the mechanism of action of quinine bark in treating malaria – Cullen proposed that quinine was an effective anti-malarial agent due to its bitter, astringent properties (Handley, 1990: 57-58). Hahnemann decided to test Cullen's hypothesis by ingesting crude doses of the bark



himself. This produced a pathogenic effect similar to the symptoms of malaria. Hahnemann concluded that this pathogenic effect would occur in any healthy individual and with this new insight, began experimenting further to confirm his new system of cure. This ground-breaking experiment in 1790 formed the basis of the Law of Similars (De Schepper, 2001: xv), and the foundation upon which homoeopathy was built.

One should imitate nature, which, at times, heals a chronic disease by another additional one. One should apply in the disease to be healed, particularly if chronic, that remedy which is able to stimulate another artificially produced disease, as similar as possible, and the former will be healed – *similia similibus* – likes with likes (Handley, 1990: 64).

### **2.1.2 Provings**

The word ‘proving’ originates from the German word ‘*prüfing*’, which means ‘experiment’ (Gaier, 1991: 390). A proving can be defined as a process of determining the medicinal properties of a substance by its administration to healthy volunteers in order to elicit effects from which the therapeutic potential, or *materia medica*, of the substance may be revealed (Swayne, 2000: 174).

In 1810, Hahnemann published the first edition of the *Organon of the Medical Art*. The *Organon* detailed the system of medical therapy that he had developed based on the Law of Similars; the principle of using a single medicine; administering it in the smallest dose possible; and only administering remedies which had already been proven on healthy people (De Schepper, 2001: xvi). This was the result of experimentation with more than a hundred remedies on himself in increasingly smaller doses, later expanding the experimental group to include family members, friends, and associates (De Schepper, 2001: 32-33). The Law of Similars was therefore confirmed through an objective system of methodical testing of remedies on healthy volunteers (Sankaran, 1997: 9).

## 2.2 Proving Methodology

Hahnemann provides clear guidelines to proving methodology in aphorisms 105 to 114 in the *Organon of the Medical Art* 6<sup>th</sup> ed. (De Schepper, 2001: 32). Provings today are still based on Hahnemann's methodology whilst simultaneously incorporating relevant and appropriate scientific methods to satisfy modern requirements (Riley, 1995: 47). Such methodologies include blinding, randomisation, cross-over experimental designs and placebo controls (Wieland, 1997: 229; Riley, 1997: 226). Influential homoeopaths such as Riley (1997), Sherr (1990), Norland (2007), Wright (1999) and Ross (2011) subscribe to Hahnemann's proving methodology to this day.

Homoeopathic practitioners and students have realised the necessity of conducting provings to continually expand the materia medica (Sherr, 1994: 5). Unfortunately, the standard of quality of many modern provings has deteriorated (Sherr, 1994: 9) due to the immense time, effort and expense required to conduct a thorough proving (Vithoulkas, 1980: 148). The resultant materia medica of many provings often lack sufficient detail – especially in terms of mental symptomatology – to be useful in practice (Sherr, 1994: 9). Furthermore, not all the remedy pictures included in the materia medica are derived by means of a thorough proving; some are based on partial provings or toxicological reports (Sherr, 1994: 9-10).

Dantas *et al.* (2007) analysed the methodologies of 156 provings conducted between 1946 and 1995, concluding that there was considerable variation in quality of methodology. The survey highlighted the need for an increase in methodological standardisation (Ross, 2011: 45). Despite an emerging consensus on the optimal proving methodology, many new provings show marked deviation from standard procedure. Proving methodologies that have become popular include meditation (Griffith, 2007) and dream (Sankaran: 1994; ICCH, 1999: 33).

In 1993, a new methodology known as the 'C4' proving methodology was discovered (Becker and Ehrler, 1998; Timmerman, 2007). Whilst preparing a homoeopathic substance by trituration (grinding in a mortar and pestle), Ehrler experienced physical and psychological symptoms that he attributed to the substance being triturated. Instead of the traditional C3 level endorsed by Hahnemann, Ehrler began triturating

substances up to the C4 level (Botha, 2010: 31). Trituration provings are generally conducted in groups, who triturate substances together using a mortar and pestle up to the C4 level, without ingesting the substance (Botha, 2010: 31). The symptoms experienced by participants are consistent despite variations in population size (Timmerman, 2006). Symptoms experienced are recorded during the trituration and discussed afterwards (Botha, 2010: 31-32). The participants are usually blinded as to the substance being triturated (Shore, Schriebman and Hogeland, 2004: 172-89).

These new proving methodologies have been criticised as unstandardised and unscientific, undermining homoeopathic science as well as providing unreliable indications for homoeopathic prescription (Sherr, 1994: 7).

## **2.3 Refinement of Proving Methodologies**

### **2.3.1 Prover Population**

There are many differing opinions on the subject of the population size to be utilised in a proving. Too-large provings can become cumbersome, whilst too-small provings can become unreliable (Sherr, 1994: 45).

De Schepper (2001: 34) recommends that a proving consist of at least 50 people to obtain a complete symptom picture without omission of important symptoms. Vithoulkas (1980: 152) is in favour of 50-100 provers in a proving. In Sherr's (1994: 45) opinion, a proving with 100 or more provers is too large because it distorts the remedy out of proportion against other remedies in the repertory. Too many common symptoms will be generated resulting in over-representation within the repertory (Sherr, 1994: 45). Sherr states that 15-20 provers are an optimal number for a valid and thorough proving (Sherr, 1994: 45). The International Council of Classical Homoeopathy (ICCH) and the Liga Medicorum Homoeopathica Internationalis (LMHI) recommend 10-20 provers as an ideal size for a proving (ICCH, 1999: 34) (Jansen and Ross, 2014).

The reality of conducting a proving is the larger the population sample size, the more time and work required. This was experienced by Schadde (in Sherr, 1994: 45) when

she conducted a proving of Ozone with 55 provers. Subsequently, Schadde concluded that 55 was too large a number to manage effectively and that smaller groups should be considered in future.

## **2.3 2 Placebo**

The use of placebo control in homoeopathic drug proving methodology is a contentious issue, with parties arguing both for and against placebo.

Walach (1994: 130) debates the necessity of the placebo control within the historical context of over 100 years of provings with no placebo control in place. He argues that if provings without a placebo control are not deemed credible, this would refute all past provings and necessitate re-provings of all substances with placebo control. Raeside (in Sherr, 1994: 570) asserts that implementing a placebo control group is an unnecessary waste of good provers. Furthermore, participants in clinical trials on placebo control often report significant 'placebo effects' (Riley, 1997: 227), and individuals on placebo occasionally produce symptoms similar to those of the verum group (Sherr, 1994: 57). This further brings into question the necessity of a placebo control group within the proving design.

According to Naude (2010), in order to eliminate variability, a placebo control group should be implemented in the proving structure. The authenticity of proving symptoms is increased when compared with symptoms arising from the placebo group (ICCH, 1999: 34). Sherr (1994: 37) states that the placebo separates the effects of the verum from the effects of the proving. The introduction of a placebo control group also serves as a means to increase provers' attention and accuracy in recording of symptoms (ICCH, 1999: 34; Sherr, 1994: 57).

The Homoeopathic Pharmacopoeia Convention of the United States [HPCUS] (2013) recommends that a minimum of 20% of the proving population receive placebo to help minimise bias. The ICCH (1999: 34) recommends 10-30% of the proving population to receive placebo, Vithoulkas (1980: 151) recommends 25%, the LMHI and ECH 10% (Jansen, 2014: 11) and Sherr (1994: 57) 10-20% respectively. In this proving of *Withania somnifera* 30CH, 20% of the 30 provers received placebo preparations. This

is in accordance with the number of placebo provers recommended by Sherr, the HPCUS and the ICCH.

Entanglement theory, originating as an algebraic concept in physics, has been applied to homoeopathic provings in an attempt to explain both verum and placebo provers' susceptibility to producing symptoms during the proving (Botha, 2010: 10). The theory states that entangled entities behave as one inseparable holistic unit, whose totality cannot be deduced from any of its parts (Milgrom, 2007: 9). Milgrom (2007) and Walach (2004) propose that it is the buy-in from provers and lack of information with regards to double-blinding and placebo control that leads to entanglement formation. Milgrom (2007) suggests that administration of the remedy does not provide the symptom information, but rather that the symptoms are produced purely as part of the entangled state.

### **2.3.3 Blinding**

The double-blinded placebo-controlled proving method has become the preferred proving method (Jansen, 2014: 12). This eliminates bias and improves accuracy in results (Sherr, 1994: 36).

In this proving of *Withania somnifera* 30CH, the provers were blinded as to:

- Whether they were self-administering the verum or the placebo;
- The identity of the verum; and
- Potency of the verum.

The researcher was blinded in order to give equal attention to all symptoms and provers (Sherr, 1994: 36).

### **2.3.4 Potency Selection**

In aphorism 128 of the *Organon of the Medical Art* (6th edition), Hahnemann establishes that the 30CH potency should be used for provings as this potency provides the most comprehensive symptomatology (O'Reilly, 1996: 154).

Hahnemann had been inconsistent in the selection of proving potencies up to this point. Initially, in 1789, he conducted his provings with crude doses of a selected substance before discovering that serial dilution and potentisation by succussion or trituration of a substance increased its medicinal efficacy, avoided violent reactions and displayed a wider range of symptoms (De Schepper, 2001: 33; Sherr, 1994: 55). According to Wieland (1997: 229), Hahnemann continued to develop his ideas about potency in provings according to his latest findings, finally establishing the 30th potency as the 'gold standard' in 1843 in the *Organon of the Medical Art* (6th edition) (O'Reilly, 1996: 154).

Sherr (1994: 56) states that it is perfectly acceptable to use a wide variety of potencies, even within a single proving. He offers the suggestion that multiple potencies within a proving allow the researcher to explore the exact effects of each potency level of a remedy. The homoeopathic physician can then prescribe a remedy accurately in terms of potency as well as symptomatology (Sherr, 1994: 56). De Schepper (2001: 36) also advocates the use of a range of potencies when conducting provings, although acknowledging Hahnemann's specification of the use of the 30CH potency.

There is much evidence, apart from Hahnemann's insistence, to support the use of the 30th centesimal potency exclusively within a proving (O'Reilly, 1996: 154). The 30th centesimal potency (30CH) will produce the most mental and emotional symptoms, as Sherr noted in his proving of Hydrogen (1992), and Walach in his proving of Belladonna (1997). Mental and emotional symptoms are considered to be of utmost importance in any homoeopathic proving (Somaru, 2008: 11). The 30th centesimal potency (30CH) is the most frequently used potency in homoeopathic provings (Wieland, 1997: 231). Many contemporary provings utilise the 30th potency exclusively, such as those by Wright (1999), Sankaran (2004), Somaru (2008), and Ross (2011).

The proving of *Withania somnifera* utilised the 30CH potency. Although *Withania somnifera* is non-toxic to the human body in its natural state, the potentisation of this medicine is to elucidate the homoeopathic therapeutic action, rather than to determine the mechanism of action of the plant (De Schepper, 2001: 231). The use of the 30CH

potency was as recommended by the Liga Medicorum Homoeopathica Internationalis (LMHI) and the ECH Harmonised Proving Guidelines (Jansen and Ross, 2014).

### **2.3.5 Posology**

In Sherr's opinion, a maximum of six doses over two days should be administered to a participant during a proving (1994: 53). Sherr has found that approximately 80% of provers develop symptoms before completing all six doses. Kent cautioned against the unnecessary and indiscriminate repetition of a remedy as it could graft onto the prover's constitution and therefore have permanent implications (Sherr, 1994: 53-54).

According to the HPCUS (2013), a dosing frequency more than three times daily is not recommended. The Liga Medicorum Homoeopathica Internationalis (LMHI) and the ECH Harmonised Proving Guidelines recommend no repetition of dosing once proving symptoms have appeared and furthermore that dosing should not be repeated when symptoms have disappeared (Jansen and Ross, 2014).

## **2.4 Provings at the Durban University of Technology**

### **2.4.1 Indigenous substances**

Since Wright's proposal of the creation of a South African materia medica, many provings of indigenous substances have been conducted at the Durban University of Technology [DUT] (Ross, 2009: 58) as listed in Table 1.

**Table 1: Provings of indigenous substances conducted at the Durban University of Technology**

Remedy Name	Common Name	Year
<i>Bitis arietans arietans</i>	African Puff Adder	1999
<i>Sceletium tortuosum</i>	Kougoed	1999
<i>Pycnopus sanguineus</i>	Tropical Cinnabar Bracket	2002
<i>Bitis gabonica gabonica</i>	Gaboon Viper	2004
<i>Naja mossambica</i>	Mozambique Spitting Cobra	2004
<i>Harpagophytum procumbens</i>	Devil's Claw	2004
<i>Sutherlandia frutescens</i>	Cancer Bush	2004
<i>Chamaeleo dilepis dilepis</i>	Flap-necked Chameleon	2006
<i>Erythrina lysistemon</i>	African Coral Tree	2007
<i>Pseuedanum galbanum</i>	Blister Bush	2007
<i>Gymnura natalensis</i>	Backwater Butterfly Ray	2008
<i>Hemochatus haemochatus</i>	Rinkhals	2008
<i>Loxodonta africana</i>	African elephant – Ivory	2008
<i>Acridotheres tristis</i>	Indian Mynah	2010
<i>Protea cynaroides</i>	King Protea	2010
<i>Dendroaspis angusticeps</i>	Green Mamba	2010
<i>Strychnos henningsii</i>	Red Bitter Berry	2011
<i>Bitis atropos</i>	Berg Adder	2011

Adapted from (Ross 2009)

#### 2.4.2 Proving Methodology

There has been a movement to standardise all proving methodology at DUT regarding proving population sample size, the percentage allocated to placebo groups, the number of researchers supervising provings, and the trend toward pre- and post-proving workshops (Ross, 2009).

Ross (2011: 59-62) analysed common methodological practise at DUT. The following set of tables compares this methodology to that employed for the proving of *Withania somnifera* 30CH.



**Table 2: Prover population**

Common Methodology Employed at DUT	<i>Withania somnifera</i> 30CH
The proving is conducted on healthy subjects between the ages of 18 and 60 years.	The proving is conducted on healthy subjects between the ages of 18 and 55 years.
Although recruitment of provers is conducted on a purely voluntary basis, cognisance is taken of the need for balanced distribution of male/female ratios, and a reasonable spread of provers across the age range.	No variance from common methodology employed at DUT.
There are 15 – 20 verum provers.	There are 24 verum provers.

**Table 3: Placebo**

Common Methodology Employed at DUT	<i>Withania somnifera</i> 30CH
The verum/placebo distribution ratio is 4:1 (80% verum / 20% placebo), according to the independent random allocation.	No variance from common methodology employed at DUT.

**Table 4: Blinding**

Common Methodology Employed at DUT	<i>Withania somnifera</i> 30CH
The allocation of provers to either group is made by an independent clinician, who numbers respective placebo/verum packets according to a random schema, which will be stored by a third party until unblinding. The record of the schema is stored by this third party until all data has been collected and unblinding is required for differentiation of respective sets of data.	No variance from common methodology employed at DUT.
Provers will be aware of the presence and likelihood of receiving placebo, but details of specific allocation will be known only to the independent clinician until all data has been collected.	No variance from common methodology employed at DUT.
Once all provers have completed their respective provings (and handed in their journals), the randomisation is unblinded and all verum provers meet with the researcher for a group discussion of symptomatology experienced.	Once all provers have completed their respective provings (and handed in their journals), they all meet with the researcher for a group discussion of symptomatology experienced. Thereafter the randomisation is unblinded.

**Table 5: Potency**

Common Methodology Employed at DUT	<i>Withania somnifera</i> 30CH
The 30th Hahnemannian potency (30CH) is utilised for the proving.	No variance from common methodology employed at DUT.

**Table 6: Posology**

Common Methodology Employed at DUT	<i>Withania somnifera</i> 30CH
Six or nine doses of the verum/placebo are given to each prover.	Six doses of the verum/placebo are given to each prover.

## **2.5 Comparative Materia Medica**

The need for classification and categorisation of remedies has been increasingly pertinent amongst homoeopathic physicians in order to make sense of the continually expanding materia medica (Somaru, 2008: 14). Either an encyclopaedic knowledge of materia medica or a system was required to help practitioners study and then prescribe remedies more accurately for each individual (Sankaran, 1994: 313).

A more recent idea within homoeopathy is to group remedies together that share common characteristics into 'remedy families' (Leisegang, 2007: iv; Naidoo, 2008: 12). This is a shift away from the traditional way of considering remedies as isolated entities (Scholten, 1993: 23).

The difference between the two approaches becomes fundamental when identifying a remedy during the case taking process. The traditional way of remedy selection requires the practitioner to repertorise chosen symptoms, which match up to a single remedy in the materia medica. The systemic approach, based on group analysis, allows for the practitioner to arrive at the required remedy through a series of thematic classifications and is an inevitable progression of homoeopathy (Sankaran, 1994: 313).

Candegabe (1997: xvii) states that comparing a remedy within a group creates a clear understanding of symptoms as well as highlighting the relationship between symptoms. The entire remedy picture is more easily identified (Naidoo, 2008: 13).

### **2.5.1 Miasmatic Theory**

One of the earliest attempts at drawing links between remedies was the 'Doctrine of Signatures' (where a relationship is drawn between the observable characteristics of a substance and the disease or target organ it resembles), which was criticised fiercely by Hahnemann (Yasgur, 2004: 70).

Hahnemann created the first system of prescribing in homoeopathy with the birth of miasmatic theory (Sankaran, 1994: 21). He realised that in a large number of cases, the patient relapsed after the administration of a correctly chosen remedy and concluded that, in these cases, there was an existence of a deeper, more fundamental disease process (Sankaran, 2004: 263). Hahnemann observed that this deeper chronic disease process always followed one of three specific patterns, which he named Psora, Sycosis and Syphilis (Eizayaga, 1991: 288). These patterns, which he called 'miasms', could be treated with identified anti-miasmatic remedies (Weston, 2010: 8). This systematic way of grouping remedies into miasms simplified the differentiation of similar remedies in each prescription (Sankaran, 1994: 21).

Today the miasmatic disease theory has been developed extensively, notably by Sankaran. According to Sankaran (2005a: 268), there are ten miasms which relate to the depth of the patient's experience of their disease: the acute, the typhoid, the psoric, the malarial, the ringworm, the sycotic, the tubercular, the cancer, the leprosy, and the syphilitic miasm.

### **2.5.2 Group Analysis**

Group analysis concerns itself with looking at a particular group of remedies and then extracting what is common from that group. These extracted symptoms are used to synthesize the thematic expression of the group as an entirety (Scholten, 1993: 23). In a consultation, the practitioner can arrive at an appropriate homoeopathic prescription by matching the patient's symptom pattern with a thematic expression and then choosing the most similar remedy from within that particular group (Thompson and Geraghty, 2007: 102; Scholten, 1993: 23). The group analysis approach allows

for lesser known remedies to be prescribed with greater confidence (Scholten, 1993: 11).

The influential teachers of group analysis are Scholten (1993), Sankaran (1994) and later Mangialavori (2002), although group analysis has been in existence informally for over a hundred years (Scholten, 1993: 23; Thompson and Geraghty, 2007: 102).

Scholten introduced the concept of periodic table themes and thereafter Sankaran deepened the understanding of the evolution of themes along the rows and columns of the periodic table (Thompson and Geraghty, 2007: 102). Sankaran was instrumental in the creation of themes within the plant kingdom according to taxonomical family (Scholten, 2013: 16). Sankaran looks at natural classifications in nature, whereas Mangialavori finds common characteristics and similar themes even though remedies may be biologically or taxonomically unrelated (Naidoo, 2008: 12).

*Withania somnifera* belongs to the *Solanaceae* botanical family. Comparing the symptoms generated from the proving of *Withania somnifera* to the *Solanaceae* highlighted general themes, similarities and differences.

## 2.6 Withania Somnifera

### 2.6.1 Classification

Table 7 presents the classification of *Withania somnifera*.

**Table 7: Classification of *Withania somnifera***

Kingdom	Plantae (Angiosperms) (Eudicots) (Asterids)
Order	Solanales
Family	Solanaceae
Genus	Withania
Species	W. somnifera
Binomial name	Withania somnifera (L.) Dunal
Synonyms	Physalis somnifera L., Withania kansuensis Kuang & A. M. Lu, Withania microphysalis Suess.
Common names	ashwagandha, Indian ginseng, poison gooseberry, winter cherry, Schlafbeere (German), witania, ginseng indiano (Italian), Ashvagandha (Sanskrit), Asgandh (Hindi), Aosaganda (Nepalese), Amukkara (Sinhalese), Asgandh valaiti (Unani), Bahman (Arabian), Ba-dzi-gandha (Tibetan), Kutilad (Pustu), Amurkkuralckizhangu (Tamil).
English and Afrikaans names	bitterappelliefie, geneesblaarbossie, poisonous gooseberry, Spanjoolbossie, stuipebossie, vernietbossie, vuilsiektebossie, winter cherry
Zulu names	ibuvimba, ubuvimbha, ubuvimbo, amaqhunsula
African names	ol asajet (Masai), kuvia (Nyamwezi), bofepha (Sotho), moferangopa (Sotho), mosala-marupi (Sotho), vimhepe (Swati), ubuvuma (Xhosa)

Hutchings, 1996: 273; Iwu, 1993: 259; Van Wyk, Oudtshoorn and Gericke, 1997: 274; Williamson, 2002: 321

The botanical suffix '*somnifera*' refers to the plant's reputation as a sedative (Williamson, 2002: 321).

### 2.6.2 Description

*Withania somnifera* is an upright, perennial shrublet with distinctive hairy stems and velvety leaves (Van Wyk, Oudtshoorn and Gericke, 1997: 274). The leaves are oblong, pale green and densely covered with short hairs, with entire or wavy margins (Van Wyk, Oudtshoorn and Gericke, 1997: 274; Iwu, 1993: 259). Small and inconspicuous white, green or yellow flowers occur in axillary clusters, followed by small, round red berries that are completely enclosed in papery bladder-like structures (Van Wyk, Oudtshoorn and Gericke, 1997: 274). There are a few fairly long, tuberous roots (Kapoor, 1990: 337).

*Withania somnifera* grows naturally in drier tropical regions throughout Africa, Asia and Southern Europe. In South Africa, it is considered indigenous and has become a weed of disturbed places and waste lands (Van Wyk, Oudtshoorn and Gericke, 1997: 274). It is cultivated in India and elsewhere as a medicinal crop plant (Van Wyk and Wink, 2004: 346).

### 2.6.3 Chemical Constituents and Clinical Studies

*Withania somnifera* is chemically very complex, and contains more than 80 known compounds (Van Wyk, Oudtshoorn and Gericke, 1997: 274).

Of particular interest and study have been a distinctive group of steroid lactones called withanolides. The prototype of these phytosteroids, Withaferin A, has been subject to numerous studies since its extraction in 1965. It has been shown to have both a stimulatory and depressant effect on the immune system in laboratory studies on mice, confirming the plant's reputation as an adaptogen and immune system modulator. (Iwu, 1993: 260; Misra *et al.*, 2008: 1004). Withaferin A has also yielded positive results in terms of bactericidal, anti-viral, anti-inflammatory, and anti-tumour effects (Hutchings, 1996: 273; Trease and Evans, 1978: 673). Withanolides have been shown to possess remarkable anti-tumour, anti-arthritic, anti-inflammatory and immunosuppressive properties (Akram *et al.*, 2011: 77).

Studies using isolated constituents of withanolides, known as withanolide glycosides, have produced significant anti-stress activity in mice and rats, and augmented learning ability and memory retention in both young and old rats (Iwu, 1993: 260).

*Withania somnifera* also contains alkaloids such as withasomnine. Withasomnine has been shown to have a mild tranquilliser-sedative effect in animals, but there is inconclusive evidence about the narcotic effects (Van Wyk, Oudtshoorn and Gericke, 1997: 274).

According to laboratory and clinical studies, *Withania somnifera* reduced stress and anxiety in those with chronic stress; improved mild to moderate depression; and showed anti-hypertensive; anti-ageing; hepatoprotective; and adaptogenic activity (Van Wyk and Gericke, 2000: 150; Williamson, 2002: 322; Akram *et al.*, 2011: 77). *Withania somnifera* is reported to have anti-inflammatory, anti-arthritic and anti-tumour activities as well as an immunomodulatory effect (Davis and Kuttan, 2000: 193). *Withania somnifera* improved semen quality, serum cortisol levels and regulated the reproductive hormones of infertile men (Gupta *et al.*, 2013: 211). Aqueous ethanol (1:1) extract of *Withania somnifera* root was shown to be indicated in chronic stress-induced hyperglycaemia, glucose intolerance, increase in plasma corticosterone, gastric ulceration, male sexual dysfunction, cognitive deficits, immunosuppression and mental depression (Pawar and Hugar, 2012: 480).

## **2.6.4 Traditional Therapeutic Usage**

### **2.6.4.1 Southern Africa**

#### ***Infection and Inflammation***

Leaf poultices are applied topically as dressings for cuts, wounds, abscesses, inflammation, haemorrhoids, rheumatism and syphilis (Van Wyk, Oudtshoorn and Gericke, 1997: 274). The powdered root, mixed with the fat of a crocodile or python is used as an ointment for infected sores and abscesses (Hutchings, 1996: 273). The bruised green fruit is applied topically to ringworm and rashes (Hutchings, 1996: 273).

### **Enemas**

Enemas made from roots are administered to infants for pyrexia (Hutchings, 1996: 273). Warm water infusions, made from a handful of roots mixed with the roots of another plant, *Pentanisia prunelloides*, are used as enemas for infections of the rectum (Hutchings, 1996: 273).

### **Body odour**

Crushing the leaves and fresh roots gives off a urine-like smell (Sithole, 2012). The plant is therefore taken internally to counteract bad-smelling body odour, which is in accordance with the law of similars in homoeopathic medicine (Sithole, 2012).

### **Boundaries and Protection against Witchcraft**

*Withania somnifera* is also used to ward off insects and to mark boundaries (Sithole, 2012). In the Zulu tradition, *Withania somnifera* is used to protect people against witchcraft. An item that is significant to a person is buried amongst the roots of *Withania somnifera*. That person is then protected from curses placed upon him or her (Sithole, 2012).

### **Healing relationships, Aphrodisiac and Uterine Tonic**

Traditional African healers prescribe *Withania somnifera* to heal dysfunctional romantic relationships and to reunite clients with their ancestors. The plant is taken internally or the root is mixed with the fat of a python and applied externally all over the body (Sithole, 2012). It is also used as an aphrodisiac (Hutchings, 1996: 273). *Withania somnifera* is taken as a uterine tonic after miscarriage and for women who repeatedly miscarry (Van Wyk and Gericke, 2000: 194).

### **Other**

*Withania somnifera* is taken internally for fever, colds and flu, asthma (and other bronchial diseases), syphilis (and other venereal infections), skin complaints, conjunctivitis, rheumatism, general debility and illness, infections, nausea, abdominal discomfort, black gall-sickness, diarrhoea, proctitis, typhus, typhoid, as an anti-helminthic, and as a sedative and hypnotic (Van Wyk and Gericke, 2000: 150; Iwu, 1993: 259; Hutchings, 1996: 273).



#### **2.6.4.2 Ayurvedic Medicine**

Ayurveda, which literally means ‘the science of life’, is the traditional system of medicine practiced in India (Finney-Brown, 2013: 151). This comprehensive and ancient system of holistic medicine has been developed for thousands of years and is still widely used today (Williamson, 2002: xi).

*Withania somnifera*, commonly called ashwagandha, is one of the most well-known and popular herbs in Ayurvedic medicine. It is regarded in Ayurveda as a ‘rayasana’ herb, indicating that it promotes health, increases resistance of the body to stressors, revitalises the body in debilitated conditions and increases longevity (Bhattacharya and Muruganandam, 2003: 547). In this traditional system, *Withania somnifera* is also regarded as a ‘medharasayan’ or promoter of learning and memory retrieval (Singh *et al*, 2011: 209). The name ‘ashwagandha’ means ‘horse’s smell’, referring to the strong-smelling roots and also to the strengthening and endurance properties of the herb (Chevallier, 2007: 249). *Withania somnifera* has been called the ‘Indian ginseng’ because it is used as a general tonic and is known to treat a great number and diversity of ailments from arthritis to tumours (Van Wyk and Wink, 2004: 346). The fleshy roots also superficially bear a resemblance to the roots of *Panax ginseng* (Van Wyk and Wink, 2004: 346).

#### ***Vitality***

*Withania somnifera* reputedly imparts longevity, vitality, endurance and intellectual adeptness (Williamson, 2002: 321). It is primarily indicated as a rejuvenative in chronic stress and exhaustion by means of a gentle sedative action rather than a stimulant action (Chevallier, 2007: 249).

#### ***Brain function***

*Withania somnifera* is used as a brain tonic to attenuate cerebral function deficits in the geriatric population – especially in senile dementia – and enhance attention, learning and memory function in the normal population (Van Wyk and Gericke, 2000: 150).

### ***Immunomodulation***

Taken long-term in chronic inflammatory disease such as psoriasis and asthma, *Withania somnifera* balances immune function (Chevallier, 2007: 249).

### ***Inflammation***

The fresh root, reduced to a paste with cow's urine or warm water, is used as an application in ulcers that are slow to heal and in rheumatism or glandular swellings (Kapoor, 1990: 337).

### ***Nutrient***

A decoction of the root is used as a nutrient and to restore energy in emaciated children; pregnant women; the elderly; and in debilitating diseases such as tuberculosis and syphilis (Kapoor, 1990: 337). To promote lactation, a decoction of the roots of *Withania somnifera*, *Batatas paniculata* and *Glycyrrhiza glabra* is given in cows' milk (Kapoor, 1990: 337).

### ***Erectile Dysfunction and Fertility***

A mixture of the powdered root with equal parts of ghee and honey, is used to treat erectile dysfunction and enhance fertility in men and women (Chevallier, 2007: 249).

### ***Other***

Other therapeutic uses of *Withania somnifera* include abortifacient; bactericide; analgesic; contraceptive; diuretic; anti-inflammatory; anti-hypertensive and as a treatment for colds and pyrexia (Williamson, 2002: 321). The fresh berries are used as an anti-asthmatic, sedative and emetic and the dried berries as a carminative, depurative and in dyspepsia (Williamson, 2002: 321). *Withania somnifera* leaves are taken internally as an anthelmintic and externally as an application to carbuncles (Kapoor, 1990: 337). Its leaves are used in the treatment of tumours and tubercular glands (Singh *et al*, 2010: 56). Roots and leaves of *Withania somnifera* are used as a hypnotic to treat alcoholism (Kapoor, 1990: 337).

## CHAPTER THREE: PROVING METHODOLOGY AND MATERIALS

### 3.1 The Design

The homoeopathic drug proving of *Withania somnifera* 30CH was conducted as a randomised, double-blind, placebo-controlled trial at the Durban University of Technology.

Thirty healthy subjects were recruited as provers after meeting with the inclusion criteria (see Appendix A). The provers were randomised into two groups: 80% of provers received verum and 20% received a placebo control identical in appearance to the verum. The trial was double-blinded as provers were not informed of the identity of the substance used in the proving and their group allocation. The researcher and supervisors were blinded as to the group allocation of each prover. As an additional internal control, all provers were required to record their normal state for one week prior to administering the verum or placebo (Vithoulkas, 1986: 148-150).

The measurement of proving symptoms was two-fold: a subjective account of symptoms produced by the verum/placebo recorded daily in a journal provided, and objective monitoring by the researcher. After the proving-generated symptoms had subsided, journals were collected and data analysis commenced. Acceptability of symptoms depended on a set inclusion criteria (see Appendix I). The collected symptoms were reported in standard materia medica and repertory format.

The results were then used to gain insight into the similarities and differences between indigenous African and Ayurvedic medicinal usage of *Withania somnifera* and the relationship to other homoeopathic medicines.

### 3.2 Outline of the Proving Methodology

The methodology used in this study was in accordance with the recommended methodology set out by Jeremy Sherr in his *Dynamics and Methodology of Homoeopathic Provings* (1994).

- Posters advertising the proving were displayed on notice boards at DUT, UKZN and local libraries (see Appendix F).
- Homoeopathic and chiropractic students, and members of the public were recruited via word of mouth.
- The researcher conducted pre-proving interviews with those interested in participating in the proving.
- Potential provers that met with the set inclusion criteria (see Appendix A), signed a consent form for a case history and physical examination to be performed (see Appendix B), had a thorough case history taken (see Appendix C) and physical examination performed by the researcher at the Homoeopathic Day Clinic under supervision of the Clinician on duty.
- Each successful recruit received a proving information letter (see Appendix D) and signed the informed consent form to participate in the proving (see Appendix E).
- After 30 provers were successfully recruited, a pre-proving information session was held at the Durban University of Technology on the 17<sup>th</sup> September 2013 with the prover population, the researcher and co-supervisor.
- During the pre-proving information session, the procedure of the proving was described and provers were made aware of their responsibilities (see Appendix D). Participants had the opportunity to ask questions to gain clarification about anything they did not understand.
- At the meeting, each prover was issued with the following:
  - a prover number;
  - a journal with a number corresponding to the prover number;
  - an envelope containing six powders (verum or placebo) corresponding to the prover number;
  - a starting date; and

- the Instruction to Provers letter (see Appendix D).
- There was a 1-week preparation period where the provers observed and recorded their normal state. This served as a baseline and individual control for each prover (Sherr, 1994) and to increase prover compliance (O'Reilly, 1996).
- On the individualised starting date, each prover self-administered the lactose powders (verum or placebo) at the dosage of one powder three times a day for two days, or until symptoms began to appear.
- Provers recorded a subjective account of the symptoms produced as close as possible to when they occurred.
- Monitoring and supervision was maintained by means of telephonic contact with the provers throughout the duration of the proving to ensure accuracy and compliance in the recording of symptoms.
- During the first two days following the administration of the remedy, daily contact was maintained. At the end of the first week and during the second week, the intensification of monitoring was reduced to every second day, and thereafter contact was maintained on a weekly basis until symptoms abated.
- In the incidence of a prover experiencing any adverse symptoms, the administration of the powders (verum or placebo) was discontinued and the prover was antidoted.
- If no symptomatology was experienced within the first two days, or after all six powders had been self-administered, a written account was still required from the proving volunteer until the end of the proving period.
- The duration of the proving was approximately six weeks – a proving is considered complete when all manifested symptoms have disappeared (Sherr, 1994:65).
- After the proving was completed, journals were collected from the provers and a post-proving meeting was scheduled.
- At the post-proving meeting, the identity of the substance was unveiled as well as the group allocation of the provers.
- The symptoms were extracted from the journals and screened for suitability using specific criteria (see Appendix I) described in *Dynamics and Methodology of Homoeopathic Provings* (Sherr, 1994: 70).

- The anonymity of each prover was maintained by referencing the prover number in relation to each symptom extracted. The identity of each prover was therefore known only to the researcher, the research supervisor and co-supervisor.
- These symptoms were then written in materia medica and repertory format.
- Thereafter the materia medica of *Withania somnifera* was compared to the materia medica of existing substances within the same taxonomic group (*Solanaceae* family), and to the indigenous African and Ayurvedic medicinal usage of *Withania somnifera*.

### 3.3 The Proving Substance

#### 3.3.1 Collection, Preparation and Dispensing

A fresh *Withania somnifera* plant was donated from Parceval Pharmaceuticals in Wellington, South Africa on Monday the 24<sup>th</sup> June 2013. After collection it was transplanted into a container with rich, moist potting soil. The weather was sunny and cool. The following day the sample plant was transported to the Homoeopharmaceutics Laboratory laminar flow room at the Durban University of Technology for manufacture of the remedy. The researcher endeavoured to preserve the sample's original condition throughout the transportation by ensuring the plant was not damaged or exposed to extreme environments or temperatures.

According to method 6 of the German Homoeopathic Pharmacopoeia, the required sample in the case of the *Solanaceae* botanical family is a sample of the whole fresh plant (Driehsen, 2003). The sample material was dusted of excess soil and inspected for damage and unhealthy parts. At the time of manufacture, the sample plant was fruiting and contained a few ripe berries encased in papery calyxes – the most recognisable characteristic of *Withania somnifera*. Care was taken to include this feature in the sample for trituration, as the 'winter cherry' makes for easier identification in nature.

The manufacture of the remedy *Withania somnifera* 30CH was done by hand, according to the German Homoeopathic Pharmacopoeia method 6 (to produce the

triturate); method 8a (to produce the 30CH); and method 10 (to impregnate the granules) (Driehsen, 2003). The researcher made the remedy herself, as Hahnemann recommends that physicians both make and dispense their own remedies (O'Reilly, 1996: 232). The manufacturing process was supervised by the laboratory technician at the Homoeopharmaceutics Laboratory laminar flow room at the Durban University of Technology.

The sample of fresh plant material was obtained from the whole root, stem, leaves, berry and calyx, dusted carefully of excess soil then chopped finely and immediately triturated with inert *Saccharum lactis* powder, in the ratio of 1:99. The trituration process was repeated up to the 3CH potency. The *Withania somnifera* 3CH triturate was then used to manufacture a liquid preparation of *Withania somnifera* 30CH through a series of potentisations. This 30CH liquid potency was then used to impregnate standard size 10 lactose granules at 1% volume:volume with 96% ethanol. These impregnated granules were then added to each folded package which already contained 0.5g of inert lactose powder [Shalom Laboratory Supplies c.c. chemically pure Lactose monohydrate BP (loss on drying + water max 6%) Batch 1039504; Illovo Limited Anhydrous alcohol 99.9% UN No 1170 Batch 52/12/67]. These powders were later packaged in envelopes corresponding to the prover numbers in the experimental group by an independent party, according to the randomisation schedule.

The placebo was dispensed in the form of standard size 10 lactose granules triple-impregnated at 1% volume:volume with 96% ethanol from the same pharmaceutical batch used in preparation of the verum. These impregnated granules were then added to each folded package which already contained 0.5g of inert lactose powder [Shalom Laboratory Supplies c.c. chemically pure Lactose monohydrate BP (loss on drying + water max 6%) Batch 1039504; Illovo Limited Anhydrous alcohol 99.9% UN No 1170 Batch 52/12/67]. The placebo powders were allocated and packaged in envelopes corresponding to the prover numbers in the control group by an independent party, according to the randomisation schedule. The verum and placebo powders were prepared to look and taste indistinguishable to ensure that the researcher, supervisors, and proving participants remained unaware as to the group allocation of each prover.

Detailed materials and methodology are provided in Appendix G and Appendix H (1), (2) and (3).

### **3.3.2 Potency**

The 30<sup>th</sup> centesimal potency (30CH) is the most frequently used potency in homoeopathic provings (Wieland, 1997: 231). Many contemporary provings utilise the 30<sup>th</sup> potency exclusively, such as those by Sherr (1992), Wright (1999), Sankaran (2004), Somaru (2008), and Ross (2011).

In keeping with Hahnemannian and contemporary proving methodology, the potency of 30CH was utilised in the drug proving of *Withania somnifera*.

### **3.3.3 Dose and Posology**

An envelope containing six lactose powders containing either the verum or the placebo was dispensed to each prover. Provers were instructed to take one powder sublingually three times daily over two days, or until proving symptoms occurred. Specific instruction was given to provers to stop taking further doses of the remedy once proving symptoms were experienced or observed by those around them. The researcher was in telephonic contact with each prover to ensure this was adhered to.

Each powder was taken on an empty stomach and with a clean mouth. It was recommended that neither food nor drink be taken for half an hour before and after taking the remedy.

## **3.4 The Proving Population**

### **3.4.1 Sample Size, Recruitment and Demographics**

A prover population of thirty volunteers were randomly, anonymously allocated into either the verum group or the placebo control group, in the ratio of 24:6. Eighty percent of the proving population was therefore in the experimental group and 20 percent of



the population was in the control group. The researcher managed the prover population throughout the duration of the trial.

The population sample was recruited solely by word of mouth. Posters put up around DUT, UKZN and local libraries yielded some interest, but no successful recruitment results. The majority of the prover population consisted of homoeopathy students and lecturers; the rest comprising of acquaintances interested in participating in a homoeopathic trial.

International recommendations for proving populations (ICCH, 1999: 35; Walach, 1994: 130) emphasise the need for a mix of individuals with varying experience in participation of homoeopathic provings. Although recruitment of provers was conducted on a purely voluntary basis, diversity of age, culture, race, gender, experience, socio-economic status and background was also considered important to the researcher to eliminate unbalanced results.

#### **3.4.1.1 Experimental Group**

The experimental group consisted of 80% of the prover population, allocated randomly.

#### **3.4.1.2 Placebo Group**

The placebo group consisted of 20% of the prover population, allocated randomly.

#### **3.4.2 Criteria for Inclusion of a Participant**

In order to participate in the proving, potential provers were required to:

- Be between the ages of 18 and 55 years old;
- Be in a general state of good physical and mental health determined by the case history and physical examination (see Appendix C) (Sherr, 1994: 44; Riley, 1997: 233; Walach, 1994: 130; ICCH, 1999: 34);
- Not need any medication, whether homoeopathic, chemical/allopathic or other (Riley, 1997:233);

- Not be on, or have been on the contraceptive pill or HRT within the preceding 6 months before the proving (Sherr, 1994: 44; Riley, 1997: 233; ICCH, 1999: 34);
- Not be pregnant or breastfeeding (Sherr, 1994: 44; Riley, 1997: 233, ICCH, 1999: 34);
- Not have had surgery in the preceding 6 weeks;
- Not use recreational drugs e.g. marijuana, cocaine, MDMA (Sherr, 1994: 44; Walach, 1994: 130; ICCH, 1999: 34);
- Not consume more than 2 measures of alcohol per day;
- Not consume more than 10 cigarettes a day;
- Not consume more than 3 cups of coffee, tea or herbal tea a day;
- Be willing to follow the proper procedure for the duration of the proving; and
- Sign the Consent Forms (see Appendix B and E) (Riley, 1997: 225).

### **3.4.3 Criteria for Exclusion of a Participant**

Candidates were excluded from participation in the study if they:

- Were younger than 18 years old or older than 55 years old;
- Were in a poor state of health (Sherr, 1994: 44, Riley, 1997: 233, Walach, 1994: 130, ICCH, 1999: 34);
- Were on chronic allopathic, homoeopathic, or herbal medication (Riley, 1997: 233);
- Were on, or had been on the oral contraceptive pill or HRT within the previous six months (Sherr, 1994: 44; Riley, 1997: 233; ICCH, 1999: 34);
- Were pregnant or breastfeeding (Sherr, 1994: 44; Riley, 1997: 233; ICCH, 1999: 34);
- Had surgery in the previous six weeks;
- Used recreational drugs e.g. marijuana, cocaine, MDMA (Sherr, 1994: 44; Walach, 1994: 130; ICCH, 1999: 34);
- Consumed more than 2 measures of alcohol a day;
- Smoked more than 10 cigarettes a day;
- Consumed more than 3 cups of coffee, tea or herbal tea a day;
- Were not willing to follow the proper procedure for the duration of the proving or sign the Consent Forms (see Appendix B and E) (Riley, 1997: 225).

#### **3.4.4 Blinding, Placebo and Randomisation**

The double-blind structure of the proving required both the researcher and the provers to be uninformed as to the allocation of provers to the verum or placebo group. To achieve this, provers were allocated a prover number. A randomisation schedule was drawn up by a lecturer in the Department of Homoeopathy, Dr. Ingrid Couchman (M. Tech Homoeopathy), who randomly allocated the prover numbers to either verum or placebo in the ratio of 24:6. The schedule was given to an independent party and appropriate powders were packaged in an envelope and labelled accordingly.

At the pre-proving meeting, a package containing six powders were dispensed to each participant according to their prover number, containing either the verum or the placebo. The verum and placebo were indistinguishable from each other and for the duration of the proving the researcher, supervisor and provers were blinded as to who had received the verum or the placebo.

Additionally, the provers were blinded as to the identity and potency of the proving substance, as recommended by Vithoulkas (1980: 151).

After all prover journals had been collected, the randomisation list was released by the departmental secretary.

#### **3.4.5 Lifestyle During the Proving**

At the pre-proving meeting and in the Letter of Information to Provers (see Appendix D), provers were advised to:

- Discontinue the use of all antidoting factors such as coffee, camphor and mints for two weeks before and for the duration of the proving (Sherr, 1994: 92);
- Protect the powders by storing them in a cool, dark place away from strong smelling substances, chemicals, electrical equipment and cellular devices (Sherr, 1994: 92);
- Respect the need for moderation in the areas of work, alcohol, exercise and diet (Sherr, 1994: 92, O' Reilly, 1996: 200);

- Attempt to remain within their normal framework and maintain their normal habits (Sherr, 1994: 92);
- Avoid taking medication of any sort, including antibiotics and any steroid or cortisone preparations, vitamin or mineral supplements, herbal or homoeopathic remedies (Sherr, 1994: 92); and to
- Contact their doctor, dentist or local hospital in the event of a medical or dental emergency, and to contact the proving supervisor as soon as possible thereafter (Sherr, 1994: 92).

### **3.4.6 Monitoring of Provers and Antidoting Protocol**

The prover and the researcher were in daily telephonic contact during the initial stages of the proving (days 1 and 2). Contact decreased as the proving symptoms decreased in frequency and intensity to every second day (end of week 1 and week 2), to weekly (thereafter until symptoms abated) (Sherr, 1994: 58).

Monitoring of provers was to ensure that:

- The researcher could determine when the remedy had begun to act, so that the prover could be instructed to discontinue taking any further doses of the remedy (Ross, 2011: 95);
- The prover was compliant in administration of the powders (Ross, 2011: 96);
- The prover recorded each symptoms accurately, and did not omit a symptom due to negligent behaviour (Ross, 2011: 96);
- The safety of the prover was upheld and any reaction that needed anti-doting by homoeopathic means or other intervention could be administered (Ross, 2011: 96).

If symptoms became intolerable, or if the prover wanted to discontinue participation in the study, they would have been antidoted accordingly. The antidote would have been determined by the taking of a comprehensive case history and review of symptoms presenting at the time of discontinuation of the study. The prescribed antidote would therefore be the Homoeopathic simillimum.

Kerschbaumer (2004) provided the following antidoting methodology protocol:

- A homoeopathic simillimum would be prescribed based on the totality of symptoms from the pre-proving case history and the presenting proving symptoms;
- If this was ineffective, the prover's constitutional remedy would be prescribed – if unknown, it would be ascertained from the pre-proving case history;
- If this was ineffective, an acute homoeopathic remedy would be prescribed, according to the totality of presenting symptoms;
- If this was ineffective, the most common methods of antidoting (camphor, coffee, mints etc.) would be used.

### **3.5 Ethical Considerations**

In order to ensure the rights and safety of all proving participants were protected, the following ethical guidelines were adhered to before commencement of the proving study:

- The methodology used in this research study, as proposed by the researcher's PG4a, was approved by the Faculty of Health Sciences Ethics Committee (IREC) at the Durban University of Technology.
- The Informed Consent forms (see Appendix B and E) were signed by all participants of this study.
- Additional informed consent was obtained from the parents and/or guardians of two of the proving participants, who were under 21 at the time of the research study.
- All participants were informed verbally and in the Information Letter to Provers (see Appendix D) that they were not obliged to participate in the study and that they were free to withdraw at any point with no recrimination or consequences.

### **3.6 Case History and Physical Examination**

Each prover who met with the Inclusion criteria (see Appendix A); and read, understood and signed the Consent form for Case History and Physical Examination (see Appendix B) had a scheduled appointment with the researcher for a standardised homoeopathic case history and general physical examination (see Appendix C).

