

**A Homoeopathic Drug Proving of  
Sutherlandia frutescens and a  
Subsequent Comparison to those Remedies  
producing the Highest Numerical Values and  
Total Number of Rubrics on  
Repertorisation of the Proving Symptoms**

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Mini-dissertation submitted in partial compliance with the requirements  
for the Master's Degree in Technology : Homoeopathy in the  
Department of Homoeopathy at Durban Institute of Technology.

I, Nicolette van der Hulst, do hereby declare that this mini-dissertation  
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THIS PROVING IS DEDICATED TO  
ALL MY TEACHERS

## ACKNOWLEDGEMENTS

I would like to thank the following persons for their assistance in the execution and preparation of this dissertation:

My Parents. My greatest teachers. Thank you for your love, support, wisdom, guidance, motivation, inspiration, courage, and holding me in the palm of your hands with space enough to choose my own direction and appreciate the expanding freedom of human intelligence and strength of my spirit.

Dr. Ashley Ross and Dr. Crofton Russel Hopkins. Thank you for teaching me the importance of being a life-long student.

Dr. Ashley Ross. Thank you for your supervision and guidance during this important time.

Lisa Low, Collette Kell and Heather Webster. Without you this would've been impossible.

Noelene Feldon. Your hard work support, love and generosity is very much appreciated.

Heather, Karen, Jon, Dillon, Edyne and Nigel. Thank you for reminding me that the people who achieve mastery have the ability to be outrageous.

All the research students who have gone before me and helped pave my way.

## ABSTRACT

The purpose of this investigation was to determine the effect of Sutherlandia frutescens 30CH on healthy provers, and to record the signs and symptoms produced, so that it may be prescribed according to the Law of Similars. A further aim of the investigation was to compare those remedies yielding the highest numerical value and total number of rubrics on repertorisation of the proving symptoms to Sutherlandia frutescens.

It was hypothesised that the 30CH potency of Sutherlandia frutescens would produce clearly observable signs and symptoms in healthy provers, and that the comparison of Sutherlandia frutescens to those remedies yielding the highest numerical value and total number of rubrics on repertorisation of the proving symptoms would highlight differences and similarities between the remedy symptoms so that confusion as to indication is erased. It was hypothesised that a fuller understanding of Sutherlandia frutescens and its relationship to other remedies would be gained following this comparison.

A double blind, placebo controlled proving of Sutherlandia frutescens 30CH was conducted on twenty-four healthy volunteers who met the inclusion criteria. Six of the twenty-four provers randomly received placebo, with neither prover nor researcher knowing who was on placebo. Provers had a homoeopathic case history taken and physical examination performed on them before commencement of the proving. The provers recorded their signs and symptoms before, during and after administration of the remedy, by means of a journal. On completion of the proving, the information was correlated and assessed by the four researchers, the symptoms elicited translated into Materia Medica and Repertory language, and a homoeopathic picture of the remedy formulated. Data from the case histories, physical examinations and group discussion were also considered.

The provers experienced a pronounced sensation of isolation and dissociation from themselves and others. There was a strong aversion to company and conversation, and a desire for solitude. Weeping, sadness and changeable moods with increased mental sensitivity was reported. Pain was experienced in the head, eyes, throat, stomach, abdomen, back and extremities. There was much itching produced everywhere in the body and sensations of heat internally and externally was widely reported. The majority of the female provers experienced irregularities in their menstrual cycle and dysmenorrhoea. The proving produced much sneezing, nausea, abdominal distension and pain, a sensation of heaviness felt internally, cramping and stiffness of the extremities and sleep disturbances. Many provers felt much better in open air and for exercise, whilst there seemed to be an aggravation of symptoms during perspiration. Lassitude on waking was experienced and many symptoms were worse in the morning. The provers reported an amelioration after eating, desire for refreshing food and drink and a notable weight gain following participation in the proving.

A repertorisation of the eleven symptoms representing the essence of Sutherlandia frutescens was done using the *Mac Repertory* programme. On extraction of the repertory it was found that, of the Leguminaceae family, *Indigo* and *Baptisia tinctoria* repertorised highest, and *Sepia succus* and *Ambra grisea* were the closest remedies in the animal kingdom. The extraction of the mineral remedies yielded predominantly remedies containing Carbon.

The investigation clearly supported the hypothesis that Sutherlandia frutescens 30CH would produce signs and symptoms in healthy provers. The subsequent comparison of Sutherlandia frutescens proving symptoms to *Indigo*, *Baptisia tinctoria*, *Sepia succus*, *Ambra grisea* and the Carbons, highlighted differences and similarities between these remedies and Sutherlandia frutescens.

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## DEFINITIONS OF TERMS

### **LAW OF SIMILARS:**

A fundamental principle of homoeopathy that maintains that a substance which is capable of provoking symptoms in a healthy organism acts as a curative agent in a diseased organism in which the same symptoms are manifested. Any substance which can produce a totality of symptoms in a healthy human being, can cure that totality of symptoms in a sick human being.

(Vithoulkas 1986:92)

### **PLACEBO:**

A non-medicated, relatively inert substance administered to contrast the effects of the relative non-medication in controlled experiments with those of medication in two comparable groups of patients. A dummy treatment administered to the control group in a controlled trial in order that the specific and non-specific effects of the experimental treatment can be distinguished.

(Taylor et al 1988:1298)

### **POTENCY:**

The stage of altered remedial activity to which a drug has been taken by means of a mathematico-mechanical process of deconcentration with succussion, or by trituration of the medicinal substance, which is thus brought to a state of diminutive or infinitesimal subdivision.

(Gaier 1991:432)

**PROVERS:**

People of average health who take repeated doses of drugs until subjective or objective symptoms of a disturbance appear.