The purpose of the case history was to confirm and clarify the baseline of each prover prior to administration of the proving substance. The physical examination included a physical description, recording of the vital signs, a cursory overview and a specific system or organ examination if relevant.

### **3.7 Duration of the Proving**

#### **3.7.1 The Pre-Proving Observation Period**

Provers recorded their symptoms daily in the journal for one week before self-administration of the verum or placebo. This action established a baseline of the general state of health for each individual which served to confirm the validity of symptoms experienced after administration of the proving substance.

Additionally, the pre-proving journaling process initiates provers into the habit of observing and recording their symptoms, as well as bringing them into familiarity with evaluation of their normal state (Sherr, 1994).

#### **3.7.2 Administration of the Powders and Staggered Commencement**

Provers were dispensed a numbered envelope containing six identical powders. The powders were self-administered three times daily for two days, or until symptoms began to appear. No subsequent powders were taken after the initial set of powders. Participants were made aware that even though they had discontinued taking the powders, they were still part of the proving process. Recording of symptoms continued daily for four weeks to six weeks, or until symptoms had abated.

Proving starting dates were individualised and staggered according to the requirements of the prover, and to create more efficient supervision of the proving population.

### **3.7.3 Proving Chronology**

Provers were instructed to record the time of day or night that each symptom occurred, as well as mark the date at the top of every page, starting each new day on a new page. This was to determine the time elapsed from the administration of the first powder to the appearance of the specific symptom (O'Reilly, 1997:116; Sherr, 1994: 73). The symptom was then recorded in the DD:HH:MM format as proposed by Sherr (1994), where 'DD' was the number of days since the commencement of the proving (the first day of the proving was designated 00), 'HH' the hours, and 'MM' the minutes.

After 24 hours, the minutes became redundant, and were represented with an 'XX'. After 2 days, the hours became redundant and were also indicated with an 'XX'. In instances where the time was insignificant or unclear, the symptom was indicated with an 'XX:XX:XX'. The actual time of the day was only included if it was definite, significant and causal to the symptom. All irrelevant time data was erased during the initial extraction (Sherr, 2003: 73-74).

### **3.7.4 Group Discussion**

Once all the journals had been collected and the symptoms experienced discussed with each individual prover, a group discussion was held at the Durban University of Technology (DUT) Seminar room. The purpose of the group discussion was to clarify specific symptoms written in the journals, add any symptoms that provers may have omitted, or refute symptoms that had been written down in the journals. The group discussion also served as a platform for any questions the participants may have had during the proving. The identity of the substance was revealed as well as group allocation of the provers. The proving was now considered complete.

## **3.8 Symptom Collection, Extraction and Evaluation**

### **3.8.1 Data Collection**

The primary source of data was in the form of a journal compiled by each verum prover. For the duration of the proving, each prover would record daily their

symptomatology as close as possible to the time the symptom was experienced in as much detail as possible.

The following criteria was provided for provers to adhere to in the Letter of Information to Provers (see Appendix D):

- The day the first dose was taken was to be numbered day zero. Each new day was to be started on a new page with the date noted at the top of each page.
- The prover was to write neatly on alternate lines, in order to facilitate the extraction process.
- The prover was asked to keep the journal with them at all times in order to note any symptoms experienced as soon as they were experienced as accurately and precisely as possible.
- Provers were trained to write their symptoms in CLAMSIT format, i.e. concomitants, location, aetiology, modalities, sensation, intensity and time.
- A checklist was provided in the front of the journal and in Appendix D for provers to run through on a daily basis.
- Mental and emotional symptoms and dreams were emphasised as important in order to collect a full spectrum of symptoms experienced.
- The prover was required to classify each symptom using the following notation key:
  - a) **(RS)**: A recent symptom that the prover has been suffering from in the last year.
  - b) **(NS)**: A new symptom that the prover has never experienced previously.
  - c) **(OS)**: An old symptom that the prover was to note when the symptom occurred previously.
  - d) **(AS)**: An alternation in a present or old symptom
  - e) **(US)**: An unusual symptom for the prover. (Sherr, 1994: 62.)

### 3.8.2 Extraction and Evaluation of Symptoms

Once all journals had been collected, the process of conversion of valid symptoms into materia medica and repertory format was initiated (ICCH, 1999: 35). All recorded



symptoms were analysed and evaluated according to the criteria for inclusion stated in section 3.8.3 (Ross, 2009).

Additionally, data collected at the pre-proving consultation and during the pre-proving observation period served as a further control during the symptom extraction process. Symptom parameters that defined the nature of the time relationship of a proving symptom to an earlier occurrence of the symptom were defined at the pre-proving meeting. These parameters were then used in the extraction process. All existing symptoms prior to administration of the first dose and recurrences of recent symptoms up to a year (as evidenced by the pre-proving case history and observation period) were excluded (Jansen and Ross, 2014).

### **3.8.3 Criteria for Inclusion of a Symptom as a Proving Symptom**

- A new symptom unfamiliar to the prover after administration of the remedy (Riley 1997: 227; ICCH 1999: 36);
- The symptom did not appear significantly in the placebo group (ICCH 1999: 36);
- A usual or current symptom that is intensified to a marked degree (Sherr, 1994: 70, ICCH 1999: 36);
- A current symptom that has been modified or altered, with clear description of current and modified components (Sherr, 1994: 70; ICCH 1999: 36);
- An old symptom that has not occurred within the previous year, with the time of last appearance to be noted by the prover (Sherr, 1994: 70; ICCH 1999: 36);
- A symptom that did not occur naturally or spontaneously during the proving with no extraneous cause (Sherr 1994: 70);
- A symptom that occurred a long time previously, especially longer than five years previously, but that which has not occurred for at least one year and has no reason to reappear at the time of the proving (Sherr, 1994: 70, O'Reilly, 1996: 207).
- A present symptom that disappeared or is significantly ameliorated during the proving. This is viewed as a 'cured symptom' (Sherr, 1994: 71; Riley, 1997: 227; ICCH 1999: 36);

- A symptom high in frequency or repetition in an individual prover (Sherr, 1994: 72);
- A symptom high in intensity in an individual prover (Riley, 1997: 227);
- A symptom experienced in more than one prover (Sherr, 1994: 71; Riley 1997: 227);
- A strange, rare or peculiar symptom for that prover (Sherr, 1994: 72);
- The modalities, concomitants, localisations and timing associated with a symptom (Riley, 1997: 227);
- Accidents and co-incidences that occur to more than one prover (O'Reilly, 1996: 207);
- If the prover is under the general influence of the remedy (which can be seen by the appearance of a new set of symptomatology) then all the new symptoms are regarded as proving symptoms (O'Reilly, 1996: 207; Sherr 1994: 70);
- The time of day at which the symptom occurred should only be included if there is repetition the same time in another prover (ICCH 1999: 36).

#### **3.8.4 Criteria for Exclusion of a Symptom as a Proving Symptom**

- A symptom that has occurred in recent history, for example one year or less (Sherr 1994: 70);
- A symptom that is usual or current for the prover (Sherr 1994: 70);
- The symptom could have been produced by a change in life or any other exciting cause (ICCH, 1999: 36);
- Any serious doubt as to the validity of the symptom (Sherr, 1994: 70).

### **3.9 Collating and Editing the Data**

The aim of data collation was to amalgamate the proving symptoms from many accounts into one account, 'as if one person' (ICCH 1999: 37), and then edit it into a clear, concise and logical format (Sherr, 1994: 67).

All symptoms that had qualified for inclusion were initially inserted into the relevant sections and subsections dictated by the *Synthesis Repertorium Homeopathicum Syntheticum* (edition 9.1) (Schroyens, 2004). Valid proving symptoms were recorded

*verbatim* in the materia medica format adopted in standard modern homoeopathic texts (Ross, 2009). Each symptom was labelled with the prover number, gender, and time elapsed after administration of the first dose. The symptoms of all provers were written in chronological order. Symptoms that reoccurred constantly in an individual prover were synthesised into one symptom. Similar symptoms from different provers were recorded separately and written according to the:

- Nature of the symptom;
- Prover code;
- Sequence of development of the symptom; and the
- Time of appearance.

This format served to preserve the logical and chronological progression of symptom unfolding (Sherr, 1994: 77).

Thereafter, the researcher, supervisor and co-supervisor edited the data to ensure that all relevant symptoms had been captured and that all captured symptoms were valid as compared to the criteria discussed in sections 3.8.3 and 3.8.4. Predominant themes were identified to allow for correct allocation of journal entries to particular sections and subsections for maximal clarity and reduce superfluous duplication of entries in more than one section (Ross, 2009).

### **3.10 Reporting the Data**

In homoeopathic proving methodology, data is reported in two standard formats: the material medica and the repertory.

#### **3.10.1 Materia Medica**

The *Synthesis Repertorium Homeopathicum Syntheticum* (edition 9.1) (Schroyens, 2004) was used to standardise the manner in which the symptomatology was reported. The standard repertory headings are listed in Table 8.

**Table 8: Repertory headings**

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

### 3.10.2 Repertory

All collated and edited data was converted into repertory format (as reflected in material medica), firstly according to the *Synthesis Repertorium Homeopathicum Syntheticum* (edition 9.1) (Schroyens, 2004), and thereafter with the software program, RADAR Opus (Archibel, 2008). Symptoms that had been grouped together in a particular theme were translated into a corresponding rubric. In the event of a rubric not being found in the existing text, a new rubric was created to include the remedy symptom.

The grading of rubrics utilised by Ross (2011: 164) was employed:

- Grade 1 (normal font): All valid rubrics are given a default first degree grading;
- *Grade 2* (italics): Any rubric experienced to a marked degree by 3 or more different provers is given a second degree grading;
- **GRADE 3** (bold): Any rubric produced by half or more of the verum i.e. 12 or more provers;
- All newly created rubrics (marked with an \*) will automatically be graded as Grade 1.

### **3.10.3 Comparison of Symptomatology with the Indigenous African and Ayurvedic Medicinal Usage of *Withania somnifera***

A comprehensive literature review of journal articles, books and case studies regarding the indigenous African and Ayurvedic medicinal usage of *Withania somnifera* was undertaken. Thereafter the totality of symptoms produced from the proving of *Withania somnifera* 30CH was compared with the indigenous African and Ayurvedic medicinal usage of *Withania somnifera*, highlighting similarities and differences.

## CHAPTER FOUR: THE RESULTS

### 4.1 Introduction

The extracted symptoms from the journals of provers were first represented in *materia medica* format, and then converted to rubrics according to the categories of the *Synthesis Repertorium Homoeopathicum Syntheticum* repertory (Schroyens, 2004). These rubrics were then verified by *Radar Opus*.

### 4.2 The Provers

The proving of *Withania somnifera* 30CH was conducted on 30 healthy volunteers, of whom 24 received *Withania somnifera* 30CH in a lactose vehicle. Six (provers 7, 10, 13, 14, 19 and 30) received placebo powders impregnated with the same volume and percentage of ethanol as the verum powders.

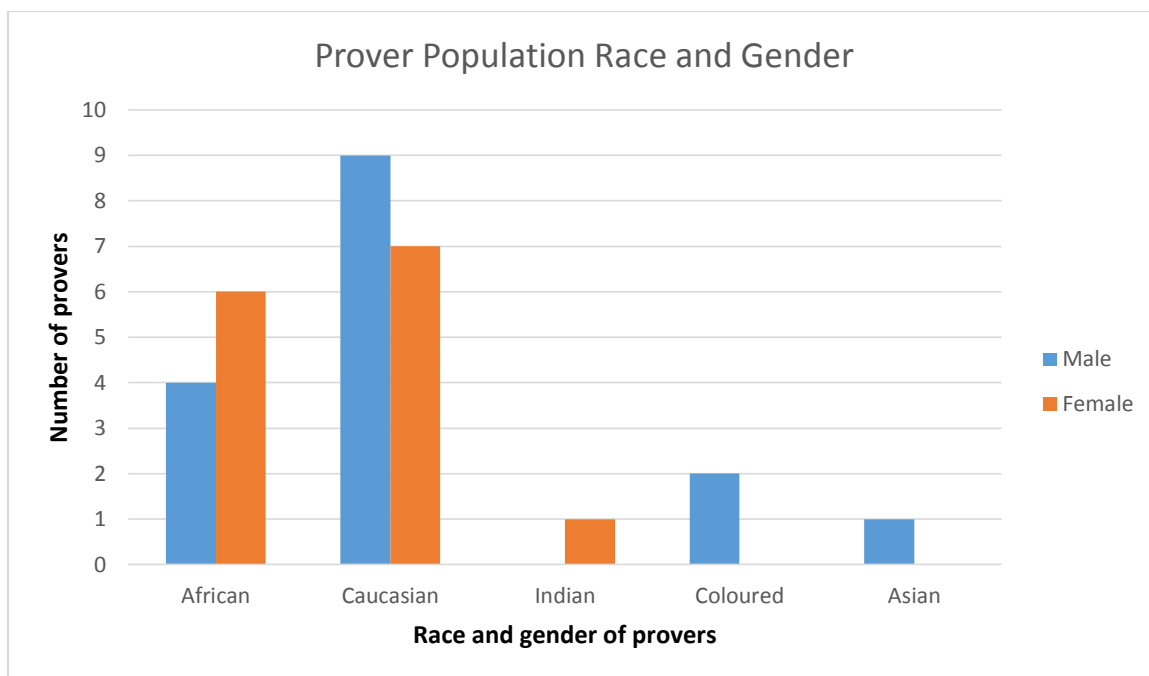
The age of verum provers ranged between 20 and 47 years. There was a predominance of male verum provers over female verum provers, in the ratio of 13:11. As can be seen from Table 9, there was a reasonable ethnic diversity within the verum prover sample. Such diversity results in less biased symptom reporting (Ross, 2011), as well as being an appropriate representation of a multi-racial and multi-cultural society. Cognisance was taken at the time of recruitment of achievement of representative ethnic sampling. Of the 30 participants, 16 were Caucasian, 11 were African, one was Indian, one was Coloured, and one was Asian.

The majority of verum provers (10) were homoeopathic students or homoeopaths. Nine of the verum provers were not familiar with homoeopathic philosophy and had never been for a homoeopathic consultation prior to participation in the proving of *Withania somnifera* 30CH. The remaining five verum provers were well acquainted with homoeopathy. Interestingly, quality in symptom reporting was not dependant on prior knowledge of homoeopathic philosophy.

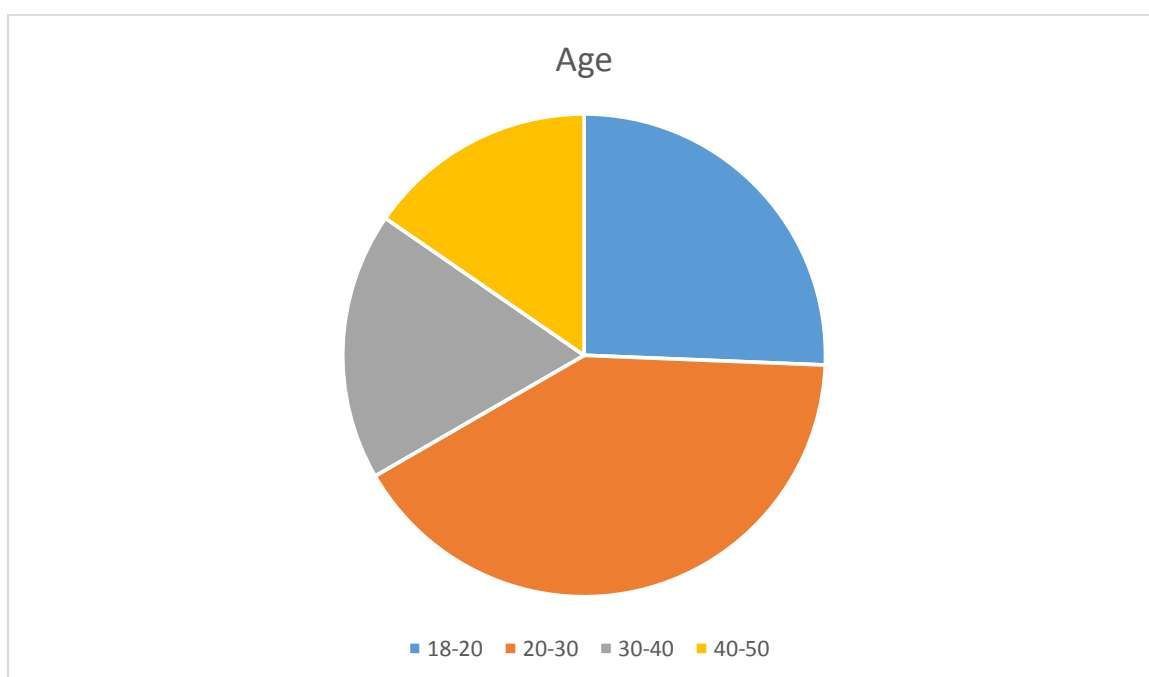
Table 9 lists the prover number, age, sex and ethnicity of the verum provers that participated in the homoeopathic drug proving of *Withania somnifera* 30CH. Figures 1-2 are graphic representations of the same data.

**Table 9: Demography of the verum group**

Prover Number	Age	Sex	Ethnicity
1	23	M	Caucasian
2	21	M	African
3	34	M	French/Thai
4	21	M	African
5	27	M	African
6	24	M	Caucasian
8	32	F	Caucasian
9	47	F	Caucasian
11	46	F	Caucasian
12	26	F	Caucasian
15	23	F	African
16	22	F	African
17	25	F	African
18	25	F	Indian
20	34	F	Caucasian
21	41	M	Caucasian
22	20	M	Caucasian
23	25	F	Caucasian
24	22	M	African
25	32	M	Caucasian
26	31	M	Caucasian
27	24	M	Coloured
28	29	F	Caucasian
29	31	M	Caucasian



**Figure 1: Race and gender distribution of verum provers (n=24)**



**Figure 2: Age distribution of verum provers (n=24)**

#### 4.2.1 Antidoting

No antidoting of the verum group was required during the course of this proving of *Withania somnifera* 30CH. Prover 13 developed tonsillitis and required urgent medical



attention. She was attended to by the supervisor, but subsequent to the unblinding it was discovered that she had been allocated to the placebo group.

### **4.3 Nomenclature and Reporting**

Extracted symptoms were transcribed as closely as possible as they were written down in the prover journals. Spelling and grammatical errors were corrected as needed to allow for comprehensibility. The researcher took utmost care not to change the original meaning with every correction made. In some instances, the researcher indicated the prover's intended meaning with brackets ([...]).

Each extracted symptom is followed by the prover number; the gender of the prover; and the time elapsed after the first dose of the verum was administered. If the time was not mentioned in the recording of symptoms, it was indicated with XX:XX:XX.

Symptoms within the same theme were grouped together, matched with the corresponding rubric, and reported as per the standard repertory sequence of symptomatology.

## **4.4 Materia Medica**

### **4.4.1 MIND**

#### **4.4.1.1 Ambition**

##### **➤ Increased**

I don't know if I am nervous for this test or not. I know this material inside and out but I really want to do well.

02M:22:XX:XX

##### **➤ Competitive**

Focus ON all day. Longer than usual. Never felt sleepy. Combative attitude for work issues.

03M:00:XX:XX; 03M:02:XX:XX

Feeling very determined, almost super competitive in a sense, which is strange. I'm wondering if I have tried to suppress my "competitiveness"

26M:02:XX:XX

Having an inner battle today, it's quite an epic journey. My mind seems like it is intent on finding holes in people's armour. Dissecting people in terms of strengths and weaknesses, however I only seem to be doing it to people that are seen as hostile. The first avenue of attack is physical, i.e. define areas of the body that are areas of high stress that the body would have trouble dealing with, i.e. leg weakness which would be broken down into areas such as hamstring, glut, quad etc. This is all done with the view of how to "out function" the target. The mental aspect revolves around the same types of observations, possibly listening to conversations, observing body language, observing unconscious facial expressions, observing interactions with others. Once this info is gathered an assessment of the person's mental "game" is created and an area of testing and an area of testing is identified in which the target can be tested with, this would probably take place in a conversation.

I've started to wonder if humans are territorial.

26M:07:XX:XX

#### **4.4.1.2 Anger**

Unusual Emotions:

- Get easily Angered by tiny issues and situations.
- In everything done, I always want fairness and Hate injustice.
- If I see injustice being done, I fume and angry that I can't control my anger

Normal: I keep emotions inside but today I even almost bite the library staff head off, for showing no sympathy that the photocopy machine ate my money and never printed my notes.

17F:07:XX:XX

Noticed I have no control over my anger – in contradiction to earlier.

18F:00:XX:XX

Got late for work & Flipped out at my husband for making me late.

18F:08:XX:XX

I hiccupped continuously last week – nothing I did could stop it – until I got angry and screamed – anger seems to be such a release.

18F:XX:XX:XX

Then: very stressful event – felt very quickly angered with +++ shaking.

No appetite, struggled to sleep.

20F:03:XX:XX

Got really angry at a comment a “friend” made that was inappropriate and disrespectful regarding my Kung-Fu. I replied bluntly and called her on it. She was suitably chastised and apologised. Still was angry about it. I felt good to say something about it.

28F:11:XX:XX

### ➤ **Suppressed**

There has been an element of self-denial – I thought I was on placebo throughout this proving – I denied that my inner being was shaken – I felt a sort of numbness/ coldness + an INTENSE FRUSTRATION. Everything frustrated me – its like withdrawal effects from smoking.

18F:XX:XX:XX

### **4.4.1.3 Anxiety**

Anxiety returns, wake up in a cold sweat from a bit of a frightening dream.

02M:16:XX:XX

Woken up by my nephew again. We’re going to hang out and watch cartoons all morning. I feel a bit uneasy though.

02M:32:XX:XX

I have no plans for later (Saturday evening) & this makes me a bit anxious → Fear-of-missing-out-type anxiety. Its very mild though. The rain has also put a slight dampener on my mood.

06M:03:XX:XX

General anxiety about relationship keeping me from sleeping.

11F:14:XX:XX

I’m a bit edgy (anxious) as I fright easily – maybe PMS as I’ve noted.

16F:05:XX:XX

Felt a little anxious, but nothing hectic.

21M:00:23:30

My mental state is on the other end of the spectrum this week, last week I was very relaxed and thought was free flowing and unrestricted. This week I’m a little anxious and I look tired.

26M:06:XX:XX

Didn’t sleep well, kept waking up feeling very anxious, couldn’t pinpoint where the anxiety was coming from.

26M:07:XX:XX

Anxious, fear about failure and work.

28F:20:XX:XX

➤ **Anticipation, from**

Some relief for having done what I feel is right. Some anxiety as I'm not sure what can happen (unexpected consequences?). But globally, feel solid.

03M:05:XX:XX

Stressed a bit because of unclear meetings & I was supposed to go to – no clear directions, unclear times & juggling appointments

11F:01:XX:XX

Woke up @ 8am – tried to sleep in till 9 but couldn't was worrying about all sorts of things / work do lists

11F:04:XX:XX

I'm starting to get anxious about my gigs coming up. Tomorrow we hit SWEDEN for the FESTIVAL I'm working. Back on a plane! Should be cool, but travel always comes with challenges and some stresses. [My son] has been amazing though, a real little trooper. He misses home though and this stresses [my wife] & I out a bit. We also miss home!

25M:06:XX:XX

The tube ride to the airport was fairly smooth apart from one changeover that stressed me a bit. It was unexpected, not part of 'the plan', and that always throws me.

25M:07:XX:XX

➤ **Driving, while**

Got suddenly anxious – was in the car on my way to a baby shower. Felt uneasy for most of the afternoon. After a while got worse then quietened down.

21M:03:14:05

Felt nervous and distracted while driving.

23F:02:XX:XX

Bad driving. Almost drove through red robot, unintentionally. Nervousness with driving, uneasiness behind wheel.

23F:09:XX:XX

➤ **Hurry, from**

After run – rushed to a friend for dinner – got there anxious because of rushing.

21M:04:XX:XX

Work very stressful and demanding. Slight anxiety, wheezing chest and dizziness. The anxiety seems to disappear on its own and seems to be onset by intense rushing around.

21M:06:10:30

➤ **Money matters, about**

Anxious about work. Stress about money & work. Driven: working harder & getting things done despite stress & anxiety.

28F:14:XX:XX

Very stressed about money at the moment. I don't usually stress so much about finances still feeling determined to persevere despite feeling very overwhelmed by life at the moment. Still just plodding along.

28F:29:XX:XX

#### **4.4.1.4 Change**

➤ **Desire for – life, in**

Today I felt much change is needed in my life.

16F:17:XX:XX

Actually the best way to put it – when I'm at rest – I want to stay resting, yet once I get going – I want to accomplish everything. I hate the transition from moving quickly to rest, & vice versa. Its like Rhus tox in a way – except not joint pain – its my moods.

18F:12:XX:XX

I'm struggling with "how to" make myself useful in this world – how to convert all this potential energy into something that matters & I'm getting depressed when I can't find a way to express myself.

18F:XX:XX:XX

#### **4.4.1.5 Cheerful**

Towards the afternoon and evening I felt in an energetic, happy and upbeat mood.

08F:02:XX:XX

My mom keeps on telling me and laughing because she says I'm looking for attention. Don't know if it's the remedy or just me. I am also feeling very, extremely happy. Mom keeps on telling me I'm acting weird (talking too much, happy, a bit irritating). But feeling very happy today. Just feel like it's going to be a good day.

22M:XX:XX:XX

Had picnic in forest with beers, as we were building a treehouse. Felt very happy with more energy even though slightly sick. I need nature in my life. I normally have a little bit of fear for snakes, crabs, crawly things. And also fear with climbing trees in general. Today, experienced none of those fears (probably because happy to be there). 23F:10:XX:XX

#### **4.4.1.6 Clarity of Mind**

I'm aware of making my mind less cluttered.

26M:09:XX:XX

A lot of previous information that I had gathered through reading is starting to make sense, an example being that a particular book may not have made much sense, the info seems to have been organised and is now making sense.

26M:11:XX:XX

#### **4.4.1.7 Cleanness – mania for**

Been on a mission since I woke been spring cleaning + getting my house in super order.

08F:04:XX:XX

Had a good, been chilled and still on a creative buzz to beautify and organise my home. Love that feeling of being in a beautiful space, that's clean, devoid of clutter and crap.

08F:XX:XX:XX

I have a big feeling of cleaning my room, doing my laundry. I feel like making everything I touch clean.

24M:04:10:25

My room looks different and nice after extreme work, I haven't seen my room like that in a while. I don't know if it's related or how but I feel like seeing room so organised has just boosted my self-confidence and self-esteem higher. It feels like I'm who I want to be.

24M:04:18:30

Noticing that I keep trying to clean and keep a sense of order, seem to find sweeping, mopping floors and washing dishes to be very relaxing.

26M:05:XX:XX

#### **4.4.1.8 Communicative**

During the entire day today, I was feeling very talkative, I have been talking to people as if we knew each other for the entire life.

24M:06:XX:XX

Had an interesting interaction with two German travellers, it was very interesting to notice that it was easy to delve into a fairly deep philosophical conversation with them. I seem to be relishing interesting interactions with people.

26M:05:XX:XX

#### 4.4.1.9 Company

##### ➤ **Aversion to**

I just feel like I don't want to be around people, or talk. Everybody's conversations just annoy me, people think they know so much when they really don't. I also wanted to be outside today, even though it was cold and miserable outside. Inside just felt too hot and too many people having annoying conversations.

12F:04:XX:XX

Now that I think about it, I've been in the best moods when alone. When I've been around people I don't feel like being there. Feel extremely annoyed with everything that is in my space.

12F:09:XX:XX

I really just want to be alone. I'm tired of people's stories – I feel like I actually don't want to care.

18F:00:XX:XX

Feeling depressed. Want nothing to do with anyone. Don't want to answer phone, messages etc.

20F:05:XX:XX

#### 4.4.1.10 Concentration

##### ➤ **Active**

I must state, however, my attention levels seem a little better than usual, if I engage in an activity – golf, reading, sound recording – it's almost effortless but my focus does not sway.

02M:03:XX:XX

Swotting for tomorrow's test this evening. Covering all bases, feeling confident and focused, expecting anything and everything.

02M:23:XX:XX

Moderate stress because of talk preparation, but focused. Focus ON all day. Longer than usual. Never felt sleepy. Combative attitude for work issues.

03M:02:XX:XX

Mind active, tired but not sleepy. Strong focus, confidence.

03M:XX:XX:XX

Concentration has been good this evening & have been very productive. Worked on research from 8pm till 12:30.

06M:00:XX:XX

Feeling a bit more focused.

11F:05:XX:XX

Felt better emotionally by doing hard work – packed hampers for orphan children – spent hours just engrossed in that work.

18F:02:XX:XX

Mentally I feel calm and focused.

25M:10:XX:XX

Felt very “dreamy” this afternoon. I was in a very relaxed state, my mind seems to be less scattered and more focused.

26M:00:XX:XX

### ➤ **Difficult**

Woken up late and am not feeling in great shape. I am battling to keep focus with ordinary day-to-day tasks such as brushing teeth, preparing cereal, dressing up.

02M:12:XX:XX

By 9.45 feeling very ‘zoned out’, eyes and attention a little unfocused. Having trouble concentrating, feeling distracted. Misspelling words – how I usually tell when my mind isn’t focussed.

12F:00:XX:XX

Absolutely no concentration span today. Keep getting distracted.

12F:06:XX:XX

I realise now just how much I have procrastinated in studying. I have exams soon & haven’t studied – really it’s not like me – I’d find myself staring into space – my mind would be blank as if I want to do/ have to do something... there is something I’m longing for not sure what it is.

16F:08:XX:XX

Feel everything in a haze in my head / like my thoughts occluded by fog.

18F:07:XX:XX

I’m very impatient – and find I’m misunderstanding people when they talk – its like I’m not even listening to them.

18F:12:XX:XX

Trying to study, but can’t concentrate. I feel very agitated. I can’t sit still.

22M:04:XX:XX



Struggling to focus for next couple of exams. Overwhelmed with where to start.

23F:14:XX:XX

➤ **While writing**

Having trouble concentrating, feeling distracted. Misspelling words – how I usually tell when my mind isn't focussed.

12F:00:14:20

Grammar and spelling seem to be an issue, only slightly though.

26M:01:XX:XX

Grammar and spelling seem to be going backwards.

26M:06:XX:XX

#### **4.4.1.11 Confidence**

➤ **Want of self-confidence**

Feeling sad – teary & insecure.

11F:12:XX:XX

➤ **Inadequacy, feeling of**

Stressed about my final exam tomorrow. Feel like I don't know anything.

17F:12:XX:XX

Have attracted very powerful, strong women & hear their stories & feel so overwhelmed for how great they are – & how lazy I am – to take those steps to be my true self.

18F:07:XX:XX

#### **4.4.1.12 Dancing**

Random urges to dance and listen to music throughout day. Craving exercise.

23F:12:XX:XX

Also urge to dance and non-stop hunger throughout day, even though eating a lot.

23F:13:XX:XX

#### **4.4.1.13 Delusions**

##### **➤ Alone, being**

Mood – I'm a bit down today. It feels like the fun activities of the long weekend are over & I'm back to being "alone". I'm surrounded by friends & people I know, but they're starting to couple off & soon I'll be forgotten about... It's inevitable when you're single...

06M:01:XX:XX

Not feeling as enthusiastic as I was earlier on in the week – not sure if its because I've had to get back to Varsity work or the influence of the proving substance. Feeling quite lonely. Feel like I need sweet, young, innocent love in my life. \*This may be because I found out last night that this guy I secretly fancy (not the same as "dream boy") happens to fancy some other guy I know... This is all so childish, & I'm fully aware of it all...

06M:01:XX:XX

My housemate & his girlfriend have left on a date. It's their 8 month dating anniversary. Usually I think it is quite silly, but tonight I think its quite sweet. And I'm home alone... ☹

06M:01:18:30

##### **➤ Drained – people are draining my energy**

Just had to drop off my nephew and his mother at their home. My bro and his wife just fought. She wants a divorce, my bro ain't having it so I'm battling to relax. Keeping the peace in the car was tough and emotionally draining and now trying to keep my bro from killing himself is taking its toll. No physiological symptoms although I am tired and stressed out.

02M:32:XX:XX

Starting to notice that after some interactions with people that I feel drained, these seem to be with people who "drain" energy from others, weird experience.

26M:04:XX:XX

I'm starting to define people in terms of energy, some conversations I have with people leave me feeling interested and inspired, whereas I have noticed that some leave me very drained.

I've noticed that those conversations tend to lean towards me giving out a lot of thought and information without having any discussion around the contents being put forth.

26M:07:XX:XX

➤ **Emptiness, of – internal**

Lately I've been feeling empty – aimless. I should be studying but I feel like doing nothing.

16F:08:XX:XX

Feel like an emptiness @ the bottom of my gut – like a sinking in feeling straight after taking 1<sup>st</sup> powder.

18F:00:00:44

➤ **Neglected, duty; he has**

Had to cancel 3 lessons because of my lost voice. Upset that I couldn't control my body. Worried that clients and my boss will think I am being flaky. Even though I am sick I would still teach if I could talk. Later on in the day my voice started coming back. I felt guilty for cancelling lessons & also guilty for the lesson I am supposed to be teaching being cancelled today: relieved but guilty.

28F:16:XX:XX

➤ **Persecuted**

Emotional and very irritable.

- Later very tearful.

- Feeling persecuted.

20F:04:XX:XX

➤ **Sick**

I am so confused with all these symptoms. Is it because of proving or am I really sick – stroke/sarcoidosis. Proving – its creepy, things are happening to me I can't really do anything about it.

16F:08:XX:XX

But I can feel it. Something is wrong with me – now this is serious. Proving aside. My lymph nodes are present – palpable in the inguinal region – the throat, as for cervical, they come and go. I'm just tired. Yet always in a hype.

16F:16:XX:XX

I feel like this deep inner sense of being unwell – like my entire gut is full of mucous.

18F:00:XX:XX

#### **4.4.1.14 Detached**

Slight sensation of detachment concerning work issues: what for??

03M:02:16:30

Not much symptoms today. Didn't feel any except for the being not emotional after the news that my brother got arrested.

05M:05:XX:XX

Feel totally detached – like calm when being criticised – normally I get very defensive and angry – have the “screw you” attitude. Today I felt very belittled but just let it slide. Could understand that I was spoken to from a point of insecurity rather than truly criticised.

18F:00:XX:XX

I prefer to be alone. Finding it easier to talk to people effectively though – very strange – I'd prefer alone time – but when in company I'm more open to their lives – although it still comes with detachment. I actually feel very selfish – if it's not for my gain – then I'm not interested.

18F:01:XX:XX

#### **4.4.1.15 Dullness**

Feeling very fuzzy headed, can't think.

11F:00:XX:XX:XX

Head feeling fuzzy again since woke up but not sore. Very windy day – sound & feel of wind heightening the fuzzy/mixed-up feeling → lasted till lunch time. Wind made me feel crazy (but blowing harder than normal).

11F:02:XX:XX

Feel everything in a haze in my head / like my thoughts occluded by fog.

18F:07:XX:XX

#### **4.4.1.16 Exertion**

##### **➤ Physical – aversion**

Actually the best way to put it – when I'm at rest – I want to stay resting, yet once I get going – I want to accomplish everything. I hate the transition from moving quickly to rest, & vice versa. Its like Rhus tox in a way – except not joint pain – its my moods.

18F:12:XX:XX

➤ **Physical – amel**

Felt better emotionally by doing hard work – packed hampers for orphan children – spent hours just engrossed in that work.

18F:02:XX:XX

Felt very lazy. Had a very quick nap +/- 20 min. Was tired for a while, almost felt high. Felt better after [martial arts training].

23F:00:XX:XX

➤ **Desire: air, in open**

I also wanted to be outside today, even though it was cold and miserable outside. Inside just felt too hot and too many people having annoying conversations.

12:04:XX:XX

Had picnic in forest with beers, as we were building a treehouse. Felt very happy with more energy even though slightly sick. I need nature in my life. I normally have a little bit of fear for snakes, crabs, crawly things. And also fear with climbing trees in general. Today, experienced none of those fears (probably because happy to be there).

23F:10:XX:XX

#### **4.4.1.17 Fear**

➤ **Happen, something will**

Have this feeling of acute anguish, bordering on paranoia. It's as if I am expecting something bad to happen, like every part of me can sense "it" coming but I just don't know what "it" is.

02M:XX:XX:XX

My mind seems caught up in something. I just don't know what it is. If I go anywhere – including within the walls of my house – I got to look over my shoulder, check the perimeter and so forth. It's 2:47am and I cannot fall asleep. I've been hearing weird sounds in the house. Extremely paranoid at this point.

02M:14:XX:XX

➤ **Failure**

Anxious, fear about failure and work.

28F:20:XX:XX

I could cry when I think of work. I feel like I want to run away to some kind of permanent holiday. Afraid of failure & not being able to support myself & afford a family & good home.

28F:31:XX:XX

#### **4.4.1.18 Forgetful**

Forgot purse at home for shopping.

11F:09:XX:XX

This proving is giving me an out of body experience – I feel like there's 2 of me – I feel disorientated, forgetful, like a spoilt brat I want what's good for me – I'm also very conscious of this – so my reactions to situations are far better than the way I usually react – It's easy to hold onto my temper.

18F:07:XX:XX

Making stupid mistakes. Forgetful.

20F:08:XX:XX

It has been 30 min I'm in front of my journal and I can't remember a sense of my dream. My brain feels blank every time I try to remember what my dream was about. Every time I try to think about it too hard, I just get a headache, and it feels like my head will explode.

24M:10:07:20

As soon as I woke up I jump on the journal to write about my dreams, I completely forget them.

24M:11:08:25

I have noticed a lot of the things I'm doing is going in my short term memory. I completely can't remember certain things, certain words and my dreams. Even when I force myself to. I just came back from a [martial arts] game, during the game I couldn't remember how to sing certain songs.

24M:11:14:10

So that's why I didn't write yesterday. I forgot.

25M:03:XX:XX

#### **4.4.1.19 Helplessness; feeling of**

I never feel like "I need time off", but today I do.

08F:00:XX:XX

Diwali – very busy – tired – still snappish – feel very agitated – feel like it's just too much for me – no excitement – WEIRD.

18F:17:XX:XX

Feeling stressed. Taken day off. Very despondent, "what is the point". Comment to [boyfriend] that I feel on the verge of a nervous breakdown. Feeling overwhelmed.

20F:XX:XX:XX

Struggling to focus for next couple of exams. Overwhelmed with where to start.

23F:14:XX:XX

I just came back from a training at a bar and my brain is at the point of going crazy with all the things I need to remember.

24M:00:13:55

Need a holiday. Want to cry when I think about going back to work tomorrow & when I think of everything I have to do but can't and won't stop. I feel like I want to run away to some kind of permanent holiday. Afraid of failure & not being able to support myself & afford a family & good home.

28F:XX:XX:XX

Feel like I need a break. I am mentally & physically exhausted. Irritable from fatigue.

28F:36:XX:XX

#### **4.4.1.20 Homesickness**

Feeling a bit down. Weird as the previous 2 days I was very happy. It can also be due to the fact that I'm heading back to Durban for 5 weeks and already missing home.

22M:02:XX:XX

I'm feeling really nostalgic, I'm missing family, my friends over there, my Home. Here in South Africa I feel like there is too much hypocrisy in people's eyes, they only call, talk, approach you when they want something from you which they can't get from someone else or what-so-ever!!! Why all the time when I don't want to have friends, suddenly everyone wants to be my friend, and when I need them the most no-one is there?

24M:02:11:00

I'm starting to get anxious about my gigs coming up. Tomorrow we hit SWEDEN for the FESTIVAL I'm working. Back on a plane! Should be cool, but travel always comes with challenges and some stresses. [My son] has been amazing though, a real little trooper. He misses home though and this stresses [MY WIFE] & I out a bit. We also miss home!

25M:06:XX:XX

#### **4.4.1.21 Impatience**

Latent anxiety, impatience.

03M:XX:XX:XX

I'm very impatient – and find I'm misunderstanding people when they talk – it's like I'm not even listening to them. 18F:XX:XX:XX

On a mission – normal for me – impatient

28F:00:XX:XX

Impatient with weakness & lack of character in friends. Very grumpy.

28F:24:XX:XX

#### **4.4.1.22 Indifference**

Just in a bit of a flat mood.

02M:28:XX:XX

I'm so sure I'm bipolar 😊 – actually I've never felt happy during this proving – think I really just feel depressed, numb & emotionless – like adon't-care attitude to everything.

18F:18:XX:XX

Want nothing to do with anyone. Don't want to answer phone, messages etc.

20F:05:XX:XX

#### **4.4.1.23 Indignation**

Think I may have to cancel my lessons tomorrow as I can't talk. Was really annoyed with clients that late cancelled on me as I felt I could have taken a break & relax because I am sick instead of being at work waiting around for them to arrive. They had good reasons to cancel though but still was [upset] and took it personally.

28F:14:XX:XX

Visited with parents. Showed them some of what I am doing in my new progressions & they seemed pretty surprised to see that it's wasn't [nonsense]. A bit [irritated] that that's how they perceived it since I have put a lot of time and energy into the course. Indignant is the word I would describe what I felt. About previous dreams involving altercations & arguments the same thing applies.

28F:18:XX:XX

#### **4.4.1.24 Industrious**

Concentration has been good this evening & have been very productive. Worked on research from 8pm till 12:30.

06M:00:XX:XX

I start working on research & I'm pretty productive, actually getting somewhere. Worked really hard on research till 2:30am, then showered and went to bed at 3:00am.



\*3am is pretty late for me – I don't usually have such long bursts of "study energy".

06M:01:XX:XX

#### **4.4.1.25 Injustice, cannot support**

Unusual Emotions:

- Get easily angered by tiny issues and situations.
- In everything done, I always want fairness and Hate injustice.
- If I see injustice being done, I fume and angry that I can't control my anger.

Normal: I keep emotions inside but today I even almost bite the library staff head off, for showing no sympathy that the photocopy machine ate my money and never printed my notes.

17F:07:XX:XX

I personally hate people who think their beliefs, culture, religion is better than the others and force others to act like them. People who act like that are DISRESPECTFUL!!!!

24M:02:XX:XX

#### **4.4.1.26 Introspection**

Today I woke up with no dreams. But I felt entirely different, it might be due to the fact that I am paying more attention to myself physically, mentally and spiritually.

24M:07:06:10

Very relaxed, very introspective. Starting to notice that I am observing my state abstractly or as a third person. I'm finding that when I feel anxious or relaxed, I try to identify what is causing this particular state of being.

26M:XX:XX:XX

#### **4.4.1.27 Irritability**

I was particularly irritable and cranky today, possibly irritated by how much I need to get done in a day.

08F:03:XX:XX

All good. Went to bed in a bad mood. Irritated. ☹

09F:09:XX:XX

Feeling very tired & grumpy. Everything is irritating me this morning. Irritability high & more vocal about it – till evening.

11F:02:XX:XX

Have been very irritable today in a way that is unusual. Got irritable & moody with:

- workshop participants talking nonsense & interrupting
- my co-facilitator for thinking my cell phone was ringing in a session when it wasn't mine
- my boyfriend for not being home/ for leaving no petrol in car + not telling me
- friend who made me wait at dinner appointment

Usually I wouldn't get too upset about any of this but today they keep going round in my head & I felt generally grumpy + angry at everyone.

11F:07:XX:XX

Apart from energy slump at 1.10pm and unusually bad mood, no symptoms to report.

12F:01:XX:XX

Super irritable today.

12F:05:XX:XX

I am very irritated by bad planning – normally I am – but now I can't stand it – I snap. I feel like the world is moving in slow mo.. Feel like a hypocrite – coz all I do is sleep – not interested in making my own life move faster.

18F:12:XX:XX

Diwali – very busy – tired – still snappish – feel very agitated – feel like its just too much for me – no excitement – WEIRD.

18F:17:XX:XX

Emotional and very irritable. Later very tearful. Feeling persecuted.

20F:04:XX:XX

Wind annoying the life out of me.

20F:08:XX:XX

[My wife]'s birthday! We ate well for breakfast. She opened presents while [my son] got excited. Almost too excited & demanding & this irritated me.

25M:21:XX:XX

Feel like I need a break. I am mentally & physically exhausted. Irritable from fatigue.

28F:36:XX:XX

#### **4.4.1.28 Laziness**

Lately I've been feeling empty – aimless. I should be studying but I feel like doing nothing.

16F:08:XX:XX

Low energy and laziness throughout the day. Energy came back when I went to work, from the afternoon onwards.

23F:01:XX:XX

Not motivated to study (as if I don't care). Normally adrenalin kicked by now to study. Only got into study mode at 12am.

23F:XX:XX:XX

#### **4.4.1.29 Menses – during – beginning of menses, at**

Period started – heavy flow. Usually I am very emotional & weepy before it for a few days so seems fared better on this score this month although I am a bit teary today.

11F:11:XX:XX

Period started → (note PMS symptoms do happen→ but exaggerated strongly - ? stress/ remedy).

20F:07:XX:XX

#### **4.4.1.30 Observer**

##### **➤ Detail, of everything in**

One thing I have noticed is that I'm paying more attention to every small detail around me. Things like:

→ Peoples facial expressions.

→ The sound of a car passing around and trying to guess at what speed the driver is, and in which number is the gearbox.

→ Checking immaculate cars.

→ How / what people are wearing (OCD).

24M:09:20:07

Noticing a lot more with regards to peoples' behaviour and gestures/ body language. Noticed something very interesting with a business associate, what I thought was a relaxed, jovial type of person, seem now, to be very nervous. Starting to notice a lot more about people, small habits, speaking, choice of words, tone, body language.

26M:XX:XX:XX

Noticing more about people who are focused on business or more likely focused on making money. I was in a meeting and noticed that all these business people looked tired and unhappy and no one looked as if they did any form of exercise. The energy was bizarre, the situation was centred around trying to assist a mutual customer, but it seemed as though all parties were trying to guard their own interests and at the end of the meeting, it seemed as though not much had been decided. Starting to notice these types of situations more and more. 26M:08:XX:XX

#### **4.4.1.31 Optimistic**

Good morale, inspiration. Problems seem possible to overcome. Increased confidence – general feeling of strengthening.

03M:XX:XX:XX

Towards the afternoon and evening I felt in an energetic, happy and upbeat mood.

08F:02:XX:XX

Mind/mood- not anxious like in the baseline study. Felt good, positive, elevated.

21M:00:XX:XX

I feel great though and I'm feeling very positive, which is cool because being away from home & travelling with [my son] has come with some stress, so positivity really works to keep things on track.

25M:10:XX:XX

#### **4.4.1.32 Order – desire**

Been on a mission since mid-week to spring clean and sort my house out. Have got lots of needed to do things done. Mainly cleaning up and sorting cupboards and photos, books, sewing stuff all these things that get disorganised over time. Also been on a mission to redecorate and make things.

08F:03:XX:XX

My room looks different and nice after extreme work, I haven't seen my room like that in a while. I don't know if it's related or how but I feel like seeing room so organised has just boosted my self-confidence and self-esteem higher. It feels like I'm who I want to be.

24M:04:18:30

Started keeping a book list of books that I would like to read.

26M:09:XX:XX

Crossing things off my to do list.

28F:13:XX:XX

#### **4.4.1.33 Panic followed by sexual arousal**

Night: I get nightmare (dreams) where I am writing Exam and I don't know what to write but instead of panicking, I get an orgasm?? [US] I think maybe consciously it has not hit me that I am writing my final exam but subconsciously I'm dreaming about it and panicking.

17F:09:XX:XX

Stressed about my final exam tomorrow. Feel like I don't know anything.

When stressed or panicking, I get this sensation that my clitoris is moving and feel Horny??

Wish to squeeze the legs together to try hold the clitoris from moving.

17F:12:XX:XX

#### **4.4.1.34 Perseverance**

Hand hurts a whole lot and is swollen, pain is becoming dull and can barely move my hand.

I'm usually a whiner but this weekend I just pushed through the pain without much effort.

02M:04:XX:XX

Studied throughout previous night as exam in morning. Coped well. Feeling fine today.

23F:14:XX:XX

Need a holiday. Want to cry when I think about going back to work tomorrow & when I think of everything I have to do but can't and won't stop.

28F:06:XX:XX

Very determined despite [experiencing diarrhoea], working very hard – possible intensification of symptoms.

28F:09:XX:XX

Anxious about work. Very stressed about money at the moment. Driven: working harder & getting things done despite stress & anxiety. I don't usually stress so much about finances – still feeling determined to persevere despite feeling very overwhelmed by life at the moment. Still just plodding along.

28F:XX:XX:XX

#### **4.4.1.35 Reproaching oneself**

Feel very restless internally – like what I want I'm not sure of. Feel like whatever I've known about myself is not KNOWN anymore – questioning – critical of myself – makes me feel very unsettled.

18F:03:XX:XX

Mind: down on myself with regards to work. Very critical.

28F:09:XX:XX

Had to cancel 3 lessons because of my lost voice. Upset that I couldn't control my body. Worried that clients and my boss will think I am being flaky. Even though I am sick I would still teach if I could talk. Later on in the day my voice started coming back. I felt guilty for

cancelling lessons & also guilty for the lesson I am supposed to be teaching being cancelled today: relieved but guilty.

28F:16:XX:XX

#### **4.4.1.36 Reproaching others**

Impatient with weakness & lack of character in friends. Very grumpy.

28F:24:XX:XX

#### **4.4.1.37 Sadness**

Feeling sad – teary & insecure.

11F:12:XX:XX

Slept all day – I've realised that the past few days I've been depressed. Just felt like I had no strength left, I've been fading in and out of depression. My ego very badly damaged – it should be all systems go – but I'm just depressed honestly. I feel empty.

18F:10:XX:XX

I'm so sure I'm bipolar ☺ – actually I've never felt happy during this proving – think I really just feel depressed, numb & emotionless – like a don't-care attitude to everything.

18F:18:XX:XX

Feeling depressed. Want nothing to do with anyone. Don't want to answer phone, messages etc.

20F:05:XX:XX

Feeling a bit down. Weird as the previous 2 days I was very happy. It can also be due to the fact that I'm heading back to Durban for 5 weeks and already missing home.

22M:02:XX:XX

#### **➤ Causeless weeping, with**

I'm trying to fall asleep and I just start crying, not exactly sure why. Thinking about this headache. Tomorrow I have things to do.

12F:03:XX:XX

Now I crying and can't stop. [To] make things worse I'm writing an exam tomorrow. Worst day EVER. Wish [my mother] was home.

16F:11:XX:XX

Crying for no real reason. Feel very stressed. Self-doubt. Nose got blocked with crying. Feel very slow. Feel sentimental. 28F:08:XX:XX

#### 4.4.1.38 Sensitive

##### ➤ External impressions, to all

Ate again round 9.30pm. Boyfriend was scraping fork in bowl – sound was acutely irritating, more than normal (altho always makes me cringe).

11F:01:12:30

I've definitely transitioned into a separate phase compared to last week. Noticed that I've always been aware of the weather i.e. direction of the wind, what direction the rain comes from, different types of clouds, air temperature, moisture content of the air the smell of the air. Noticed that I break the day into three segments based on the light. The first segment is from early morning until the light transitions into a sort of midday/ afternoon phase. The midday/ afternoon phase goes on until sunset and the third phase starts. The third phase tends to be the sunset into night phase which goes until the next morning. I tend to be really tired towards the end of the first and second phase. The beginning of the second and the third phase is where my energy levels are quite high and I find that I am most relaxed during these parts of the phases.

26M:08:XX:XX

Sleeping really well, taking more notice of light, natural light to be specific. I've started to observe the air, the moisture content, the smell, the temperature, late evening and early morning seem to be the parts of the day when I am most aware of these aspects, although I have noticed myself observing/thinking about the air during the afternoon.

26M:09:XX:XX

Went for a swim at the beach, was very aware of the heat from the sun, the senses were very heightened. There were a lot of people around, however I had a strange sense of the people being filtered out and the only part of the equation left was the natural elements, it was an interesting experience, very soothing.

26M:10:XX:XX

#### **4.4.1.39 Sentimental**

On Wednesday got in touch with a friend from school – was so excited to chat to him – he was like my little brother at school – lost touch since matric.

18F:07:XX:XX

Then [my husband] brings his friend home. I realise that this friend was my other ex-boyfriend's friend. Again I'm coming into contact with the past. And my best friend from primary school contacted me – she's coming back to S.A. and wants to meet – I'm just very nostalgic – and missing school – and who I was.

18F:10:XX:XX

I had an awesome time connecting with my good friend in BATH, Somerset, last night. Good food, good drink, good times!

25M:06:XX:XX

#### **4.4.1.40 Spaced-out feeling**

Felt very spacy – zoned out into thoughts while in conversation.

11F:01:XX:XX

Feeling a bit weird. Like I'm on drugs. Tipsy. Like my mind isn't totally with me.

22M:00:XX:XX

Was tired for a while, almost felt high. Felt better after [martial arts training].

23F:00:XX:XX

No notable changes, apart from laziness and slight feeling of being high in late morning.

23F:01:XX:XX

Felt very "dreamy" this afternoon. I was in a very relaxed state, my mind seems to be less scattered and more focused.

26M:00:XX:XX

#### **4.4.1.41 Starting**

##### **➤ Easily**

I have been startling easily lately.

12F:09:XX:XX

I'm a bit edgy (anxious) as I easily fright – maybe PMS as I've noted.

16F:05:XX:XX



Also noticed get startled a lot now and that an unusual symptom.

17F:03:XX:XX

Woken up – always a little surprised/startled when I wake up.

21M:04:06:50

#### **4.4.1.42 Stupefaction**

Still drowsy.

15F:00:15:00

Feeling a tad drowsy, maybe some coffee would help...

27M:01:10:00

A feeling of lethargy & drowsiness. Eye-lids feel heavy. Waves of drowsiness throughout the day.

29M:XX:XX:XX

#### **4.4.1.43 Taciturn**

##### **➤ Company, in**

Don't feel like talking. Around people I just want to keep my mouth shut.

12F:03:XX:XX

Lately people have been asking me if I'm okay stating I'm just too quiet. My sister is nagging me with the question: "Are you okay?" – I'm fine – maybe I'm a bit quiet lately but there is nothing to be said!

16F:13:XX:XX

#### **4.4.1.44 Theorising**

Starting to think about human behaviour, why do people behave in specific ways, is it due to environment i.e. learned behaviour from surroundings, genetically imparted, memetics → cultural genetics

→ what about Rupert Sheldrake's "morphic resonance".

What is the South African education "system" producing? Is there a plan? Is education real? How is it measured? If you pass a set of tests are you educated? Or have you learned how to pass tests?

26M:00:XX:XX

Starting to wonder why I have a fascination with formal learning i.e. University, short courses etc. I keep finding that the most useful info is discovered in books and informal learning, i.e. collaboration with other like-minded individuals. Also very interested in concepts such as open learning platforms, coursera, udacity, and MIT open courseware.

26M:01:XX:XX

How does one pursue areas of interest. If you have an interest in logic, do you read logic books for a period of time and then move onto your next interest? How do you prioritise learning? Why does learning seem to be rushed? Why do we need specific badges, degrees, diplomas etc. to do specific tasks. Is this a South African issue? Surely this doesn't lead to innovation/ employment creation.

Watched an interesting lecture from a LIFT conference, similar to TED talks. Swiss person giving the talk, from Hublot watches, luxury watch brand, interesting philosophy for spurring innovation. Reward mistakes → the bigger the mistake, the bigger the reward. Mantra for innovation → "Be first, Be unique, Be different".

26M:01:XX:XX

#### **4.4.1.45 Tranquillity**

Feeling calm – more than usual I suppose.

01M:00:XX:XX

Head is clear, mood is chilled.

08F:01:XX:XX

Much calmer.

20F:06:XX:XX

I do feel super chilled, quite on top of my moods, hanging with my boy & his two little cousins (one infant & a 3yr old) here in LONDON. I am enjoying a kind of indulgent 'down' time, no pressures. I have to perform next week but I'm not stressed about it. I'm looking forward to it actually, even knowing I still have some work to do. So that's why I didn't write yesterday. I forgot. Mainly because I was feeling so mellow and chilled and properly contented.

25M:03:XX:XX

Felt very "dreamy" this afternoon. I was in a very relaxed state, my mind seems to be less scattered and more focused.

26M:00:XX:XX

My mental state is on the other end of the spectrum this week, last week I was very relaxed and thought was free flowing and unrestricted.

26M:06:XX:XX

Early morning and late afternoon sun seems to be very appealing, almost as if I feel very calm observing outside light at these times.

26M:07:XX:XX

#### **4.4.1.46 Tranquillity in a stressful situation**

Not much symptoms today. Didn't feel any except for the being not emotional after the news that my brother got arrested.

05M:05:XX:XX

Mood was pretty good all day. Had some bad news which I took in my stride, & then some good news that "leveled" things. Went to gym, had a really good workout too (at 3pm).

06M:02:XX:XX

Calm considering that I am facilitating a workshop.

11F:06:XX:XX

Angry & irritable in morning as under stress to do things before march in town but didn't get as stressed as I might have been at being late.

11F:10:XX:XX

I was angry about a slight thing as always but I let it go quick-like!

16F:02:12:00

I find that I'm easier angered but the change is I calm down much quicker in fact I just calm down.

16F:08:XX:XX

Feel totally detached – like calm when being criticised – normally I get very defensive and angry – have the "screw you" attitude. Today I felt very belittled but just let it slide. Could understand that I was spoken to from a point of insecurity rather than truly criticised. Just felt like smiling – like there's so much more to life than to argue for things that are pointless.

18F:00:XX:XX

Noticed I'm much calmer when confronted – I feel put down a lot – but instead of boiling over like I used to, I internalise and correct – or outwardly handle it much better than before.

18F:03:XX:XX

This proving is giving me an out of body experience – I feel like there's 2 of me – I feel disorientated, forgetful, like a spoilt brat I want what's good for me – I'm also very conscious of this – so my reactions to situations are far better than the way I usually react – It's easy to hold onto my temper.

18F:07:XX:XX

Exam this morning. Adrenalin didn't kick in as much as normal.

23F:05:XX:XX

I want to talk about how I think that the proving, either placebo or [verum], combined with the timing of it (travelling, performing etc.), seems to have got me on quite a settled, committed energy. Things that would normally make me feel anxious are not effecting (affecting?) me as much, whether it's performance anxiety or travelling anxiety (missing planes, passport control, 2yr old boy control...).

I have however experienced some epic mood swings in the past little while. It's my ability to control them, roll with them, breathe through them that has been so noticeable. I have been more honest with my moods, not trying to suppress them in any way, but also not letting them get out of hand. Obviously I'm talking mainly about my 'bad' moods here. Basically, I have reached anger & frustration points as yet uncharted in my life, but have not lost control, and now I feel like I can handle anything...

25M:27:XX:XX

I have an assignment due and have more than 200pgs of reading to do, however I don't feel stressed at all.

26M:00:XX:XX

Very calm in face of conflict. Relaxed today after feeling a bit tense yesterday.

28F:07:XX:XX

Crossing things off my to do list. Still stressed, but seem to be approaching stress more calmly & with action.

28F:13:XX:XX

I had a car accident. Usually would freak out. I kind of held it together till after details were exchanged & ARV was organised. Then I had a [cry] but it happened & then was over with. At the time I was worried about finances & insurance. Now I am okay.

28F:19:XX:XX

#### **4.4.2 VERTIGO**

A little light-headed and dehydrated after the gig. Felt like I was spinning with the turntables.

02M:16:XX:XX

Strange "lightness" / lightheaded feeling behind eyes. Have had bizarre light headedness almost all day. Feel strangely detached and dreamlike.

09F:XX:XX:XX

Very hazy head.

11F:09:XX:XX

Have a light headed sort of feeling.

18F:00:XX:XX

Light headed, headache over temporal region 6pm.

28F:06:XX:XX

Feel exhausted. Had what felt like a low blood sugar attack at 6:30pm-ish felt listless and lightheaded and a bit unsteady better eating dinner. I had a decent breakfast & lunch so that couldn't have been it.

28F:20:XX:XX

Had 2 beers (0.5l) with dinner and I think they had a stronger effect than usual. On several occasions I felt a little light headed/ dizzy.

29M:00:XX:XX

#### **4.4.2.1 Dizzy**

Got very dizzy dancing, lights were off so we danced with candles. Lost balance easily & seemed like dark shapes were floating in front of eyes. Felt a lot better after eating but still a bit spacy.

11F:01:17:30

I feel so drowsy that I can't do anything but to sleep – I sometime feel dizzy – that I lean on things – head is spinning.

15F:01:12:00

I find it difficult to look down especially when I am standing. Somehow I feel as if my head will fall off or my neck will, I don't know, break. Or I'll lose balance and fall.

16F:03:18:45

Feeling a little dizzy, when sitting and standing.

21M:01:12:09

Everything I'm bending and standing, I feel really dizzy, I have to stand and hold my head for a couple of seconds to get better and when I'm dizzy my visibility becomes really bad.

24M:00:16:30

I decided to leave my bed. As I stood up, I felt just a bit dizzy and a strong headache just followed.

24M:01:09:15

I woke up today with terrible headache on the front head and it made my head feel heavier every time I try to get up out of bed, so I had to stay lying down for about 20-30min. Once I felt like the pain went away, as soon as I stood up the pain violently came back and made me feel dizzy. 24M:08:07:15

Had 2 beers (0.5l) with dinner and I think they had a stronger effect than usual. On several occasions I felt a little light headed/ dizzy.

29M:00:XX:XX

#### **4.4.2.2 Eating – after – amel.**

Got very dizzy dancing, lights were off so we danced with candles. Lost balance easily & seemed like dark shapes were floating in front of eyes. Felt a lot better after eating but still a bit spacy.

11F:01:17:30

Shivering & shaking never have I been in this state. I had a hot dog for lunch 15:30 – it's frightening. After eating muffins it feels a bit better. My hand is shivering a bit not really though – [the] kind of shivering I have when nervous or cold (I've fasted but I've never had such symptoms).

16F:03:18:45

Feel exhausted. Had what felt like a low blood sugar attack at 6:30pm felt listless and lightheaded and a bit unsteady better eating dinner. I had a decent breakfast & lunch so that couldn't have been it.

28F:20:XX:XX

#### **4.4.2.3 Spinning**

A little light-headed and dehydrated after the gig. Felt like I was spinning with the turntables.

02M:16:XX:XX

Sometime before 5am woke up and the room was spinning. Closed eyes + went straight back to sleep.

12F:03:XX:XX

I feel so drowsy that I can't do anything but to sleep – I sometime feel dizzy – that I lean on things – head is spinning.

15F:01:12:00

#### **4.4.3 HEAD**

##### **4.4.3.1 Pain**

➤ **Coffee – agg.**

Drank coffee quite late at 7pm – slight headache following this in temple area [have noticed slight headache feeling when I drink coffee early evening but also have been craving it a lot]  
11F:11:XX:XX

➤ **Coffee – amel.**

Pain continued through the night – stopped @ 10pm when I had a cup of coffee. Again, I craved coffee. Also craved cigarettes – to smoke.

18F:02:22:00

Woke up with headache behind eyes and feeling dehydrated, from late night from evening before and slept late. I felt better by the afternoon, when I had coffee, and lots of water.

23F:02:XX:XX

Tired, dehydrated, headaches from studying. Stretching and acupressure helps. Headaches better with coffee.

23F:08:XX:XX

➤ **Dehydration**

Woke up with headache behind eyes and feeling dehydrated, from late night from evening before and slept late. I felt better by the afternoon, when I had coffee, and lots of water.

23F:02:XX:XX

Tired, dehydrated, headaches from studying. Stretching and acupressure helps. Headaches better with coffee.

23F:08:XX:XX

Frontal headache dull, probably from not enough water.

28F:00:XX:XX

➤ **Dull pain**

Evening – dull headache, over left eye and left frontal region. Worse for reading and thinking. Better for warm bath.

04M:04:XX:XX

Fuzzy headache – area of fuzziness worse closer to the eyes, between eyebrows and over forehead 10h30 – 11h30 → came back 3 – 5pm. Very hazy head & headache across brow above eyes – not acute – fuzzy heavy.

11F:XX:XX:XX

Fuzzy headache + throbbing between eyebrows & sharper ache in line from above right eye to back of head [had been babysitting + the mom had sprayed herself with strong perfume before leaving – argghh!]. 11F:05:17:00

Flush of heat to face then headache back. More centred in the middle of forehead, quite dull, pressing sensation.

12F:02:20:30

Head – that same dull, heavy feeling, worse when I move my head. More on the left side. So dull it comes and goes without me noticing. It feels thick and if sudden movement will trigger it off.

12F:XX:XX:XX

Headache: pain over whole forehead and back of head. Pulsating, throbbing, thick, heavy. Pain is so bad I want to cry. Lay in bed with pillow over head for half an hour, seemed much better, sat up and head started throbbing again. Better for lying down, worse for standing up.

12F:03:XX:XX

I have this dull headache. But probably related to my sinusitis – My right ear is painful as if vacuuming there. Frontal headache as usual. Better for pressure.

16F:XX:XX:XX

MOST SPLITTING HEADACHE – it was a cloudy feeling in the forehead – Felt dazed. Was still busy working – nothing made it better except hard pressure at the temples. I could still function, but the pains unbearable.

18F:02:13:00

Headache at back, under occipital condyle, dull headache.

21M:00:11:14

Just got a headache. Frontal headache – feels dull. Been driving all day think that's why.

22M:02:13:21

I woke up today with terrible headache on the front head and it made my head feel heavier every time I try to get up out of bed, so I had to stay lying down for about 20-30min. Once I felt like the pain went away, as soon as I stood up the pain violently came back and made me feel dizzy. But this time the pain was mostly on the front left of my head, and the type of pain was like I have been thinking too much.

24M:08:07:15

Headache started frontotemporal region moved to top of head. Dull consistent. Heat makes it worse. Bright light makes it worse. Momentarily alleviated by pressure to temples or vertex possibly from neck tension. Light & bright colours seem to annoy it. It seems better for both eating & drinking.

28F:XX:XX:XX

Trapezius muscles also spasming & causing headaches still – today over temples still all pain are dull & consistent.

28F:36:XX:XX

Small dull headache in front – centre of head (gone 1 hr). 29M:01:XX:XX



➤ **Eating – while – amel.**

Headache still dull around temples. Light & bright colours seem to annoy it. It seems better for both eating & drinking.

28F:31:XX:XX

➤ **Exertion – amel.**

Went for a nice run – initially head was throbbing – but after about 5-6km, headache disappeared.

21M:01:18:10

Headache all day – was most severe around temples and at the back by occipital condyles. Headache disappeared during run.

21M:01:XX:XX

➤ **Light; from**

Headache worse for light, noise. Better for being inside. Very sensitive to noise, headache really terrible. Sensitive to light. It is extremely bright outside. Feeling hot.

12F:XX:XX:XX

And with Anger, I get frontal headache. The headache feels as if there is pressure on the forehead worse when stressed, Thinking, light. Better for dark, relax and putting pressure with my hands and even better by music.

17F:07:XX:XX

Felt a little anxious, but nothing hectic. Read and then went to bed- still with a headache. The headache was again throbbing and continuous. While I was driving in the evening, car lights appeared particularly bright and hurt my eyes and seemed to make the headache worse.

21M:00:23:30

Headache started frontotemporal region moved to top of head. Dull consistent. Heat makes it worse. Bright light makes it worse. Momentarily alleviated by pressure to temples or vertex possibly from neck tension.

28F:23:XX:XX

➤ **Mental exertion – agg.**

Slight headache- at back of head by occipital condyles. Maybe work stress again. Also could be coffee withdrawal.

21M:01:11:00

At work, stressful day- lots of things on the go – can feel a slight headache developing @ back of my head- usual spot, but nothing hectic. 21M:02:10:02

08h30 @ work – once again stressful and feel the stress and pressure mounting. Slight headache. Back of head – only slight discomfort.

21M:07:08:30

Tired, dehydrated, headaches from studying. Stretching and acupressure helps. Headaches better with coffee.

23F:08:XX:XX

I feel a small pain on my left front head (headache) not too painful but a bit disturbing. It's stopping me to think straight, so I can't carry on studying.

24M:00:15:30

It has been 30 min I'm in front of my journal and I can't remember a cents of my dream. My brain feels blank every time I try to remember what my dream was about. Every time I try to think about it too hard, I just get a headache, and it feels like my head will explode.

24M:10:07:20

➤ **Motion – head, of – agg.**

Head – that same dull, heavy feeling, worse when I move my head.

12F:03:09:00

Headache gone, but head doesn't feel 100% right. It feels thick and if sudden movement will trigger it off.

12F:04:XX:XX

➤ **Odors – strong odors agg.**

Fuzzy headache + throbbing between eyebrows & sharper ache in line from above right eye to back of head [had been babysitting + the mom had sprayed herself with strong perfume before leaving – argghh!]

11F:05:17:00

Very strong smell came into workshop room from outside +/- 10am smelled like someone had emptied a bucket of sunscreen in the room – sickly perfume smell. One other person bothered by it. Gave me a bad headache lasted till about 3pm – temples and forehead.

11F:08:XX:XX

Headache in temples from strong incense that was being burnt at the post march gig.

11F:10:21:00

➤ **Piercing pain**

Back home from training this evening, I had this light headache while training. It felt like something was piercing my frontal lobe with a blunt object. Two glasses of water and then off to bed.

02M:20:XX:XX

➤ **Pressing pain**

Headache more acute between eyebrows [diagram of 2 spots of pain either side of eyebrow centre] stronger pain – more acute feeling of pressure at these points.

11F:00:14:00

Headache – right side of forehead and above eye. Pressing pain.

12F:01:XX:XX

And with Anger, I get frontal headache. The headache feels as if there is pressure on the forehead worse when stressed, Thinking, light. Better for Dark, relax and putting pressure with my hands and even better by music.

17F:07:XX:XX

➤ **Pressure – hard amel.**

Had this dull pain head better for pressure.

16F:11:16:00

MOST SPLITTING HEADACHE – it was a cloudy feeling in the forehead – Felt dazed. Was still busy working – nothing made it better except hard pressure at the temples. I could still function, but the pains unbearable.

18F:02:13:00

Tired, dehydrated, headaches from studying. Stretching and acupressure helps. Headaches better with coffee.

23F:08:XX:XX

Headache started frontotemporal region moved to top of head. Dull consistent. Heat makes it worse. Bright light makes it worse. Momentarily alleviated by pressure to temples or vertex possibly from neck tension.

28F:23:XX:XX

➤ **Pulsating pain**

Headache: pain over whole forehead and back of head. Pulsating, throbbing, thick, heavy. Pain is so bad I want to cry. Lay in bed with pillow over head for half an hour, seemed much better, sat up and head started throbbing again. Better for lying down, worse for standing up.

12F:03:XX:XX

Felt a little anxious, but nothing hectic. Read and then went to bed – still with a headache. The headache was again throbbing and continuous. While I was driving in the evening, car lights appeared particularly bright and hurt my eyes and seemed to make the headache worse.  
21M:00:23:30

➤ **Rising – lying, from – agg.**

Headache: pain over whole forehead and back of head. Pulsating, throbbing, thick, heavy. Pain is so bad I want to cry. Lay in bed with pillow over head for half an hour, seemed much better, sat up and head started throbbing again. Better for lying down, worse for standing up.  
12F:03:XX:XX

I'm trying to fall asleep and I just start crying, not exactly sure why. Thinking about this headache. Tomorrow I have things to do. I really hope it's fine. I don't think I can handle another day with the feeling of my head about to explode when I stand up.  
12F:03:XX:XX

I decided to leave my bed. As I stood up, I felt just a bit dizzy and a strong headache just followed.

24M:01:09:15

I woke up today with terrible headache on the front head and it made my head feel heavier every time I try to get up out of bed, so I had to stay lying down for about 20-30min. Once I felt like the pain went away, as soon as I stood up the pain violently came back and made me feel dizzy. But this time the pain was mostly on the front left of my head, and the type of pain was like I have been thinking too much.

24M:08:07:15

I just wake up now and I'm feeling really tired and a terrible headache is troubling me and keeping me in bed. I can't raise my head. The pain is a bit hard to allocate, it's kind of on the inside of head on the front head, and it's more on the left than on the right side.

24M:09:11:00

➤ **Sleep – agg.**

Just woke up. Still have the same headache. Worse than before I fell asleep.

22M:03:XX:XX

I woke up with a terrible headache, I can't really allocate where the pain is, all I can say is I feel like my head is over loaded. It's making me not want to leave bed. I feel like just being in a quiet place and not interacting with people.

24M:00:22:30

➤ **Sun – exposure to sun, from**

Pulsating throbbing headache of the temples, better for cold air and cold drinks. Worse for open exposure to the sun. Occurred after walking for a long period in the sun.

04M:00:XX:X

Headache, after standing in the sun. Frontal region. Worse on left side.

04M:07:XX:XX

➤ **Eyes**

Dull headache “inside” left eye (just above). Extremely dull, comes and goes (much duller than normal).

12F:00:09:45

Headache still persisting; Right side temple, and above right eyelid.

21M:15:30

Woke up with headache behind eyes and feeling dehydrated, from late night from evening before and slept late. I felt better by the afternoon, when I had coffee, and lots of water.

23F:02:XX:XX

➤ **Forehead**

Back home from training this evening, I had this light headache while training. It felt like something was piercing my frontal lobe with a blunt object. Two glasses of water and then off to bed.

02M:20:XX:XX

Headache, after standing in the sun. Frontal region. Worse on left side.

04M:07:XX:XX

Front headache all day & behind eyes. Too tired. Headache gripping front forehead + side of head + ache behind eyes.

11F:14:XX:XX; 11F:14:21:30

Flush of heat to face then headache back. More centred in the middle of forehead, quite dull, pressing sensation.

12F:02:20:30

Head → I have this dull headache. But probably related to my sinusitis – My right ear is painful as if vacuuming there. Front headache as usual.

16F:00:XX:XX

MOST SPLITTING HEADACHE – it was a cloudy feeling in the forehead – Felt dazed. Was still busy working – nothing made it better except hard pressure at the temples. I could still function, but the pains unbearable. 18F:02:13:00

Just got a headache. Frontal headache – feels a bit dull. Been driving all day think that's why.

22M:02:13:21

I'm feeling really dehydrated and I have a terrible headache on the front of my head, above the nose and between the eyebrows but on the inside of my head.

24M:06:21:30

I just wake up now and I'm feeling really tired and a terrible headache is troubling me and keeping me in bed. I can't raise my head. The pain is a bit hard to allocate, it's kind of on the inside of head on the front head, it's more on the left than on the right side.

24M:09:11:00

Fronto-temporal headache – dull, probably from not enough water. I suspect trapezius tension. Dull, continuous.

28F:XX:XX:XX

Small dull headache in front – centre of head (gone 1 hr).

29M:01:XX:XX

### ➤ **Occiput**

Headache @ back, under occipital condyle, dull headache.

21M:00:11:14

08h30 @ work – once again stressful and feel the stress and pressure mounting. Slight headache. Back of head – only slight discomfort.

21M:07:08:30

### ➤ **Sides – left**

Evening – dull headache, over left eye and left frontal region. Worse for reading and thinking. Better for warm bath.

04M:04:XX:XX

Sharp head pain like a hard squeeze on left side only – most sore here [diagram] tender when pressure applied.

11F:06:20:00

Dull headache “inside” left eye (just above). Extremely dull, comes and goes (normal symptom for me but much duller than normal).

12F:00:09:45

Headache still there, more on the left side. So dull it comes and goes without me noticing. Neck and head pain (left forehead and back of head) extremely sore. Better with cold compression and pressure on neck.

12F:XX:XX:XX

I have a headache, blocked nose and sore throat and still drowsy. But it all left side – headache, throat, snotty nose. Feel like my head is heavy. Pain better for hanging the head – feel like blood is rushing to my head.

15F:00:15:00

Head still a little sore – headache was at left temple and back but it feels as if the headache is between my brain and skull. When I pull my hair, the scalp feels sensitive.

21M:01:15:07

I feel a small pain on my left front head (headache) not too painful but a bit disturbing. It's stopping me to think straight, so I can't carry on studying.

24M:00:15:30

I woke up with a small headache on the left head side, between my eye and ear a little bit above but on the inside.

24M:10:06:45

### ➤ **Temporal**

Slight beginning of headache (sides of front). (I very rarely have headaches at all). Gone within 1 hr.

03M:02:09:30

Pulsating throbbing headache of the temples, better for cold air and cold drinks. Worse for open exposure to the sun. Occurred after walking for a long period in the sun.

04M:00:XX:X

Headache in temples from strong incense that was being burnt at the post march gig.

11F:10:21:00

Drank coffee quite late at 7pm – slight headache following this in temple area [have noticed slight headache feeling when I drink coffee early evening but also have been craving it a lot].

11F:11:XX:XX

Still have headache – by the temples running straight through from one temple across to the other.

21M:00:13:20

Headache all day – was most severe around temples and at the back by occipital condyles. Headache disappeared during run.

21M:01:XX:XX

Mild headache at around 10ish. Headache by temporal lobes. Didn't last long. Felt slightly dehydrated.

23F:XX:XX:XX

I woke up with a small headache on the left head side, between my eye and ear a little bit above but on the inside.

24M:10:06:45

Headache & stiff neck for last 2 days tight shoulders – probably from incorrect muscle recruitment during training but I never get sore traps anymore. Muscles feel bruised worse for reading & working, looking down better for hot shower. Massage doesn't seem to be doing the trick. The associated headache is at the temples at the moment ache constant where deltoids meet trapezius.

28F:29:XX:XX

Trapezius muscles also spasming & causing headaches still – today over temples still all pain are dull & consistent.

28F:36:XX:XX

#### **4.4.3.2 Sensitiveness – Scalp, of**

Head sensitive to touch, entire head.

04M:05:XX:XX

Head still a little sore – headache was at left temple and back but it feels as if the headache is between my brain and skull. When I pull my hair, the scalp feels sensitive.

21M:01:15:07

#### **4.4.3.3. Tingling**

Right hand side of head a little tingly.

21M:00:10:57

Head tingling all over for short period (10 min).

21M:01:14:52

#### **4.4.4 EYE**

##### **4.4.4.1 Burning**

Woke up with burning eyes. Like I have to keep them closed.

21M:03:XX:XX

Eyes are burning. Rinsed them with water. Better after I've done that.

22M:05:08:30



#### **4.4.4.2 Discolouration – red**

Eyes: red: decreased sleep itchy dry.

28F:00:XX:XX

Eyes puffy & red – a bit scratchy. Normal.

28F:06:XX:XX; 28F:08:XX:XX

#### **4.4.4.3 Dry**

Eyes dry & itchy.

11F:17:17:00

Eyes: red: decreased sleep itchy dry.

28F:00:XX:XX

#### **4.4.4.4 Itching**

Eyes itchy and dry through afternoon + evening. Very bad 8-10pm.

11F:XX:XX:XX

Eye (left) – painful like I should close it – and it itchy.

15F:01:XX:XX

Right eye is itchy – it feels swollen. Painful to touch.

16F:00:XX:XX

My eyes were itchy this morning, the right one not as much as the left. Not so bad, but a bit irritable, yeah?

25M:04:XX:XX

Eyes: red: decreased sleep itchy dry.

28F:00:XX:XX

#### **4.4.4.5 Pain**

Eye (left) – painful like I should close it – and it itchy.

15F:01:XX:XX

Right eye is itchy – it feels swollen. Painful to touch.

16F:00:XX:XX

➤ **Closing the eyes – must close the eyes**

Eye (left) – painful like I should close it – and it itchy.

15F:01:XX:XX

Woke up with burning eyes. Like I have to keep them closed.

21M:03:XX:XX

➤ **Light; from – agg.**

Eyes/vision – lights felt strong and hurt the eyes.

21M:00:XX:XX

➤ **Sleep – after – agg.**

Woke up with burning eyes. Like I have to keep them closed.

21M:03:XX:XX

Eyes red sore worse for touch worse after sleep.

28F:14:XX:XX

➤ **Touch – agg.**

Right eye is itchy – it feels swollen. Painful to touch.

16F:00:XX:XX

Eyes red sore worse for touch worse after sleep.

28F:14:XX:XX

➤ **Washing – amel. burning**

Eyes are burning. Rinsed them with water. Better after I've done that.

22M:05:08:30

## **4.4.5 VISION**

### **4.4.5.1 Blurred**

One thing that I have noticed over the last 3 days, is my visibility has decreased, there are certain things from far that I couldn't read properly anymore.

24M:08:XX:XX

Vision is slightly blurred, probably due to working/reading off of a computer screen for quite a while this evening or possibly the remedy?

It seems as though artificial light affects my vision.

26M:01:XX:XX

#### **4.4.6 EAR**

##### **4.4.6.1 Noises in – rumbling**

Left ear is making a rumbling sound. Popping sensation.

01M:XX:XX:XX

#### **4.4.7 NOSE**

##### **4.4.7.1 Catarrh**

###### **➤ Air, in open – agg.**

Waking up with nose blocked every morning. Post nasal drip [mucus] is sticky. Felt much worse for sitting outside in cold air. Wanted to do something exciting outside but I skipped out on it because I felt [terrible].

28F:17:XX:XX

###### **➤ Postnasal**

Postnasal – globby, bland. Thick, but slippery.

06M:03:11:00

Definitely sore throat & swallowing. Post nasal drip – so top palette. Doesn't last long. Didn't notice any soreness swallowing at night.

09F:05:XX:XX

Swallowing sore as usual. Nose congested a little. (Right nostril) Post nasal drip. Mild – all soreness etc. Mucous still pale yellow. No other aches or pains to report. Runny nose 5ish.

09F:07:XX:XX

Lots of green snot. Can actually blow nose now. Post nasal drip causing me to gag. I find in general my gag reflex is feeling sensitive – didn't consider it at the time but when I have been brushing teeth I find myself gagging which isn't usual for me.

28F:16:XX:XX

Waking up with nose blocked every morning. Post nasal drip [mucus] is sticky. Felt much worse for sitting outside in cold air. Wanted to do something exciting outside but I skipped out on it because I felt [terrible].

28F:17:XX:XX

#### **4.4.7.2 Congestion**

Woke at 9am. Felt a little groggy – usual nasal stuff.

06M:02:XX:XX

Having dinner with friends, & my nasal congestion is getting really bad. My head feels fine, it just feels as if there's lots of loose mucus in my nose, & I wanted to snort but had company so couldn't. Mucus was bland. The congestion eased a bit after about 2 hours. \*Note that the weather has just changed – rain has arrived.

06M:02:21:00

Nasal congestion upon waking worse than normal & very persistent. Affecting both nostrils → necessitating mouth breathing.

06M:03:XX:XX

\*Realised my nose was a little blocked (left) and my soft palate (palette) was a little sore on top when I swallowed.

09F:02:XX:XX

Right nostril mostly blocked.

09F:07:XX:XX

I have a headache, blocked nose and sore throat and still drowsy. But it all on left side – headache, throat, snotty nose.

15F:XX:XX:XX

Left sinus blocked, but cleared up without me realizing. Nose blocked- left nostril particularly.

21M:XX:XX:XX

Started getting mucus build-up, in nose. Cold symptoms in morning. Feeling congested around nasal area.

23F:XX:XX:XX

Waking up with nose blocked every morning. Post nasal drip [mucus] is sticky. Felt much worse for sitting outside in cold air. Wanted to do something exciting outside but I skipped out on it because I felt [terrible].

28F:17:XX:XX

Nose was more congested in the morning & when I blew nose it was nice tacky clumpy green [mucus] globules. 28F:18:XX:XX

#### 4.4.7.3 Coryza

##### ➤ With discharge

Again, no new symptoms apart from a running nose – it is quite cold.

02M:10:XX:XX

Nose congested a little. (Right nostril) Post nasal drip. Mild – all soreness etc. Mucous still pale yellow. Runny nose 5ish.

09F:07:XX:XX

Nose runny + sneezing a lot.

11F:15:XX:XX

Got a itchy throat & my nose is itchy, burning and runny. Going to rinse my face quick. Ok, feeling a bit better now.

22M:05:XX:XX

##### ➤ Daytime – amel.

Woke up with runny nose and sore upper throat (as usual!). Seems to be better as the day progresses from 9 or 10ish and returns at night/ late afternoon again (five-ish).

09F:04:XX:XX

Runny nose. Sore throat top when swallowing. In AM. As usual. Goes through day. About 4-ish – blowing nose, mucous yellow, pale.

09F:06:XX:XX

##### ➤ Exercise – amel.

Nose running. Went for a run. Ok afterwards.

09F:03:XX:XX

#### 4.4.7.4 Obstruction – exertion amel.

[Blocked nose] cleared up – went for a workout at gym.

21M:05:18:00

#### 4.4.7.5 Smell – acute

A person at dancing wears very much perfume – I found it overwhelmingly strong today. Made the whole experience very uncomfortable & I couldn't wait to get away. 11F:01:XX:XX

Came home late afternoon. Friend had baked apple pie – found smell to be overwhelming / cloyingly sweet

11F:12:XX:XX

I smell sweet thing – can even tasted on my soft palate. It as if it like air freshener in car, yet edible sweet. It lasted 4 min.

16F:06:22:54

Smelling ground that just rained on.

16F:07:19:45

I forgot to mention – I love the smell of Lobhaan (Myhrr) – I've been lighting it almost every night.

18F:12:XX:XX

#### **4.4.7.6 Sneezing**

Sore throat (may be Sasolburg pollution. Was huge dust storm at 4pm). Nose runny + sneezing a lot.

11F:15:XX:XX

Sneezing & sniffy. Sneezing at night.

20F:04:XX:XX

A little hay-fevery – sneezed and blew my nose a few times.

21M:01:06:30

Sneezing, coughing, sore throat as if start of cold. Feeling congested around nasal area.

23F:09:XX:XX

Throat starting to get sore once again worse on left hand side. I feel if I could yawn very wide & stretch it, it would feel better. I haven't noticed anything specific better or worse. I did notice a concomitant of sneezing.

28F:31:XX:XX

#### **4.4.8 FACE**

##### **4.4.8.1 Cramp**

My face cramping (the muscles that is- my skin is feeling okay). When I closed my eyes it is even worse.

16F:06:XX:XX

#### 4.4.8.2 Eruptions – pimples

##### ➤ **Nose**

Have a strange pimple on my nose – small, non-descript.

21M:04:XX:XX

##### ➤ **Forehead**

I have a few pimples on my forehead that are a bit painful if I press them too hard.

05M:04:20:08

Started having pimple on the forehead and left cheek and desire to pick on them.

17F:07:XX:XX

Pimples face (T zone and jawline) neck upper back. Tender to touch. Blind.

28F:00:XX:XX

##### ➤ **Symmetrical distribution, with a**

My face has pimples on cheeks. It has taken a symmetrical growth.

16F:16:XX:XX

##### ➤ **Cheeks**

My face has pimples on cheeks. It has taken a symmetrical growth.

16F:16:XX:XX

Started having pimple on the forehead and left cheek and desire to pick on them.

17F:07:XX:XX

#### 4.4.8.3 Formification

Had a sensation something was crawling in my face especially left cheek.

17F:03:XX:XX

#### 4.4.8.4 Itching – chin

Felt fine apart from my skin being a bit itchy which is unusual for me. Itchiness of the face, particularly over the stubble & chin. Better for scratching. Scalp also itched a bit. No observable change though.

06M:00:XX:XX

Itchy chin for 10 min.

11F:01:01:00

#### **4.4.8.5 Pain – jaw**

The pain is on my lower jaw left side & it seems to connect 2 ear.

16F:05:XX:XX

When I ate sweet dried fruit (apple) my jaw became sore... Intensively so I hadn't drank water since 9am [or eaten] food. My jaw is sore right side along with shoulder neck – it's this pulling pain.

16F:XX:XX:XX

#### **4.4.8.6 Picking**

Started having pimple on the forehead and left cheek and desire to pick on them.

17F:07:XX:XX

Pimples on the face are getting worse especially the left cheek and forehead. Desire to pick them, even starting to get black spot. I even pick them in front of people, if I leave them I feel that the pimple is large and people are looking at it, it better if I pop it or keep on picking it.

Started to crave peanuts although know it makes my acne worse.

17F:10:XX:XX

#### **4.4.8.7 Twitching**

##### **➤ Right**

Something is wrong with as if my facial nerve – have been twitching on my right side of face.

16F:08:XX:XX

#### **4.4.9 MOUTH**

##### **4.4.9.1 Biting – lips – lower lip**

Bite left lower lip. It's now sore and I keep on accidentally biting the same spot.

28F:29:XX:XX



#### **4.4.9.2 Bleeding – gums**

Mouth – about 2 hours after having taken the remedy I realise bleeding gums. Left side (+) on upper maxillary / lower jaw.

16F:00:20:22

#### **4.4.9.3 Numbness – tongue**

Noticed strange taste in mouth. Not quite metallic. Tongue feels almost numb but too big for my mouth. Can feel tongue against teeth.

20F:03:XX:XX

#### **4.4.9.4 Salivation – sleep – during agg.**

Started dribbling in sleep (normal only if sick).

20F:08:XX:XX

#### **4.4.9.5 Taste – illusions**

The only difference I feel today is a funny taste in my mouth. Not a taste I am familiar with. Can't describe it. It's not foul/ sour/ like iron/ bitter. It's been there all day. Other than that I don't feel anything out of the ordinary.

08F:00:XX:XX

I smell sweet thing – can even tasted on my soft palate. It as if it like air freshener in car, yet edible sweet. It lasted 4 min.

16F:06:22:54

Noticed strange taste in mouth. Not quite metallic.

20F:03:XX:XX

#### **4.4.10 TEETH**

##### **4.4.10.1 Pain**

##### **➤ Night**

Toothache bottom right molar area 9-10pm. 11F:08:11:00

Very sore teeth when eating supper → +/-8pm (not sure if I have a hole or filling giving problem – hurts chewing but ok hot & cold).

11F:09:12:00

➤ **Chewing – agg.**

Very sore teeth when eating supper → +/-8pm (not sure if I have a hole or filling giving problem – hurts chewing but ok hot & cold).

11F:09:20:00

When I ate sweet dried fruit (apple) my jaw became sore... Intensively so I hadn't drank water since 9am [or eaten] food. My jaw is sore right side along with shoulder neck – it's this pulling pain.

16F:06:XX:XX

After I ate – Jaw pain again today it on my R-side.

16F:08:XX:XX

➤ **Dull pain**

Have this dull pain on my lower left jaw – maybe wisdom.

16F:02:XX:XX

Right back molar/gum feel sensitive as does 1<sup>st</sup> molar on RHS. Constant dull ache.

28F:29:XX:XX

➤ **Pulsating pain**

Toothache – left, upper teeth. Normal toothache sensation. Extremely sore, really hoping this is part of the proving because I hate dentists. The pain is pulsating.

12F:02:23:00

#### **4.4.11 THROAT**

Throat seems almost normal. Back upper swallowing seems thickish-mucous there but nose clear.

09F:10:XX:XX

Voice progressively got more hoarse until I had no voice by the evening. I think training the day before aggravated it as did teaching. Worse for work physical or mental.

28F:15:XX:XX

#### **4.4.11.1 Gagging easily**

Lots of green snot. Can actually blow nose now. Post nasal drip causing me to gag. I find in general my gag reflex is feeling sensitive – didn't consider it at the time but when I have been brushing teeth I find myself gagging which isn't usual for me. Concomitant to the sore throat.  
28F:16:XX:XX

#### **4.4.11.2 Itching**

Throat feels itchy, especially left side. It is worse drinking cold drinks and swallowing.  
12F:02:09:30

My throat is sore – the kind that itch[es] worse if air moves up & down worse when breathing but if I stop long and concentrate on breathing it stops. Worse for being hungry. My throat feels raw.

16F:16:XX:XX

Throat feeling itchy – back, almost like a dry cough.

21M:06:XX:XX

Had an itchy, scratchy throat, like something was tickling it. Coughed a bit, and it made it better.

22M:03:XX:XX

Still have this itchy thing in my throat. Think there's something in there. Thinking of cats again. Maybe I have a furball in my throat. Hahaha!

22M:05:XX:XX

#### **4.4.11.3 Lump; sensation of a**

As I look for something to wear it was as if I inhaled something, this time instead of returned sneezes it just felt as if I swallowed something & it stuck in throat.

16F:05:XX:XX

Still have this itchy thing in my throat. Think there's something in there. Thinking of cats again. Maybe I have a furball in my throat. Hahaha!

22M:05:XX:XX

#### 4.4.11.4 Pain

\*Realised my nose was a little blocked (left) and my soft palate (palette) was a little sore on top when I swallowed. Feels like sore throat (streptococcus) post nasal drip? Feels swollen. Upper back of throat.

09F:02:XX:XX

Woke up with runny nose and sore upper throat (as usual!). Seems to be better as the day progresses from 9 or 10ish and returns at night/ late afternoon again (five-ish).

09F:XX:XX:XX

4pm throat sore/ tight more like.

09F:08:08:00

Starting to get a sore throat – back of throat and tonsils a bit red.

11F:06:19:00

Woke with sore throat.

11F:11:00:30

I have a headache, blocked nose, sore throat and still drowsy. But it all left side – headache, throat, snotty nose. Throat feel like it scratched – it have so much mucous in it – before talking I have to clear it – it all on the left side.

15F:XX:XX:XX

My throat is sore – the kind that itch[es] worse if air moves up & down worse when breathing but if I stop long and concentrate on breathing it stops. Worse for being hungry. My throat feels raw.

16F:16:XX:XX

Throat getting more sore.

21M:05:11:00

Sneezing, coughing, sore throat as if start of cold. Feeling congested around nasal area.

23F:09:XX:XX

Very sore throat started 6:30ish. Nose a bit blocked worse swallowing. Warm improves it.

28F:11:00:30

Throat still sore. Worse at night. Nose blocked (concomitant).

28F:13:XX:XX

Throat: sore bit better for drinking, burning/ raw feel → feel worse since I exercised today. Concomitant: Left ear → Eustachian tube feels a bit itchy with it right now.

28F:14:XX:XX

Throat still sore coughing a bit now probably from post nasal drip. Throat still worse morning & evening.

28F:18:XX:XX

Throat starting to get sore once again worse on LHS. I feel if I could yawn very wide & stretch it, it would feel better. I haven't noticed anything specific better or worse. I did notice a concomitant of sneezing.

28F:31:XX:XX

➤ **Breathing – agg.**

My throat is sore – The kind that itch[es] worse if air moves up & down worse when breathing but if I stop long and concentrate on breathing it stops. Worse for being hungry. My throat feels raw.

16F:16:XX:XX

➤ **Burning**

Sore throat. Left side. Burning.

12F:01:XX:XX

Throat feels slightly tender. Raw, burning sensation.

12F:03:09:00

Throat: sore bit better for drinking, burning/ raw feel → feel worse since I exercised today.

Concomitant: Left ear → Eustachian tube feels a bit itchy with it right now.

28F:14:XX:XX

➤ **Drinking – amel.**

Throat: sore bit better for drinking, burning/raw feel → feel worse since I exercised today.

28F:14:XX:XX

➤ **Exercise – amel.**

Woke up 06h15 +/- with a slightly sore throat. Top of throat – worse swallowing. Went for a run. Ok afterwards. Sore throat slightly when swallowing in evening.

09F:03:XX:XX

➤ **Morning and evening – agg.**

Woke up 06h15 +/- with a slightly sore throat. Sore throat slightly when swallowing in evening.

09F:03:XX:XX

Woke up with runny nose and sore upper throat (as usual!). Seems to be better as the day progresses from 9 or 10ish and returns at night/late afternoon again (five-ish).

09F:04:XX:XX

Sore throat top when swallowing. In AM. As usual. Goes through day. At night swallowing – noticeable soreness.

09F:06:XX:XX

Woke with sore throat.

11F:11:00:30

Throat still sore. Worse at night. Nose blocked (concomitant).

28F:13:XX:XX

Throat still sore coughing a bit now probably from post nasal drip. Throat still worse morning & evening.

28F:18:XX:XX

#### ➤ **Raw, as if**

Throat feels slightly tender. Raw, burning sensation.

12F:03:09:00

My throat is sore – the kind that itch[es] worse if air moves up & down worse when breathing but if I stop long and concentrate on breathing it stops. Worse for being hungry. My throat feels raw.

16F:16:XX:XX

Throat: sore bit better for drinking, burning/raw feel → feel worse since I exercised today.

28F:14:XX:XX

#### ➤ **Swallowing – agg.**

Woke up 06h15 +/- with a slightly sore throat. Top of throat – worse swallowing.

09F:03:XX:XX

Sore throat top when swallowing. In AM. As usual. Goes through day. At night swallowing – noticeable soreness.

09F:XX:XX:XX

Throat feels itchy, especially left side. It is worse drinking cold drinks and swallowing.

12F:02:09:30

Very sore throat started 6:30ish. Nose a bit blocked worse swallowing. Warm improves it.

28F:11:00:30

#### **4.4.11.5 Swelling – sensation of**

Feels swollen. Upper back of throat swollen above my palette (palate?).

09F:02:09:00; 09F:07:XX:XX

## 4.4.12 STOMACH

### 4.4.12.1 Appetite

#### ➤ Capricious

I am hungry but just don't feel like eating anything.

12F:04:XX:XX

#### ➤ Diminished

I've been finding it difficult to eat today too... not cool, so no run for me today.

02M:15:XX:XX

Less hunger than normal.

03M:XX:XX:XX

I've barely eaten today, or any day in the last week. Just have no real appetite.

12F:06:XX:XX

I love food but it seems I'm losing the passion for food, it's like I get [full] quickly. Monday I bought twin burgers – By the time I finish[ed] one I was full – I had to force myself to eat the other one – This happen[ed] also Day one of powder. It something I realise now as I do an introspection.

16F:16:XX:XX

Absolutely no appetite.

20F:XX:XX:XX

Don't feel like supper tonight. I didn't really have a lot to eat this afternoon.

22M:04:XX:XX

Appetite: decreased appetite: forgot to eat today.

28F:21:XX:XX

#### ➤ Increased

Picked up 1kg at the weekend. This is unusually fast weight gain for me. I have been eating more though → a combination of increased appetite, & food just being available. I've also been exercising a lot → this fuels my appetite.

06M:06:XX:XX

Insatiable hunger, crave warm carbs – rich food – normal but craving has increased.

18F:02:XX:XX

My appetite increased even though I was very harsh on myself for losing weight. I really want to be fit & healthy – but I can't stay away from sweets and carbs.

18F:XX:XX:XX

Wanting to eat all day. Non-stop hunger throughout day, even though eating a lot.

23F:12:XX:XX

I haven't eaten anything today, that doesn't bother me so much, I guess I'm used to it. I'm currently a bit hungry, but I don't have the appetite, I feel like I can stay like that for the day without eating.

24M:00:13:45

I'm feeling really hungry, I can't handle it, I need to eat something, it's making me really weak.

24M:00:21:35

I feel that I have more appetite. I'm eating more than before, I used to eat only once a day and felt ok with that. Now I'm eating more than 3 times, and drinking more water.

24M:03:14:45

Appetite increased.

28F:11:XX:XX

Hungry (so hungry I feel angry). Feel a bit wobbly and low blood sugary. Weird as I ate a big lunch and breakfast but been hungry the whole day.

28F:29:XX:XX

#### ➤ morning – on waking

Woke up really hungry & tired.

16F:01:XX:XX

I woke up very hungry which is abnormal as I never eat breakfast.

29M:01:XX:XX

#### 4.4.12.2 Nausea

Outside of that, I am feeling nauseous for some reason, haven't eaten anything that normally leaves me feeling nauseous. This strange feeling is in my throat, like right at the back and if swallow, the feeling continues down my throat and into my gut.

02M:06:XX:XX

The day is going by without much trouble, a bit of nausea after having almost eaten an entire bowl of vegetables.

02M:13:XX:XX

Boyfriend shaking & sorting weed in the house with a lot of dust (fine dry weed) in it to make hash – made me a bit high by breathing in & then nauseous. Every time I went near the area where they had shaking the weed I felt nauseous – effect lessened into evening.



11F:03:14:00

Feeling nauseous. Started during a little argument with my boyfriend. Thinking about food (especially salty food) makes me feel worse. I've barely eaten today, or any day in the last week. Just have no real appetite. I keep getting chills down my legs, and my stomach is burning slightly.

12F:06:XX:XX

Feel hot and a little nauseous – did eat a packet of biscuits after lunch. Back of neck is also hot.

21M:00:15:58

Feel nauseous after supper.

28F:08:XX:XX

➤ **Eating – amel. / Smell of food – agg.**

Nausea in morning that passed quickly worse for smell of food but better once I have eaten.

28F:18:XX:XX

#### **4.4.12.3 Pain**

➤ **Burning**

I keep getting chills down my legs, and my stomach is burning slightly.

12F:06:XX:XX

➤ **Cramping**

Actually I have heart burn and crampy sore stomach and particularly sore period pain for me.

08F:01:XX:XX

Woke up at 6am with severe cramps no amelioration. Took charcoal tabs which helped. I think it's from too much rich chicken from last night's roast. Dry heaved then felt perfect thereafter.

28F:06:XX:XX

➤ **Disappearing quickly**

Woke up at 6am with severe cramps no amelioration. Took charcoal tabs which helped. I think it's from too much rich chicken from last night's roast. Dry heaved then felt perfect thereafter.

28F:06:XX:XX

Tummy ached after lunch (mince – feels it was the meat). Felt like food brought it on. Went away rather quickly.

28F:24:XX:XX

Small pain in what feels like upper stomach (pain gone after 10 min).

29M:01:XX:XX

#### ➤ **Eating – after – agg.**

My stomach is slightly uncomfortable, on the left side, not bad, just a bit 'stiff' or 'bruised' inside. I did overeat a bit last night, extra cheese just before sleeping.

25M:04:XX:XX

Woke up at 6am with severe cramps no amelioration. Took charcoal tabs which helped. I think it's from too much rich chicken from last night's roast. Dry heaved then felt perfect thereafter.

28F:06:XX:XX

Tummy ached after lunch (mince – feels it was the meat). Felt like food brought it on. Went away rather quickly.

28F:24:XX:XX

#### **4.4.12.4 Thirst**

I've been feeling thirsty lately.

16F:17:XX:XX

My thirst for water has increased → normal tap water.

18F:XX:XX:XX

Craving cold icy drinks. Very thirsty.

20F:XX:XX:XX

I'm really feeling thirsty, I never wake up with a huge need to drink water like this.

24M:02:07:30

#### ➤ **Large quantities, for**

Very thirsty – for cold water. Drank +/- 4 litres.

20F:04:XX:XX

Still very thirsty – cannot drink enough.

20F:05:XX:XX

My degree of thirst has so increased since yesterday. I just finished a litre of water now, but I'm still feeling thirsty! 24M:02:22:30

## **4.4.13 ABDOMEN**

### **4.4.13.1 Distention**

Feel bloated and want to sleep on the mixing console.

02M:17:XX:XX

A bit bloated today, a sense of fullness in lower abdomen. Its been there since yesterday, & corresponds with the weight gain. I'm not constipated though – bowel movement has been back to normal yesterday & today.

06M:07:XX:XX

Tummy was sore & bloated the whole day. V. flatulent better for passing wind. Pain & distention as before.

28F:21:XX:XX

### **4.4.13.2 Pain**

#### **➤ Cramping**

Diarrhoea gone but cramps + still flatulent when I need to go but no pain.

28F:14:XX:XX

#### **➤ Hypochondria – left**

I have pain in my left side of the lower abdomen – feels like it stuffed – better for pressing my side better urinating better passing flatulence. With the pain I get bloated.

15F:XX:XX:XX

Woke up and the 1<sup>st</sup> thing I feel is the left abdominal pain.

- worse walking better for pressure and flatulence
- better for drinking lot of water

Pain is irritating and make me feel like there is fullness in my abdomen.

15F:16:XX:XX

#### 4.4.14 RECTUM

##### 4.4.14.1 Diarrhoea

Slight GIT upset → from all the wine I drank last night → about 4 glasses of red & white wine.  
First passed normal stool. Then an hour later passed some runny foul smelling stool.

06M:03:11:00

Runny tummy about 5ish – 8ish.

09F:08:09:00

Upset gassy stomach (very starchy, greasy + high processed carb food @ workshop).  
Stomach worked at 11pm before sleeping – bit runny.

11F:16:XX:XX

Stomach worked 11.30am, 1pm, 3pm, 4.30pm.

11F:17:XX:XX

Watery diarrhoea, dark, no pain.

20F:05:XX:XX

Also had a bit of diarrhoea (slight) in morning, probably nervousness for exam.

23F:12:XX:XX

6am diarrhoea no pain, blustery. Diarrhoea and flatulence → whole day.

28F:XX:XX:XX

Toilet break... a little diarrhoea... Let's hope it does not continue this way!!! So colour = normal brown. Consistency = mushy... maybe like mashed potato. No pain, or stinging. Diarrhoea usually occurs if I eat something too spicy on the previous day. This is not the case here.

29M:00:14:00

##### ➤ Foul

Slight GIT upset → from all the wine I drank last night → about 4 glasses of red & white wine.  
First passed normal stool. Then an hour later passed some runny foul smelling stool.

06M:03:11:00

##### ➤ Painless

Watery diarrhoea, dark, no pain.

20F:05:XX:XX

6am diarrhoea no pain, blustery. Diarrhoea and flatulence → whole day.

28F:09:12:00

Diarrhoea gone but cramps + still flatulent when I need to go but no pain.

28F:14:XX:XX

#### **4.4.14.2 Flatus**

Stomach gassy again (seems to be worse at night).

11F:01:XX:XX

Upset gassy stomach (very starchy, greasy + high processed carb food @ workshop).

11F:16:XX:XX

Very flatulent better for passing wind. Pain & distention as before.

28F:21:XX:XX

Gassy from proteins & white bread. Probably should have reacted to the white bread even worse.

28F:31:XX:XX

#### **➤ Diarrhoea, during**

6am diarrhoea no pain, blustery. Diarrhoea and flatulence → whole day.

28F:09:12:00

#### **➤ Smelly**

Been passing really foul smelling flatus in the mornings → past 2 days, It doesn't smell like anything in particular, just really bad... This is a bit unusual.

06M:04:XX:XX

### **4.4.15 STOOL**

#### **4.4.15.1 Clayish**

Hectic poo! Omyword – don't usually have such solid, clay like mass of poo!

09F:06:XX:XX

#### **4.4.15.2 Thin**

Then an hour later passed some runny foul smelling stool.

06M:03:11:00

Stomach worked at 11pm before sleeping – bit runny.

11F:16:XX:XX

Stools thin and yellowish.

12F:03:XX:XX

Also noticed loose stool – diarrhoea like – watery.

18F:02:XX:XX

Watery diarrhoea, dark, no pain.

20F:05:XX:XX

#### **4.4.16 BLADDER**

##### **4.4.16.1 Pain**

###### **➤ Burning**

Burning at end of [urination].

28F:03:XX:XX

UTI: burning [urine]. Seems to be better for drinking water worse for sugars like from cake, cookies & strawberries & worse for beer & wine.

28F:18:XX:XX

###### **➤ Urination – before**

UTI: [urine] burns. As I start [urinating]. Period like pain.

28F:14:XX:XX

##### **4.4.16.2 Urination**

###### **➤ Frequent**

[My girlfriend] says I urinate more than normal.

29M:04:XX:XX

###### **➤ Urging – frequent**

Felt like I needed to urinate often but only a few drops!

21M:00:XX:XX

#### **4.4.17 URINE**

##### **4.4.17.1 Scanty**

###### **➤ Less than drinks**

I went to the toilet and my wee was a bit too yellow but didn't have a strong smell. It's strange because I tried my best to drink as much water as I could yesterday. I normally don't drink the required amount of water that the body needs for the day and can spend a day without having any drop of water in my mouth.

24M:01:09:15

#### **4.4.18 MALE GENITALIA/ SEX**

##### **4.4.18.1 Erections – wanting – waking, on**

Woke up. Felt groggy after my disturbed sleep. No morning glory! That's not often.

21M:05:06:15

##### **4.4.18.2 Sexual desire**

###### **➤ Diminished**

Since I finished the meds I have had a reduced sex drive☹. This could also be due to tiredness & lack of sleeping during the last few days.

29M:04:XX:XX

###### **➤ Increased**

I just realise since I started with the proving, that I'm sexually more active than I was already. I'm becoming a sex FREAK, I'm not getting enough of it.

24M:07:16:05

#### **4.4.19 FEMALE GENITALIA / SEX**

##### **4.4.19.1 Leukorrhea – white**

Genitalia: A slimy white leucorrhoea is coming out, it does not smell. I notice it more in the morning when bathing and on my underwear.

17F:09:XX:XX

#### **4.4.19.2 Menses**

##### **➤ Copious**

My menstrual cycle started today mid-morning. Heavy bleeding, clotting. Like losing your womb. It's sore, cramping, like you're having contractions. I never feel like "I need time off", but today I do.

08F:00:XX:XX

My period is particularly heavy and sore today.

08F:01:XX:XX

Period started – heavy flow.

11F:11:XX:XX

Period seems normal, maybe slightly heavier. My breasts are tender to touch.

12F:06:XX:XX

Period was very painful & heavy – normal – so felt drained.

18F:07:XX:XX

Period started → Heavier than usual, dark, no clots – odd parts: no pain, no chocolate craving.

The no pain is odd – normally bruised battered feeling the day before → cramps day 1 + 2.

20F:07:XX:XX

##### **➤ Early; too**

Mild menstrual cramps starting. Period started today (2 days early).

12F:04:XX:XX

##### **➤ Late; too**

I'm 2 days late with my period.

18F:XX:XX:XX

Fibrocystic breasts my big lump on LHS bigger than usual. Super tender with delayed period.

28F:19:XX:XX

##### **➤ Protracted – return – ceased, after the regular menstrual cycle has**

Weird bleeding as period finished on Sat, but seemed to start bleeding lightly again. Not like spotting. Actual bleeding. 23F:13:XX:XX



➤ **Short; too**

Ok, so shorter period than I was expecting – usually 5 days. And pleasant – not heavy or painful. So a breeze.

09F:01:XX:XX

#### **4.4.19.3 Pain**

Period pains getting worse – ache in lower back & entire lower abdomen. Can't describe feeling – isn't cramps or sharp, just general feeling of tightness & discomfort.

11F:11:20:40

Period started – Period pain are more painful than normal – The whole day it the same way – They don't get better worse sitting better pressure and flatulence.

15F:24:XX:XX

Really bad period pains.

23F:XX:XX:XX

➤ **Cramping**

My menstrual cycle started today mid-morning. Heavy bleeding, clotting. Like losing your womb. It's sore, cramping, like you're having contractions. I never feel like "I need time off", but today I do.

08F:00:XX:XX

My period is particularly heavy and sore today. I don't experience much pain with my cycle generally. Actually I have heart burn and crampy sore stomach and particularly sore period pain for me.

08F:01:XX:XX

Very bad abdominal cramps in right & left inguinal area – as if menstruation is about to begin.

18F:00:XX:XX

#### **4.4.19.4 Sexual desire**

➤ **Diminished**

Sex (not feeling too much for it).

11F:03:XX:XX

Libido is so low I couldn't pick it up even if I tried.

18F:20:XX:XX

➤ **Increased**

AM (woke up with horny thoughts/feeling! Ha ha!).

09F:06:XX:XX

Sex – sex drive picking up a bit.

11F:13:XX:XX

Feeling frisky. Sex drive increased.

28F:XX:XX:XX

➤ **Increased – after panic**

Stressed about my final exam tomorrow. Feel like I don't know anything.

When stressed or panicking, I get this sensation that my clitoris is moving and feel Horny??

Wish to squeeze the legs together to try hold the clitoris from moving.

17F:12:XX:XX

Night: I get nightmare (dreams) where I am writing Exam and I don't know what to write but instead of panicking, I get an orgasm?? [US] I think maybe consciously it has not hit me that I am writing my final exam but subconsciously I'm dreaming about it and panicking.

17F:09:XX:XX

#### **4.4.20 LARYNX AND TRACHEA**

##### **4.4.20.1 Inflammation – larynx**

Voice progressively got more hoarse until I had no voice by the evening. I think training the day before aggravated it as did teaching. Worse for work physical or mental.

28F:15:XX:XX

Voice started coming back as day progressed & then hoarse again towards evening (better for rest) → worse talking.

28F:17:XX:XX

##### **4.4.21 COUGH**

###### **4.4.21.1 Daytime – amel.**

Coughing now. Same modalities as before worse cold, worse night & morning.

28F:20:XX:XX

#### **4.4.21.2 Dry**

Cough is worse for breathing in which seems to initiate it. Non-productive even with post nasal drip. 2 coughs in a row.

28F:18:XX:XX

Resurgence of a cough I had after laryngitis. Annoying dry little cough. Returned after training on Monday. Seems to occur after activity but only then.

28F:29:XX:XX

#### **4.4.21.3 Exertion – agg.**

Resurgence of a cough I had after laryngitis. Annoying dry little cough. Returned after training on Monday. Seems to occur after activity but only then.

28F:29:XX:XX

#### **4.4.21.4 Inspiration**

Sore chest on coughing – as if was sick, pain in lungs breathing in.

11F:12:XX:XX

Cough is worse for breathing in which seems to initiate it. Non-productive even with post nasal drip. 2 coughs in a row.

28F:18:XX:XX

#### **4.4.22 CHEST**

##### **4.4.22.1 Pain**

##### **➤ Mammae – sore**

Period seems normal, maybe slightly heavier. My breasts are tender to touch.

12F:06:XX:XX

Got my period!! Breasts very tender – much more than normal.

18F:04:XX:XX

Fibrocystic breasts my big lump on LHS bigger than usual. Very tender with delayed period.

28F:19:XX:XX

➤ **Pectoral muscles - bruised**

Stretched out pectorals which I do regularly, they now feel bruised. They are always tight and stretching is always hard but they never feel like this afterwards.

28F:29:XX:XX

➤ **Sides**

I have this poking like pain on my lower left Thoracic region (10<sup>th</sup> rib region).

05M:02:19:03

Cramp like pain in the right side anterior to mid axillary line just below costal margin on 10<sup>th</sup> rib.

05M:04:23:00

Sharp, extremely intense pain under ribs on left side, lasted about 10 seconds. Worse when exhaling.

12F:02:10:00

Also have this weird pain on my right side. Like over my ribs.

22M:04:XX:XX

➤ **Sternum**

Sternum pain as if cartilage breaking – it is the sternum.

16F:05:XX:XX

I had this pain on my chest mid sternum. As if it is cartilage... I really feel as if a stroke is creeping on me.

16F:06:XX:XX

## **4.4.23 BACK**

### **4.4.23.1 Pain**

➤ **Cervical**

My neck has been sore all day. Back of neck on left side. Feels better when tilting head to the right. Feel like I've had my head tilted without knowing it. Aching sensation.

12F:03:XX:XX

Neck and head pain (left forehead and back of head) extremely sore. Better for cold compression and pressure on neck.

12F:03:XX:XX

Neck stiffness on left – it like the neck can't handle the weight of the head.

15F:01:XX:XX

Neck pain it started on left side & now it has moved to the right. My jaw is sore right side along with shoulder neck – it's this pulling pain.

16F:XX:XX:XX

I now feel a small pain on my neck it feels like I had a pressure on it. It's on my left side behind my ear. It's making me feel like clicking my neck.

24M:01:09:30

I've noticed tightness in my neck and shoulders. It seems as though the muscles are tight or in a slight spasm. Prodding or massaging doesn't seem to help nor does changing my seating position. It just seems to hover around. Started around 2pm and stayed with me all day.

27M:XX:XX:XX

Headache & stiff neck for last 2 days tight shoulders – probably from incorrect muscle recruitment during training but I never get sore [trapezius muscles] anymore. Muscles feel bruised worse for reading & working, looking down better for hot shower. Massage doesn't seem to be doing the trick. The associated headache is at the temples at the moment ache constant where deltoids meet trapezius.

28F:29:XX:XX

### ➤ **Dorsal**

Afternoon – tension ache between shoulder blades.

11F:XX:XX:XX

Same kind [dull pain] in my back spinal T10-L1/2.

16F:11:16:00

Lower thoracic back pain lumbothoracic junction. Worse sitting better movement.

28F:03:XX:XX

Tingle medial of right scapula halfway down its medial border. Referred sensation constant annoying tingle (OS).

28F:19:XX:XX; 28F:29:XX:XX

### ➤ **Lumbar**

I am fine except for a sore lower back and sacrum. Hips very tight too.

08F:11:XX:XX

Lower back RHS ache but think it's from sitting. Above right hip.

09F:00:XX:XX

Lower back area all feels very stiff, unmoving & achey as if I have done hectic bending exercises.

11F:02:XX:XX

Sharp pain on my back (Lumbar) but lasted 5 sec.

16F:08:XX:XX

Back slightly sore – lower back – near kidneys, right across the entire section of lower back. Feels muscular. Particularly noticeable when I twist from side to side. Back pain disappeared as morning progressed.

21M:06:XX:XX

Lower back pain ache due to overuse.

28F:00:XX:XX

SI joints pain dull. Worse sitting better movement.

28F:03:XX:XX

Lumbothoracic back pain ache better for exercise & stretching worse sitting better massage.

28F:05:XX:XX

Right SI joint painful when I woke up. Worse for manipulation better directly after but then got worse. SI joints ache. Worse sitting, worse exercising. Better for lying with legs extended. Need rest & to be left alone.

28F:17:XX:XX

#### **4.4.24 EXTREMITIES**

##### **4.4.24.1 Pain**

###### **➤ Hand**

My hand really hurts and the pain won't subside even with painkillers. The pain is in my right hand, last two bones in line with my ring and little fingers. Its fine if I leave my hand in a natural position but gripping a golf club is painful, a sharp sensation as if a large blade is trying to protrude from my hand and is 10 times worse when I strike a golf ball.

02M:04:XX:XX

Hand hurts a whole lot and is swollen, pain is becoming dull and can barely move my hand. I'm usually a whiner but this weekend I just pushed through the pain without much effort.

02M:XX:XX:XX

Just came back home from training. It was okay apart from my slight inability to fully utilise my right hand. It's more stiff than painful now.

02M:22:XX:XX

Left hand. I had this pain in my hand on the little fingers side; on the hyperthenar muscle. There is a boring like pain/ sensation as if something is stabbing. Like the nerve is being pinched. It's better when pressing. 05M:XX:XX:XX

## ➤ Leg

Pain in left leg (sharp stabbing pain) after long work. Sudden appearance and disappearance though.

04M:07:XX:XX

I'm experiencing this boring pain on my left leg just below the popliteal fossa and some numbness on my lateral foot of the left leg.

05M:02:19:12

My left leg today is sore- so weak. It is more intense on knee & ankle – weak as if my knee will be ripped off- it's cramping (tension-kind of pain). At point in time it is as if my muscles are folding up/ contracting. It seems better when moving compare to sitting when I've just sat down my leg is so heavy as if it dead weight I'm carrying.

16F:16:XX:XX

My ankles feels weak, and my shins hurt. Think it was because of my run yesterday. This does not usually happen to me the day after a run. Did not run today.

22M:02:XX:XX

Shins are hurting. Pulsating, throbbing pain. Woke up with it.

22M:03:XX:XX

Severe pain in hip flexor & anterior aspect of shins from exercise & fatigue.

28F:05:XX:XX

Worse for manipulation better directly after but then got worse. Hip flexors are like steel cords. Hamstrings are tight. SI joints ache. Worse sitting, worse exercising. Better for lying with legs extended. Need rest & to be left alone.

28F:17:XX:XX

Right knee pain worse flexion. Right ankle medial aspect pain.

28F:36:XX:XX

## ➤ Knee

This morning woke up with a pain right knee. Usually it would be the left.

16F:14:XX:XX

Right knee pain lateral aspect can't isolate it. Feels like its deep inside. Dull achy pain worse sitting cross-legged/ on feet. Pain for movement, worse flexion.

28F:XX:XX:XX

Both knees ache from high acidity: dull constant ache – better for being rubbed.

28F:24:XX:XX

➤ **Feet**

When I got up my right big toe hurt like it was stuck in place and had to be clicked back.

22M:01:XX:XX

I stubbed my toe again and I went for a run.

27M:05:XX:XX

➤ **Shoulder**

With Anger, I get tense, my shoulder become painful better for rubbing worse carrying anything heavy or when angry.

17F:07:XX:XX

Went for chiro treatment – my shoulders killing me – trapezius muscles are in spasms from holding everything in.

18F:11:XX:XX

I've noticed tightness in my neck and shoulders. It seems as though the muscles are tight or in a slight spasm. Prodding or massaging doesn't seem to help nor does changing my seating position. It just seems to hover around. Started around 2pm and stayed with me all day.

27M:XX:XX:XX

The shoulders were not a major issue throughout my games and my performance was more or less the same.

27M:01:XX:XX

Shoulder joints stiff. Worse sitting better movement.

28F:03:XX:XX

Right shoulder anterior pain for movement.

28F:21:XX:XX

➤ **Arm**

I have some minor pain in the right medial side of the humerus inside the bones.

05M:01:18:45

Left elbow has been sore for about an hour. The pain feels as if it's shooting to my ring finger. Better for straightening my arm. Bruised feeling.

12F:05:XX:XX

➤ **Hips**

Hips very tight too.

08F:11:XX:XX

Then my hip is sore – ilioinguinal region.



16F:08:XX:XX

Worse for manipulation better directly after but then got worse. Hip flexors are like steel cords. Hamstrings are tight. SI joints ache. Worse sitting, worse exercising. Better for lying with legs extended. Need rest & to be left alone.

28F:36:XX:XX

#### ➤ **Nates**

Have this pain dull deep sharp just beneath my right bum (cheek). Worse when walking, Better when sitting. Rather it appears only when I'm walking.

16F:13:XX:XX

Gluteus muscles so tender it hurts to sit on them from exercise.

28F:08:XX:XX

Gluteus muscles feel bruised to touch from exercise but they don't normally feel like that.

28F:09:XX:XX

#### **4.4.24.2 Sensitive**

11pm & once in afternoon [diagram of lateral thigh and leg] acute sensitivity on touch along this meridian on right & left hip + down leg. Dots represent worst points. Noticed when brushed my hip + felt like I touched a bruise but no mark there worse on right side.

11F:07:XX:XX

#### **4.4.24.3 Thrilling sensation (cramping twitching)**

I keep getting chills down my legs.

12F:06:XX:XX

On the bus I felt as if my right leg was in a spider web and as I think back this is the same sensation I had Friday/ Sabbath. Leg – The sensation cramping/twitch feeling. Shivers – leg.

16F:05:07:20

Today I am so weak that I have paraesthesia after standing for more than 15-60 seconds. Right down my shin going in a straight yet irregular manner shin to big toe. Seem to have forgotten the proper name for shin. The weakness is better for sitting. But paraesthesia doesn't go away.

16F:14:XX:XX

#### **4.4.25 SLEEP**

##### **4.4.25.1 Decreased**

Sleep more “solid”, but less sleep, early wake ups.

03M:XX:XX:XX

##### **4.4.25.2 Deep**

Sleep more “solid”, but less sleep, early wake ups.

03M:XX:XX:XX

Sleep: solid sleep, didn’t move the entire night. Woke up in the same position with the empty side of the bed un-stirred! No recollection of any dreams.

21M:01:XX:XX

Once I came back from playing capoeira, I felt over tired, so I decided to take a 30 min nap, which just turned to a full sleep.

24M:11:19:00

I slept well last night, best sleep I’ve had in a while.

25M:03:XX:XX

Enjoying sleep a lot more, almost like a craving, sleep is awesome ☺ Slept really well, still feel like I need more sleep.

26M:XX:XX:XX

Sleeping really well, taking more notice of light, natural light to be specific. Feeling really rejuvenated. Sleep patterns have changed, i.e. going to bed between 20:00 and 22:00 and waking up at 06:00, my body seems to be thriving in this “new rhythm”.

26M:XX:XX:XX

Energy levels – fell asleep last night at 8ish but woke early.

28F:03:XX:XX

##### **4.4.25.3 Disturbed**

###### **➤ Dreams, by**

[Dream] Ruined my rest, so I’m feeling tired and a bit uneasy.

02M:27:XX:XX

Last night I couldn't sleep. I had restless sleep and I woke up from a dream of being chased by cows. I woke up at 03:16 and the bed was so hard, I don't know if it was because I slept for so long or what.

05M:02:XX:XX

Had been very deep in a dream – can't remember, but felt like I had been very busy when I woke up. Feeling very sleepy & tired today.

11F:06:XX:XX

Woke up from a dream around 3 in morning + couldn't sleep for a while (can't remember now).

12F:01:XX:XX

#### **4.4.25.4 Falling asleep – difficult**

Cannot sleep – eyes feel half open + aware of movements.

20F:05:XX:XX

Very energetic. Can't go to sleep. Walking around the whole house looking for something to. Feel very restless.

22M:01:XX:XX

Sleeping badly waking up in middle of the night but I also struggled to fall asleep; physically uncomfortable. Sensitive to my surroundings.

28F:19:XX:XX

#### **4.4.25.5 Falling asleep – easy**

Sleep is different, mind drifting more steadily into sleep.

03M:03:XX:XX

#### **4.4.25.6 Prolonged**

Woke up later than usual and felt more fatigued than usual. Not very common for me.

02M:01:XX:XX

Hypersomnia.

04M:XX:XX:XX

I'm starting Exam and feeling tired to study. I don't usually like to sleep but lately that all I'm doing. Don't have energy like normal.

17F:09:XX:XX

Slept all day – I've realised that the past few days I've been depressed.

18F:10:XX:XX

Slept through most of the day – couldn't wake up in the morning – but had to clean up after my son crapped & walked in it, & walked all over the house. I WAS UPSET – because I just wanted to sleep – I just wanted someone else to do it.

18F:12:XX:XX

#### **4.4.25.7 Restless**

Tried to sleep in a bit but restless.

11F:05:XX:XX

No serious changes noted – overslept – was very hard to wake up – sleep – unrestful, restless.

18F:01:XX:XX

Sleeping badly waking up in middle of the night but I also struggled to fall asleep; physically uncomfortable. Sensitive to my surroundings.

28F:19:XX:XX

#### **➤ Anxiety, with**

Bed @ 11.30pm. Woke up 12. Woke up 1am. Woke up 3am. Bed too hard & pillow too fluffy. Very light sleep. Fretful mind. Got up at 7am exhausted after tossing + turning + fretting all night. Grumpy in morning.

11F:16:XX:XX

Horrible night sleep with waking up and stress.

21M:04:XX:XX

Didn't sleep well, kept waking up feeling very anxious, couldn't pinpoint where the anxiety was coming from.

26M:07:XX:XX

#### **4.4.25.8 Sleepiness**

Been feeling sleepy this afternoon. Possibly due to a late night last night.

01M:00:XX:XX

No new symptoms felt, had an energetic first 3 hours of the day. The last 4 hours have been dry, no work to do so I'm dozing off quickly.

02M:09:XX:XX

An afternoon filled with music production and junk food. Feel bloated and want to sleep on the mixing console.

02M:17:XX:XX

Reading made me sleepy (few pages) and I fell asleep.

04M:05:XX:XX

No symptoms since the last dose: except that I fell asleep few hours after the dose.

05M:00:XX:XX

Feel very sleepy all of a sudden, & had a 30 min nap. Felt fine again once I was up. I occasionally have afternoon naps, but this was a bit earlier than usual, & the onset of the tiredness was very quick. I've just started working on a research assignment which I'm finding frustrating – aetiology. Sensation of tired, heavy, can't hold head up. No modalities, better for sleep.

06M:XX:XX:XX

By 11.30am boyfriend remarked that bags under eyes have cleared up (less puffy) & not as blue. Haven't observed how this was before. Feeling very exhausted suddenly – like I could sleep.

11F:00:XX:XX

Fell asleep at computer.

11F:06:21:00

I feel so drowsy that I can't do anything but to sleep – I sometime feel dizzy – about 12:00 – that I lean on things – head is spinning.

15F:01:XX:XX

Still feel a little groggy from the hayfever. Feels like I have slight babalas, although I shouldn't. Eyes and head heavy.

21M:00:XX:XX

Fell asleep early.

21M:04:XX:XX

Woke up. Felt groggy after my disturbed sleep. No morning glory! That's not often.

21M:05:06:15

I had an afternoon nap. About 2 ½ hours. I feel drained during the day and very awake and active during the night.

22M:02:XX:XX

I just took my last dose of the day, I'm feeling exhausted and sleepy.

24M:00:23:55

Once I came back from [martial arts training], I felt over tired, so I decided to take a 30 min nap, which just turned to a full sleep.

24M:11:19:00

In hindsight I feel like my energy levels have been low. I found myself yawning a lot despite getting the usual amount of sleep.

27M:00:19:45

The drowsiness continues I think I may have to have a nap.

27M:01:14:50

Very sleepy decreased energy, yawning the whole day for no real reason.

28F:00:XX:XX

A feeling of lethargy & drowsiness. Eye-lids feel heavy.

→ drowsiness gone after 1-2 hours

→ Played squash. No lack of energy felt.

29M:01:14:30

#### **4.4.25.9 Unrefreshing – morning**

Woke up death tired – like a syringe has sucked the life out of me.

20F:07:XX:XX

Woke up really tired. Feels like I can sleep for another few hours.

22M:04:08:00

Woke up with headache behind eyes and feeling dehydrated, from late night from evening before and slept late. I felt better by the afternoon, when I had coffee, and lots of water.

23F:02:XX:XX

#### **4.4.25.10 Waking**

##### **➤ Breath, to get**

I've noticed that whenever I awake it is as if breath comes back 2 to me as if life is coming back to me – can't remember dreams.

16F:22:12:00

##### **➤ Difficult – morning**

Woke at 11. Slept well but drifted in & out of a sleep state for quite a while (this is unusual).

06M:XX:XX:XX

Sleep very well, was a little tough to wake up as early as I wanted to.

08F:04:XX:XX

Struggle to get out of bed.

12F:02:XX:XX

No serious changes noted – overslept – was very hard to wake up – sleep – unrestful, restless.

18F:01:XX:XX

Struggled to get up – Once up better.

20F:08:XX:XX

Woke up. Felt groggy after my disturbed sleep. No morning glory! That's not often.

21M:05:00:15

➤ **Early; too**

5am wake up + struggle to get back to sleep.

12F:03:XX:XX

Every night I wake up between 4 and 5am.

12F:06:XX:XX

Woke up at 3:46am. Did not go back to sleep.

22M:00:16:46

Really feels like I'm suffering from insomnia. Awake again. I fell asleep around 12, I think it 2 o'clock now. And I feel like I can get up a run, or do something that require a lot of energy.

22M:03:XX:XX

➤ **Easy**

Woke up around 5am without my alarm. Didn't spring out of bed but it was easy to get going.

08F:01:XX:XX

Had a better night's sleep. Was up earlier than usual way before my alarm. Woke up easily and got working fast, without coffee to get me going.

08F:02:XX:XX

Got up bright & breezy – feeling motivated for the day.

20F:01:XX:XX

➤ **Sudden**

Woken up – always a little surprised/ startled when I wake up.

21M:03:23:50

Fell asleep early – woke up very startled @ about 01h48; not sure why – can't remember dreaming or nightmares. Fell asleep again after about 30 min.

21M:04:XX:XX

#### **4.4.25.11 Yawning – weariness – during**

In hindsight I feel like my energy levels have been low. I found myself yawning a lot despite getting the usual amount of sleep. 27M:00:19:45

## 4.4.26 DREAMS

### 4.4.26.1 Amorous

Dreamed that I was being questioned by some sort of psychologist. He was asking me if I had been dreaming about an orchestra playing atop a mountain and that it meant I was in love if I had been.

01M:05:XX:XX

I dreamt about this guy I know. I see him around on campus & we usually exchange glances. He's cute & I've had a bit of a thing for him, but we never really have much reason to chat to each other seeing as our paths don't cross too often. So nothing has ever happened. Just mutual shy glances... And this one time he pretended to be lost on campus & asked me for directions – it was pretty adorable. So anyway, I had this dream about him. We're out somewhere watching a show with mutual friends – it's a chance meeting. We happened to be sitting next to each other, & as the evening passed, so we inched our ways closer to one another, until our arms touched – it was sweet & romantic. I so badly wanted to pull into him, but I held back because I'm in a relationship (its long distance, & long in the tooth – I'm bored). I was so close to what I wanted but I couldn't have it, I had to restrain myself, but my heart & body wanted to indulge! The evening ended & we parted ways. I felt so awful about not being able to let myself go, & indulge in my passionate side. I ended up roaming the streets in the dark, feeling remorse at missing out on something beautiful.

06M:01:XX:XX

Dreamt about something amorous – the memory of it is vague though. Themes of dating, pursuit, catching someone's eye etc.

06M:07:XX:XX

I dreamt this proving gave me symptoms including huge gaps in my memory. Also sex dreams.

12F:02:XX:XX

Night: I get nightmare where I am writing an exam and I don't know what to write but instead of panicking, I get an orgasm??

17F:09:XX:XX

Had strangely vivid dream/nightmare about morbidly obese people... I don't like obesity!! So in the dream I was having sex with a huge obese woman... Yuk.... Early morning dream.

29M:01:XX:XX

Another sex dream. Was having sex with my best friend back in Ireland (obviously female!!). It was very vivid!!! 29M:XX:XX:XX



#### **4.4.26.2 Anger**

Anger at my father was also erratic – I dreamt of him a few times – he always makes me angry in dreams. In reality I feel sorry for him.

18F:XX:XX:XX

Caught up with sleep – dreamt I was fighting for husband & my son to stay human. Like I'm trapped & I can't escape – felt very angry, frustrated & scared in the dream.

18F:18:XX:XX

I had a dream where someone tried to pick a fight with me about my martial arts. I at first turned the other cheek then I lost my temper and took the bait. I knew I would get in trouble for fighting. I woke up at that point.

28F:16:XX:XX

#### **4.4.26.3 Busy, being**

Had been very deep in a dream – can't remember, but felt like I had been very busy when I woke up.

11F:06:XX:XX

#### **4.4.26.4 Chased, of being**

Dreamed that I went to play golf with a friend but we ended up taking the drain pipes off of the back of the club house instead. The police were looking for us because of what we had done.

01M:01:XX:XX

Just woke up from an awful dream. In this dream, I had been going through my morning as usual: go to campus, see friends, and get work done. Then on my way home I see sandbags piled in front of my home, blocking the roads with heavily armed men behind them. Each holding M60 machine guns with loads of extras. Flash lights, adjustable scopes, teargas canister launchers, the lot. As soon as they saw me, they opened fire and gave chase. I hid for cover but when one of the gunmen got close I disarmed him and killed him and killed the other gunman with him. I proceeded into my house frightened, calling for my family only to be greeted by two more men armed with pump-action shotguns opening fire at me. I had tossed a flash bang I found in a box in my garage and ended them. It all clicked, these men were after some valuable information my father had received with regards to medical business. I get into my bedroom armed with a shotgun and called for my father, a man rushes to me from my bathroom armed with a knife, I opened fire to end him. I looked out my balcony and found

another two intruders, lower down in my garden. I opened fire killing them and jumped off my balcony into the garden to investigate. I hear some radios go off at my front door. I walk up and investigate. I fired through the door and noticed I had killed another intruder. I picked up the radio and asked why my family was being subjected to this and where they are. I received a message but it wasn't clear, at this time I woke up.

02M:27:XX:XX

Dreamt of being chased by closed family members, me and my brother. Eventually they caught up to us in a building then my father who sent them to subdue us came, he had a reptilian body with a large tail (slept reading the bible). He wanted and was going to kill us but before that asked me whether I wanted some meat (dry liver) or not, and I said no thanks. I then woke up, but I was drenched in sweat (I sweat when I have a bad nightmare).

04M:06:XX:XX

Last night I couldn't sleep. I had restless sleep and I woke up from a dream of being chased by cows. I woke up at 03:16 and the bed was so hard, I don't know if it was because I slept for so long or what.

05M:02:XX:XX

Had a dream later – only part I remember is a car chase or race where one car went over the pavement & round the one in front of it at an intersection & I expected a crash. At that time I seemed to be spectating but later became part of the race/ chase.

11F:02:XX:XX

I was in a forest, searching for something. I don't know what it was, and suddenly I saw a huge snake, I tried to keep myself calm, but the snake was still looking at me, and started coming towards me. So I started walking away. The faster I walked, the faster it was getting closer to me. I started running and it ran faster than I and past me. As soon as I turned my head to see in front of me it wasn't there anymore. I saw one guy sitting on the side, I asked him: "Did you see that huge snake?" "No!" he said. I said to him I was really afraid. He said, I mustn't be. So we started talking and he just pointed his finger to a certain direction and said to me to look. I saw a bigger snake. That snake was in a stage of a metamorphosis and was changing in a Komodo Dragon. I forced myself to wake up, and when I woke up, I was really pissed off, telling myself: if these dreams are due to the powder effect on me.

24M:05:05:30

Boom! I had a Crazy dream. Two people, males, were throwing snakes at me, I seemed to be running away from the snakes and was worried that I would be bitten. I ended running up a slight hill and catching an updraft and started to fly, almost a glide of sorts, similar to a flying squirrel. I awoke thinking about the dream and realised that the snakes were not trying to attack, they were also trying to get away.

26M:06:XX:XX

#### **4.4.26.5 Coloured**

Woke up feeling better, no issues waking up although I had this weird dream where all I ever saw was this blue afro comb. Possibly coz I was worried about where mine was before I slept.

02M:02:XX:XX

Just woken up and realised that I had a weird but funny dream. In the beginning it seemed normal; waking up, breakfast with parents, varsity, but then the more aware I was of the pain in my right hand, the larger it grew, to cartoon-like proportions. And get this, if I shook hands with someone or tapped them on the back, they would change colour, like red, blue, orange, green, yellow and so on. So I decided to change all my friends to green and if I saw a criminal, I'd chase them and change them to a colour and call the authorities and report of a "blue man" running down Manning Road. Weird stuff.

02M:23:XX:XX

Just had an intriguing dream: everything was green. As if I was wearing glasses with a green filter in the lenses, and to make things more interesting the things I touched had a hairy texture, similar to that of a Jack Russell's coat. No strange happenings though. I was just going through my day as usual, hitting golf balls, running, lifting weights, deejaying at a party but everything looked green and felt hairy.

02M:29:XX:XX

#### **4.4.26.6 Danger**

I dreamt I was some kind of a spy with ninja skills. The dream took place in a city hall kind of space. Had an olde worlde European feel to it. It was a massive complex of typically old "city hall" buildings, massive walls, courtyards, halls etc. I'm not too sure why I was there. I knew my job was to spy and to capture targeted people. The twist was that we danced/ performed our way through the space and our work. Using parkour, beautiful "crouching tiger hidden dragon" style kung fu and all sorts of beautiful movements. It was this flow of beautiful colourful choreography. I felt many moments in my dream where I thought it was just so incredible to be moving like this through space and any obstacles en-route. Even though all this "dance/ ninja" stuff was going on the mood was stressful and had all the elements of a risky mission peppered with danger. There was a fair amount of trying to puzzle out just how we'd get from one place to the next.

08F:07:XX:XX

Woke up from a dream around 3 in morning + couldn't sleep for a while (can't remember now). Then had HORRIBLE dream where my boyfriend + brother were rolled into one character + were coming home from jail. Once they were out, they killed other family members. Pretty sure this could be related to watching 'Place beyond the Pines' right before bed.

12F:01:XX:XX

Dream: Dream someone was trying to kill me in my dream with a knife and woke up in fear.

17F:03:XX:XX

We went out with my mom, so I decided to bring her to one of my favourite clubs in Durban where they play African music, and practically all the staff members know me. The music played was rhythmic so I end up being on the dance floor. While I was dancing the DJ started calling my name. My mom thought they were warning me, so I told my mom to relax, I'm well known here and every time I go on the dance floor I got the floor.

24M:06:XX:XX

#### **4.4.26.7 Difficulties**

Dreamt of my touchscreen phone's screen being broken.

04M:05:XX:XX

I dreamt I was a surgeon working in a team in some kind of casualty ward. There were problems in the hospital that made our jobs tough to do. Lack of staff and medical supplies to help everyone (patient) we needed to. Remember feeling frustrated in my dream. It felt good to be surgeon and save lives. It wasn't a blood and guts dream. Don't remember performing any surgeries but, I was in theatre all suited up and ready to roll. I can't place where I was in the dream. It was typical hospital set up. Possibly semi-private and not a run-down government hospital.

08F:03:XX:XX

#### **➤ Journeys, on**

Remember dreaming that I was far out in a rural area or reserve somewhere & had to get back to town but there was no transport so I walked. Was very far. Landscape looked quite magical – sparkly emerald green of distant forests – not SA landscape. As I walked there were many beautiful birds sitting on poles & fences alongside the dirt road I was on. Some were small with shiny plumage (can't remember what type of bird). Also a large eagle with russet feathers. I wanted to take out my phone to take a picture but it flew off too quickly. Further along a rainbow started appearing in a mass of clouds but it was circular/ spirally & I tried capturing a perfect photo of it but then the memory was full. Immediately after I came to the 'visitor centre'

– starting point of the walk, where I knew I would be able to get a shuttle into town. But the whole place had no people & looked like a beautiful old ruin covered in plants.

11F:02:XX:XX

#### **4.4.26.8 Disease**

Last night I had this weird dream but I don't remember it clearly but it was about my left leg. I had some sort of an ulcer like thing that was peeling off of a skin in the sole of the foot.

05M:04:XX:XX

I dreamt this proving gave me symptoms including huge gaps in my memory.

12F:02:XX:XX

#### **4.4.26.9 Events**

##### **➤ Past; long**

A friend + boyfriend (now current) in my house → from childhood. My sister and I shared a room → which we never did. I couldn't find something that was comfortable to wear. Kept changing. Going through drawers, cupboards. Finding clothes I had forgotten about. Friend was having an argument with new boyfriend about needing her space and she hadn't signed up for this and he was calmly explaining – I couldn't hear. And then seemed sorted. At one stage in dream checking for a place to sleep, I opened a door and my mom and dad were sleeping there (they are divorced and my sister is dead). It was peaceful and calm in my dream. Normal situation it seemed. Light. Drawers and room were cool. Pale. Turquoise. Green. Colours.

09F:09:XX:XX

Dreamt about Adult youth camp – university people go there at year end. Everyone went there except for a few people. I went to youth camp for Ages 0 – High School but there were only about 6 people including me & my sister. The [youth camp] was at [a] Primary School hostel. I practically grew up there Grade 1-6. I know the building through & though. But there was something different. The Prefect Room (I didn't do Grade 7 there so didn't get to use those rooms) looked like a hotel room it had a dresser & big bed and only 2 per room. The dorms was already full so we slept in there.

16F:18:XX:XX

The first one; I was at varsity studying until late and I decided to go pay a visit to the family that hosted me first when I arrived in South Africa. They were surprised to see me, one because I don't usually go and see them and two because I went to visit them around

10h30pm. So we started talking and suddenly the husband started smoking weed and asked me if I wanted some, I completely refused, and so we kept talking. And they asked me if I could at least roll their weed because they were too wasted. While chatting the wife just started telling me everything about me. She even told me stuff that I have never talked to anyone about.

24M:06:XX:XX

#### **4.4.26.10 Fights**

I dreamt I was in an alpine forest place, lots of snow living a kind of farm life. Out in the forest on a steep-deep-snow covered hill a wolf started to circle me and wanted to attack. I started to panic it bit my arm and it wasn't too bad. At this point I realised that I could defend myself and scare him off. But more arrived a small pack of beautiful grey wolves. All of them circled me, walking around in their own separated circles. I know that I had to defend my life right here and now. What threw me off was the beauty of the wolves & the landscape that seemed to magnify their beauty. I screamed as the wolf lunged another attack. [My boyfriend] came running out and shot one of the wolves. He saved my life, he was there at that critical time. I had to fight off the rest of the pack but, I didn't want to kill them but, I had too. I remember being shown how to break the wolf's neck which I did. I felt bad because he was so beautiful, icy eyes, fur and greyness. It was a truly beautiful and powerful dream.

08F:11:XX:XX

Caught up with sleep – dreamt I was fighting for husband & my son to stay human. Like I'm trapped & I can't escape – felt very angry, frustrated & scared in the dream.

18F:18:XX:XX

I had a dream where someone tried to pick a fight with me about my martial arts. I at first turned the other cheek then I lost my temper and took the bait. I knew I would get in trouble for fighting. I woke up at that point.

28F:16:XX:XX

#### **4.4.26.11 Helpless, being**

I had this dream where everything was dark, couldn't see, but I could feel myself being pushed around and kicked. Occasionally I would be interrogated about the murder of an African president but I knew nothing of it. If I had not given any information I was given a shot with the butt of a gun or a few punches. I'd also hear screams from other people, people begging for their lives to be spared. Several gun shots would go off, each silencing a scream. I

panicked but was silent. When it felt like my ears had been pierced by the sound of the gun shot I had woken up and battled to get back to bed.

02M:16:XX:XX

Dream – a hostage situation.

16F:01:XX:XX

#### **4.4.26.12 Invaders**

Just woke up from an awful dream. In this dream, I had been going through my morning as usual: go to campus, see friends, and get work done. Then on my way home I see sandbags piled in front of my home, blocking the roads with heavily armed men behind them. Each holding M60 machine guns with loads of extras. Flash lights, adjustable scopes, teargas canister launchers, the lot. As soon as they saw me, they opened fire and gave chase. I hid for cover but when one of the gunmen got close I disarmed him and killed him and killed the other gunman with him. I proceeded into my house frightened, calling for my family only to be greeted by two more men armed with pump-action shotguns opening fire at me. I had tossed a flash bang I found in a box in my garage and ended them. It all clicked, these men were after some valuable information my father had received with regards to medical business. I get into my bedroom armed with a shotgun and called for my father, a man rushes to me from my bathroom armed with a knife, I opened fire to end him. I looked out my balcony and found another two intruders, lower down in my garden. I opened fire killing them and jumped off my balcony into the garden to investigate. I hear some radios go off at my front door. I walk up and investigate. I fired through the door and noticed I had killed another intruder. I picked up the radio and asked why my family was being subjected to this and where they are. I received a message but it wasn't clear, at this time I woke up.

02M:27:XX:XX

I did dream last night quite clearly about people and friends I haven't seen in years. I dreamt (my son) and I were moving from a duplex to another garden duplex in an adjacent block. The move felt good and I was happy to be possibly moving to a prettier home. My best friend from high school and her sister were in my dream. They lived close by to me. Not sure if the dream was in Durban. We were in quite a green + tree speckled city/ suburb area with a European feel to it but, now that I think about it must have been in SA as crime was an issue in my dream. Deciding to move to a place with better security was an issue. The proposed change in my dream felt good.

08F:01:XX:XX

Dreamt of this guy from church it was strange. We were working together on an art piece he had to do. Wake up as if I was grasping for air – it felt as if the devil was telling me he will conquer me – strange.

16F:21:XX:XX

#### **4.4.26.13 Many**

Lots of dreams.

11F:02:XX:XX

Lots of dreams that I don't remember.

18F:01:XX:XX

I'm also day dreaming a lot & having fantastic, fantasy-like dreams that I can't remember.

18F:03:XX:XX

#### **4.4.26.14 Naked People**

Dreamed that I took my cat away with me for the weekend to get some programming done. I catapulted snakes into a treehouse full of girls wearing underwear and someone told me that I was dressed like a church going hipster.

01M:09:XX:XX

Dream: a dream where someone in a family/mentor role was naked, exposing himself and trying to hold me & ask me if he was doing the right thing. The whole thing felt less sexual than it would seem but the emotional intimacy was the uncomfortable part of the dream.

28F:13:XX:XX

#### **4.4.26.15 Parties**

Just dreamt of having a big party; balloons, ribbons, colourful lights, old funk and soul music. Friends and family around. Beers. And today is pop's birthday.

02M:10:XX:XX

#### **4.4.26.16 Ruins**

Had been dreaming a strange mix of previous day's themes – was somewhere looking for a place to stay. There were a lot of broken down buildings. A friend of mine who now lives in



Joburg found one where part of the building was ok & he moved in & made that side great + had the outside painted as a graffiti wall.

11F:07:XX:XX

#### **4.4.26.17 Snakes**

Dreamed that I took my cat away with me for the weekend to get some programming done. I catapulted snakes into a treehouse full of girls wearing underwear and someone told me that I was dressed like a church going hipster.

01M:09:XX:XX

Last night I dreamt of a snake. It might have been a black mamba. It was about 3-4cm thick and grey. I was having a conversation with some friends, sitting on the grass when I felt something, looked down and a snake was going down my top, between my breasts. I freaked out and threw it off, then woke up.

12F:03:XX:XX

I woke up today with another bad dream. I was in a forest, searching for something. I don't know what it was, and suddenly I saw a huge snake, I tried to keep myself calm, but the snake was still looking at me, and started coming towards me. So I started walking away. The faster I walked, the faster it was getting closer to me. I started running and it ran faster than I and past me. As soon as I turned my head to see in front of me it wasn't there anymore. I saw one guy sitting on the side, I asked him: "Did you see that huge snake?" "No!" he said. I said to him I was really afraid. He said, I mustn't be. So we started talking and he just pointed his finger to a certain direction and said to me to look. I saw a bigger snake. That snake was in a stage of a metamorphosis and was changing in a Komodo Dragon. I forced myself to wake up, and when I woke up, I was really pissed off, telling myself: if these dreams are due to the powder effect on me.

24M:05:05:30

I had a Crazy dream. Two people, males, were throwing snakes at me, I seemed to be running away from the snakes and was worried that I would be bitten. I ended running up a slight hill and catching an updraft and started to fly, almost a glide of sorts, similar to a flying squirrel. I awoke thinking about the dream and realised that the snakes were not trying to attack, they were also trying to get away.

26M:06:XX:XX

#### **4.4.26.18 Teeth**

And I had a teeth dream but seemed real this time – as I think about it, it feels as if it happened. In the dream my jaw was sore & at the contact of my teeth the pain would increase – I couldn't eat as normally would it was painful, worse for teeth contact, better when still and not talking. That was a dream but the pain lingers in my left jaw now, worse as I think of and talk of it.

16F:05:XX:XX

I had a dream in which I had what I thought was a sinew stuck in between my teeth and I pulled at it, along with it came three of my molars. In my dream the molars were soft and squishy like sinew and came out because they were rotten. This dream freaked me out completely because I am afraid of losing my teeth.

28F:15:XX:XX

#### **4.4.26.19 Traumatic**

I had 3 dreams yesterday. I can't really remember two of them, I can only remember the worst of all. I don't even wish to dream about it again. My parents got divorced. That's for me the worst ever bad dream I ever had. In the dream I forced myself to wake up. Once I woke up, I started praying. I can feel, it's going to affect my mood today and destroy my day.

24M:04:05:45

Oh man I WISH I could remember the details of my dream last night! The thing is the details aren't that clear but the feeling is vivid: TRAUMA. I can remember that something happened in the dream that was fairly stressful (I missed a flight or something) but my reaction, the emotion around the stress, was acutely traumatic to the point of being heart-breaking. Like someone had died or something. When my cat died a week ago I cried. That's the most trauma I have felt in a long while.

25M:07:XX:XX

#### **4.4.26.20 Travelling**

Dreamed that I took my cat away with me for the weekend to get some programming done.

01M:09:XX:XX

I did dream of visiting a place that I felt happy in, looked like a place in Venice but the weird part is that there were studio lights and flash guns everywhere. Perhaps something on my mind from [work], flash guns firing every 3 seconds for 4 hrs at a time.

02M:09:XX:XX

Remember dreaming that I was far out in a rural area or reserve somewhere & had to get back to town but there was no transport so I walked. Was very far. Landscape looked quite magical

– sparkly emerald green of distant forests – not SA landscape. As I walked there were many beautiful birds sitting on poles & fences alongside the dirt road I was on. Some were small with shiny plumage (can't remember what type of bird). Also a large eagle with russet feathers. I wanted to take out my phone to take a picture but it flew off too quickly. Further along a rainbow started appearing in a mass of clouds but it was circular/spirally & I tried capturing a perfect photo of it but then the memory was full. Immediately after I came to the 'visitor centre' – starting point of the walk, where I knew I would be able to get a shuttle into town. But the whole place had no people & looked like a beautiful old ruin covered in plants.

11F:02:XX:XX

Dreams of travel last night.

12F:04:XX:XX

#### **4.4.26.21 Unsuccessful Efforts**

Dreamed that I was an hour late for a very important meeting.

01M:08:XX:XX

Dreamt having 2 made a diagnosis on a skin disorder, wasn't sure which one and in it it's as if I'm suffocating in real life, I have a constricted feeling. Commonly have dreams of topic I just read about or about to read.

04M:05:XX:XX

Caught up with sleep – dreamt I was fighting for husband & my son to stay human. Like I'm trapped & I can't escape – felt very angry, frustrated & scared in the dream.

18F:18:XX:XX

Dreamt = Having a wedding at a venue that is joined to a haunted hotel. We were told not to walk down that particular passage that enters the hotel. My father laughed & took a group of us there. The passage then began to physically expand into a room – a witch emerged. She looked human – but was scary – she only wanted me. I begged to take my son out of the hotel – she made me eat a banana so that I could leave the hotel & she'd let me go in peace. When I got out the building & my son was safe, I heard all my family tell me I have to go back into the building with a banana peel – that's the only way she won't track me & follow me. I told this to my husband in frantic attempt to escape. He began making jokes and saying nothing will happen. The more jokes he made, the more scared I became. He ended up being possessed – he wrapped me in a blanket & I woke up just as we re-entered the Hotel. I woke up screaming.

18F:19:XX:XX

#### **4.4.26.22 Voice**

##### **➤ Of absent persons**

Wake at 6:00 – my dream was a weird one, of this guy from [church] and the thing about it was that it kept repeating. I was sitting with my sisters/familiar people at [university], then he would come or rather I'd hear his voice far-off he'd be gathering us & telling us to continue to service the Lord Jesus Christ, his return is soon. (I haven't seen this guy for 2 weeks now) and I only realise this from the dream.

16F:05:XX:XX

#### **4.4.26.23 Work**

Dreamed that I took my cat away with me for the weekend to get some programming done. I catapulted snakes into a treehouse full of girls wearing underwear and someone told me that I was dressed like a church going hipster.

01M:09:XX:XX

I did dream of visiting a place that I felt happy in, looked like a place in Venice but the weird part is that there were studio lights and flash guns everywhere. Perhaps something on my mind from [work], flash guns firing every 3 seconds for 4 hrs at a time.

02M:09:XX:XX

In early hours of morning & up to waking had very busy dreams rushing around – trying to get work tasks done but in strange locations & mixes of people but can't remember clear details.

11F:01:XX:XX

I can't remember what I dreamt but it had something to do with school – Homoeopharm exam.

16F:16:XX:XX

#### **4.4.27 FEVER**

Temperature: late afternoon as noted – temp of head and neck felt like I was burning up.

21M:00:XX:XX

## **4.4.28 PERSPIRATION**

### **4.4.28.1 Clammy**

Haven't eaten, feel weak and shaky, hot and sweaty.

12F:03:08:30

### **4.4.28.2 Odour – sour**

I slept well. Did sweat a lot and even moved over to the other part of my bed – and the sweat had a sour smell to it (could be nothing more than the tea we drank with dinner).

09F:01:XX:XX

(Again very sour sweat smell during exercise.)

09F:07:XX:XX

### **4.4.28.3 Profuse**

I've also started sweating more than usual, as if it's a bad heatwave today.

02M:12:XX:XX

### **4.4.28.4 Sleep – during**

I then woke up, but I was drenched in sweat (I sweat when I have a bad nightmare).

04M:06:XX:XX

I slept well. Did sweat a lot and even moved over to the other part of my bed – and the sweat had a sour smell to it (could be nothing more than the tea we drank with dinner).

09F:01:XX:XX

All night I couldn't get comfortable temperature wise. Either too hot or too cold. Woke up sweating on back and chest.

12F:01:XX:XX

#### **4.4.29 SKIN**

##### **4.4.29.1 Inflammation**

Papule – left side on upper medial end of thigh, just below testicles. Painful only when touching it.

04M:05:XX:XX

Had haircut now head inflamed in occipital area (first time this has ever occurred).

04M:05:XX:XX

Pimples → 2 ingrown hairs under the armpit. Painful to touch. Ache. Started after I changed deodorants.

28F:36:XX:XX

##### **4.4.29.2 Dry**

My skin feels dry throughout the day.

16F:04:XX:XX

##### **4.4.29.3 Eczema**

Possibly eczema cropping up right palm. Not really itchy. Light peeling of fingers.

20F:04:XX:XX

Eczema on head worse.

20F:04:XX:XX

#### **4.4.30 GENERALS**

##### **4.4.30.1 Cold**

###### **➤ Feeling**

Feeling very cold & shivery.

11F:06:XX:XX

➤ **Heat and cold**

All night I couldn't get comfortable temperature wise. Either too hot or too cold. Woke up sweating on back and chest.

12F:01:XX:XX

After waking in the middle of the night was tossing around – between being hot/cold.

21M:04:XX:XX

#### **4.4.30.2 Dehydration**

Felt slightly dehydrated.

23F:XX:XX:XX

I'm feeling really dehydrated and I have a terrible headache on the front of my head, above the nose and between the eyebrows but on the inside of my head.

24M:06:21:30

#### **4.4.30.3 Energy**

➤ **Excess of**

Woke up with a kind of energy I normally don't have at 7am. Just did everything as if I had 2 sachets of bioplus.

02M:08:XX:XX

Good body energy and general resistance.

03M:XX:XX:XX

Felt better when cooler in the evening & energy picked up & wide awake in evening.

11F:08:XX:XX

I feel drained during the day and very awake and active during the night.

22M:02:XX:XX

Really feels like I'm suffering from insomnia. Awake again. I fell asleep around 12, I think it 2 o'clock now. And I feel like I can get up a run, or do something that require a lot of energy.

22M:03:XX:XX

Had picnic in forest with beers, as we were building a treehouse. Felt very happy with more energy even though slightly sick. I need nature in my life.

23F:10:XX:XX

After my lectures, the lecturer told me I'm quite energetic on a Monday, and I did feel it, throughout the day.

24M:05:XX:XX

Physically I felt fit & strong.

25M:10:XX:XX

Worked until 02:00am, quite tired this morning, but 12:30ish I started to feel incredibly energised. I'm not sure if the energy was due to drinking multiple vegetable juices or possibly to the cloud cover dispersing and the sun be quite visible.

26M:02:XX:XX

#### **4.4.30.4 Exertion; physical**

##### **➤ Agg.**

In general better for relaxation worse for work.

28F:14:XX:XX

Worse for work. Worse for doing same thing over & over again.

28F:36:XX:XX

##### **➤ Amel.**

Just returned home from training, was pretty super. I felt a bit heavier than normal but I sailed through it all.

02M:29:XX:XX

\*Mood was pretty good all day. Had some bad news which I took in my stride, & then some good news that "leveled" things. Went to gym, had a really good workout too (at 3pm).

06M:02:XX:XX

Picked up 1kg at the weekend. This is unusually fast weight gain for me. I have been eating more though → a combination of increased appetite, & food just being available. I've also been exercising a lot → this fuels my appetite.

06M:06:XX:XX

Nice walk on the beach. Better outdoors & fresh air. Felt better exercise.

20F:XX:XX:X

Went for a nice run – initially head was throbbing – but after about 5-6km, headache disappeared.

21M:01:18:10

[Nose] Cleared up – went for a workout at gym. Body and breathing felt much better and more relaxed.

21M:XX:XX:XX

Felt very lazy. Had a very quick nap +/- 20 min. Was tired for a while, almost felt high. Felt better after [martial arts training].



23F:00:XX:XX

I did some exercises earlier on today, and it really helped me to feel better. Although I felt really unfit due to the lack of training for the last 5 weeks, I'm feeling refreshed.

24M:10:20:35

I exercised back home. A good long session, push-ups & sit-ups & medicine ball etc. I exercised while [my son] was awake. Nice. I want to go running though.

25M:17:XX:XX

I stubbed my toe again and I went for a run. The run was a challenging one.

27M:05:XX:XX

Kung Fu initiation. 1½ hours of sparring. We were obliged to be there even though physically I am not yet better. It went alright & instead of aggravating my symptoms it made it better. Collapsed thereafter.

28F:21:XX:XX

A feeling of lethargy & drowsiness. Eye-lids feel heavy → Played squash. No lack of energy felt.

29M:01:14:30

#### ➤ **Desire for**

Random urges to dance and listen to music throughout day. Craving exercise.

23F:12:XX:XX

I feel like doing some sport, soccer or an extreme sport. It has always helped me to find solutions to my internal problems (questions).

24M:02:XX:XX

Need to train today, one day without training and I'm chomping at the bit.

26M:02:XX:XX

### **4.4.30.5 Food and Drinks**

#### ➤ **Coffee**

##### ❖ **Agg.**

Drank coffee quite late at 7pm – slight headache following this in temple area [have noticed slight headache feeling when I drink coffee early evening but also have been craving it a lot]

11F:11:XX:XX

At night desperate to study late – I drank coffee. I just got sleepier – it felt as if the coffee was a sedative or rather it didn't kick in. My body too used to sleeping.

16F:22:XX:XX

Very aware of the effects of coffee. I'm finding that I'm extremely aware of the elevated awareness that occurs about 10 minutes after consumption, at this point I can only tolerate a single cup, anymore and I feel that my mind goes into overdrive and that by the end of the day I am physically exhausted.

26M:04:XX:XX

❖ **Amel.**

Woke up with headache behind eyes and feeling dehydrated, from late night from evening before and slept late. I felt better by the afternoon, when I had coffee, and lots of water.

23F:02:XX:XX

Tired, dehydrated, headaches from studying. Stretching and acupressure helps. Headaches better with coffee.

23F:08:XX:XX

❖ **Desire**

Drank coffee quite late at 7pm – slight headache following this in temple area [have noticed slight headache feeling when I drink coffee early evening but also have been craving it a lot]

11F:11:XX:XX

I've never thought of coffee having much effect on me but I've been drinking it every morning. And I noticed that the days I haven't had morning coffee I've been exhausted in the afternoon.

12F:09:XX:XX

I'm CRAVING coffee. Trying to stay away till later on. I'm addicted to coffee.

18F:XX:XX:XX

At breakfast now at Spur. And craving coffee. Don't usually crave coffee like this. Had 4 cups. Could have had more.

22M:00:XX:XX

Drinking coffee more, now that I'm back at work. The coffee intake makes me tired at the end of the day but I really look forward to it while teaching.

25M:23:XX:XX

➤ **Farinaceous**

❖ **Desire**

Lunch done. McDonalds! Have a bit of a sugar high.

02M:31:XX:XX

Insatiable hunger, crave warm carbs – rich food – normal but craving has increased.

18F:02:XX:XX

I can't say no to things I could easily say no to before – sort of like an “addictive type” behaviour – also want to eat good food – food that is rich – have no will power to stay away.

18F:XX:XX:XX

My appetite increased even though I was very harsh on myself for losing weight. I really want to be fit & healthy – but I can't stay away from sweets and carbs.

18F:XX:XX:XX

Craving slap chips.

28F:14:XX:XX

➤ **Hearty food**

❖ **Desire**

Craving meat & 3 veg

28F:17:XX:XX

➤ **Salt**

❖ **Desire**

Also feel like something salty like craving. Something salty.

22M:04:XX:XX

➤ **Sweets**

❖ **Aversion**

Got offered sweets. But did not feel the urge to have any sweet things. Like no desire for sweet things at all.

22M:01:XX:XX

❖ **Desire**

Cravings for white chocolate again – ate nearly 2 slabs! I don't ever eat this much chocolate...

06M:02:XX:XX

Also craving sweet things all afternoon and evening.

11F:11:XX:XX

My appetite increased even though I was very harsh on myself for losing weight. I really want to be fit & healthy – but I can't stay away from sweets and carbs.

18F:XX:XX:XX

#### 4.4.30.6 Heat

##### ➤ Sensation of

Hands puffy – ring very tight. Feeling very hot → was driving around. Day feeling hot but weather report saying only mid-20s?

11F:00:XX:XX

Sensitive to light. It is extremely bright outside. Feeling hot.

12F:01:XX:XX

Over the past 2 days felt generally hot.

12F:03:XX:XX

Felt warm at night. Legs very warm under blanket.

20F:06:XX:XX

Late afternoon – temp of head and neck felt like I was burning up.

21M:00:XX:XX

Went for breakfast, where my mom and gran told me I'm red in the face. I also did feel a bit warm. This is about 11am. Was not due to the weather because it wasn't hot today.

22M:02:11:00

Feeling really hot. Weather still bad outside (rain and wind). So no reason for me to feel this hot.

22M:04:11:02

#### 4.4.30.7 Hypoglycaemia

Haven't eaten, feel weak and shaky, hot and sweaty.

12F:03:12:30

Shivering & shaking never have I been in this state. I had a hot dog for lunch 15:30 – it's frightening. After eating muffins it feels a bit better. My hand is shivering a bit not really though – [the] kind of shivering I have when nervous or cold (I've fasted but I've never had such symptoms).

16F:03:18:45

I'm feeling really hungry, I can't handle it, I need to eat something, it's making me really weak.

24M:00:21:35

Feel exhausted. Had what felt like a low blood sugar attack at 6:30pm felt listless and lightheaded and a bit unsteady- better eating dinner. I had a decent breakfast & lunch so that couldn't have been it.

28F:20:XX:XX

#### 4.4.30.8 Lassitude

Woke up later than usual and felt more fatigued than usual. Not very common for me. This feeling of lethargy seems to come and go though.

02M:XX:XX:XX

I didn't have any symptoms today, except some tiredness.

05M:03:XX:XX

Sensation of tired, heavy, can't hold head up. No modalities, better for sleep.

06M:00:14:00

Feeling very exhausted suddenly – like I could sleep. Exhausted and body sore, hard to move.

11F:XX:XX:XX

Energy slump at 1.10pm and unusually bad mood.

12F:01:XX:XX

Today I feel tired and weak. I also have dark bags under my eyes.

12F:03:XX:XX

I'm just tired. Yet always in a hype.

16F:16:XX:XX

I'm starting Exams and feeling tired to study. I don't usually like to sleep but lately that all I'm doing. Don't have energy like normal.

17F:09:XX:XX

Felt very tired toward the evening. I have no energy or strength to stay motivated.

18F:XX:XX:XX

Diwali – very busy – tired – still snappish – feel very agitated – feel like its just too much for me – no excitement – WEIRD.

18F:17:XX:XX

Very tired.

21M:05:14:47

I feel drained during the day and very awake and active during the night.

22M:02:XX:XX

Low energy and laziness during the day. Energy came back when I went to work, from the afternoon onwards. No notable changes, apart from laziness and slight feeling of being high in late morning.

23F:01:XX:XX

Exam this morning. Adrenalin didn't kick in as much as normal.

23F:05:XX:XX

Extreme tiredness. No energy bouts throughout day. Even things like driving home, seem like exhaustive process.

23F:11:XX:XX

I just took my last dose of the day, I'm feeling exhausted and sleepy.

24M:00:23:55

Tired, mentally & physically.

25M:17:XX:XX

Really tired today, it's a bit strange. Haven't felt tired like this in a while, however saying this, yesterday I did nothing except sleep, read, sleep, read, sleep. I'm wondering if the inactivity yesterday has caused this.

26M:12:XX:XX

In hindsight I feel like my energy levels have been low. I found myself yawning a lot despite getting the usual amount of sleep.

27M:00:19:45

Decreased energy, yawning the whole day for no real reason.

28F:31:XX:XX

Feel like I need a break. I am mentally & physically exhausted. Irritable from fatigue.

28F:36:XX:XX

A feeling of lethargy & drowsiness. Eye-lids feel heavy.

29M:01:14:30

#### **4.4.30.9 Menses**

##### **➤ During**

##### **❖ Agg.**

Worse for period. Whilst the pain is not so severe (which is unusual, I usually get cramps on Day 1 & 2) now my whole body feels a bit oversensitive & bruised worse for touch.

28F:20:XX:XX

#### **4.4.30.10 Morning**

It feels like recovery time has tripled and I'm really really stiff in the mornings.

02M:20:XX:XX

Forehead between & above eyebrows headache through morning.

11F:12:XX:XX

Cold symptoms in morning. Lots of nasal congestion. Also had a bit of diarrhoea (slight) in morning, probably nervousness for prac exam.

23F:12:XX:XX

My eyes were itchy this morning, the right one not as much as the left. Not so bad, but a bit irritable, yeah?

25M:04:XX:XX

Waking up with nose blocked every morning. Post nasal drip [mucus] is sticky. Felt much worse for sitting outside in cold air. Wanted to do something exciting outside but I skipped out on it because I felt [terrible].

28F:17:XX:XX

Nausea in morning that passed quickly worse for smell of food but better once I have eaten.

28F:18:XX:XX

### ➤ **Evening, and**

Woke up with runny nose and sore upper throat (as usual!). Seems to be better as the day progresses from 9 or 10ish and returns at night/ late afternoon again (five-ish).

09F:04:XX:XX

Early morning and late afternoon sun seems to be very appealing, almost as if I feel very calm observing outside light at these times.

26M:07:XX:XX

Throat still sore. Worse at night. Nose blocked (concomitant) in mornings & evenings.

28F:XX:XX:XX

Coughing now. Same modalities as before worse cold, worse night & morning.

28F:20:XX:XX

Throat still sore coughing a bit now probably from post nasal drip. Throat still worse morning & evening.

28F:18:XX:XX

### ➤ **Waking; on**

Woke with sore throat.

11F:10:24:30

Woke up and the 1<sup>st</sup> thing I feel is the left abdominal pain.

15F:16:XX:XX

Woke up really hungry & tired.

16F:01:XX:XX

This morning woke up with a pain right knee. Usually it would be the left. 16F:14:XX:XX

Woke up death tired – like a syringe has sucked the life out of me.

20F:07:XX:XX

Woke up with burning eyes. Like I have to keep them closed.

21M:03:XX:XX

Shins are hurting. Pulsating, throbbing pain. Woke up with it.

22M:03:XX:XX

Couldn't sleep last night. Woke up last night, and my allergies were killing me.

22M:06:XX:XX

Woke up with headache behind eyes and feeling dehydrated, from late night from evening before and slept late. I felt better by the afternoon, when I had coffee, and lots of water.

23F:02:XX:XX

I woke up today with terrible headache on the front head and it made my head feel heavier every time I try to get up out of bed, so I had to stay lying down for about 20-30min. Once I felt like the pain went away, as soon as I stood up the pain violently came back and made me feel dizzy.

24M:08:07:15

I just wake up now and I'm feeling really tired and a terrible headache is troubling me and keeping me in bed.

24M:09:11:00

Woke up at 6am with severe cramps no amelioration. Took charcoal tabs which helped. I think it's from too much rich chicken from last night's roast. Dry heaved then felt perfect thereafter.

28F:06:XX:XX

Eyes red sore worse for touch worse after sleep.

28F:14:XX:XX

Right SI joint painful when I woke up. Worse for manipulation better directly after but then got worse. SI joints ache. Worse sitting, worse exercising. Better for lying with legs extended. Need rest & to be left alone.

28F:17:XX:XX

#### **4.4.30.11 Tingling**

On my left side all the way from foot to temple it tingling & shivering sensation.

16F:06:XX:XX

Had these weird vibrations on my skull (right side).

16F:13:XX:XX



Head tingling all over for short period.

21M:01:14:52

## 4.5 Repertory

The rubrics that were identified in the proving of *Withania somnifera* 30CH were represented in the conventional repertory format of:

CHAPTER – RUBRIC – sub rubric – sub-sub-rubric

Rubrics were derived from existing rubrics in the *Synthesis Repertorium Homoeopathicum Syntheticum* repertory (Schroyens, 2004). All new rubrics are indicated with an asterisk [\*].

The grading of rubrics utilised by Ross (2011: 164) was employed:

- Grade 1 (normal font): All valid rubrics are given a default first degree grading;
- *Grade 2 (italics)*: Any rubric experienced to a marked degree by 3 or more different provers is given a second degree grading;
- **GRADE 3 (bold)**: Any rubric produced by half or more of the verum i.e. 12 or more provers;
- All newly created rubrics (marked with an \*) will automatically be graded as Grade 1.

**Table 10** MENTALS: Rubrics and Grading

Chapter	Rubric	Frequency	Grading
MIND	AMBITION – increased	2	1
	AMBITION – increased – competitive	3, 26, 26	1
	ANGER	17, 18, 18, 18, 20, 28	2
	ANGER – suppressed	18	1
	ANXIETY	2, 2, 6, 11, 16, 21, 26, 26, 28	2
	ANXIETY – anticipation, from	3, 11, 25, 25	2
	ANXIETY – hurry, from	21, 21	1
	ANXIETY – driving; whilst *	21, 23	1
	ANXIETY – money matters, about	28, 28	1
	CHANGE – desire for – life, in	16, 18, 18	1
	CHEERFUL	8, 22, 23	2
	CLARITY OF MIND	26, 26	1
	CLEANNESS – mania for	8, 8, 24, 24, 26	2
	COMMUNICATIVE	24, 26	1

COMPANY – aversion to	12, 12, 18, 20	2
CONCENTRATION – active	2, 2, 3, 3, 6, 11, 18, 25, 26	2
CONCENTRATION – difficult	2, 12, 12, 18, 18, 22, 23	2
CONCENTRATION – difficult – writing, while	12, 26, 26	1
CONFIDENCE – want of self-confidence	11	1
CONFIDENCE – want of self-confidence – inadequacy, feeling of	17, 18	1
DANCING	23, 23	1
DELUSIONS – alone, being	6, 6, 6	1
DELUSIONS – emptiness, of – internal	16, 18	1
DELUSIONS – sick	16, 16, 18	1
DELUSIONS – persecuted	20	1
DELUSIONS – drained – people are draining his energy *	2, 26, 26	1
DETACHED	3, 5, 18, 18	2
DULLNESS	11, 11, 18	1
EXERTION – physical – aversion	18	1
EXERTION – physical – amel.	18, 23	1
EXERTION – desire – in open air	12, 23	1
FEAR – happen, something will	2, 2	1
FEAR – failure	28, 28	1
FORGETFUL	11, 18, 20, 24, 24, 25	2
HELPLESSNESS; feeling of	8, 18, 20, 23, 24, 28, 28	2
HOMESICKNESS	22, 24, 25	2
IMPATIENCE	3, 18, 28, 28	2
INDIFFERENCE	2, 18, 20	2
INDIGNATION	28, 28, 28	1
INDUSTRIOUS	6, 6	1
INJUSTICE; cannot support	17, 24	1
INTROSPECTION	24, 26	1
IRRITABILITY	8, 9, 11, 11, 12, 12, 18, 18, 20, 20, 25, 28	2
LAZINESS	16, 23, 23	1
MENSES – during – beginning of menses, at	11, 20	1
OBSERVER – detail, of everything in	24, 26, 26	1
OPTIMISTIC	3, 8, 21, 25	2
ORDER – desire	8, 24, 26, 28	2
PANIC – sexual arousal, followed by *	17, 17	1
PERSEVERANCE	2, 23, 28, 28, 28	2
REPROACHING ONESELF	18, 28, 28	1
REPROACHING OTHERS	28	1
SADNESS	11, 18, 18, 20, 22	2
SADNESS – causeless weeping, with	12, 16, 28	1
SENSITIVE – criticism, to	18, 18	1
SENSITIVE – external impressions, to all	11, 26, 26, 26	1

SENTIMENTAL	18, 18, 25	1
SPACED-OUT FEELING	11, 22, 23, 23, 26	2
STARTING – easily	12, 16, 17, 21	2
STUPEFACTION	15, 27, 29	2
TACITURN – company, in	12, 16	1
THEORISING	26, 26, 26	1
TRANQUILITY	1, 8, 11, 20, 25, 25, 26, 26, 26	2
TRANQUILLITY – in a stressful situation *	5, 6, 11, 11, 16, 16, 18, 18, 18, 23, 25, 26, 28, 28, 28	1

**Table 11 PHYSICALS: Rubrics and Grading**

Chapter	Rubric	Frequency	Grading
VERTIGO	VERTIGO	2, 9, 11, 18, 28, 28, 29	2
	DIZZY	11, 15, 16, 21, 24, 24, 24, 29	2
	EATING – after – amel.	11, 16, 28	2
HEAD	SPINNING	2, 12, 15	2
	PAIN – coffee – agg.	11	1
	PAIN – coffee – amel.	18, 23, 23	1
	PAIN – dehydration	23, 23, 28	1
	PAIN – dull pain	4, 11, 11, 12, 12, 12, 16, 18, 21, 22, 24, 28, 28, 29	2
	PAIN – eating – while – amel.	28	1
	PAIN – exertion – amel.	21, 21	1
	PAIN – light; from	12, 17, 21, 28	2
	PAIN – mental exertion – agg.	21, 21, 21, 23, 24, 24	2
	PAIN – motion – head, of – agg.	12, 12	1
	PAIN – odors – strong odors agg.	11, 11, 11	1
	PAIN – piercing pain	2	1
	PAIN – pressing pain	11, 12, 17	2
	PAIN – pressure – hard amel.	16, 18, 23, 28	2
	PAIN – pulsating pain	12, 21	1
	PAIN – rising – lying from – agg.	12, 12, 24, 24, 24	1
	PAIN – sleep – agg.	22, 24	1
	PAIN – sun – exposure to sun, from	4, 4	1
	PAIN – eyes	12, 21, 23	2
	PAIN – forehead	2, 4, 11, 12, 16, 18, 22, 24, 24, 28, 29	2
	PAIN – occiput	21, 21	1

	PAIN – sides – left	4, 11, 12, 12, 15, 21, 24, 24	2
	PAIN – temporal	3, 4, 11, 11, 21, 21, 23, 24, 28, 28	2
EYE	SENSITIVENESS – scalp, of	4, 21	1
	TINGLING	21, 21	1
	BURNING	21, 22	1
	DISCOLOURATION – red	28, 28	1
	DRY	11, 28	1
	ITCHING	11, 15, 16, 25, 28	2
	PAIN	15, 16	1
	PAIN – closing the eyes – must close the eyes	15, 21	1
	PAIN – light; from – agg.	21	1
VISION	PAIN – sleep – after – agg.	21, 28	1
	PAIN – touch – agg.	16, 28	1
	PAIN – washing – amel. burning	22	1
EAR	BLURRED	24, 26	1
NOSE	NOISES in – rumbling	1	1
	CATARRH – air, in open – agg.	28	1
	CATARRH – postnasal	6, 9, 9, 28, 28	2
	CONGESTION	6, 6, 6, 9, 9, 15, 21, 23, 28, 28	2
	CORYZA – with discharge	2, 9, 11, 22	2
	CORYZA – daytime – amel.	9, 9	1
	CORYZA – exercise – amel.	9	1
	OBSTRUCTION – exertion amel.	21	1
FACE	SMELL – acute	11, 11, 16, 16, 18	2
	SNEEZING	11, 20, 21, 23, 28	2
	CRAMP	16	1
	ERUPTIONS – pimples – nose	21	1
	ERUPTIONS – pimples – forehead	5, 17, 28	2
	ERUPTIONS – pimples – symmetrical distribution, with a	16	1
	ERUPTIONS – pimples – cheeks	16, 17	1
	FORMIFICATION	17	1
	ITCHING – chin	6, 11	1
	PAIN – jaw	16, 16	1
MOUTH	PICKING	17, 17	1
	TWITCHING – right	16	1
	BITING – lips – lower lip	28	1
	BLEEDING – gums	16	1
	NUMBNESS – tongue	20	1
	SALIVATION – sleep – during agg.	20	1
TEETH	TASTE – illusions	8, 16, 20	2
	PAIN – night	11, 11	1

THROAT	PAIN – chewing – agg.	11, 16, 16	1
	PAIN – dull pain	16, 28	1
	PAIN – pulsating pain	12	1
	GAGGING easily	28	1
	ITCHING	12, 16, 21, 22, 22, 22	2
	LUMP; sensation of a	16, 22	1
	PAIN	9, 9, 9, 11, 11, 15, 16, 21, 23, 28, 28, 28, 28	2
STOMACH	PAIN – breathing – agg.	16	1
	PAIN – burning	12, 12, 28	1
	PAIN – drinking – amel.	28	1
	PAIN – exercise – amel.	9	1
	PAIN – morning and evening – agg.	9, 9, 9, 11, 28, 28	2
	PAIN – raw, as if	12, 16, 28	2
	PAIN – swallowing – agg.	9, 9, 12, 28	2
	SWELLING – sensation of	9	1
	APPETITE – capricious	12	1
	APPETITE – diminished	2, 3, 12, 16, 20, 22, 28	2
	APPETITE – increased	6, 18, 18, 23, 24, 24, 24, 28	2
	APPETITE – increased – morning, on waking	16, 29	1
	NAUSEA	2, 2, 11, 12, 21, 28	2
	NAUSEA – eating amel.	28	1
ABDOMEN	PAIN – burning	12	1
	PAIN – cramping	8, 28	1
	PAIN – disappearing quickly	28, 28, 29	1
	PAIN – eating after – agg.	25, 28, 28	1
	THIRST	16, 18, 20, 24	2
	THIRST – large quantities, for	20, 20, 24	1
	DISTENTION	2, 6, 28	2
RECTUM	PAIN – cramping	28	1
	PAIN – hypochondria – left	15, 15	1
STOOL	DIARRHOEA	6, 9, 11, 11, 20, 23, 28, 29	2
	DIARRHOEA – foul	6	1
	DIARRHOEA – painless	20, 28, 28	1
	FLATUS	11, 11, 28, 28	1
	FLATUS – diarrhoea, during	28	1
	FLATUS – smelly	6	1
	CLAYISH	9	1
	THIN	6, 11, 12, 18, 20	2
BLADDER	PAIN – burning	28, 28	1
	PAIN – urination – before	28	1
	URINATION – frequent	29	1
	URINATION – urging – frequent	21	1

URINE	SCANTY – less than drinks	24	1
MALE	ERECTIONS – wanting – waking, on	21	1
GENITALIA/ SEX	SEXUAL DESIRE – diminished	29	1
	SEXUAL DESIRE – increased	24	1
FEMALE	LEUKORRHEA – white	17	1
GENITALIA/ SEX	MENSES – copious	8, 8, 11, 12, 18, 20	2
	MENSES – early; too	12	1
	MENSES – late; too	18, 28	1
	MENSES – protracted – return – ceased, after the regular menstrual cycle has	23	1
	MENSES – short; too	9	1
	PAIN	11, 15, 23	2
	PAIN – cramping	8, 8, 18	1
	SEXUAL DESIRE – diminished	11, 18	1
	SEXUAL DESIRE – increased	9, 11, 28	2
	SEXUAL DESIRE – increased – after panic*	17, 17	1
LARYNX AND TRACHEA	INFLAMMATION – larynx	28, 28	1
COUGH	DAYTIME – amel.	28	1
	DRY	28, 28	1
	EXERTION – agg.	28	1
	INSPIRATION	11, 28	1
CHEST	PAIN – mammae – sore	12, 18, 28	2
	PAIN – pectoral muscles – bruised	28	1
	PAIN – sides	5, 5, 12, 22	2
	PAIN – sternum	16, 16	1
BACK	PAIN – cervical	12, 12, 15, 16, 24, 27, 28	2
	PAIN – dorsal	11, 16, 28	2
	PAIN – lumbar	8, 9, 11, 16, 21, 28, 28, 28, 28	2
EXTREMITIES	PAIN – hand	2, 2, 5	1
	PAIN – leg	4, 5, 16, 22, 22, 28, 28, 28	2
	PAIN – knee	16, 28, 28	1
	PAIN – feet	22, 27	1
	PAIN – shoulder	17, 18, 27, 27, 28, 28	2
	PAIN – arm	5, 12	1
	PAIN – hips	16, 28	1
	PAIN – nates	16, 28, 28	1
	SENSITIVE	11	1
	THRILLING sensation	12, 16, 16	1
SLEEP	DECREASED	3	1
	DEEP	3, 21, 24, 25, 26, 26, 26, 28	2

	DISTURBED – dreams, by	2, 5, 11, 12	2
	FALLING ASLEEP – difficult	20, 22, 28	2
	FALLING ASLEEP – easy	3	1
	PROLONGED	2, 4, 17, 18, 18	2
	RESTLESS	11, 18, 28	2
	RESTLESS – anxiety, with	11, 21, 26	2
	SLEEPINESS	1, 2, 2, 4, 5, 6, 11, 11, 15, 21, 21, 21, 22, 24, 24, 27, 27, 28, 29	2
	UNREFRESHING – morning	20, 22, 23	2
	WAKING – breath, to get	16	1
	WAKING – difficult - morning	6, 8, 12, 18, 20, 21	2
	WAKING – early; too	12, 12, 22, 22	1
	WAKING – easy	8, 8, 20	1
	WAKING – sudden	21, 21	1
	YAWNING – weariness – during	27	1
DREAMS	AMOROUS	1, 6, 6, 12, 17, 29, 29	2
	ANGER	18, 18, 28	1
	BUSY, being	11	1
	CHASED, of being	1, 2, 4, 5, 11, 24, 26	2
	COLOURED	2, 2, 2	1
	DANGER	8, 12, 17, 24	2
	DIFFICULTIES	4, 8	1
	DIFFICULTIES – journeys, on	11	1
	DISEASE	5, 12	1
	EVENTS – past, long	9, 16, 24	2
	FIGHTS	8, 18, 28	2
	HELPLESS, being	2, 16	1
	INVADERS	2, 8, 16	2
	MANY	11, 18, 18	1
	NAKED PEOPLE	1, 28	1
	PARTIES	2	1
	RUINS	11	1
	SNAKES	1, 12, 24, 26	2
	TEETH	16, 28	1
	TRAUMATIC	24, 25	1
	TRAVELLING	1, 2, 11, 12	2
	UNSUCCESSFUL EFFORTS	1, 4, 18, 18	2
	VOICE – absent persons, of	16	1
	WORK	1, 2, 11, 16	2
FEVER		21	1
PERSPIRATION	CLAMMY	12	1
	ODOUR - sour	9, 9	1
	PROFUSE	2	1
	SLEEP – during	4, 9, 12	2

SKIN	INFLAMMATION	4, 4, 28	1
	DRY	16	1
	ECZEMA	20, 20	1

**Table 12: GENERALS: Rubrics and Grading**

Chapter	Rubric	Frequency	Grading
GENERALS	COLD – feeling	11	1
	COLD – heat and cold	12, 21	1
	DEHYDRATION	23, 24	1
	ENERGY – excess of	2, 3, 11, 22, 22, 23, 24, 25, 26	2
	EXERTION; physical – agg.	28, 28	1
	EXERTION; physical – amel.	2, 6, 6, 20, 20, 21, 21, 23, 24, 25, 27, 28, 29	2
	EXERTION; physical – desire for	23, 24, 26	2
	FOOD AND DRINKS – coffee – agg.	11, 16, 26	2
	FOOD AND DRINKS – coffee – amel.	23, 23	1
	FOOD AND DRINKS – coffee – desire	11, 12, 18, 22, 25	2
	FOOD AND DRINKS – farinaceous – desire	2, 18, 18, 18, 28	1
	FOOD AND DRINKS – hearty food – desire	28	1
	FOOD AND DRINKS – salt – desire	22	1
	FOOD AND DRINKS – sweets – aversion	22	1
	FOOD AND DRINKS – sweets – desire	6, 11, 18	2
	HEAT – sensation of	11, 12, 12, 20, 21, 22, 22	2
	HYPOGLYCAEMIA	12, 16, 24, 28	2
	LASSITUDE	2, 5, 6, 11, 16, 17, 18, 18, 21, 22, 23, 23, 24, 25, 26, 27, 28, 28, 29	2
	MENSES – during – agg.	28	1
	MORNING	2, 11, 23, 25, 28, 28	2
	MORNING – evening, and	9, 26, 28, 28, 28	2
	MORNING – waking, on	11, 15, 16, 16, 20, 21, 22, 22, 23, 24, 24, 28, 28, 28	2
	TINGLING	16, 16, 21	1



## CHAPTER FIVE: DISCUSSION OF THE RESULTS

### 5.1 Introduction

This chapter contains a discussion of prominent symptoms and themes arising from the proving of *Withania somnifera* 30CH. Resultant symptomatology was compared to Ayurvedic and African traditional medicinal indications of *Withania somnifera*.

A narrative approach to the discussion of totality of symptoms was taken. Sherr (1994: 32) emphasises the totality of symptoms to considered “as if one person”, and therefore the researcher referenced the proving of *Withania somnifera* 30CH “as if one person”. The chapter endeavours to unite the individual symptomatology into a comprehensive, integrated symptom picture of *Withania somnifera*, which is therefore useful for future clinical indications.

#### 5.1.1 Total Numbers of Rubrics

The proving of *Withania somnifera* 30CH produced a total of 279 rubrics, 5 of which were newly formulated rubrics. There were 181 Grade 1 rubrics, 98 Grade 2 rubrics and 0 Grade 3 rubrics. The majority of rubrics were represented in the MIND, DREAMS, HEAD and GENERALS sections of the repertory.

Table 13 illustrates the number of rubrics in each section, and the total number of rubrics utilised.

**Table 13: Number of Rubrics**

SECTION		SECTION	
MIND	64	BLADDER	4
VERTIGO	4	URINE	1
HEAD	24	MALE GENITALIA/ SEX	3
EYE	10	FEMALE GENITALIA/ SEX	11
VISION	1	LARYNX AND TRACHEA	1
EAR	1	COUGH	4
NOSE	9	CHEST	4

FACE	10	BACK	3
MOUTH	5	EXTREMITIES	10
TEETH	4	SLEEP	16
THROAT	12	DREAMS	24
STOMACH	12	FEVER	1
ABDOMEN	3	PERSPIRATION	4
RECTUM	6	SKIN	3
STOOL	2	GENERALS	23
<b>TOTAL</b>			<b>279</b>

## 5.2 Abbreviation of the Remedy

The abbreviation of the Latin name of a substance is known as the root. If other substances exist with the same root, further letters are added to distinguish it from other remedies (Schroyens, 2004).

The remedy of *Withania somnifera* shall be abbreviated to *With-s*.

## 5.3 Themes Discussed

### 5.3.1 MIND

The proving resulted in 67 rubrics in the MIND section. There appeared to be a few contradictory themes arising from the proving, for example MIND – ANGER vs MIND – TRANQUILITY. The *Solanaceae* family traditionally is viewed as having themes of light and dark (Sankaran, 2005b: 859). The researcher believes that contradictory themes in the proving of *Withania somnifera* are expressions of the polarity between light and dark and therefore contradictory themes have been discussed together where they have occurred.

It is also possible that ‘positive’ symptomology were curative in nature. For example, **Prover 24** commented in the post-proving meeting that her frequent headaches had disappeared during the proving. These headaches were typically “sensitive to noise, bright lights, and unnatural light.... And after the proving I was less sensitive”. Some provers who had not previously experienced headaches that were sensitive to bright light, noise, or unnatural light developed this symptomatology during the proving.

Hence **Prover 24**'s absence of her typical headache symptomatology was a curative symptom.

### 5.3.1.1 Focus vs Lack of Concentration

There was a polarity in *Withania somnifera* between clarity of mind and forgetfulness. **Prover 28** said that she was "... constructive during the day, totally shut down at night", which encapsulates the duality of symptomatology.

Provers were absentminded and distracted, finding it difficult to concentrate or think. This state was described as "zoned out" [12F:00:XX:XX], "like a haze" [18F:07:XX:XX], and "fuzzy headed" [11F:00:XX:XX]. Specific emphasis was placed on the word 'focus' in many instances [02M:12:XX:XX] [12F:00:XX:XX] [23F:14:XX:XX].

A specific area of manifestation of the lack of focus was whilst writing [12F:00:14:20] [26M:01:XX:XX] [26M:06:XX:XX] [20F:08:XX:XX]. Another area of manifestation of the lack of focus was forgetfulness [11F:09:XX:XX] [24M:10:07:20] [24M:11:14:10] [25M:03:XX:XX]. **Prover 24** mentions short-term memory specifically [24M:11:14:10].

The opposing theme was of clarity of mind, or the ability to focus in work scenarios [02M:03:XX:XX] [02M:23:XX:XX] [03M:02:XX:XX] [03M:XX:XX:XX] [06M:00:XX:XX] [11F:05:XX:XX] [18F:02:XX:XX] [25M:10:XX:XX] [26M:00:XX:XX]. Provers felt as if their mind was "less cluttered" [26M:07:XX:XX], and there was an element of calm in the focus [26M:00:XX:XX]. The feeling of calm in *Withania somnifera* [01M:00:XX:XX] [20F:06:XX:XX] [25M:03:XX:XX] [26M:00:XX:XX] is connected to mental clarity [26M:00:XX:XX] [26M:06:XX:XX]. Provers started paying attention to small details in their surroundings [24M:09:20:07] [26M:XX:XX:XX] [26M:08:XX:XX].

### 5.3.1.2 Increased Ambition, Productivity, Organisation vs Laziness

A characteristic feature of the toxic and non-toxic remedies from the *Solanaceae* family, is the expansion of the rational side more than their emotional side. This is an attempt to rationalise and therefore suppress and control their emotions more effectively (Mangialavori, 2007: 13).

According to the researcher, *Withania somnifera* compensates for their emotional side by utilising the rational side in the areas of organising external and internal space, and attempting to increase productivity and functioning within a work context with the aim of becoming ‘successful’.

Rubrics that appeared that are related to the determination to work harder were: MIND – AMBITION – increased; MIND – AMBITION – increased – competitive; MIND – CONCENTRATION – active; MIND – INDUSTRIOUS; and MIND – PERSEVERANCE.

**Prover 2** became very task focused, to the point to being able to disengage from physical pain [02M:03:XX:XX]. He wrote extensively about the pain in his hand and described it as “a sharp sensation as if a large blade is trying to protrude from my hand and is 10 times worse when I strike a golf ball” yet did not take a break from his golf training [02M:04:XX:XX]. **Prover 3** mentioned in the post-proving meeting that for the first time he did not fall asleep in a conference and actively engaged with each presentation, even though the content was no more interesting to him than usual. He said the difference was in his ability to focus [03M:02:XX:XX]. **Prover 18** states that she “felt better emotionally by doing hard work” [18F:02:XX:XX]. Hard work is ameliorating or compensating for her emotional state. She was working hard to control her emotional side. The area of functioning was very important during the proving of *Withania somnifera*. **Prover 26** started viewing others as hostile targets during the proving, identifying weak areas with the goal to “out function” them. He speculates “I’m wondering if I have tried to suppress my ‘competitiveness’” [26M:02:XX:XX]. The level of perseverance in the proving of *Withania somnifera* was evident in **Prover 28**: “Want to cry when I think about going back to work tomorrow & when I think of everything I have to do but can’t and won’t stop” [28F:06:XX:XX].

Provers experienced an increase in determination [02M:22:XX:XX], which also had a competitive edge to it [03M:XX:XX:XX] [26M:02:XX:XX] [26M:07:XX:XX]. The *Solanaceae* family feels threatened by darkness, which renders them to a ‘fight and flight’ state (Scholten, 2013: 714). Therefore any ‘attacking’ symptom is essentially a defensive strategy. The specific defensive strategy employed in the proving of

*Withania somnifera* was to “out function” people that are “seen as hostile” [26M:07:XX:XX].

**Prover 6** reported an increase in productivity, described as “bursts of study energy” [06M:01:XX:XX]. On the other end of the spectrum, **Provers 16 and 23** reported a decrease in productivity due to laziness [23F:01:XX:XX] and lack of motivation [16F:08:XX:XX] [23F:XX:XX:XX].

Rubrics that are associated with the control of the external and internal environment are: MIND – CLARITY OF MIND; MIND – CLEANNESS – mania for; MIND – ORDER – desire. Within the *Solanaceae* family, the emotional or instinctual behaviour is feared to be uncontrollable and the reaction is to make any attempt to control it and suppress it. *Withania somnifera* expressed the controlling aspect in the area of organisation. **Provers 8, 24, 26 and 28** were examples of this. **Prover 8** was “on a mission” to get her house in “super order”, in order to create an organised space that had no remnants of disorganisation from the past [08F:XX:XX:XX] [08F:03:XX:XX]. **Prover 24** felt elevated to the level of “I’m who I want to be” after cleaning his room, which is a very strong reaction [24M:04:18:30]. **Prover 26** organised his external space, as well as his mind [26M:05:XX:XX] [26M:09:XX:XX] [26M:11:XX:XX].

### 5.3.1.3 Emotional Detachment and Tranquillity in Stressful Situations

During the proving of *Withania somnifera*, provers were cut off emotionally from events that would normally be traumatic or stressful [18F:00:XX:XX]. **Prover 3** was victimised by a senior colleague at his place of work shortly before the proving started, yet he reported to the researcher that he was less emotional about the situation than he had anticipated [03M:02:16:30]. **Prover 18** was communicative in company, yet emotionally detached [18F:01:XX:XX]. Provers were also indifferent to external events and contact with the outside world [02M:28:XX:XX] [18F:18:XX:XX] [20F:05:XX:XX]. In the extreme cases, **Prover 5** experienced a psychic numbing after the news that his brother had been arrested [05M:05:XX:XX] and **Prover 28** was calm after having had a car accident [28F:19:XX:XX]. The tranquillity experienced during the proving of *Withania somnifera* was regarded by provers as inappropriate for the highly stressful situation they were facing.

**Prover 16** experienced anger “but I let it go quick-like!” [16F:02:12:00]. **Prover 18** wrote that she felt “totally detached” after feeling belittled “but just let it slide” [18F:00:XX:XX]. Although feeling “put down a lot”, she compensated by “internalis[ing] and correct[ing]” [18F:03:XX:XX]. **Prover 25** wrote “I have reached anger & frustration points as yet uncharted in my life, but have not lost control” [25M:27:XX:XX]. The “control” of frustration [25M:27:XX:XX] and detachment of emotion [18F:00:XX:XX] is significant to the researcher. Even on a physical level, the lack of appropriate reaction to a stressful situation in the proving of *Withania somnifera* was prevalent in the adrenal glands. **Prover 23** did not experience her normal adrenal surge before an exam [23F:05:XX:XX], and **Prover 26** did not experience stress when faced with an increased workload [26M:00:XX:XX].

**Prover 26** wrote “I’m finding that when I feel anxious or relaxed, I try to identify what is causing this particular state of being”, which is an indication that his rational side dominates and controls the emotional side. The extent of the separation from his emotional self is so extreme that **Prover 26** viewed his emotions abstractly as “third person” [26M:XX:XX:XX]. This symptom relates to the traditional African usage of *Withania somnifera*. A plant that is used to reunite people and spirits that have been separated would create symptoms of being ‘cut off’ from parts of itself in a proving context (Vithoukaskas, 1986: 92).

Provers were calm during after hearing bad news [06M:02:XX:XX], during conflict [16F:02:12:00] [16F:08:XX:XX] [18F:00:XX:XX] [18F:03:XX:XX] [18F:07:XX:XX] [28F:07:XX:XX], preparing for exams [23F:05:XX:XX] [26M:00:XX:XX], when travelling [25M:27:XX:XX], being late for important meetings [11F:10:XX:XX] and in work performance situations [11F:06:XX:XX] [28F:13:XX:XX].

The symptoms described above indicate that during the proving of *Withania somnifera*, it was likely that provers successfully managed to suppress the limbic system to such an extent that emotions were disengaged from events that would normally be traumatic or stressful. Perhaps in a continually traumatised society, with continual stress that is unceasing and ever-increasing, we learn to adapt by suppression of our

emotional reaction to the stressful stimuli. *Withania somnifera* would therefore be indicated for the realisation that this adaptation process is a maladaptive one.

#### 5.3.1.4 Anger vs Suppressed Anger

During socialisation into the 'civilised' world, we are taught to place inhibitions on our emotions and instincts. The neocortex, or mammalian part of the brain, is the external covering of the cerebral hemispheres, and involved with functions such as motor commands, spatial reasoning, conscious thought and language. The neocortex is taught to control our emotions and primitive instincts, or the limbic system and reptilian brain, in order to fit the mould society deems appropriate (Tortora and Derrickson, 2006: 326).

Mangialavori (2007: 9) postulates that in the context of *Solanaceae* patients, the control over the cortex is impeded for a short period of time, which allows them to gain access to that part of them which has been inhibited. This is seen as sudden, explosive outbursts of anger, which is quickly controlled once again. Mangialavori's experience with *Solanaceae* adult patients is that they appear very calm and controlled externally, but there is a feeling that there is an incredible amount of explosive emotion just beneath the surface (Mangialavori, 2007: 9).

In the proving of *Withania somnifera*, there were two opposite reactions to anger: to express or to control.

The anger experienced in the proving of *Withania somnifera* was triggered by "injustice" [17F:07:XX:XX] and "disrespect" [24M:02:XX:XX] [28F:11:XX:XX]. Provers felt they had no control over their anger [17F:07:XX:XX] [18F:00:XX:XX] [20F:03:XX:XX]. The angry outbursts were ameliorative [18F:XX:XX:XX] [28F:11:XX:XX]. Only in the dream state was **Prover 8** able to express her anger with her father [18F:XX:XX:XX]. In another dream, **Prover 28** lost her temper and knew that she was going to be in trouble for it [28F:16:XX:XX]. Showing anger in more 'evolved' and progressive cultures is regarded as socially unacceptable behaviour, and the researcher believes that **Prover 28**'s dream was representative of this cultural taboo.

The researcher postulates that the “numbness/ coldness + an INTENSE FRUSTRATION”, described by **Prover 18**, was experienced due to the over-control of her anger. **Prover 18** was denying herself the release of inner anger to its full capacity [18F:XX:XX:XX]. In the dream of **Prover 8**, she was taught how to kill a wolf, which is symbolic of the ‘killing’ of her instinctual side [08F:11:XX:XX]. Lesser forms of an angry response, impatience [03M:XX:XX:XX] [18F:XX:XX:XX] [28F:00:XX:XX] [28F:24:XX:XX] and irritability [08F:03:XX:XX] [09F:09:XX:XX] [11F:02:XX:XX] [11F:07:XX:XX] [12F:01:XX:XX] [12F:05:XX:XX] [18F:12:XX:XX] [18F:17:XX:XX] [20F:04:XX:XX] [20F:08:XX:XX] [25M:21:XX:XX] [28F:36:XX:XX] were also prevalent in the proving of *Withania somnifera*.

The ability to suppress intense anger quickly was seen in **Prover 16** [16F:02:12:00] [16F:08:XX:XX] and **Prover 18** [18F:03:XX:XX]. **Prover 18** uses the words “boiling over” to describe her anger, which is quickly “internalise[d] and correct[ed]” [18F:03:XX:XX].

### 5.3.1.5 Sensitive to External Impressions, Anxiety and Starting Easily

*Atropa belladonna* is well-represented in the repertory in all the special senses: Smell, Face, Taste, Teeth, Eye, Vision and Hearing (Mangialavori, 2007: 163). Too much light, noise or smoke can over-stimulate their system (Mangialavori, 2007: 163). In the proving of *Withania somnifera*, the senses became more acute, especially to sound [11F:01:12:30] and light [26M:08:XX:XX] [26M:09:XX:XX] [26M:10:XX:XX].

Anxiety in the proving of *Withania somnifera* [02M:16:XX:XX] [02M:32:XX:XX] [16F:05:XX:XX] [21M:00:23:30] [26M:06:XX:XX] ranged from free-floating generalised anxiety where the prover “couldn’t pinpoint where the anxiety was coming from” [26M:07:XX:XX], to anxiety about specific circumstances, for example relationships [11F:14:XX:XX] and failure at work [28F:20:XX:XX]. There was anticipatory anxiety about future events [03M:05:XX:XX] [11F:01:XX:XX] [11F:04:XX:XX] [25M:06:XX:XX] [25M:07:XX:XX].

Anxiety and nervousness was prevalent whilst driving [21M:03:14:05] [23F:02:XX:XX] [23F:09:XX:XX]. **Prover 21** experienced anxiety when he was “rushing around”



[21M:04:XX:XX] [21M:06:10:30]. There was a time element involved in these two situations, as if the anxiety was due to a self-perception of not moving through time at the correct speed. Similar to anxiety when “rushing around” or having the perception that time is limited, anxiety was evoked in **Prover 3** with the conjoined feeling of impatience [03M:XX:XX:XX].

**Prover 28** became anxious about her financial situation and she feared failure in relation to work. The anxiety was overwhelming but not debilitating; her response to the anxiety was to work harder [28F:14:XX:XX] [28F:29:XX:XX].

A sign that the adrenal glands were over-producing adrenalin was the increase in “startling” [12F:09:XX:XX] [16F:05:XX:XX] [17F:03:XX:XX] [21M:04:06:50]. The therapeutic action of the herb *Withania somnifera* is sedative in nature rather than a stimulant action (Van Wyk, Oudtshoorn and Gericke, 1997: 274). Therefore there is a parallel with the therapeutic and homoeopathic indication of *Withania somnifera* for a chronic state of ‘fright-or-flight’.

#### **5.3.1.6 Inadequacy, Trying to Function at a Disadvantage and Feeling Overwhelmed**

**Prover 18** “attracted very powerful, strong women”, and by measuring herself up to these women she felt “so overwhelmed for how great they are” [18F:07:XX:XX]. Strength and power were viewed as positive attributes. During the proving of *Withania somnifera*, provers transmuted the pressure to live up to societal standards into the attempt at transformation or control of their external situation [16F:17:XX:XX] [18F:12:XX:XX] [18F:XX:XX:XX]. When the external environmental change was not achieved, the lack of external validation evoked emotions of depression [18F:XX:XX:XX], anxiety [06M:03:XX:XX] and self-criticism [18F:03:XX:XX] [28F:09:XX:XX] [28F:16:XX:XX].

During the proving of *Withania somnifera*, provers persevered through situations [02M:04:XX:XX] [23F:14:XX:XX] [28F:06:XX:XX] [28F:09:XX:XX] [28F:XX:XX:XX] that they did not have the resources for. Provers felt overwhelmed [18F:17:XX:XX] [20F:XX:XX:XX] [23F:14:XX:XX] [24M:00:13:55] [28F:XX:XX:XX] and like they

needed a break [08F:00:XX:XX] [28F:36:XX:XX]. The ability to cope with stress was compromised during the proving.

**Prover 11** dreamt of a friend who was trying to fix up a broken building to inhabit [11F:07:XX:XX], not having transport to get back to town [11F:02:XX:XX] and **Prover 8** dreamt of the frustration of not having medical supplies to perform an operation [08F:03:XX:XX]. **Prover 4** experienced a “constricted feeling” in his dream when he did not know the diagnosis for a skin disorder [04M:05:XX:XX]. Provers dreamt of broken phones [04M:05:XX:XX] [11F:02:XX:XX], the inability to perform simple tasks [24M:06:XX:XX], being late for important meetings [01M:08:XX:XX], working during the weekends and holidays [01M:09:XX:XX] [02M:09:XX:XX], being busy [11F:06:XX:XX], rushing around to get work done [11F:01:XX:XX], and stressful occupations [08F:07:XX:XX]. All of the above dreams convey the message of the frustration of trying to function at a disadvantage, or with a lack of available material. The researcher proposes that this is a subconscious revelation of the feeling of inadequacy experienced during the proving of *Withania somnifera*, specifically in the level of functioning.

Another expression of the feeling of being overwhelmed in stressful situations during the proving of *Withania somnifera* was the feeling of being overloaded. **Prover 24** demonstrates this in his proving experience. The night of commencement of powder administration, he wrote: “I just came back from a training at a bar and my brain is at the point of going crazy with all the things I need to remember” [24M:00:13:55]. The new information passed through the boundary of the external world to his internal environment. The following day he woke up with a headache that had the sensation as if his head was “overloaded” [24M:00:22:30]. His response was to withdraw from any possible overstimulation by not interacting with people. Mangialavori describes the *Solanaceae* patient as a “pressure cooker that is at the point of exploding” (Mangialavori, 2007: 9). **Prover 24** contains the explosion through avoiding contact with any further information.

### 5.3.1.7 Happiness expressed as Increased Energy, Connection and Positivity

During the proving of *Withania somnifera*, provers expressed happiness and positivity [03M:XX:XX:XX] [08F:02:XX:XX] [21M:00:XX:XX] [25M:10:XX:XX]. The happiness was associated with an abundance of energy [08F:02:XX:XX] [23F:10:XX:XX].

On the energy spectrum, **provers 2, 22, 23, 24, 25, and 26** experienced an increase in energy levels [22M:03:XX:XX] [24M:05:XX:XX], “as if I had 2 sachets of bioplus” [02M:08:XX:XX].

During the proving of *Withania somnifera*, **Provers 24 and 26** became more communicative and found it easy to establish connections with strangers [26M:05:XX:XX] [24M:06:XX:XX]. **Prover 24** made deep connections “as if we knew each other for the entire life”.

**Prover 26** vacillated from “... starting to notice that after some interactions with people that I feel drained, these seem to be with people who ‘drain’ energy from others” on Day 4 [26M:04:XX:XX]; to “I seem to be relishing interesting interactions with people” on Day 5 [26M:05:XX:XX]; to “some conversations I have with people leave me feeling interested and inspired, whereas I have noticed that some leave me very drained” on Day 7 [26M:07:XX:XX]. In the post-proving meeting, **Prover 26** described his energy levels as “... bursts of sustained energy, it went in phases through the day... wavy”. In the same way that energy levels waxed and waned, the energy to communicate and connect with others waxed and waned proportionally. In the traditional African usage of *Withania somnifera*, the herb is used to heal broken romantic relationships and to reunite clients with their ancestors (Sithole, 2012). The restoration of the flow of connection (even across the threshold of death) is a powerful theme that is transmitted to the symptoms above.

### 5.3.1.8 Sadness Expressed as Decreased Energy and Aversion to Company

The depression experienced by provers was typified by a lack of energy [18F:10:XX:XX] [20F:05:XX:XX] [22M:02:XX:XX], insecurity [11F:12:XX:XX] and a

lack of emotion [18F:18:XX:XX]. Provers also reported 'causeless weeping' [12F:03:XX:XX] [16F:11:XX:XX] [28F:08:XX:XX].

There was also a definite aversion to company and conversation in the proving of *Withania somnifera* [12F:04:XX:XX] [12F:09:XX:XX] [18F:00:XX:XX] [20F:05:XX:XX]. **Prover 12** did not want to "be around people, or talk... everybody's conversations just annoy me" and was "annoyed with everything that is in my space" [12F:09:XX:XX]. **Prover 18** was "tired of people's stories" [18F:00:XX:XX] and **Prover 20** did not want to communicate on the phone or answer messages [20F:05:XX:XX].

Provers became withdrawn in company [12F:03:XX:XX] [16F:13:XX:XX]. In her post-proving session, **Prover 16** described a 'look' she gave to others when asked to do something. When the researcher asked what had changed during the proving, she stated: "I didn't feel like I had to converse with people. I am comfortable with my own space now". During the post-proving meeting, **Prover 4** contributed the following: "I didn't want to be around anyone, I locked my door at night, like I was not there... I want space, they're rambling about stuff I don't care about. I just wanted to sleep. I fixed up my room, if someone touches my books, I got pissed off". **Prover 16** responded "I didn't care about what people said. I didn't have to please anyone at any given time. I wanted to be by myself". The researcher found it interesting that provers developed extremely rigid environmental boundaries when exhausted, with invasion of physical space and conversations being an aggravating factor.

During the proving of *Withania somnifera*, provers became very sensitive to the energy exchange during interactions with others. **Prover 24** wrote in his journal "[people] only call, talk, approach you when they want something from you" and "when I don't want to have friends, suddenly everyone wants to be my friend". This is another description of 'energy stealing' by an external source where people are being viewed as predatory, or parasitic. He expresses the feeling of being treated unfairly in the statement "when I need them the most no-one is there" [24M:02:11:00]. There is anger expressed at the idea of a one-sided energy exchange. Also suggestive of the concept of 'energy draining' was the indignant reaction of **Prover 28**. **Prover 28** "took it personally" when clients cancelled at the last minute (when she had put in the effort to be at work

although sick) [28F:14:XX:XX] and felt indignant when she was not acknowledged for a course she had “put a lot of time and energy” into [28F:18:XX:XX].

When discussing the high level of irritability felt amongst provers (experienced in **provers 8, 9, 11, 12, 18, 20, 25, and 28** [08F:03:XX:XX] [09F:09:XX:XX] [11F:02:XX:XX] [11F:07:XX:XX] [12F:01:XX:XX] [12F:05:XX:XX] [18F:12:XX:XX] [18F:17:XX:XX] [20F:04:XX:XX] [20F:08:XX:XX] [25M:21:XX:XX] [28F:36:XX:XX]) in the post-proving meeting, **Prover 28** commented: “Overstimulation would account for irritability. Stimulation is nice when you have high energy, but when you have low energy then it’s too much”. The researcher feels that this is the reason the rubrics MIND – COMPANY – aversion to and MIND – TACITURN – company, in appear in the proving of *Withania somnifera*. Provers’ sensitivity to stimulation was increased, and therefore desired to be alone and away from stimuli.

#### 5.3.1.9 Homesickness and Nostalgia

Provers felt homesick [22M:02:XX:XX] [24M:02:11:00] [25M:06:XX:XX] and sentimental [18F:07:XX:XX] [18F:10:XX:XX] [25M:06:XX:XX]. **Prover 2** and **Prover 9** dreamt of the past with a unified family [09F:09:XX:XX] [02M:10:XX:XX]. **Prover 11, 16 and 24** dreamt of people they had not seen in a while [11F:07:XX:XX] [16F:05:XX:XX] [16F:18:XX:XX] [24M:06:XX:XX]. The symptom of homesickness is also interestingly found in *Capsicum annuum*, another non-toxic *Solanaceae* plant (Mangialavori, 2007: 213).

#### 5.3.1.10 Panic Followed by Sexual Arousal

An unusual symptom that occurred in **Prover 17** was sexual arousal after a perceived stressful situation [17F:12:XX:XX] [17F:09:XX:XX]. Whilst panicking in an awake and dream state, **Prover 17** became physically aroused at the thought of not knowing anything [17F:12:XX:XX] or what to write [17F:09:XX:XX]. The researcher proposes that this symptom of *Withania somnifera* is linked to a subconscious addiction to stressful situations. A stressful stimulus should elicit a ‘fight-or-flight’ response, but **Prover 17** responded as if stress were a pleasurable stimulus. The simultaneous pathway for both pain and pleasure indicates an addiction to the stressful situation.

### 5.3.1.11 Delusions

The delusions experienced during the proving of *Withania somnifera* were: MIND – DELUSIONS – alone, being; MIND – DELUSIONS – emptiness, of – internal; MIND – DELUSIONS – sick; MIND – DELUSIONS – persecuted; and MIND – DELUSIONS – drained – people are draining his energy.

**Prover 6** could not differentiate being alone with being lonely [06M:01:XX:XX] [06M:01:XX:XX]. He needed others to fulfill the feeling of internal emptiness [06M:01:XX:XX]. During the post-proving meeting, **Prover 6** said of his state during the proving: “I had to isolate myself [due to exams], but I wanted to be around other people. Out of that isolation, I escaped into a more imaginary place. Of idealism and romanticism. It was an escape”.

There was a delusion of internal emptiness in the proving of *Withania somnifera* [16F:08:XX:XX] [18F:00:00:44].

The inability to assert strong boundaries in the proving of *Withania somnifera* resulted in provers feeling that people were taking advantage of them and draining their resources [02M:32:XX:XX] [26M:04:XX:XX] [26M:07:XX:XX]. **Prover 26** recorded that he was “giving out a lot of thought and information”, and the resultant feeling was that others were not reciprocating in energetic exchange [26M:04:XX:XX]. In the researcher’s opinion, this was a problematic area in the proving of *Withania somnifera*. Provers blamed others for ‘draining’ their resources or energy, but were not able to establish healthy boundaries in the first instance.

**Prover 28** felt guilty for having ‘neglected her duty’, even though she had laryngitis [28F:16:XX:XX].

**Prover 20** felt persecuted, which is again a violation of boundaries [20F:04:XX:XX].

Provers became fixated with the idea that they were really sick, ranging from a stroke or sarcoidosis [16F:08:XX:XX], to lymphadenopathy [16F:16:XX:XX], to a gut “full of mucous” [18F:00:XX:XX].

#### 5.3.1.12 Fears

The fears experienced during the proving of *Withania somnifera* were: MIND – FEAR – happen, something will; and MIND – FEAR – failure.

**Prover 2** became increasingly paranoid and fearful that “something bad” was going to occur [02M:XX:XX:XX]. Interestingly, he states “If I go anywhere – including within the walls of my house – I got to look over my shoulder, check the perimeter and so forth” [02M:14:XX:XX]. The researcher finds it significant that **Prover 2** was checking the perimeters (or boundaries) of his house for possible invasion. This was because he did not trust that the boundaries could keep “something bad” [02M:XX:XX:XX] out. According to Sankaran, the theme of sudden violence and danger are portrayed in the *Solanaceae* delusions of being pursued, of murder and fear of sudden death (Sankaran, 2005b: 859). The fear of being attacked and the delusion of being pursued were somatised in the proving of *Withania somnifera* in the form of generalised anxiety and startling easily.

The fear of failure was present in *Withania somnifera* [28F:20:XX:XX] [28F:31:XX:XX]. Reflecting on the effect of the proving substance, **Prover 22** exclaimed that he was “... worse for exams! I couldn’t sleep, and my stress went up. I felt like I’m not going to know anything, I am going to fail”. The internal locus of control was not present in *Withania somnifera* due to lack of self-confidence, and therefore **Prover 22**’s stress levels increased.

#### 5.3.2 PHYSICALS

The proving resulted in 192 rubrics in the PHYSICALS section.

Pathological conditions that Sankaran attributes to the *Solanaceae* family are strokes, apoplexy, sunstroke, epileptic seizures, and violent terrors (Sankaran, 2005b: 859).

None of these pathological conditions arose in the proving of *Withania somnifera* 30CH.

### 5.3.2.1 Vertigo

Provers described sensations of light headedness [02M:16:XX:XX] [09F:XX:XX:XX] [11F:09:XX:XX] [18F:00:XX:XX] [28F:06:XX:XX] [28F:20:XX:XX] [29M:00:XX:XX]; dizziness [11F:01:17:30] [15F:01:12:00] [16F:03:18:45] [21M:01:12:09] [24M:00:16:30] [24M:01:09:15] [24M:08:07:15] [29M:00:XX:XX]; and spinning [02M:16:XX:XX] [12F:03:XX:XX] [15F:01:12:00]. The above sensations were ameliorated by eating [16F:03:18:45] [28F:20:XX:XX].

The herbal extract of *Withania somnifera* is indicated in chronic stress-induced hyperglycaemia, glucose intolerance and increase in plasma cortisol (Pawar and Hugar, 2012: 480). Cortisol (a hormone that is elevated in chronic stress) counteracts the effect of insulin in the body, rendering the individual in a hyperglycaemic state (Andrews *et al.*, 2002: 5587). However, the symptom of dizziness or light-headedness is more commonly encountered in a hypoglycaemic state. Especially notable is that the symptom is ameliorated by ingesting food, which suggests low serum levels of available glucose.

### 5.3.2.2 Congestion in the Head and Digestive System

According to Mangialavori, two non-toxic *Solanaceae* experience congestive headaches related to congestion in the digestive system. *Lycopersicum esculentum* experiences strong congestive headaches that originate with digestive disturbances or food intolerances (Mangialavori, 2007: 331). Mangialavori has also treated cases of congestive headaches, food intolerances, and inflammatory bowel conditions with *Solanum tuberosum*.

Although there was no report of a headache with concomitant digestive system symptoms, both the head and digestive system were represented strongly in the rubrics obtained from the proving of *Withania somnifera*.



### 5.3.2.3 Headache

The most represented physical symptom in the proving of *Withania somnifera* was a headache, experienced in **Provers 2, 3, 4, 9, 11, 12, 15, 16, 17, 18, 21, 22, 23, 24, 28 and 29**. The symptom was the most severe of all symptoms experienced, interfering with the ability to think and function effectively.

The typical *Withania somnifera* headache was predominantly reported in the fronto-temporal region. **Provers 2, 4, 11, 12, 16, 18, 22, 24, 28 and 29** experienced a headache in the frontal region. **Provers 3, 4, 11, 11, 21, 21, 23, 24 and 28** experienced a headache in the temporal region. Eye involvement [12F:00:09:45] [21M:15:30] [23F:02:XX:XX] was also experienced in **Provers 12, 21 and 23**. A left-sided headache [04M:04:XX:XX] [11F:06:20:00] [12F:00:09:45] [12F:XX:XX:XX] [15F:00:15:00] [21M:01:15:07] [24M:00:15:30] [24M:10:06:45] was reported more frequently than a right-sided headache.

**Prover 11** craved coffee, which aggravated the headache [11F:11:XX:XX]. The headache was also relieved by drinking coffee [18F:02:22:00] [23F:02:XX:XX] [23F:08:XX:XX]. **Provers 12, 17, 21, and 28** reported headaches that were worse for light [12F:XX:XX:XX] [17F:07:XX:XX] [21M:00:23:30] [28F:23:XX:XX]. **Prover 12's** headaches were relieved by staying indoors, or away from the light outside [12F:XX:XX:XX].

**Prover 17**, when experiencing anger, developed a congestive headache as a corporal reaction to the feeling of anger [17F:07:XX:XX]. According to Mangialavori, the *Solanaceae* family feel that if they express their anger (in response to not receiving the affection they need), they will receive even less affection. The response is to control the impulse to act on their anger (Mangialavori, 2007: 13). On a somatic level, this attempt to control the anger was seen in **Prover 17** developing a congestive headache. The headache was made worse by light, and better by the dark. The headache is also relieved by “putting pressure with my hands”, which can be interpreted as an additional method of controlling the impending emotional explosion.

**Prover 28** also stated that her headaches were “momentarily alleviated by pressure to temples” [28F:23:XX:XX].

**Provers 22 and 24** woke up with headaches [22M:03:XX:XX] [24M:00:22:30]. The headache was “worse than before I fell asleep” [22M:03:XX:XX], therefore sleep aggravated the headache.

**Provers 12 and 24** provided a detailed report of the debilitating nature of the *Withania somnifera* headache. The headache was “better for lying down, worse for standing up” [12F:03:XX:XX]. On standing up, the “pain violently came back” [24M:08:07:15], with the feeling of “my head about to explode” [12F:03:XX:XX]. **Prover 24** was debilitated to the point of not being able to raise his head or get out bed [24M:09:11:00]. **Prover 12’s** headache was aggravated by moving her head [12F:04:XX:XX].

**Prover 21** described his headache as “throbbing” [21M:00:23:30], a sensation commonly associated with *Atropa belladonna* (Sankaran, 2005b: 853). His headaches were made worse by car lights whilst driving in the evening, which is a sudden transition into the light from the darkness. **Prover 4** experienced a “pulsating throbbing” headache [04M:00:XX:X], which again is reminiscent of a common sensation of *Atropa belladonna* (Sankaran, 2005b: 853). His headache occurred after extended exposure to the sun, which is a primary source of light.

The primary sensation was described as “dull” [04M:04:XX:XX] [12F:02:20:30] [12F:XX:XX:XX] [12F:03:XX:XX] [16F:XX:XX:XX] [21M:00:11:14] [22M:02:13:21] [24M:08:07:15] [28F:XX:XX:XX] [28F:36:XX:XX] [29M:01:XX:XX]; “fuzzy and heavy” [11F:XX:XX:XX] [11F:05:17:00]; or “a cloudy feeling in the forehead” [18F:02:13:00]. Dull frontal headaches are commonly associated with sinusitis or inadequate hydration. **Prover 23 and 26** both experienced frontal headaches which they attributed to dehydration [23F:02:XX:XX] [28F:00:XX:XX].

**Provers 11, 12 and 17** described their headache as a “feeling of pressure” [11F:00:14:00] [12F:01:XX:XX] [17F:07:XX:XX]. **Prover 17** mentioned the causality of her headache as anger, which then transmuted into a frontal headache with the

sensation of pressure [17F:07:XX:XX]. Interestingly, the feeling of pressure was relieved by applying “pressure with my hands” [17F:07:XX:XX]. Anger was the root cause of the headache, and applying pressure can be likened to forcibly keeping the anger within.

**Prover 24** was impeded in his functioning by the headache experienced. He described the headache “like my head is over loaded” [24M:01:08:30]. Instinctively, his reaction was to seek a quiet place without much external stimulus to reduce the feeling of being “over loaded”. Thinking aggravated his condition [24M:10:07:20].

#### 5.3.2.4 Allergic Eye Condition

*Withania somnifera* presented with burning [21M:03:XX:XX] [22M:05:08:30], red [28F:00:XX:XX] [28F:06:XX:XX; 28F:08:XX:XX], dry [11F:17:17:00] [28F:00:XX:XX], and itching [11F:XX:XX:XX] [15F:01:XX:XX] [16F:00:XX:XX] [25M:04:XX:XX] [28F:00:XX:XX] eyes. These symptoms indicate an allergic eye condition. *Withania somnifera* in its herbal format is reported to have an anti-inflammatory as well as an immunomodulatory effect, and therefore would have a positive effect on common symptoms of allergic conjunctivitis (Davis and Kuttan, 2000: 193).

The common symptoms of allergic conjunctivitis that have been described above would not aid the practitioner in distinguishing the allergic eye of *Withania somnifera* from any other remedy in the materia medica. The practitioner would require a more detailed account of factors that modulated the condition in order to prescribe *Withania somnifera* accurately. More unusual symptoms have been documented below.

Provers reported swollen and painful [15F:01:XX:XX] [16F:00:XX:XX] eyes. They had the desire to (and felt ameliorated by) closing the eyes [15F:01:XX:XX] [21M:03:XX:XX]. Light aggravated the condition [21M:00:XX:XX]. Burning swollen eyes were worse after sleep [21M:03:XX:XX] [28F:14:XX:XX], painful to touch [16F:00:XX:XX] [28F:14:XX:XX], and ameliorated by rinsing with water [22M:05:08:30].

### 5.3.2.5 Blurred Vision

Provers reported a decrease in visibility [24M:08:XX:XX] and blurred vision which was worse under artificial light [26M:01:XX:XX].

### 5.3.2.6 Nasal Symptoms: Congestion, Post Nasal Drip, Running Nose and Sneezing

Provers reported nasal congestion [06M:02:XX:XX] [06M:02:21:00] [06M:03:XX:XX] [09F:02:XX:XX] [09F:07:XX:XX] [15F:XX:XX:XX] [21M:XX:XX:XX] [23F:XX:XX:XX] [28F:18:XX:XX] that was worse in the morning on waking [28F:17:XX:XX]. There was also a post-nasal drip [06M:03:11:00] [09F:05:XX:XX] [09F:07:XX:XX] [28F:16:XX:XX] [28F:17:XX:XX]. Provers also reported a running nose [02M:10:XX:XX] [09F:07:XX:XX] [11F:15:XX:XX] [22M:05:XX:XX], which was ameliorated during the day time, returning in the late afternoon [09F:04:XX:XX] [09F:06:XX:XX]. Exercise ameliorated the nasal symptoms [09F:03:XX:XX] [21M:05:18:00].

There was a concomitant of sneezing with the running nose [11F:15:XX:XX] [20F:04:XX:XX], hay fever [21M:01:06:30] and nasal congestion and sore throat [23F:09:XX:XX] [28F:31:XX:XX].

### 5.3.2.7 Acute Sense of Smell

**Provers 11 and 16** found sweet smells to be overwhelmingly strong [11F:01:XX:XX] [11F:12:XX:XX] [16F:06:22:54]. **Provers 16 and 17** were more aware of pleasant aromas [16F:07:19:45] [18F:12:XX:XX].

### 5.3.2.8 Cramping, Twitching, Crawling and Itching

**Prover 16** reported cramping of the facial muscles that was worse when closing the eyes [16F:06:XX:XX] and a twitching on the right side of her face [16F:08:XX:XX]. **Prover 17** experienced the sensation that something was crawling on her cheek [17F:03:XX:XX]. **Provers 6 and 11** experienced an itchy chin that, not surprisingly, was better for scratching [06M:00:XX:XX] [11F:01:01:00].

### 5.3.2.9 Skin Eruptions on the Face

Provers developed small pimples on their nose [21M:04:XX:XX], forehead [05M:04:20:08] [17F:07:XX:XX] [28F:00:XX:XX] and cheeks [16F:16:XX:XX] [17F:07:XX:XX]. The cheek eruptions took a symmetrical pattern [16F:16:XX:XX]. Prover 17 expressed the desire to pick her pimples [17F:07:XX:XX], because “I feel that the pimple is large and people are looking at it, it[’s] better if I pop it or keep on picking it” [17F:10:XX:XX].

### 5.3.2.10 Jaw Pain and Toothache

**Prover 16** experienced pain in her jaw [16F:05:XX:XX] that prevented her from eating or drinking [16F:XX:XX:XX]. **Prover 11** experienced toothache at night [11F:08:11:00] [11F:09:12:00]. Chewing aggravated the toothache [11F:09:20:00] [16F:06:XX:XX] [16F:08:XX:XX]. The pain experienced was a dull [16F:02:XX:XX] [28F:29:XX:XX] or pulsating [12F:02:23:00] pain.

### 5.3.2.11 Throat: Gagging, Itching and Pain

**Prover 28** developed a strong gag reflex from the post-nasal drip and when brushing her teeth [28F:16:XX:XX].

The throat was itchy [12F:02:09:30] [16F:16:XX:XX] [21M:06:XX:XX] [22M:03:XX:XX] [22M:05:XX:XX], with a sensation that there was something causing the itch that had lodged in the throat [16F:05:XX:XX] [22M:05:XX:XX].

Pain in the throat [09F:02:XX:XX] [09F:XX:XX:XX] [09F:08:08:00] [11F:06:19:00] [11F:11:00:30] [15F:XX:XX:XX] [16F:16:XX:XX] [21M:05:11:00] [23F:09:XX:XX] [28F:11:00:30] [28F:13:XX:XX] [28F:14:XX:XX] [28F:18:XX:XX] [28F:31:XX:XX] was described as burning [12F:01:XX:XX] [12F:03:09:00] [28F:14:XX:XX] and raw [12F:03:09:00] [16F:16:XX:XX] [28F:14:XX:XX] and the throat felt swollen [09F:02:09:00; 09F:07:XX:XX].

The pain was exacerbated with breathing [16F:16:XX:XX], or swallowing [09F:03:XX:XX] [09F:XX:XX:XX] [12F:02:09:30] [28F:11:00:30], which indicates the sensitivity of the individual or the level of inflammation experienced in the throat. Pain was experienced in the mornings on waking and in the evenings, with the pain subsiding during the day [09F:03:XX:XX] [09F:04:XX:XX] [09F:06:XX:XX] [11F:11:00:30] [28F:13:XX:XX] [28F:18:XX:XX]. Drinking [28F:14:XX:XX] and exercise [09F:03:XX:XX] ameliorated the symptoms of sore throat.

#### 5.3.2.12 Appetite Increased and Diminished

Appetite was either increased [06M:06:XX:XX] [18F:02:XX:XX] [18F:XX:XX:XX] [23F:12:XX:XX] [24M:00:13:45] [24M:00:21:35] [24M:03:14:45] [28F:11:XX:XX] [28F:29:XX:XX] or decreased [02M:15:XX:XX] [03M:XX:XX:XX] [12F:06:XX:XX] [16F:16:XX:XX] [20F:XX:XX:XX] [22M:04:XX:XX] [28F:21:XX:XX]. Appetite was notably increased in the morning on waking [16F:01:XX:XX] [29M:01:XX:XX].

There was a certain ambivalence with regards to food, displayed in a few provers. **Prover 12** was hungry, but did not want to eat [12F:04:XX:XX]; **Prover 16** stated that she was “losing the passion for food” [16F:16:XX:XX]; **Prover 22** didn’t “feel like [eating] supper” [22M:04:XX:XX]; and **Prover 24** did not have an appetite for food although experiencing hunger [24M:00:13:45].

#### 5.3.2.13 Nausea

The symptom of nausea [02M:06:XX:XX] [02M:13:XX:XX] [11F:03:14:00] [12F:06:XX:XX] [21M:00:15:58] [28F:08:XX:XX] was worse for the smell of food, but better after having eaten [28F:18:XX:XX]. **Prover 12**’s aetiology for an episode of nausea was “a little argument with my boyfriend”. She added “Thinking about food (especially salty food) makes me feel worse” [12F:06:XX:XX].

#### 5.3.2.14 Stomach pain

The stomach pain of *Withania somnifera* can be described as a burning [12F:06:XX:XX] or cramping [08F:01:XX:XX] [28F:06:XX:XX] pain, that disappeared

quickly after onset [28F:06:XX:XX] [28F:24:XX:XX] [29M:01:XX:XX]. The pain appeared after ingesting rich food [25M:04:XX:XX] [28F:06:XX:XX] [28F:24:XX:XX].

### 5.3.2.15 Thirst

There was a marked increase in thirst in provers [16F:17:XX:XX] [18F:XX:XX:XX] [20F:XX:XX:XX] [24M:02:07:30] for large quantities of water [20F:04:XX:XX] [20F:05:XX:XX] [24M:02:22:30]. This correlates with the indication of the herbal extract of *Withania somnifera* for hyperglycaemia, a symptom of which being an increase in thirst (Pawar and Hugar, 2012: 480).

### 5.3.2.16 Bloating and Diarrhoea

Provers felt bloated [02M:17:XX:XX] [06M:07:XX:XX] [28F:21:XX:XX] and experienced cramping in their lower abdomen [28F:14:XX:XX]; or a feeling of fullness in the lower left abdomen [15F:XX:XX:XX] [15F:16:XX:XX].

The diarrhoeal symptomatology of *Withania somnifera* [06M:03:11:00] [09F:08:09:00] [11F:16:XX:XX] [11F:17:XX:XX] [20F:05:XX:XX] [23F:12:XX:XX] [28F:XX:XX:XX] [29M:00:14:00] was characterised by foul-smelling [06M:03:11:00], painless [20F:05:XX:XX] [28F:09:12:00] [28F:14:XX:XX] diarrhoea, which was accompanied by copious flatulence [11F:01:XX:XX] [11F:16:XX:XX] [28F:21:XX:XX] [28F:31:XX:XX], especially whilst passing stool [28F:09:12:00]. The flatus was also foul-smelling [06M:04:XX:XX].

The stool was described as “clay like” [09F:06:XX:XX], “runny” [06M:03:11:00] [11F:16:XX:XX], “thin” [12F:03:XX:XX], or “watery” [18F:02:XX:XX] [20F:05:XX:XX].

### 5.3.2.17 Bladder and Urination

Provers experienced burning [28F:03:XX:XX] [28F:18:XX:XX] at the beginning of micturition [28F:14:XX:XX]. **Prover 29** urinated more frequently during the night [29M:04:XX:XX] and **Prover 21** experienced urgency but then produced “only a few

drops” [21M:00:XX:XX]. **Prover 24**’s urine was concentrated, and it was noted that he produced less than he drank [24M:01:09:15].

### 5.3.2.18 Male

**Prover 21** experienced no erection on waking, which was unusual for him [21M:05:06:15]. **Prover 29** had a diminished sexual desire [29M:04:XX:XX], whilst **Prover 24** had an increased sexual desire [24M:07:16:05].

### 5.3.2.19 Female

**Prover 17** produced a slimy white discharge which was more noticeable in the morning [17F:09:XX:XX].

Provers experienced a “heavy” menstrual flow [08F:00:XX:XX] [08F:01:XX:XX] [11F:11:XX:XX] [12F:06:XX:XX] [18F:07:XX:XX] [20F:07:XX:XX], that either started too early [12F:04:XX:XX] or too late [18F:XX:XX:XX] [28F:19:XX:XX]. **Prover 23** started menstruating again after her normal menstruation had ceased [23F:13:XX:XX]. Provers experienced painful menses [11F:11:20:40] [15F:24:XX:XX] [23F:XX:XX:XX], that was described as cramping [08F:01:XX:XX] [18F:00:XX:XX], or “like you’re having contractions” [08F:00:XX:XX]. With the menses, provers developed tender breasts [12F:06:XX:XX] [18F:04:XX:XX] [28F:19:XX:XX].

**Prover 28** felt generally worse during menstruation, although the menstrual cramps were not as painful. She wrote “... my whole body feels a bit oversensitive & bruised worse for touch” [28F:20:XX:XX].

Sexual desire was either diminished [11F:03:XX:XX] [18F:20:XX:XX] or increased [09F:06:XX:XX] [11F:13:XX:XX] [28F:XX:XX:XX].

### 5.3.2.20 Laryngitis and Dry Cough

**Prover 28** developed laryngitis, which was worse on waking and in the evening [28F:15:XX:XX] [28F:17:XX:XX]. It was ameliorated by rest.



She developed a cough [28F:20:XX:XX], that was worse in the morning and evening. The cough was dry and non-productive [28F:18:XX:XX] [28F:29:XX:XX] and worse after exercise [28F:29:XX:XX]. Pain was experienced on inspiration, which initiated the coughing [11F:12:XX:XX] [28F:18:XX:XX].

### 5.3.2.21 Musculoskeletal Pain

**Prover 28** developed pain in her pectoral muscles that felt “bruised” [28F:29:XX:XX].

Provers felt an acute pain on the sides of their rib cage [05M:02:19:03] [05M:04:23:00] [12F:02:10:00] [22M:04:XX:XX] or sternum [16F:05:XX:XX] [16F:06:XX:XX].

Provers developed neck pain that was described as “aching” [12F:03:XX:XX], “pulling” [16F:XX:XX:XX] “like pressure” [24M:01:09:30], “tight[ness]” [27M:XX:XX:XX], “stiff” and “bruised” [28F:29:XX:XX]. **Prover 15** wrote that it was “like the neck can’t handle the weight of the head” [15F:01:XX:XX]. The pain was ameliorated by compression and pressure on the neck [12F:03:XX:XX].

Provers developed a dull, stiff ache in the thoracic spine [11F:02:XX:XX] [11F:XX:XX:XX] [16F:11:16:00] [28F:03:XX:XX] [28F:19:XX:XX; 28F:29:XX:XX] as well as pain in the lumbar spine [08F:11:XX:XX] [09F:00:XX:XX] [16F:08:XX:XX] [21M:06:XX:XX] [28F:00:XX:XX] [28F:05:XX:XX] and SI joints [28F:03:XX:XX] [28F:17:XX:XX].

**Provers 2 and 5** developed a sharp, stabbing pain in their hand [02M:04:XX:XX] [05M:XX:XX:XX] that became dull [02M:XX:XX:XX] and then stiff [02M:22:XX:XX].

Provers also experienced a “stabbing” [04M:07:XX:XX], “boring” [05M:02:19:12], “cramping” [16F:16:XX:XX] pain in their legs. **Provers 22 and 28** experienced pain in their shins post-exercise [22M:02:XX:XX] [22M:03:XX:XX] [28F:05:XX:XX] that was described as “pulsating, throbbing” [22M:03:XX:XX]. Chills [12F:06:XX:XX] [16F:05:07:20] and weakness [16F:14:XX:XX] were also experienced in the legs.

Knee pain [16F:14:XX:XX] was a “constant dull ache” [28F:XX:XX:XX] [28F:24:XX:XX].

Shoulder pain was triggered by anger [17F:07:XX:XX]. **Prover 28** mentioned that her “trapezius muscles are in spasms from holding everything in” [18F:11:XX:XX] and the pain was described by provers as tight and spasmodic.

Hip pain [16F:08:XX:XX] was described as “tight” [08F:11:XX:XX] and “like steel cords” [28F:36:XX:XX]. Pain in the gluteal region [16F:13:XX:XX] was described as “tender” [28F:08:XX:XX] and “bruised” [28F:09:XX:XX].

### 5.3.2.22 Sleep

There were positive symptoms associated with sleeping patterns, which the researcher believes were curative in action. **Prover 3 and 21** described their sleep on the proving as “solid” [03M:XX:XX:XX] [21M:01:XX:XX], and others slept well [24M:11:19:00] [25M:03:XX:XX] [26M:XX:XX:XX] [26M:XX:XX:XX]. Provers slept less and woke earlier [03M:XX:XX:XX] [28F:03:XX:XX], and falling asleep was easy [03M:03:XX:XX]. Waking up was easy [08F:01:XX:XX] [08F:02:XX:XX] [20F:01:XX:XX].

On the other end of the spectrum, provers reported disturbances in their normal sleeping patterns. Falling asleep was difficult [20F:05:XX:XX] [22M:01:XX:XX] [28F:19:XX:XX] as provers were “sensitive to their surroundings” [28F:19:XX:XX]. Provers were restless [11F:05:XX:XX] [18F:01:XX:XX] [28F:19:XX:XX] with anxiety which woke them up during the night [11F:16:XX:XX] [21M:04:XX:XX] [26M:07:XX:XX]. **Prover 21** reported waking up startled [21M:03:23:50] [21M:04:XX:XX]. Provers woke up in the early hours of the morning and struggled to fall asleep again [12F:03:XX:XX] [12F:06:XX:XX] [22M:00:16:46] [22M:03:XX:XX]. Sleep was disturbed by dreams [02M:27:XX:XX] [05M:02:XX:XX] [11F:06:XX:XX] [12F:01:XX:XX].

Sleep was prolonged [02M:01:XX:XX] [04M:XX:XX:XX] [17F:09:XX:XX] [18F:10:XX:XX] [18F:12:XX:XX]. During the post-proving meeting, **Prover 4** said that

he “... used to train three times a day, but I was sleeping all the time. I didn’t even read for exams”. Provers had unrefreshing sleep [22M:04:08:00] [23F:02:XX:XX]. **Prover 20** described it as “woke up death tired – like a syringe has sucked the life out of me” [20F:07:XX:XX]. Transitioning from sleep state to waking was difficult and prolonged [06M:XX:XX:XX] [08F:04:XX:XX] [12F:02:XX:XX] [18F:01:XX:XX] [20F:08:XX:XX] [21M:05:00:15]. **Prover 16** described waking up “as if life is coming back to me – can’t remember dreams” [16F:22:12:00].

During the waking hours, provers experienced exhaustion and sleepiness [01M:00:XX:XX] [02M:09:XX:XX] [02M:17:XX:XX] [04M:05:XX:XX] [05M:00:XX:XX] [11F:00:XX:XX] [11F:06:21:00] [21M:04:XX:XX] [24M:00:23:55] [24M:11:19:00] [27M:00:19:45] [28F:00:XX:XX] with constant yawning [27M:00:19:45]. **Prover 22** reported “I feel drained during the day and very awake and active during the night” [22M:02:XX:XX]. Provers also recorded drowsiness [15F:00:15:00] [27M:01:10:00] that occurred “in waves” throughout the day [29M:XX:XX:XX].

**Prover 6** described the sleepiness as a “... sensation of tired, heavy, can’t hold head up” [06M:XX:XX:XX], **Prover 21** wrote that his “eyes and head [are] heavy” [21M:00:XX:XX] and **Prover 29** that his “eye-lids feel heavy” [29M:01:14:30]. Other provers described the feeling as being “drowsy” [15F:01:XX:XX] [27M:01:14:50] [29M:01:14:30] and “groggy” [21M:00:XX:XX] [21M:05:06:15]. Provers described a feeling of being “spacy” [11F:01:XX:XX]; “like I’m on drugs. Tipsy. Like my mind isn’t totally with me” [22M:00:XX:XX]; “felt high” [23F:00:XX:XX] [23F:01:XX:XX]; “dreamy” [26M:00:XX:XX].

### 5.3.2.23 Dreams

According to Sankaran, the theme of sudden violence and danger are portrayed in the *Solanaceae* delusions of being pursued, of murder, of snakes, of ghosts, and fear of sudden death (Sankaran, 2005b: 859). The proving of *Withania somnifera* revealed dreams of being pursued, of murder, of snakes, of ghosts, and fear of death – but within a specific context unique to *Withania somnifera*.

Provers dreamt of throwing snakes [01M:09:XX:XX] [12F:03:XX:XX] and running away from snakes [24M:05:05:30] that were thrown at them [26M:06:XX:XX]. During the dream, provers realised that the snakes chasing them weren't actually chasing them [24M:05:05:30] but also running away [26M:06:XX:XX]. The researcher proposes that the dreams of snakes chasing the provers is related to the rubric MIND – DELUSIONS – persecuted [20F:04:XX:XX] in **Prover 2**'s fear that someone was trying to break into the house [02M:XX:XX:XX] [02M:14:XX:XX]. In all instances, there was a fear that an enemy was trying to invade boundaries. The stress experienced in today's society can be likened to an imaginary invader which has been created by the mind. The researcher believes that the concept of the dream snake that is perceived to be attacking in the proving of *Withania somnifera* is synonymous with stress in the modern world.

In dreams, provers were pursued by the police [01M:01:XX:XX], intruders [02M:27:XX:XX], family members [04M:06:XX:XX] [12F:01:XX:XX], cows [05M:02:XX:XX], witches [18F:19:XX:XX], snakes [24M:05:05:30] [26M:06:XX:XX] and car chases [11F:02:XX:XX]. Provers also dreamt of pursuing criminals [02M:23:XX:XX] [08F:07:XX:XX]. **Prover 8** dreamt of the hidden threat of crime in her new neighbourhood, which again is resonant with the concept of stress in the modern world [08F:01:XX:XX]. The stressor was not visible in **Prover 8**'s dream, but it was present.

**Prover 18** dreamt of constantly trying to escape from a witch inside a haunted hotel and was eventually caught and wrapped up in a blanket to be brought to the witch [18F:19:XX:XX]. **Provers 2, 4 and 16** dreamt of hostage situations [02M:16:XX:XX] [04M:06:XX:XX] [16F:01:XX:XX] where death was imminent [02M:16:XX:XX] [04M:06:XX:XX]. **Prover 17** dreamt that someone was trying to kill her with a knife [17F:03:XX:XX]. **Prover 8** dreamt that she had to defend her life from a pack of wolves that were trying to kill her [08F:11:XX:XX].

Mangialavori states that all remedies within the *Solanaceae* family have a connection to their wild, instinctual side that cannot be easily lived (Mangialavori, 2007:7). This instinctual side can be described as 'wild' or 'animal' in behaviour. Animals are therefore often represented in provings and in dreams within the *Solanaceae* family

(Mangialavori, 2007: 8), for example the dreams of wolves and snakes seen in the proving of *Withania somnifera*.

The researcher believes that *Withania somnifera*, like other non-toxic *Solanaceae*, is more compensated than the toxic *Solanaceae*. Conscious expressions of fear and anger in the proving of *Withania somnifera* were less close to the surface, but could be identified in subconscious dream states.

Provers dreamt of the feeling of being constricted [04M:05:XX:XX] and trapped [18F:18:XX:XX] [18F:19:XX:XX] which evoked emotions of anger, frustration and fear in the dreams [18F:18:XX:XX]. **Prover 25** couldn't remember the details of his dream upon waking except for the feeling of trauma [25M:07:XX:XX]. **Prover 24** dreamt of his parents divorcing, which was for him the worst dream he had ever had [24M:04:05:45].

There was a theme of bodies breaking down in the proving dreams of *Withania somnifera*. Provers dreamt about their bodies breaking down, with dreams of ulcerating feet with skin sloughing off [05M:04:XX:XX], developing gaps in memory [12F:02:XX:XX], and painful teeth [16F:05:XX:XX] that were rotten and falling out [28F:15:XX:XX].

There was also dreams of being in underwear and vulnerable to attack [01M:09:XX:XX], sex dreams [12F:02:XX:XX] with inappropriate [28F:13:XX:XX] [29M:XX:XX:XX] and obese people [29M:01:XX:XX].

**Provers 1 and 6** dreamt of missed opportunity at love [01M:05:XX:XX] [06M:01:XX:XX] [06M:07:XX:XX].

### 5.3.2.24 Perspiration

Provers perspired profusely [02M:12:XX:XX] during sleep [04M:06:XX:XX] [09F:01:XX:XX] [12F:01:XX:XX]. The perspiration had a sour smell [09F:01:XX:XX] [09F:07:XX:XX] and was clammy [12F:03:08:30].

### **5.3.2.25 Skin Inflammation**

Provers experienced skin inflammations below the testes [04M:05:XX:XX], at the occiput [04M:05:XX:XX] and under the armpit [28F:36:XX:XX] that were painful to touch [04M:05:XX:XX] [28F:36:XX:XX].

### **5.3.3 GENERALS**

The proving resulted in 23 rubrics in the GENERALS section.

#### **5.3.3.1 Temperature**

Provers felt cold and shivery [11F:06:XX:XX] and oscillated between hot and cold during sleep [12F:01:XX:XX] [21M:04:XX:XX].

Provers felt hot despite the temperature being otherwise [11F:00:XX:XX] [12F:01:XX:XX] [12F:03:XX:XX] [20F:06:XX:XX] [21M:00:XX:XX] [22M:02:11:00] [22M:04:11:02].

#### **5.3.3.2 Dehydration**

Dehydration was experienced [23F:XX:XX:XX] [24M:06:21:30].

#### **5.3.3.3 Excessive Energy and Excessive Tiredness**

Provers experienced an increase in energy levels [02M:08:XX:XX] [03M:XX:XX:XX] [23F:10:XX:XX] [24M:05:XX:XX] [25M:10:XX:XX] [26M:02:XX:XX], especially at night [11F:08:XX:XX] [22M:02:XX:XX] [22M:03:XX:XX].

They also experienced fatigue [02M:XX:XX:XX], tiredness [05M:03:XX:XX] [06M:00:14:00] [12F:03:XX:XX] [16F:16:XX:XX] [17F:09:XX:XX] [18F:XX:XX:XX] [18F:17:XX:XX] [21M:05:14:47] [25M:17:XX:XX] [26M:12:XX:XX], exhaustion [11F:XX:XX:XX] [23F:11:XX:XX] [24M:00:23:55] [28F:36:XX:XX], low energy [12F:01:XX:XX] [23F:01:XX:XX] [27M:00:19:45] [28F:31:XX:XX] [29M:01:14:30], and

a feeling of being drained [22M:02:XX:XX]. **Prover 23** described her lack of energy as “adrenalin didn’t kick in” [23F:05:XX:XX].

**Provers 16 and 18** produced adrenal dysfunction symptoms of tiredness with concomitant agitation. **Prover 16** wrote “I’m just tired. Yet always in a hype” [16F:16:XX:XX] and **Prover 18** described her state as being “tired”, “snappish” and “agitated” [18F:17:XX:XX].

#### 5.3.3.4 Exercise

Work was an aggravating factor [28F:14:XX:XX] [28F:36:XX:XX]. Exercise was an ameliorative modality [02M:29:XX:XX] [06M:02:XX:XX] [06M:06:XX:XX] [20F:XX:XX:X] [23F:00:XX:XX] [24M:10:20:35] [25M:17:XX:XX] [27M:05:XX:XX] [29M:01:14:30] of physical symptoms, such as headaches [21M:01:18:10], nasal congestion [21M:XX:XX:XX], and laryngitis [28F:21:XX:XX]. There was a craving for exercise [23F:12:XX:XX] [24M:02:XX:XX] [26M:02:XX:XX].

There was also a craving for dancing as a specific form of exercise in **Prover 23** [23F:12:XX:XX] [23F:13:XX:XX].

#### 5.3.3.5 Coffee and Carbohydrates

Conditions on the proving of *Withania somnifera* were aggravated [11F:11:XX:XX] [16F:22:XX:XX] [26M:04:XX:XX] and ameliorated [23F:02:XX:XX] [23F:08:XX:XX] by drinking coffee. There was also a definite craving for coffee, despite the negative effects that it was producing [12F:09:XX:XX] [18F:XX:XX:XX] [22M:00:XX:XX] [25M:23:XX:XX].

There was a craving for carbohydrate-rich [02M:31:XX:XX] [18F:02:XX:XX] [18F:XX:XX:XX] [28F:14:XX:XX], sugary [06M:02:XX:XX] [11F:11:XX:XX] [18F:XX:XX:XX], and hearty food [28F:17:XX:XX]. **Prover 28** described the craving for carbohydrates and sweets as an “addictive type behaviour – have no will power to stay away” [18F:XX:XX:XX]. There was also an aversion to sweets [22M:01:XX:XX].

### 5.3.3.6 Hypoglycaemia

The herbal extract of *Withania somnifera* is indicated in chronic stress-induced hyperglycaemia and glucose intolerance (Pawar and Hugar, 2012: 480). The following proving symptoms display a low level of serum glucose, or hypoglycaemia, after provers did not eat for a period of time. Eating improved the hypoglycaemic state [16F:03:18:45] [28F:20:XX:XX].

**Prover 12** felt “weak and shaky, hot and sweaty” after not having eaten [12F:03:12:30]. **Prover 16** wrote that she had fasted before [for religious reasons] but had never experienced the hypoglycaemic symptoms that she experienced while on the proving: “...shivering & shaking never have I been in this state. I had a hot dog for lunch – it’s frightening. After eating muffins it feels a bit better. My hand is shivering a bit not really though – [the] kind of shivering I have when nervous or cold (I’ve fasted but I’ve never had such symptoms)” [16F:03:18:45]. **Prover 24** wrote “I’m feeling really hungry, I can’t handle it, I need to eat something, it’s making me really weak” [24M:00:21:35] and **Prover 28** wrote “ Had what felt like a low blood sugar attack at 6:30pm felt listless and lightheaded and a bit unsteady- better eating dinner. I had a decent breakfast & lunch so that couldn’t have been it” [28F:20:XX:XX].

### 5.3.3.7 Morning and Night

The aggravating time of day for symptoms in the proving of *Withania somnifera* was in the morning [02M:20:XX:XX] [11F:12:XX:XX] [23F:12:XX:XX] [25M:04:XX:XX] [28F:17:XX:XX] [28F:18:XX:XX] on waking [11F:10:24:30] [15F:16:XX:XX] [16F:01:XX:XX] [16F:14:XX:XX] [20F:07:XX:XX] [21M:03:XX:XX] [22M:03:XX:XX] [22M:06:XX:XX] [23F:02:XX:XX] [24M:08:07:15] [24M:09:11:00] [28F:06:XX:XX] [28F:14:XX:XX] [28F:17:XX:XX]. Morning and evening with daytime amelioration also featured as times of aggravation [09F:04:XX:XX] [26M:07:XX:XX] [28F:XX:XX:XX] [28F:20:XX:XX] [28F:18:XX:XX].

The *Solanaceae* family traditionally is viewed as having themes of light and dark (Sankaran, 2005b: 859). During the post-proving meeting, **Prover 28** said “I was constructive during the day, and totally shut down at night”.



*Atropa belladonna* is the signature remedy of the *Solanaceae* family (Mangialavori, 2007: 3). The plant *Atropa belladonna* can only grow on the border of sun and shade. It has to be in between these environments, otherwise it cannot grow (Mangialavori, 2007: 114). Other members of the nightshade family *Lycopersicum esculentum*, the tomato, flourishes in full sunlight, and the potato, *Solanum tuberosum*, grows underneath the ground (in full darkness). *Withania somnifera* prefers growing in semi-shaded areas and on Western slopes (Van Wyk, Oudtshoorn and Gericke, 1997: 274).

The researcher feels that *Withania somnifera*'s particular issue comes with the transition from dark to light; and from light to dark. The dark, instinctual side is far removed from the conscious rational side in *Withania somnifera*. At representational transitional times when the two sides came into contact with each other, provers presented with an aggravation of their proving symptomatology. For instance, the point of waking is the point at which a person transitions from a subconscious to a conscious state, and sunset is the transition from light to dark. **Prover 20** described the difficulty in the transition as “woke up death tired – like a syringe has sucked the life out of me” [20F:07:XX:XX]. Transitioning from sleep state to waking was difficult and prolonged [06M:XX:XX:XX] [08F:04:XX:XX] [12F:02:XX:XX] [18F:01:XX:XX] [20F:08:XX:XX] [21M:05:00:15]. **Prover 16** described waking up “as if life is coming back to me – can’t remember dreams” [16F:22:12:00]. **Prover 18** described a symptom in which she had difficulty at the point of transition from one polar opposite state to another: “when I’m at rest – I want to stay resting, yet once I get going – I want to accomplish everything. I hate the transition from moving quickly to rest, & vice versa. Its like Rhus tox in a way – except not joint pain – its my moods” [18F:12:XX:XX].

## 5.4 Sensations Experienced in the Proving of *Withania somnifera*

### 5.4.1 *Solanaceae* Sensations according to Sankaran

In Sankaran’s sensation method, the main sensation of the *Solanaceae* family is ‘sudden violence and spasm’. Other sensations are: splitting; bursting; explosive; tearing; pulsating; jerking; constricting; choking; and shooting (Sankaran, 2005b: 852).

These sensations were represented in the proving of *Withania somnifera* 30CH in the symptoms as follows:

### SPLITTING:

MOST **SPLITTING** HEADACHE – it was a cloudy feeling in the forehead – Felt dazed. Was still busy working – nothing made it better except hard pressure at the temples. I could still function, but the pains unbearable.

18F:02:13:00

### SPASM:

Went for chiro treatment – my shoulders killing me – trapezius muscles are in **spasms** from holding everything in.

18F:11:XX:XX

I've noticed tightness in my neck and shoulders. It seems as though the muscles are tight or in a slight **spasm**. Prodding or massaging doesn't seem to help nor does changing my seating position. It just seems to hover around. Started around 2pm and stayed with me all day.

27M:XX:XX:XX

### EXPLODING:

I'm trying to fall asleep and I just start crying, not exactly sure why. Thinking about this headache. Tomorrow I have things to do. I really hope it's fine. I don't think I can handle another day with the feeling of my head about to **explode** when I stand up.

12F:03:XX:XX

It has been 30 min I'm in front of my journal and I can't remember a sense of my dream. My brain feels blank every time I try to remember what my dream was about. Every time I try to think about it too hard, I just get a headache, and it feels like my head will **explode**.

24M:10:07:20

### PULSATING:

**Pulsating** throbbing headache of the temples, better for cold air and cold drinks. Worse for open exposure to the sun. Occurred after walking for a long period in the sun.

04M:00:XX:X

Toothache – left, upper teeth. Normal toothache sensation. Extremely sore, really hoping this is part of the proving because I hate dentists. The pain is **pulsating**.

12F:02:23:00

Headache: pain over whole forehead and back of head. **Pulsating**, throbbing, thick, heavy. Pain is so bad I want to cry. Lay in bed with pillow over head for half an hour, seemed much better, sat up and head started throbbing again. Better for lying down, worse for standing up.

12F:03:XX:XX

Shins are hurting. **Pulsating**, throbbing pain. Woke up with it.

22M:03:XX:XX

#### SHOOTING:

Left elbow has been sore for about an hour. The pain feels as if it's **shooting** to my ring finger. Better for straightening my arm. Bruised feeling.

12F:05:XX:XX

Sankaran derived the common sensation of the *Solanaceae* family through the reportorial search of *Hyoscyamus niger*, *Capsicum annuum*, *Nicotiana tabacum*, *Mandragora officinalis* and *Solanum nigrum* (Sankaran, 2005b: 850). These substances belong to the toxic *Solanaceae* with the exception of *Capsicum annuum*. Although the remedies utilised in Sankaran's analysis belong to the same botanical family, the plants contain vastly different levels of alkaloids solanine, tropine, nicotine, and capsaicin (Crozier, 2008: 109). Due to the diversity in secondary metabolites and the differing levels of toxicity in the *Solanaceae* family, the researcher postulates that a 'common sensation' of 'sudden violence and spasm' will not be universally applicable within the botanical family, or pervasive within a specific remedy. The researcher feels a patient needing *Withania somnifera* will not necessarily present with overtly sudden and violent symptomatology, as this type of symptomatology was not prevalent in the proving of *Withania somnifera* 30CH. *Withania somnifera* did however present with the somatisation, compensation and adaptation to the common *Solanaceae* symptoms of 'sudden violence and spasm' (Sankaran, 2005b: 850). This reaction is possibly due to the postulated Cancerinic miasmatic classification of *Withania somnifera*, discussed in 5.9 (Sankaran, 1997: 7).

#### **5.4.2 Burning Sensation**

The sensation of burning was represented in the eyes, nose, throat, stomach, bladder, and fever sections in the proving. *Capsicum annuum* presents with burning symptoms rather than symptoms alternating between burning and control as seen in the toxic *Solanaceae* (Mangialavori, 2007: 267).

Throat feels slightly tender. Raw, **burning** sensation.

12F:03:09:00

Feeling nauseous. Started during a little argument with my boyfriend. Thinking about food (especially salty food) makes me feel worse. I've barely eaten today, or any day in the last week. Just have no real appetite. I keep getting chills down my legs, and my stomach is **burning** slightly.

12F:06:XX:XX

Temperature: late afternoon as noted – temp of head and neck felt like I was **burning** up.

21M:00:XX:XX

Woke up with **burning** eyes. Like I have to keep them closed. Rinsed them with water. Better after I've done that.

22M:XX:XX:XX

Got a itchy throat & my nose is itchy, **burning** and runny. Going to rinse my face quick. Ok, feeling a bit better now.

22M:05:XX:XX

Throat: sore bit better for drinking, **burning**/ raw feel → feel worse since I exercised today.

Concomitant: Left ear → Eustachian tube feels a bit itchy with it right now.

28F:14:XX:XX

UTI: **burning** [urine]. Seems to be better for drinking water worse for sugars like from cake, cookies & strawberries & worse for beer & wine.

28F:18:XX:XX

### 5.4.3 Itching Sensation

The sensation if itching was represented in the eyes, nose, face, and throat sections in the proving. *Solanum dulcamara*, another non-toxic *Solanaceae*, commonly experiences itching. Patients have a conscious awareness of their dark side, and as a result they perceive their itching to be a form of self-punishment (Mangialavori, 2007: 299).

Felt fine apart from my skin being a bit **itchy** which is unusual for me. **Itchiness** of the face, particularly over the stubble & chin. Better for scratching. Scalp also itched a bit. No observable change though.

06M:00:XX:XX

**Itchy** chin for 10 min.

11F:01:01:00

Eyes **itchy** and dry through afternoon + evening. Very bad 8-10pm.

11F:XX:XX:XX

Throat feels **itchy**, especially left side. It is worse drinking cold drinks and swallowing.

12F:02:09:30

Eye (left) – painful like I should close it – and it **itchy**.

15F:01:XX:XX

Right eye is **itchy** – it feels swollen. Painful to touch.

16F:00:XX:XX

My throat is sore – The kind that **itch**[es] worse if air moves up & down worse when breathing but if I stop long and concentrate on breathing it stops. Worse for being hungry. My throat feels raw.

16F:16:XX:XX

Throat feeling **itchy** – back, almost like a dry cough.

21M:06:XX:XX

Had an **itchy**, scratchy throat, like something was tickling it. Coughed a bit, and it made it better.

22M:03:XX:XX

Still have this **itchy** thing in my throat. Think there's something in there. Thinking of cats again. Maybe I have a furball in my throat. Hahaha!

22M:05:XX:XX

Got a **itchy** throat & my nose is **itchy**, burning and runny. Going to rinse my face quick. Ok, feeling a bit better now.

22M:05:XX:XX

My eyes were **itchy** this morning, the right one not as much as the left. Not so bad, but a bit irritable, yeah?

25M:04:XX:XX

Eyes: red: decreased sleep **itchy** dry.

28F:00:XX:XX

Throat: sore bit better for drinking, burning/ raw feel → feel worse since I exercised today.

Concomitant: Left ear → Eustachian tube feels a bit **itchy** with it right now.

28F:14:XX:XX

## 5.5 Adaptogens and Boundary Control

The stress response is a defence of the organism to external stress. The organism undergoes stress in order to achieve relative homeostasis of the internal environment in response to a change in external factors (Tortora and Derrickson, 2006: 652). When the organism is successful the internal environment remains within normal

physiological limits. When the external factors are prolonged or too severe, the normal stress response is not enough and the organism experiences pathological changes (Tortora and Derrickson, 2006: 652). A failure in adaptation to external stressors has been postulated to be the causative agent in a diverse variety of diseases. These diseases range from psychiatric disorders such as anxiety and depression, to immunosuppression, endocrine disorders including diabetes mellitus, male sexual dysfunction, peptic ulcers, hypertension and ulcerative colitis (Pawar and Hugar, 2012: 480).

Activating stress mediators (for example catecholamines and nitrous oxide) switch on energy resources in response to stressors, and deactivating stress mediators (for example corticosteroids) protect the organism from over-reacting to the stressful stimulus (Panossian, Wikman and Wagner, 1999: 297). Adaptogenic activity has been shown to keep the ratio consistent between activating and deactivating stress mediators despite an increase in basal levels of both mediators (Panossian, Wikman and Wagner, 1999: 297). Therefore, the organism's capacity to respond to external stressors at a higher level, or resistance, is increased.

Recent pharmacological studies have shown that the stress-protective effect of adaptogens is related to the regulation of homeostasis associated with the hypothalamic-pituitary-adrenal (HPA) axis, which in turn reduces neuroendocrine and immune dysfunction (Pawar and Hugar, 2012: 480).

*Withania somnifera* has been shown to have hepatoprotective; anti-ageing and adaptogenic activity (Van Wyk and Gericke, 2000: 150; Williamson, 2002: 322; Akram *et al.*, 2011). Withaferin A, a steroid lactone extracted from *Withania somnifera* has yielded positive results in terms of bactericidal, anti-viral, anti-inflammatory and anti-tumour effects (Hutchings, 1996: 273; Trease and Evans, 1978: 673). All of these processes occur on a cellular level by the strengthening of the cell membrane to protect it from oxidative damage and foreign invaders.

What the researcher feels is that the resistance to stress was decreased in the proving of *Withania somnifera*. Due to their emotional and mental 'cell membrane' (their defence mechanism from the outside world) being weakened, provers were vulnerable

to feeling drained or attacked by people or situations. A lack of energy was a feature in the proving of *Withania somnifera* (GENERALS – LASSITUDE in **Provers 2, 5, 6, 11, 16, 17, 18, 21, 22, 23, 24, 25, 26, 27, 28, 29**) therefore it was understandable that **Provers 2 and 26** were conscious of their resources being drained.

**Provers 18 and 22** also used the words “drained” [18F:07:XX:XX] [22M:02:XX:XX] and **Prover 20** likened her exhaustion to “a syringe [that] has sucked the life out of me” [20F:07:XX:XX]. Provers were hyper-aware of the feeling of being drained by external sources. **Prover 18** felt drained by her menstrual flow; **Prover 2** by his brother; **Prover 26** by energy-draining people; and **Prover 20** by an imaginary syringe. **Prover 20** shows the extent of the delusion of being drained, as well as the lack of responsibility to own the control of their energy boundaries. It is as if they are alluding to the idea that: “It’s not my fault I have no energy, I am being drained by my surroundings”.

There is a correlation to the traditional African usage of *Withania somnifera* and weak boundary formation. *Withania somnifera* is used to mark property boundaries and ward off insects (Sithole, 2012). In the Zulu tradition, *Withania somnifera* is used to protect people against witchcraft. An item that is significant to a person is buried amongst the roots of *Withania somnifera*. That person is then protected from curses placed upon him (Sithole: 2012). In traditional European Wiccan rituals, the toxic *Solanaceae* were used to remove inhibitions in order to express the instinctual side (Mangialavori, 2007: 5). The idea of ‘letting out the dark side’ of the toxic *Solanaceae* is in direct contrast with ‘keeping out the evil spirits’ of the traditional African usage of *Withania somnifera*.

The concept of increased or decreased boundaries against harmful agents in the external environment is a theme that is echoed in the adaptogenic properties; the traditional African herbal usage; and the proving of *Withania somnifera*.

## 5.6 Comparison to the African Traditional Medicinal Usage of *Withania somnifera*

In South African traditional medicine *Withania somnifera* is regarded as a general and nervine tonic, which denotes that it is used as a systemic rejuvenator of exhaustive states (Van Wyk, Oudtshoorn and Gericke, 1997: 275). During the proving of *Withania somnifera*, many provers were observant of the change in their energy levels. Provers reported an increase in energy, described by **Prover 2** as “if I had 2 sachets of bioplus” [02M:08:XX:XX]. On the other end of the spectrum, provers reported severe lassitude, fatigue, tiredness, exhaustion, low energy, and a feeling of being drained. **Prover 23** described her lack of energy as “adrenalin didn’t kick in” [23F:05:XX:XX] and **Prover 20** as “woke up death tired – like a syringe has sucked the life out of me” [20F:07:XX:XX]. Provers noticed the vacillation of energy levels during certain times of day. **Prover 6** described his energy as “bursts of study energy” [06M:01:XX:XX], **Prover 26** described his energy levels as “... bursts of sustained energy, it went in phases through the day... [in a] wavy pattern” and **Prover 28** said “I was constructive during the day, and total shut down at night”. As energy levels waxed and waned, the energy to communicate and connect with others waxed and waned proportionally. In the traditional African usage of *Withania somnifera*, the herb is used to heal broken romantic relationships and to reunite clients with their ancestors (Sithole, 2012). The healing properties involving re-establishing connection through rejuvenation of energy levels is therefore synonymous between the homoeopathic and African traditional indications of *Withania somnifera*.

*Withania somnifera* has a sedative and hypnotic action (Van Wyk and Gericke, 2000: 150). During the proving of *Withania somnifera*, **Provers 16 and 18** produced adrenal dysfunction symptoms of tiredness with concomitant agitation. **Prover 16** wrote “I’m just tired. Yet always in a hype” [16F:16:XX:XX] and **Prover 18** described her state as being “tired”, “snappish” and “agitated” [18F:17:XX:XX]. By creating a hypnotic state through which to replenish adrenal fatigue, the African traditional indication for *Withania somnifera* would have been accurate for the proving states of **Provers 16 and 18**. Correlating proving symptoms of hypnotic states were recorded as feeling of being “spacy”, “like I’m on drugs”, “tipsy”, “like my mind isn’t totally with me”, “high” and “dreamy”. Provers also recorded drowsiness that occurred “in waves” throughout



the day. Sleep patterns were disturbed with provers unable to sleep due to restlessness and agitation at night; experiencing unrefreshing and prolonged sleep; and exhaustion and sleepiness during the day. The effects of over-production of cortisol on sleep patterns demonstrated by the proving of *Withania somnifera* were in direct contrast to the sedative action of the herb (Chevallier, 2007: 249).

*Withania somnifera* is used in the treatment of conjunctivitis (Hutchings, 1996: 273). Provers presented with burning, red, dry and itching eyes synonymous with a conjunctival infection, or in relation to an allergic eye condition. *Withania somnifera* is also used in the management of asthma and other bronchial diseases (Van Wyk and Gericke, 2000: 150). **Prover 28** developed laryngitis and a non-productive cough. **Prover 21** experienced slight asthmatic symptoms during stressful situations, but due to asthma being prominent in his case history it was not included in the proving symptomatology.

In the gastrointestinal system, *Withania somnifera* is used to treat nausea, abdominal discomfort (Van Wyk and Gericke, 2000: 150) and diarrhoea (Hutchings, 1996: 273). Provers experienced nausea, stomach pain, abdominal bloating, and diarrhoea. The stomach pain and bloating experienced during the proving of *Withania somnifera* often disappeared quickly after onset and was associated with ingesting rich food. The diarrhoeal symptomatology of *Withania somnifera* was characterised by foul-smelling, painless diarrhoea, which was accompanied by copious foul-smelling flatulence. The symptomatology described by provers indicates an 'IBS'-type problem, which is associated with a lack of integrity of the mucous membrane in the gastrointestinal system. In the Zulu tradition, *Withania somnifera* is used to mark boundaries and to protect people from witchcraft (Sithole, 2012). It is interesting to note that the lack of boundary formation in the proving of *Withania somnifera* was represented on a physical level for a symptom African traditional medicinal usage addresses on a spiritual level. Provers also experienced the insecurity about lack of strong boundary formation on a mental level. **Prover 20** felt persecuted, and **Prover 16** said that "...creepy things are happening to me I can't really do anything about it". **Prover 2** became paranoid about intruders in reality and in dreams.

*Withania somnifera* is used as an aphrodisiac (Hutchings, 1996: 273) and to heal dysfunctional romantic relationships (Sithole, 2012). During the proving process, sexual desire was either diminished or increased in both sexes and there were also sexual dreams, and alterations in the experience of sexual climax.

*Withania somnifera* is used in the treatment of rheumatism (Iwu, 1993: 259). Provers developed transient musculoskeletal pain in the neck, thoracic spine, in the lumbar spine, in the SI joints, in the hands, leg pain, pain in their shins, knee pain and shoulder pain.

Enemas made from roots of *Withania somnifera* are administered to infants for fever (Hutchings, 1996: 273). During the proving, provers felt “cold and shivery” and oscillated between hot and cold during sleep. Provers felt hot despite the temperature being otherwise, which could be indicative of a pyrexia state. *Withania somnifera* is used to counteract bad-smelling body odour (Sithole, 2012). During the proving, provers perspired profusely during sleep and **Prover 8** was aware that her perspiration was sour-smelling.

*Withania somnifera* is mixed with the fat of a python and applied topically for cuts, wounds, abscesses, inflammation, rashes, syphilis (Van Wyk, Oudtshoorn and Gericke, 1997: 274). Provers experienced skin inflammations below the testes, rashes at the occiput and inflammatory nodules under the armpit that were painful to touch although the skin symptomatology was not recorded in enough detail to ascertain exactly what the eruption resembled. Provers also developed small pimples on their nose, forehead and cheeks that they were extremely conscious of.

## **5.7 Comparison to the Ayurvedic Medicinal Usage of *Withania somnifera***

In Ayurvedic medicine, *Withania somnifera* is regarded as a ‘rayasana’ herb (Bhattacharya and Muruganandam, 2003: 547), indicating that it strengthens and rejuvenates the system by increasing the resistance to stressors and revitalising in conditions of weakness, fatigue and debilitation (American Herbal Pharmacopoeia, 2000; Chevallier, 2007: 249). It is said to provide fresh energy and vigour for a system worn out by any constitutional disease (Kapoor, 1990: 337). A major theme that

emerged from the proving of *Withania somnifera* was the theme of 'stress', because of a decreased resistance to stressors in the environment. Provers were vulnerable to feeling drained by people and situations and preferred to be alone or away from stressful stimuli. The fixed control of boundaries was therefore an attempt at conserving their limited energy resources, which were described as fatigue, tiredness, exhaustion, low energy, and a feeling of being drained. *Withania somnifera* reputedly imparts endurance (Williamson, 2002: 321). Provers persevered through stressful situations despite reporting a lack of available resources and energy. The researcher believes this to be a maladaptive response to societal pressure placed on the individual to be 'successful'.

In the Ayurvedic system, *Withania somnifera* is also regarded as a 'medharasayan' or promoter of learning, attention and memory retrieval (Singh *et al.*, 2011: 209; Van Wyk and Gericke, 2000: 150). During the proving of *Withania somnifera*, provers became absentminded and distracted, finding it difficult to concentrate or think. This lack of "focus" was also described as "zoned out", "like a haze" and "fuzzy headed". Provers' short-term memory deteriorated and they made mistakes in writing, spelling and grammar. Other provers experienced an improvement in cognitive function. The duality of symptomatology reported indicates that some provers experienced a curative action, whereas other provers experienced true proving symptomatology.

Ashwagandha is used to calm the mind and is one of the most widespread tranquillizers used in India (Singh *et al.*, 2010: 58). During the proving of *Withania somnifera*, provers **2, 3, 5, 16, 18, 20, 25, 26** and **28** reported calm and detached states during situations they previously perceived as being stressful. This could be attributed to the adaptogenic ability of *Withania somnifera* to relieve weakness and nervous exhaustion through a gentle sedative action (Chevallier, 2007: 249). The parasympathetic state induced in the proving of *Withania somnifera* allowed provers the focus and mental clarity to start paying attention to small details in their surroundings, as seen in provers **24** and **26**. On the other end of the spectrum, there was well-represented anxiety in the proving of *Withania somnifera*.

The use of *Withania somnifera* as a mood stabilizer in anxiety and depression in Ayurveda (Battacharya *et al.*, 2000: 464) was evidenced by the fluctuating mood and

energy levels of provers during the proving. Provers **11, 12, 16, 18, 20, 22** and **28** were represented in the rubric MIND – SADNESS, and provers **2, 3, 6, 11, 16, 21, 23, 25** and **28** were represented in the rubric MIND – ANXIETY. **Prover 16** wrote the seemingly contradictory journal entry: “I’m just tired. Yet always in a hype” [16F:16:XX:XX], which for the researcher was an accurate summation of the effects of chronic overstimulation of the sympathetic nervous system. *Withania somnifera* has been shown to downregulate neuronal activity which produces a calming effect and helps to uplift mood and reduce anxiety (Singh *et al*, 2010: 58).

*Withania somnifera* is indicated to promote restful sleep, improve sleep patterns, responsiveness, alertness and state of awareness (American Herbal Pharmacopoeia, 2000; Singh *et al.*, 2011: 209). As discussed in the comparison to African traditional indications, sleep patterns were deranged. Provers were unable to sleep at night and during the day they were exhausted and sleepy.

*Withania somnifera* is used as a carminative (Williamson, 2002: 321). During the proving, provers experienced many gastrointestinal complaints, including nausea, stomach pain, abdominal bloating, and diarrhoea with cramping.

*Withania somnifera* balances immune function (Chevallier, 2007: 249), stimulates the activation of immune cells (Singh *et al*, 2010: 58), and is used as a treatment for colds and pyrexia (Williamson, 2002: 321). Provers experienced hypersensitivity reactions that indicate a hyper reactive immune system in the form of seasonal rhinitis. Examples of seasonal rhinitis symptomatology experienced include allergic eye symptoms, nasal sinusitis symptoms, an itching throat and dull headaches. Provers also reported nasal congestion, a running nose, sneezing and sore throat and complaining of cold symptoms and fever states.

*Withania somnifera* is used as an anti-asthmatic (Williamson, 2002: 321). There was no true asthmatic symptomatology during the proving except for the dry cough experienced by **Prover 28** which was worse for exercise and on inspiration. **Prover 21** experienced asthmatic symptoms, but the symptoms were excluded on the basis that it formed part of his baseline function.

*Withania somnifera* is used in Ayurveda in the reproductive system to treat erectile dysfunction (Chevallier, 2007: 249) and build sexual energy (Singh *et al*, 2010: 58).

**Prover 21** experienced no erection on waking, however the researcher believes that this was an under-discussed area in the other prover journals because of discomfort with disclosure. Also during the proving process, sexual desire was either diminished [11F:03:XX:XX] [18F:20:XX:XX] [29M:04:XX:XX] or increased [09F:06:XX:XX] [11F:13:XX:XX] [24M:07:16:05] [28F:XX:XX:XX] in both sexes. At the post-proving meeting, provers were more willing to talk about changes in their sexual energy, but again, did not wish for the information to be made public.

A paste made from the root of *Withania somnifera* is applied topically for glandular swellings and carbuncles (Kapoor, 1990: 337). Provers experienced skin inflammations below the testes, under the armpit, and at the occiput that were painful to touch.

## **5.8 Proposed Clinical Indications of *Withania somnifera***

In the proving of *Withania somnifera* 30CH a wide range of symptoms arose that correlate with the symptoms of clinical conditions. As a result *Withania somnifera* may be applied clinically in the homoeopathic management of the following conditions:

- Back aches and headaches;
- Insomnia and sleep disorders;
- Excessive fatigue syndromes like burn out syndrome, chronic fatigue syndrome and adrenal fatigue syndrome;
- Decreased immunity to seasonal infections and seasonal rhinitis;
- Dysglycemia and Diabetes mellitus;
- Sexual dysfunction in males and females;
- Irritable bowel syndrome, nausea, heartburn, abdominal cramps and diarrhoea;
- Generalised anxiety disorder and other disorders associated with anxiety, panic, paranoia and depression; and
- Co-dependency and addictive behaviours.

It is recommended that further studies are conducted to ascertain the efficacy and effectiveness of *Withania somnifera* 30CH in the management of the above mentioned conditions.

Jan Scholten (2013: 727) recorded the following case which he had treated with *Withania somnifera* MK [Korsakovian method of potentisation]:

Man, 45, hyperventilation. His respiration is less when he is stressed, it feels as if he has to regulate it himself. He has apnoea attacks and is snoring a lot. He has extra heart beats and hypertension.

The problems started after a robbery at his company. He is afraid they will come back, afraid of the confrontation. He is quite emotional, can be angry easily.

He has started several companies that he has made successful in a few years. He works long hours for them.

Follow up:

After *Withania* MK his quality of life went up from 40 to 80.

The physical symptoms of hyperventilation, sleep apnoea, snoring, extra heart beats and hypertension did not arise during the proving of *Withania somnifera*.

## 5.9 Miasmatic Classification of *Withania somnifera*

The features of the Cancerinic miasm are: control, perfection, fastidious, stretching beyond one's capacity, superhuman, chaos, order, loss of control, and self-control (Sankaran, 1997: 7). *Withania somnifera* fits perfectly into this miasm because the control and superhuman effort were constant features throughout the proving. The most important feature described as 'adaptation to a chaotic, overwhelming situation in an attempt to control and manage the situation' was present in the proving of *Withania somnifera* (Sankaran, 1997: 7).

During the proving of *Withania somnifera*, provers attempted to transform or control their external situation [16F:17:XX:XX] [18F:12:XX:XX] [18F:XX:XX:XX]. **Provers 8, 24, 26 and 28** became preoccupied with cleaning and organising their immediate

space around them, which is controlling behaviour characteristic of the Cancerinic miasm. Provers persevered through situations [02M:04:XX:XX] [23F:14:XX:XX] [28F:06:XX:XX] [28F:09:XX:XX] [28F:XX:XX:XX] that they did not have the resources for, despite feeling completely overwhelmed [18F:17:XX:XX] [20F:XX:XX:XX] [23F:14:XX:XX] [24M:00:13:55] [28F:XX:XX:XX] and exhausted [08F:00:XX:XX] [28F:36:XX:XX].

Themes of the feeling of containing a fixed weakness (Sankaran, 2005a: 10) were present in the dreams of provers. **Prover 11** dreamt of a friend who was trying to fix up a broken building to inhabit [11F:07:XX:XX], not having transport to get back to town [11F:02:XX:XX] and **Prover 8** dreamt of the frustration of not having medical supplies to perform an operation [08F:03:XX:XX]. The theme of inadequacy and making a superhuman attempt to function despite the inherent disadvantage is a Cancerinic theme (Sankaran, 2005a:10).

During the proving of *Withania somnifera*, provers were cut off emotionally from events that would normally be traumatic or stressful [18F:00:XX:XX] as an adaptive mechanism to cope with severe stress. This controlling adaptation process of trying to maintain control in a situation that others would normally break down in is a Cancerinic adaptive process. Consequently, the fear of chaos was represented in the theme of rapid destruction of the body (Sankaran, 2005a:10) in the dream states of provers [05M:04:XX:XX] [12F:02:XX:XX] [16F:05:XX:XX] [28F:15:XX:XX].

The following three dreams are beautiful illustrations of the Cancerinic miasm. In each different scenario, the threat transforms to become even more of a threat. The prover did not have the resources to escape from the threat despite the superhuman effort to stay alive:

I dreamt I was in an alpine forest place, lots of snow living a kind of farm life. Out in the forest on a steep-deep-snow covered hill a wolf started to circle me and wanted to attack. I started to panic it bit my arm and it wasn't too bad. At this point I realised that I could defend myself and scare him off. But more arrived a small pack of beautiful grey wolves. All of them circled me, walking around in their own separated circles. I know that I had to defend my life right here and now. What threw me off was the beauty of the wolves & the landscape that seemed

to magnify their beauty. I screamed as the wolf lunged another attack. [My boyfriend] came running out and shot one of the wolves. He saved my life, he was there at that critical time. I had to fight off the rest of the pack but, I didn't want to kill them but, I had too. I remember being shown how to break the wolf's neck which I did. I felt bad because he was so beautiful, icy eyes, fur and greyness. It was a truly beautiful and powerful dream.

[08F:11:XX:XX]

Having a wedding at a venue that is joined to a haunted hotel. We were told not to walk down that particular passage that enters the hotel. My father laughed & took a group of us there. The passage then began to physically expand into a room – a witch emerged. She looked human – but was scary – she only wanted me. I begged to take my son out of the hotel – she made me eat a banana so that I could leave the hotel & she'd let me go in peace. When I got out the building & my son was safe, I heard all my family tell me I have to go back into the building with a banana peel – that's the only way she won't track me & follow me. I told this to my husband in frantic attempt to escape. He began making jokes and saying nothing will happen. The more jokes he made, the more scared I became. He ended up being possessed – he wrapped me in a blanket & I woke up just as we re-entered the Hotel.

[18F:19:XX:XX]

I was in a forest, searching for something. I don't know what it was, and suddenly I saw a huge snake, I tried to keep myself calm, but the snake was still looking at me, and started coming towards me. So I started walking away. The faster I walked, the faster it was getting closer to me. I started running and it ran faster than I and past me. As soon as I turned my head to see in front of me it wasn't there anymore. I saw one guy sitting on the side, I asked him: "Did you see that huge snake?" "No!" he said. I said to him I was really afraid. He said, I mustn't be. So we started talking and he just pointed his finger to a certain direction and said to me to look. I saw a bigger snake. That snake was in a stage of a metamorphosis and was changing in a Komodo Dragon" [24M:05:05:30].



## CHAPTER SIX: Conclusion and Recommendations

### 6.1 Conclusion

As hypothesised, there was a transient, observable change in the state of health of the proving volunteers in response to the administration of *Withania somnifera* in the thirtieth centesimal potency [30CH]. The symptoms gathered were also comprehensive enough to develop a complete materia medica and repertory for *Withania somnifera*.

In addition, the totality of symptoms produced were comparable to the indigenous African and Ayurvedic medicinal usage of *Withania somnifera*.

### 6.2 Limitations and Recommendations

This proving was conducted using *Withania somnifera* 30CH. The researcher recommends that if future provings of *Withania somnifera* were to be conducted, a broad spectrum of potencies in the centesimal scale could be utilised to ascertain whether different potencies produce different symptomatology.

Each prover was dispensed an envelope containing six identical powders (verum or placebo) at the pre-proving meeting. The powders were kept in the possession of the individual provers during the pre-proving observation period and then self-administered at the commencement of the proving period. Certain sensitive provers began to experience symptoms congruent with the proving symptomatology during the pre-proving period, which may have interfered with the recording of the 'baseline' state. This phenomenon is illustrative of the entanglement theory. It is therefore recommended that future provings conduct the pre-proving meeting after the baseline state has been recorded, or dispense the powders on the individualised starting date for each prover to eliminate possibility of contamination of the 'baseline' state and to allow for inclusion of all appropriate proving symptomatology.

There was substantial variability between provers in terms of detail and accuracy of recording of symptomatology, which was not proportional to knowledge of homoeopathy. The researcher doubts that more intensive training would have a positive effect on the recording of symptomatology. She recommends that the inclusion criteria be refined to ensure that potential participants have the ability to communicate their symptoms accurately in a written format. The researcher is of the opinion that the ability to be self-aware is a fundamental characteristic of a good prover, and more value should be placed on this characteristic during the proving selection process.

The *Solanaceae* plant family is a well-developed family within homoeopathy and the researcher feels that there is an adequate knowledge base to compare the symptomatology arising from the proving of *Withania somnifera* to other remedies within the *Solanaceae* family. The researcher recommends that a future study should seek to compare the symptomatology arising from the proving of *Withania somnifera* to the various remedies in the *Solanaceae* plant family.

There is an emerging trend in complementary medicine to investigate adaptogenic substances and their phytoactive properties. Further homoeopathic provings should be conducted on other adaptogenic plants to determine whether there is a thematic correlation between certain plants with similar herbal indications.

It is recommended that a repertorial analysis be undertaken using the most prominent symptoms arising from the proving of *Withania somnifera*. Thereafter, a comparison should be drawn between *Withania somnifera* and at least five remedies with repertorial similarity with respect to the highest numerical value and total number of rubrics present.

The methodology utilised in this study was in accordance with the recommended methodology set out by Jeremy Sherr in his *Dynamics and Methodology of Homoeopathic Provings* (1994). In May 2014, the Liga Medicorum Homoeopathica Internationalis and the European Committee for Homeopathy published a harmonised set of guidelines for proving methodology (Jansen and Ross, 2014). The researcher

recommends that all future provings at DUT utilise the Harmonised Provings Guidelines.

### **6.3 Researcher's Conclusion**

*Withania somnifera* has been widely used in traditional medicinal systems since ancient times. Surprisingly no proving has ever been conducted on this important medicinal plant. The proving of *Withania somnifera* 30CH provided the opportunity for the birth of a much needed homoeopathic substance. It revealed a deeper understanding of *Withania somnifera* which highlights the traditional medicinal usage and will allow for it to be prescribed clinically in the homoeopathic context. The researcher believes that the anti-carcinogenic, immunomodulatory and anti-inflammatory activity of *Withania somnifera* will benefit patients with chronic diseases of modern times who have not previously found relief from their dis-ease.

The researcher believes that provers who participated in the proving were attracted in a synchronous way in order to learn about themselves. Adaptation with the absence of transformation is an inappropriate and incomplete response to a stressful situation, and the researcher believes that *Withania somnifera* has the ability to teach the organism adaptation with resultant transformation. On a personal level, the researcher was provided the opportunity to learn the importance of how boundaries affect energy transfer between people. The proving experience with *Withania somnifera* brought the realisation that if you are open and flexible, then nothing is too much of an obstacle or a monster.

## REFERENCES

Akram, M., Mohiuddin, E., Hannan, A. and Usmanghani. K. 2011. *Withania somnifera* (L.) Dunal: Pharmacology Activity. *Pharmacognosy Journal*, **2**(18): 77-78.

American Herbal Pharmacopoeia. 2000. *Ashwagandha root – Withania somnifera: analytical, quality control, and therapeutic monograph*. Santa Cruz.

Andrews, R.C., O'Herlihy, D.E.W., Livingstone, D.E., Andrew, R and Walker, B.R. 2002. Abnormal cortisol metabolism and tissue sensitivity to cortisol in patients with glucose intolerance. *The Journal of Clinical Endocrinology*, **87**(12): 5587-5593.

Archana, R. and Namasivayam, A. 1998. Antistressor effect of *Withania somnifera*. *Journal of Ethnopharmacology*, **64**(1): 91-93.

Archibel S.A. 2008. Radar Opus [software]. Archibel S.A.: Isnes – Belgium.

Bhattacharya, S., Bhattacharya, A., Sairam, K., Ghosal, S. 2000. Anxiolytic-antidepressant activity of *Withania somnifera* glycowithanolides: an experimental study. *Phytomedicine*, **7**(6): 463-469.

Becker, J. and Ehrler, W. 1998. *The new dimension of C4-homoeopathy*. Labopharma GmbH, Berlin: IHHF (The institute for Homoeopathic Remedy Research / Institute of Homoeopathy).

Bhattacharya, S.K. and Muruganandam, A.V. 2003. Adaptogenic activity of *Withania somnifera*: an experimental study using a rat model of chronic stress. *Pharmacology, Biochemistry and Behavior*, **75**(3): 547-555.

Botha, I. 2010. Towards an integrated methodology: C4, Sherr and dream provings of *Protea cynaroides*. D. Tech: Homoeopathy. Dissertation, Durban University of Technology.

Candegabe, E.F. 1997. *Comparative material medica*. Beaconsfield: Beaconsfield Publishers Ltd.

Cantor, C. and Price, J. 2007. Traumatic entrapment, appeasement and complex post-traumatic stress disorder: evolutionary perspectives of hostage reactions, domestic abuse and the Stockholm syndrome. *Australian & New Zealand Journal of Psychiatry*, **41**(5): 377-84.

Chevallier, A. 2007. *Herbal remedies*. London: Dorling Kindersley Ltd.

Dantas, F. 1996. How can we get more reliable information from homoeopathic pathogenic trials? A critique of provings. *British Homoeopathic Journal*, **85**(4): 230-236.

Dantas F., Fisher, P., Wieland, F., Rastogi, D.P., Teixeira, H., Koster, D., Jansen, J.P., Eizayaga, J., Alvarez, M.E., Marim, M., Belon, P., and Weckx, L.L. 2007. A systematic review of the quality of homeopathic pathogenic trials published from 1945 to 1995. *Homeopathy*, **96**(1): 4-16.

Davis, L. and Kuttan, G. 2000. Immunomodulatory activity of *Withania somnifera*. *Journal of Ethnopharmacology*, **71**(1-2): 193-200.

De Schepper, L. 2001. *Hahnemann revisited: a textbook of classical homoeopathy for the professional*. Santa Fe: Full of Life Publications.

Driehsen, W. 2003. *German homoeopathic pharmacopoeia*. Stuttgart: Medpharm Scientific Publishers.

Eizayaga, F.X. 1991. *Treatise on homoeopathic medicine*. Buenos Aires: Ediciones Marecel.

Finney-Brown, T. 2013. Anti-aging effects of *Withania Somnifera*. *Australian Journal of Herbal Medicine*, **25**(3): 151.

Gaier, H. 1991. *Thorson's encyclopaedic dictionary of homoeopathy: the definitive reference to all aspects of homoeopathy*. London: Thorsons.

Griffith, C. 2007. *The new materia medica*. London: Watkins Publishing.

Gupta, A., Mahdi, A.A., [Mahdi, A.A.](#), [Shukla, K.K.](#), [Ahmad, M.K.](#), [Bansal, N.](#), [Sankhwar, P.](#) and [Sankhwar, S.N.](#) 2013. Efficacy of *Withania somnifera* on seminal plasma metabolites of infertile males: a proton NMR study at 800MHz. *Journal of Ethnopharmacology*, **149**(1): 208-214.

Handley, R. 1990. *A homoeopathic love story: the story of Samuel and Melanie Hahnemann*. Berkeley, CA: North Atlantic Books.

Homoeopathic Pharmacopoeia Convention of the United States. 2013. *HPUS Proving Guidelines* [online]. Available: <http://www.hpus.com/Draft-HPCUS-Proving-Guidelines.pdf>. [Accessed June 2013].

Hutchings, A. 1996. *Zulu medicinal plants*. Pietermaritzburg: Natal University Press.

Kapoor, L. 1990. *Handbook of Ayurvedic medicinal plants*. Boca Raton: CRC Press.

Kerschbaumer, W. 2004. A homoeopathic drug proving of the whole plant of the indigenous Southern African herb *Harpagophytum procumbens*. M. Tech: Homoeopathy Dissertation. Durban Institute of Technology.

Kulkarni, S. K., Dhir, A. 2008. *Withania somnifera*: an Indian ginseng. *Progress in neuro-psychopharmacology and biological psychiatry*, **32**(5): 1093-1105.

International Council of Classical Homoeopathy [ICCH]. 1999. Recommended guidelines for good proving. *Homoeopathic Links*, 12: 33-36.

Iwu, M. 1993. *Handbook of African medicinal plants*. Florida: CRC Press.

Jansen, J. and Ross, A. 2014. *Homeopathic proving guidelines harmonised by LMHI and ECH* [online]. Available: [www.homeopathyeurope.org](http://www.homeopathyeurope.org) (Accessed 25<sup>th</sup> June 2014).

Leisegang, K. 2007. A group analysis evaluation of the Kingdom Fungi of homoeopathic remedies in terms of known materia medica. M. Tech: Homoeopathy. Dissertation, Durban University of Technology.

Long, B. 2011. A study of the relationship between the natural history of the *Solanaceae* species and the general and mental symptomatology of the *Solanaceae* remedies utilised in homoeopathy. M. Tech: Homoeopathy. Dissertation, Durban University of Technology.

Mangialavori, M. 2002. Remaining in a safe environment: the sea remedies. In: Burley, V. ed. *Notes from the Second Three-Year International Postgraduate Course in Bologna, October 25-November 2 2002*. Italy: Stabilimenti Tipografici.

Mangialavori, M. 2007. *Solanaceae: nightmare between light and dark*. Modena: Matrix Editrice.

Milgrom, L. R. 2007. Journeys in the Country of the Blind: Entanglement Theory and the Effects of Blinding on Trials of Homeopathy and Homeopathic Provings. *Evidence Based Complementary and Alternative Medicine*, **4**(1): 7-16.

Misra, L., Mishra, P., Pandey, A., Sangwan, R.S., Sangwan, N.S. and Tuli, R. 2008. Withanolides from *Withania somnifera* roots. *Phytochemistry*, **69**(4): 1000-1004.

Naidoo, V. 2008. A homoeopathic drug proving of *Gymnura natalensis* with a subsequent comparison to existing homoeopathic remedies derived from sea animals. M. Tech: Homoeopathy. Dissertation, Durban University of Technology.

Nagpaul, V. 1987. Provings: planning and protocol. *British Homoeopathic Journal*, **76**: 76-80.

Naude, D.F. 2010. Research and Methodology lecture notes distributed in the Department of Homoeopathy, Durban University of Technology 12 May 2011.

Norland, M. 2007. *The four elements in homoeopathy*. Stroud: Yondercott Press.

O'Reilly, W. 1996. *Organon of the medical art*. Edited and annotated from Samuel Hahnemann. Washington: Birdcage Books.

Panossian, A., Wikman, G. and Wagner, H. 1999. Plant adaptogens III: earlier and more recent aspects and concepts on their mode of action. *Phytomedicine*, **6**(4): 287-300.

Pawar, V. S. and Hugar, S. 2012. A current status of adaptogens: natural remedy to stress. *Asian Pacific Journal of Tropical Disease*, Supplement 1: S480-490.

Riley, D.S. 1995. Provings: *Geranium robertianum*. The New England Journal of Homoeopathy, 4:45-55.

Riley, DS. 1997. Extracting symptoms from homoeopathic drug provings. *British Homoeopathic Journal*, **86**(4): 225-228.

Roestel, C. and Kersting, A. 2008. Simple and complex post-traumatic stress disorder: diagnostic and therapeutic approaches. *Nervenarzt*, **79**(7): 845-854.

Ross, A.H.A. 2009. The evolution of an African materia medica – a methodical overview of fifteen provings. Unpublished. Durban: Durban University of Technology.

Ross, A.H.A. 2011. An appraisal of homoeopathic proving methodology as a bridge between the indigenous and rationalist-scientific understandings of medicinal plants: the case of *Stychnos henningsii*. D. Tech: Homoeopathy. Dissertation, Durban University of Technology.

Sankaran, R. 1994. *The substance of homoeopathy*. Bombay: Homoeopathic Medical Publishers.



Sankaran, R. 1997. *The soul of remedies*. Mumbai: Homoeopathic Medical Publishers.

Sankaran, R. 2004. *The sensation in homoeopathy*. Bombay: Homoeopathic Medical Publishers.

Sankaran, R. 2005a. *Sankaran's schema*. Mumbai: Homoeopathic Medical Publishers.

Sankaran, R. 2005b. *An insight into plants: volume II*. Mumbai: Homoeopathic Medical Publishers.

Scholten, J. 1993. *Homoeopathy and minerals*. Utrecht: Stichting Alonnissos.

Scholten, J. 2013. *Wonderful plants*. Utrecht: Stichting Alonnissos.

Schroyens, F. 2004. *Synthesis: Repertorium Homeopathicum Syntheticum*. Edition 9.1. London: Homeopathic Book Publishers.

Sherr, J. 1990. *The homoeopathic proving of chocolate*. Northampton: Dynamis School for Advanced Homoeopathic Studies.

Sherr, J. 1992. *The homeopathic proving of Hydrogen*. West Malvern: Dynamis School.

Sherr, J. 1994. *The dynamics and methodology of homoeopathic provings*. 2<sup>nd</sup> ed. West Malvern: Dynamis Books.

Sherr, J. 1999. *The homoeopathic proving of Plutonium nitricum including the toxicology of ionising radiation*. West Malvern: Dynamis Books.

Shore, J., Schriebman, J. and Hogeland, A. 2004. *Birds: homeopathic remedies from the avian realm*. Berkeley, CA: Homeopathy West.

Singh, G., Sharma, P.K., Dudhe, R. and Singh, S. 2010. Biological activities of *Withania somnifera*. *Annals of Biological Research*, **1**(3): 56-63.

Singh, N., Bhalla, M., de Jager, P. and Gilca, M. 2011. An overview on Ashwagandha: a Rasayana (rejuvenator) of Ayurveda. *African Journal of Traditional Complementary Alternative Medicine*, **8**(5): 208-213.

Sithole, L. 2012. Interviewed by M. Laidlaw. 722 West Walk, Durban, 17 August.

Somaru, N. 2008. An investigation of the concept of homoeopathic imponderabilia using a hahnemannian proving of Focused Pink Light. M. Tech: Homoeopathy. Dissertation, Durban University of Technology.

Swayne, S. ed. 2000. *Churchill Livingstone's international dictionary of homeopathy*. London: Churchill Livingstone.

Taylor, L. 2004. An evaluation of the homoeopathic drug proving of *Naja Mossambica* in the light of a doctrine of signatures analysis and a comparison between the proving symptoms and the venom toxicology. M. Tech: Homoeopathy Dissertation. Durban Institute of Technology.

Thompson, E. and Geraghty, J. 2007. The vital sensation of the minerals: reducing uncertainty in homeopathic prescribing. *Homeopathy*, **96**(2): 102-107.

Timmerman, A. 2006. Triturated remedies and female development: *Sepia* and the C4 trituration. *Homoeopathic Links*, **19**(3): 136-9.

Timmerman, A. 2007. C4 Protocol [online]. Available: <http://www.hahnemanninstituut.nl/index.php?page=50&&lang=en> (Accessed 21<sup>st</sup> June 2014).

Tortora, G. and Derrickson, B. 2006. *Principles of anatomy and physiology*. 11<sup>th</sup> ed. Danvers: John Wiley & Sons Inc.

Trease, G. and Evans, W. 1978. *Pharmacognosy*. 11<sup>th</sup> ed. London: Bailliere Tindall.

Van Wyk, B-E., Van Oudtshoorn, B. and Gericke, N. 1997. *Medicinal plants of South Africa*. Pretoria: Briza Publications.

Van Wyk, B-E. and Gericke N. 2000. *People's plants: a guide to useful plants of Southern Africa*. Pretoria: Briza Publications.

Van Wyk, B-E. and Wink M. 2004. *Medicinal plants of the world: an illustrated scientific guide to important medicinal plants and their uses*. Portland: Timber Press.

Vithoulkas, G. 1980. *The science of homoeopathy*. New York, NY: Grove Press.

Walach, H. 1994. Provings: The method and its future. *British Homoeopathic Journal*, **83**(3): 129-131.

Walach, H. 1997. The Pillar of Homoeopathy. *British Homoeopathic Journal*, **86**(4): 219-224.

Walach, H., Sherr, J., Schneider, R., Shabi, R., Bond, A. Rieberer, G. 2004. Homoeopathic Proving Symptoms: Result of a Local, Non-local, or Placebo Process? A Blinded Placebo-controlled Pilot Study. *Homeopathy*, **93**(4): 179-85.

Weston, M. 2010. A group analysis evaluation of the Class Arachnida in terms of known materia medica. M. Tech: Homoeopathy. Dissertation, Durban University of Technology.

Wieland, F. 1997. Good homoeopathic provings. *British Homoeopathic Journal*, **86**(4): 229-234.

Williamson, E. 2002. *Major herbs of Ayurveda*. London: Churchill Livingstone.

Wright, C. 1999. A homoeopathic drug proving of the venom of *Bitis arietans*. M. Tech: Homoeopathy. Dissertation, Technikon Natal.

Yasgur, J. 2004. *Homoeopathic dictionary and holistic health reference*. New Delhi: B. Jain Publishers (P) Ltd.

## APPENDIXES



### APPENDIX A

## Suitability for Inclusion in the Proving

*All information will be treated as strictly confidential*

SURNAME:			
FIRST NAME(S):			
SEX:	M / F	AGE:	
CONTACT NUMBER:			

Please circle the appropriate answer:

1. Are you between the ages of 18 and 55 years?	YES	NO
2. Do you consider your general state of health to be good?	YES	NO
3. Are you on / in need of any medication:	YES	NO
▪ Chemical/Allopathic?	YES	NO
▪ Homoeopathic?	YES	NO
▪ Other (e.g. herbal, traditional)?	YES	NO
4. Have you been on the birth control pill or HRT in the last 6 months?	YES	NO
5. Are you pregnant or breastfeeding?	YES	NO

6. Have you had surgery in the past 6 weeks?	YES	NO
7. Do you have any surgical or medical procedures planned within the duration of the proving?	YES	NO
8. Do you suffer from hypersensitivity diseases such as:	YES	NO
▪ Eczema?	YES	NO
▪ Hay fever / Allergic rhinitis?	YES	NO
▪ Asthma?	YES	NO
▪ Food hypersensitivities?	YES	NO
▪ Allergies?	YES	NO
9. Do you consume more than:	YES	NO
▪ 2 measures of alcohol per day (e.g. 2 tots/2 beers/1 glass wine)?	YES	NO
▪ 10 cigarettes per day?	YES	NO
▪ 3 cups of tea/ coffee/ herbal tea per day?	YES	NO
10. Do you use recreational drugs (e.g. marijuana, cocaine, MDMA)?	YES	NO
11. 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
12. Are you prepared to attend a short information session about the proving and follow the procedures for the duration of the proving?	YES	NO

## **INCLUSION CRITERIA**

In order to participate in this proving, you must:

- Be between the ages of 18 and 55 years old;
- Be in a general state of good health;
- Not need any medication, whether homoeopathic, chemical/allopathic or other;
- Not be on, or have been on the contraceptive pill or HRT in the last 6 months;
- Not be pregnant or breastfeeding;
- Not have had surgery in the last 6 weeks;
- Not use recreational drugs e.g. marijuana, cocaine, MDMA;
- Not consume more than 2 measures of alcohol per day;
- Not consume more than 10 cigarettes a day;
- Not consume more than 3 cups of coffee, tea or herbal tea a day;
- Be willing to follow the proper procedure for the duration of the proving.

## **EXCLUSION CRITERIA**

You may not participate in this study if:

- You are younger than 18 years old or older than 55 years old;
- You are in a poor state of health;
- You are on chronic allopathic, homoeopathic, or herbal medication;
- You are on, or have been on, the oral contraceptive pill or HRT within the last six months;
- You are pregnant or breastfeeding;
- You have had surgery in the last six weeks;
- You use recreational drugs e.g. marijuana, cocaine, MDMA;
- You consume more than 2 measures of alcohol a day;
- You smoke more than 10 cigarettes a day;
- You consume more than 3 cups of coffee, tea or herbal tea a day;
- You are not willing to follow the proper procedure for the duration of the proving.

Adapted from Wright, C. 1999. *A Homoeopathic Drug Proving of the Venom of Bitis arietans arietans*.

M. Tech: Homoeopathy. Dissertation, Technikon Natal.

## APPENDIX B

### INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC) INFORMED CONSENT FORM FOR CASE HISTORY AND PHYSICAL EXAM

*To be completed in duplicate by prover.*

#### Statement of Agreement to have a Case History Taken and a Physical Examination Performed:

- I hereby confirm that I have been informed by the researcher, Marisa Laidlaw, about the nature, conduct, benefits and risks of this study. Research Ethics Clearance Number: IREC 010/13.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I have filled in the form entitled Suitability for Inclusion in the Proving (**Appendix A**).
- I am aware that in order to participate in this study, I must first have a comprehensive Case History taken and a Physical examination performed by the researcher.
- I agree to have the relevant Physical examination(s) performed on me by the researcher.
- I understand that the procedure will be approximately an hour in duration, and that it will occur at the DUT Homoeopathic Day Clinic, under supervision by the research supervisor Dr. Madhu Maharaj.
- This procedure will occur before the commencement of the proving, at a date agreed on by me and the researcher.
- I have been informed that *all information will be regarded as strictly confidential*.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.

\_\_\_\_\_  
Full Name of Participant  
Thumbprint

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature / Right

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

\_\_\_\_\_  
Full Name of Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Name of Witness (If applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



## APPENDIX C

# Proving Case History Form

**ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL**

**PROVER NUMBER**

SURNAME:					
FIRST NAME(S):					
SEX:	M / F	AGE:		CHILDREN:	
OCCUPATION:			MARITAL STATUS:	S / M / D / W	

## 1. Past Medical History:

(Please list previous health problems and their approximate dates :)

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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 :)

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## 3. Family History:

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

*(including siblings, parents and grandparents)*

Cardiovascular disease	<input type="checkbox"/>	incl. hypertension, heart disease, etc.
Cerebrovascular disease	<input type="checkbox"/>	incl. stroke, TIA, etc.
Diabetes mellitus	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	
Mental illness	<input type="checkbox"/>	incl. depression, schizophrenia,
suicide, etc.	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	
Bleeding disorders	<input type="checkbox"/>	

Please list any other medical conditions within your family:

♂		♂♂	
		♂♀	
♀		♀♂	
		♀♀	

4. Background Personal History:

Allergies:

Vaccinations:

Medication (including supplements):

**Estimation of daily consumption:**

Alcohol:

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Cigarettes:

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**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
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**Sleep:**

Quantity:

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Quality:

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Position:

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**Dreams:**

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**Time modalities:**

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**Weather modalities:**

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**Temperature modalities:**

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**Perspiration:**

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**Appetite:**

<i>Cravings</i>	
<i>Aversions</i>	
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**Thirst:**

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**Bowel habits:**

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**Urination:**

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**Menstrual cycle and menses:**

<b>Menarche:</b>	Yrs	Regular	Irregular	<b><u>Pre-menstrual:</u></b>
<b>LMP:</b>		<b>Interval:</b> days		
<b><u>Nature of bleed:</u></b>		<b>Duration:</b> days		
		Meno-	Metro-	
				<b><u>Post-menstrual:</u></b>
<b><u>Pain:</u></b>				

## 6. Head-to-toe and Systems Overview:

**Head:**

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**Eyes and Vision:**

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**Ears and Hearing:**

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**Nose and Sinuses:**

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**Mouth, Tongue and Teeth:**

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**Throat:**

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**Respiratory System:**

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**Cardiovascular System:**

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**Gastro-intestinal System:**

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**Urinary System:**

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**Genitalia and Sexuality:**

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**Musculoskeletal System:**

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**Extremities:**

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Lower:

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**Skin:**

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**Hair and Nails:**


**Other:**


## **7. Psychological Overview:**

<b>Disposition:</b>
<b>Fears:</b>
<b>Relationships:</b>

<b>Social Interaction:</b>
<b>Ambition/ Regret:</b>
<b>Hobbies/ Interests:</b>

## 8. The Physical Examination:

### a) Physical Description

<b>Frame/ Build:</b>			
<b>Hair colour:</b>		<b>Complexion:</b>	
<b>Eye colour:</b>		<b>Skin texture:</b>	

**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"/>	Dehydration	<input type="checkbox"/>
Clubbing	<input type="checkbox"/>		

**Specific System Examinations:**

Consultation Date:		Signature:	

Adapted from Ross, A. 2009. An appraisal of homoeopathic proving methodology as a bridge between the indigenous and rationalist-scientific understandings of medicinal plants: the case of *Stychnos henningsii*. D. Tech: Homoeopathy. Dissertation, Durban University of Technology.

## APPENDIX D



## APPENDIX D

### INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC) LETTER OF INFORMATION TO PROVERS

DATE:

**TITLE OF RESEARCH STUDY:**

*A Homoeopathic Drug Proving*

**NAME OF SUPERVISOR:**

DR. MADHU MAHARAJ (M.Tech Homoeopathy)

*Contact no: (031) 373 2514 (w)/+27833882688 (cell)*

**NAME OF CO-SUPERVISOR:**

DR. NEVORNDUTT SOMARU (M.Tech Homoeopathy)

*Contact no: (031) 373 2514 (w)/+27837782984 (cell)*

**NAME OF RESEARCH STUDENT:**

MARISA LAIDLAW (B.Mus Hons) (B.Tech Homoeopathy)

*Contact no: +27834498162 (cell)*

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**Brief Introduction and Purpose of the Study:**

**Dear Prover:**

Thank you 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.

The only way to expand our armamentarium of homoeopathic remedies is through comprehensive provings. Many provings have already been conducted to reveal remedies' individual characteristics, but in order to keep expanding the therapeutic

range of homoeopathy it is necessary to continually conduct provings on new substances.

Each homoeopathic prescription is unique to the individual patient. The totality of symptoms of the patient are matched up with the symptoms a particular remedy produced in healthy subjects during a proving study. Provings are therefore the main source of data for the homoeopathic materia medica.

### **Outline of the Procedures:**

#### **INCLUSION CRITERIA**

In order to participate in this proving, you must:

- Be between the ages of 18 and 55 years old;
- Be in a general state of good health;
- Not need any medication, whether homoeopathic, chemical/allopathic or other;
- Not be on, or have been on the contraceptive pill or HRT in the last 6 months;
- Not be pregnant or breastfeeding;
- Not have had surgery in the last 6 weeks;
- Not use recreational drugs e.g. marijuana, cocaine, MDMA;
- Not consume more than 2 measures of alcohol per day;
- Not consume more than 10 cigarettes a day;
- Not consume more than 3 cups of coffee, tea or herbal tea a day;
- Be willing to follow the proper procedure for the duration of the proving.

#### **EXCLUSION CRITERIA**

You may not participate in this study if:

- You are younger than 18 years old or older than 55 years old;
- You are in a poor state of health;
- You are on chronic allopathic, homoeopathic, or herbal medication;
- You are on, or have been on, the oral contraceptive pill or HRT within the last six months;
- You are pregnant or breastfeeding;
- You have had surgery in the last six weeks;
- You use recreational drugs e.g. marijuana, cocaine, MDMA;
- You consume more than 2 measures of alcohol a day;

- You smoke more than 10 cigarettes a day;
- You consume more than 3 cups of coffee, tea or herbal tea a day;
- You are not willing to follow the proper procedure for the duration of the proving.

### **Before the Proving:**

Ensure that you have:

- Signed the ***Informed Consent Forms*** (APPENDIX B and E);
- 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:**

Record the symptoms daily in the diary for one week prior to taking the remedy. This will help you get into the habit of observing and recording your symptoms, as well as bringing you into 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 you and your supervisor have agreed upon. Record the time 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 half an hour before and after taking the remedy.

In the event that you experience symptoms or those around you observe any proving symptoms **do not take any further doses of the remedy**. **This is very important.**

By proving symptoms we mean:

1. **Any new symptoms** i.e. ones that you have never experienced before; or

2. **Any change or intensification of any existing symptom;** or
3. **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 usually begin very subtly, often before the prover recognises that the remedy has begun to act.**

Once you have stopped taking the remedy, you are **still part of the study** until symptoms cease.

#### **Lifestyle during the Proving:**

Avoid all antidoting factors such as **coffee, camphor** and **mints**. If you normally use these substances, please stop taking those 2 weeks before, and for the duration of, the proving. Protect the powders you are proving as you would for any 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 normal framework and maintain your normal 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 a 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 credibility of the proving that you **discuss your symptoms with your supervisor only**. 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 contact you to inform you to begin your 1-week observation period, and then daily from the day you begin to take the remedy. This will later decrease to 2 or 3 times a week, and then 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 day or night that they occurred. **This should be done as vigilantly and frequently as possible so that the details will be fresh in your memory.** Make a note even if nothing happens.

***Please start each day on a new page with the date noted at the top of each page. Also please 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 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:

<b><u>LOCATION:</u></b>	Try to be accurate in your anatomical descriptions. Simple, clear diagrams might help here. Be attentive to which side of the body is affected.
<b><u>SENSATION:</u></b>	Describe this as carefully and as thoroughly as possible e.g. burning, shooting, stitching, throbbing, dull etc.
<b><u>MODALITY:</u></b>	A modality describes when 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.
<b><u>TIME:</u></b>	Note the time of onset of symptoms, and when they cease or are altered. Is it generally better or worse at a particular time of day, and is this unusual for you?
<b><u>INTENSITY:</u></b>	Briefly describe the sensation and the effect on you.
<b><u>AETIOLOGY:</u></b>	Did anything seem to cause or set off the symptom and does it do this repeatedly?
<b><u>CONCOMITANTS:</u></b>	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:**

<b>C</b>	-	Concomitants
<b>L</b>	-	Location
<b>A</b>	-	Aetiology
<b>M</b>	-	Modality
<b>S</b>	-	Sensation
<b>I</b>	-	Intensity
<b>T</b>	-	Time

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

<i>Mind/ Mood</i>	<i>Extremities</i>
<i>Head</i>	<i>Urinary Organs</i>
<i>Eyes/ Vision</i>	<i>Genitalia</i>
<i>Ears/ Hearing</i>	<i>Sex/ Menstruation</i>
<i>Nose</i>	<i>Temperature</i>
<i>Back</i>	<i>Sleep</i>
<i>Chest and Respiration</i>	<i>Dreams</i>
<i>Digestive System</i>	<i>Generalities</i>
<i>Skin</i>	

Please give full descriptions 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 if 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 notation according to the following key in brackets next to each entry:

**(RS): Recent symptoms** 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): Alternation** in a **present** or **old symptom** e.g. used to be on the right side, now on the left side

**(US): An unusual symptom** for you.

If you have any doubts, discuss them with your supervisor.

### **Randomisation:**

The randomisation process will be carried out electronically. This means that neither the researcher nor the provers will know to which group (verum or placebo) each prover has been allocated.

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

### **Risk or Discomfort:**

Discomfort may be experienced as a result of participating in the proving, which will be temporary, and complete recovery will occur. The symptoms that may arise are mild, transient and functional, and can be anti-doted should it be unbearable.

All potential provers will be informed about the inconveniences, potential risks, objectives and benefits of the study. You will be required to sign the *Informed Consent form* (**APPENDIX E**) before becoming part of the proving.

### **Benefits:**

The benefits to provers include:

- Learning and developing the skill of observation;

- Gaining Homoeopathic knowledge through direct involvement in a proving;
- Being cured of certain ailments if the remedy is similar/simillimum;
- It is assumed that each proving undertaken improves the body's vital force (O'Reilly, 1997:208).

### **Reason/s for Withdrawal from the Study:**

Participants will be withdrawn from the proving study if:

- the participant wishes to withdraw at any point in the duration of the study;
- extreme discomfort or severe aggravations occur that need to be antidoted during the proving period;
- medical emergencies not related to the proving study occur e.g. acute appendicitis, motor vehicle accident, or any incident requiring immediate hospitalization/medical intervention; or
- there is non-compliance to the proving procedure.

### **Remuneration and Cost:**

There is no cost of participation or expense to the prover for participating in this proving, nor is there any remuneration offered to the participants involved.

### **Research-related Injury:**

No compensation will be offered. In the event that the participant experiences extreme discomfort or severe aggravations during the proving period, the participant will be withdrawn immediately and an antidote administered.

### **Contact Persons:**

Each participant in this proving is given the name and contact telephone number of the research student (**Marisa Laidlaw**) and supervisor (**Dr. Madhu Maharaj**) in the event that queries or problems should arise. Alternatively, participants can contact the **Institutional Research Ethics administrator** on **031 373 2900**.

Complaints can be reported to the **DVC**: TIP, Prof F. Otieno on 031 373 2382 or [dvctip@dut.ac.za](mailto:dvctip@dut.ac.za).

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

“The person who is proving the medicine must be pre-eminently trustworthy and conscientious... and able to express and describe his sensations in accurate terms.”

(Hahnemann, 1999:200)

**Marisa Laidlaw +27834498162**

\* Adapted from: BOTHA, I. (2010) *Towards an Integrated Methodology: C4, Sherr and Dream Provings of Protea cynaroides*. Durban, Durban University of Technology.

## APPENDIX E

### INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC) INFORMED CONSENT FORM

*To be completed in duplicate by prover.*

#### Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Marisa Laidlaw, about the nature, conduct, benefits and risks of this study. Research Ethics Clearance Number: IREC 010/13.
- I have also received, read and understood the *Letter of Information to Provers* (**Appendix D**) regarding the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

\_\_\_\_\_  
Full Name of Participant  
Thumbprint

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature / Right

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

\_\_\_\_\_  
Full Name of Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Name of Witness (If applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## APPENDIX F

## APPENDIX G

# Preparation Methods

### Remedy Preparation:

The manufacture of the remedy *Withania somnifera* 30CH will be done by hand, according to the German Homoeopathic Pharmacopoeia method 6 (to produce the triturate), method 8a (to produce the 30CH) and method 10 (to impregnate the granules). The researcher will make the remedy herself, as Hahnemann recommends that physicians both make and dispense their own remedies (O'Reilly, 1996:232).

*Detailed materials and methodology are given in Appendix H (1), (2) and (3).*

- **Method 6: Trituration by Hand**

Preparations made according to Method 6 are triturations of solid basic drug materials with lactose as the vehicle unless otherwise specified.

#### Trituration by hand:

One part (0.10g by weight) of finely chopped *Withania somnifera* will be triturated with 99 parts (9.90g by weight) of a lactose vehicle. The lactose vehicle will be massed out into three parts, each weighing 3.30g. In a clean, flamed and cooled mortar and pestle, 0.10g of the finely chopped *Withania somnifera* will be triturated with one part of the lactose vehicle for 6 minutes, followed by 4 minutes of scraping down with a spatula. The trituration and scraping will then be repeated. After the second scraping down, the second part of the lactose vehicle will be added. The 6-minute trituration and 4-minute scraping process will then be repeated twice. The third part of the lactose will be added, followed by two more 6-minute trituration and 4-minute scraping sessions. The minimum time required to manufacture *Withania somnifera* 1CH triturate will be one hour.

The 2CH triturate will be produced by using one part (0.10g by weight) of the 1CH triturate with 99 parts (9.90g by weight) of a lactose vehicle, divided into three parts of 3.30g each. It will be triturated in the same way the 1CH was triturated, apart from

using 1CH instead of the crude substance. The minimum time required to manufacture *Withania somnifera* 2CH triturate will be one hour.

The same process will be applied to create the 3CH triturate, substituting the 1CH triturate with the 2CH triturate.

See Appendix H(1)

- **Method 8a: Liquid Preparations from Triturations**

Preparations made by Method 8 are liquid preparations produced from triturations made by Method 6.

To produce a 4CH potency in a liquid vehicle, one part (0.10g by weight) of the *Withania somnifera* 3CH triturate will be dissolved in 99 parts (9.90ml by volume) distilled water and succussed 10 times. This will produce the 4CH potency.

To prepare the 5CH potency, one part (0.03ml) of the 4CH potency and 99 parts (2.97ml) of 73% alcohol will be added to a 5ml bottle and succussed 10 times. This method will be used to manufacture the 6CH to the 29CH potencies

The 30CH potency will be manufactured by placing one part (0.16ml) of the 29CH potency and 99 parts (15.84ml) of 73% alcohol in a 25ml amber glass bottle. This will be succussed 10 times to generate *Withania somnifera* in the 30CH potency.

Although the GHP stipulates the use of 30% alcohol, an alcohol concentration of above 60% should be used for the impregnation of granules to prevent the lactose granules from dissolving. The use of 73% throughout is to create uniformity in the process of potentisation from 5CH to 30CH.

See Appendix H (2)

- **Method 10: Preparation of Granules (Globuli)**

The granules will be impregnated using a triple impregnation method. The 1% volume (1ml) of *Withania somnifera* 30CH will be divided into 3 parts. The first part will be added to 100ml of lactose granules and be allowed to dry, before repeating the process with the next 2 parts.

See Appendix H (3)

Adapted from Botha, I. 2010. Towards an Integrated Methodology: C4, Sherr and Dream Provings of *Protea cynaroides*. D. Tech: Homoeopathy. Dissertation, Durban University of Technology.





## The Preparation of *Withania Somnifera* 30CH

### H (1) Method 6 – Triturations

**Aim:** To produce a 3CH trituration from *Withania somnifera* by hand.

**Apparatus:**

Unglazed porcelain pestle and mortar

Steel Spatula

Mass balance (accurate and calibrated)

Cigarette Lighter

**Consumables:**

96% ethanol (for flaming)

Clean, empty No. 6 vials

Filter paper

Labels and pen

**Ingredients:**

Lactose monohydrate (Eur.P) powder

*Withania somnifera* – finely chopped whole plant, mixed to ensure a homogenous distribution of all the parts

**Method:**

All apparatus and utensils must be clean and odourless

1. Clean the mortar and pestle and spatula with distilled water, and flame with 96% ethanol.
2. Allow mortar and pestle to cool sufficiently before use.
3. Place a new piece of filter paper on the scale and tare it.
4. Mass 0.1g of *Withania somnifera* onto the filter paper.
5. Place a new piece of filter paper on the scale and tare it.
6. Mass 3.3g of pure lactose powder onto filter paper.
7. Repeat step 6 twice more (Total lactose powder mass:  $3 \times 3.3\text{g} = 9.9\text{g}$  therefore drug substance to vehicle ratio  $0.1\text{g}:9.9\text{g} = 1:100$ ).
8. Place 3.3g of lactose into mortar and triturate for a short period.
9. Add the 0.1g crude *Withania somnifera* into the mortar.
10. Triturate for 6 minutes and scrape down for 4 minutes with a porcelain spatula. Then triturate for 6 minutes and scrape down for 4 minutes. (Trituration time:  $2 \times 10 \text{ min} = 20 \text{ min}$ ).

11. Add the second portion of 3.3g of lactose powder. Continue as in step 10 above.
12. Finally add in the third portion of 3.3g of lactose. Proceed as in step 10 above. (Total trituration time: 20min X 3 = 60 min).
13. Place triturate in a vial and label as *Withania somnifera* 1CH.
14. Repeat steps 1 – 13 when preparing *Withania somnifera* 2CH and 3CH, replacing crude *Withania somnifera* with *Withania somnifera* 1CH and 2CH respectively at each dilution level.

## **H (2) Method 8a – Liquid preparations from triturations**

**Aim:** To produce liquid dilutions of *Withania somnifera* 30CH from the 3CH triturate.

**Apparatus:**

Mass balance (accurate and calibrated)

Rubber dropper bulbs

2ml, 5ml, and 10ml pipettes

Labopette

**Consumables:**

5ml clear glass pipettes

25ml amber glass bottles

5ml clear glass screw top bottles

Filter paper

Pasteur pipettes

Pipette tips

Labels

**Ingredients:**

96% ethanol

Distilled water

*Withania somnifera* 3CH triturate

**Method:**

All apparatus and utensils must be clean and odourless.

1. Place a piece of filter paper on the scale and tare it.
2. Mass 0.1g of *Withania somnifera* 3CH on the filter paper. Place it in a 25ml amber bottle.
3. Add 9.9ml of distilled water and succuss 10 times without stopping. Label as *Withania somnifera* 4CH.
4. Place 99 parts 96% ethanol in a 5ml clear glass screw top bottle (99/100 X 3ml = 2.97ml). Add 1 part *Withania somnifera* 4CH (1/100 X 3ml = 0.03ml). Succuss 10 times without stopping. Label as *Withania somnifera* 5CH.
5. Repeat step 4 to produce *Withania somnifera* 6CH through to 29CH.
6. To prepare *Withania somnifera* 30CH place 99 parts 96% ethanol in a 25ml amber glass reagent bottle. (99/100 X 16ml = 15.84ml). Add 1 part *Withania somnifera* 29CH. Succuss 10 times without stopping. Label as *Withania somnifera* 30CH.
7. Store *Withania somnifera* 30CH in a cool environment free from any electromagnetic disturbance.

**H (3) Method 10 – Granules (Globuli)**

**Aim:** To produce *Withania somnifera* 30CH granules by means of triple impregnation with the liquid *Withania somnifera* 30CH.

**Apparatus:**

Labopette

100ml measuring cylinder

2000ml glass beaker

**Consumables:**

Pipette tips

Label

100ml amber glass bottle

Size 1 lactose granules

**Ingredients:**

96% ethanol

Distilled water

*Withania somnifera* 30CH in 96% SVR

**Method:**

All apparatus and utensils must be clean and odourless.

1. Clean the beaker and cylinder with distilled water and autoclave them.
2. Measure 100ml of size 1 lactose granules by means of the measuring cylinder. Place it in a 2000ml beaker.
3. For triple impregnation: Granules are to be impregnated with 1% v/v of the *Withania somnifera* 30CH in 96% SVR (1% of 100ml = 1ml) in three stages (333  $\mu$ ml each)
4. Add stage 1 *Withania somnifera* 30CH (333 $\mu$ ml) to the granules in the beaker by means of a Labopette. Swirl the beaker until the granules are dry.
5. Add stage 2 and 3 in the same manner as described in 4.
6. Transfer granules to a 100ml amber glass bottle. Label as *Withania somnifera* 30CH.

Adapted from Botha, I. 2010. Towards an Integrated Methodology: C4, Sherr and Dream Provings of *Protea cynaroides*. D. Tech: Homoeopathy. Dissertation, Durban University of Technology.

## APPENDIX I

# Inclusion and Exclusion Criteria

The following list of criteria will determine whether symptoms should be included or excluded from the homoeopathic symptom picture of *Withania somnifera*.

### Inclusion Criteria

A symptom should be included if:

- It is a new symptom that is unfamiliar to the prover (ICCH, 1999:36);
- It is a current or usual symptom that is intensified to a marked degree (ICCH, 1999:36);
- It is a current symptom that has been modified or altered, with a clear description of current and modified components (ICCH, 1999:36);
- It is an old symptom that has not occurred for at least one year, the time of last appearance having being noted (ICCH, 1999:36);
- It is a symptom that has disappeared (curative action) during the proving (ICCH, 1999:36);
- The time of day at which the symptom occurred is repeated in one or more provers (ICCH, 1999:36);
- A symptom occurred after taking the medication on at least 2 occasions during the homoeopathic drug proving (ICCH, 1999:36);
- A symptom occurs in more than one prover (Riley, 1997:227).

### **Note:**

- A symptom experienced before the proving started and which disappeared or is significantly ameliorated after the administration of the proving medication is classified as a cured symptom (Riley, 1997:227);
- If a symptom is in doubt, include it in brackets. If another prover experiences the same symptom, is valid and should be included (ICCH, 1999:36);
- If the prover is under the general influence of the remedy then all the new symptoms are proving symptoms (Sherr, 2003:76).

## **Exclusion Criteria**

A symptom should be excluded if:

- It has occurred in recent history i.e. in one year or less (Sherr, 2003:76);
- It is a usual or current symptom for the prover (Sherr, 2003:76);
- If there is any serious doubt as to the validity of the symptom (Sherr, 2003:76).

Any information that is extracted from the prover journals will be collated, or put together “as if one person” (Sherr, 2003:76). This collated information will then be written in standard materia medica and repertory format. Homoeopaths both locally and internationally will then be able to use *Withania somnifera* in clinical practice, based on the symptoms recorded in the synthesis repertory and materia medica.

# Ethics of Provings

Ethical guidelines according to the European Committee for Homeopathy (ECH), in accordance with the World Medical Association (2005):

- Safety of volunteers must be ensured. All risks must be compared to the benefits to the subjects.
- The risk to the proving participants is minimal because the substance has been serially diluted to a concentration of  $1 \times 10^{-60}$ , and is therefore very low in toxicity. Any effects are reversible on cessation of administration of the medicine.
- Subjects must give informed consent in writing. They have to be made aware of the procedure of the proving, possible risks, inconveniences and benefits of the proving before the trial commences.

Ethical considerations according to Kumar (2007):

- The participant should be in a fit mental, physical and legal state to be able to fully exercise his/her power of choice.
- Consent should be obtained in writing from the subject.
- The nature and purpose of the drug proving must be explained to the provers.
- A proving should never be conducted with a toxic dose of the substance – such data should be obtained from retrospective toxicological reports.
- Investigators should discontinue the proving if, in their judgment, it would be harmful to the participant if it were continued.
- Care must be taken to ensure that nothing which may harm the health of the participants is proposed in the proving methodology.

Homoeopathic provings resemble phase one of clinical trials in that both utilize a small number of healthy volunteers to elicit a response in the human body. The difference is that homoeopathic provings use a homoeopathically-potentised form of the crude substance to eliminate the possibility of toxicological effects. Symptoms elicited are artificial and functional, and are reversible after cessation of the substance, either spontaneously or through antidoting with the appropriate homoeopathic medicine. Participants on homoeopathic trials do not receive remuneration for their participation (European Committee for Homoeopathy, 2008).

Freely adapted from Botha, I. 2010. *Towards an Integrated Methodology: C4, Sherr and Dream Provings of Protea cynaroides*. D. Tech: Homoeopathy. Dissertation, Durban University of Technology.