(Whitmont 1991:15)

**PROVING:**

The systematic procedure of testing substances on healthy human beings in order to elucidate the symptoms reflecting the action of the substance (Vithoulkas 1986:96). The procedure investigates exhaustively the effects of drugs on provers over a set time period, followed by collation of all subjectively and objectively assessed responses.

## CHAPTER 1

### 1. OVERVIEW

#### 1.1 INTRODUCTION

Homoeopathic drug proving has been the most important part of homoeopathic theory and the foundation of its practical application ever since Hahnemann discovered that China was able to produce malaria-like symptoms in 1790. Provings are the pillars upon which homoeopathic practice stands (Sherr 1994:7) as there is no other way of predicting the effect of a substance as a remedy with any degree of accuracy other than recording the symptoms it produces in a healthy person. (Sherr 1994:7). Provings are the only way of identifying new homoeopathic remedies which may be added to the Materia Medica and as such, will always take up a major part of homoeopathic research effort. (Cook 1989:93) and Vithoulkas (1986) describe provings as vital instruments in the expansion of the therapeutic knowledge of homoeopathic remedies and Sherr (1994) emphasises that cases that could only be partially covered by existing remedies may be cured via simillimum prescription of the proving substance. Hahnemann both desired and expected that after his death, further substances would be identified, proved and incorporated in the homoeopathic Materia Medica (Kaptchuk 1996:238). The future of homoeopathic research lies in the exploration of the curative powers of new substances (Walach 1994:130)

South Africa is rich in indigenous flora and fauna with enormous healing potential (Wright 1999:2). Unfortunately there are very few indigenous South African substances in our homoeopathic

Materia Medica, with Europe and the United States being relied on heavily as sources of crude drugs (Wright 1999:3). To this end, South African homoeopaths should commence the systematic proving of substances indigenous to our country (Wright 1999:3). Some homoeopaths think that a useful remedy is one that is local and within reach of the patient, for nature will always provide an accessible cure (Sherr 1994:49). With so many known, but unproved, plant species on this earth, the scope for expanding the therapeutic armamentarium of homoeopathy is enormous (Cook 1989:93).

Sutherlandia frutescens is recognised as having a wealth of therapeutic uses. It is used to treat stomach, intestine and uterine disorders (Smith 1895:60; Gericke, van Wyk, van Oudtshoorn 1997:246); influenza, rheumatism, liver ailments, haemorrhoids, bladder and female complaints, diarrhoea, stomach ailments and backache (Gericke, van Wyk, van Oudtshoorn 1997:246). Eye ailments, chickenpox (Watt and Breyer-Brandwijk 1962:649) and internal cancers (Smith 1895:60; Dykman 1980:145; Gericke, van Wyk, van Oudtshoorn 1997:246) have responded favourably to its employment. It is clear that the plant has proven itself as having the potential to cover a wide range of common first and third world health problems. The proving of Sutherlandia homoeopathically will provide an invaluable therapeutic tool in healing and so doing, expand the homoeopathic armamentarium.

The first objective is to investigate the effect of Sutherlandia frutescens 30CH on healthy provers, and record the signs and symptoms produced, so that it may be prescribed according to the Law of Similars, as required by homoeopathic science.

Partially indicated remedies seem to cure many symptoms, but leave the patient's condition in a state of confusion (Gypser 1987:421). It is therefore vital that there is an understanding of the relationship between the seemingly indicated remedy and remedies with similar indications. Similarities and differences between a remedy and seemingly similar remedies needs to be established in order that one prescribes accurately according to the Law of Similars, as required by homoeopathic science.

Comparative Materia Medica is not new to homoeopathy, with endless examples available. From the clinical comparisons of Farrington and Jouanny, the writings of Kent, Nash and Vermeulen, the comparative contribution of Sankaran, Scholten, Candegabe and Coulter, to name but a few, we have a wealth of knowledge that is vital in contributing to our understanding of remedies and philosophy of homoeopathy.

A comparison of the Materia Medica of Sutherlandia frutescens with those remedies which repertorise highest numerically and produce the highest total number of rubrics on repertorisation will endeavour to highlight similarities and differences between the symptoms of the remedies so that confusion as to indication is erased. A fuller understanding of the proving symptoms, as well as a greater understanding of the relationship of Sutherlandia frutescens to other remedies (via its relationships to those remedies yielding the highest numerical and total number of rubrics value on repertorisation) will follow this comparison.

The second objective is to compare those remedies producing the highest numerical value and total number of rubrics on repertorisation with the proving symptom of Sutherlandia frutescens 30CH.

## 1.2 THE HYPOTHESES

It was hypothesised that the 30CH potency of Sutherlandia frutescens will produce clearly observable signs and symptoms in healthy provers.

It was hypothesised that the comparison of Sutherlandia frutescens to those remedies producing the highest numerical value and total number of rubrics on repertorisation of the proving symptoms, would highlight similarities and differences between the symptoms of the remedies so that confusion as to indication is erased. A fuller understanding of Sutherlandia frutescens and its relationship to other remedies was proposed.

## 1.3 THE DELIMITATIONS

The study did not:

- Seek to explain the mechanism of action of the homoeopathic preparation in the production of symptoms in healthy individuals.
- Determine the effects of potencies of the plant other than the thirtieth centesimal.
- Seek to perform multicentre trials of the drug.

## 1.4 THE ASSUMPTIONS

- The remedy used in the proving was accurately prepared according to the standard for the preparation of plants as stipulated in the German Homoeopathic Pharmacopoeia,

and this was the correct method for the preparation of Sutherlandia frutescens.

- The provers complied with the proper procedures for the duration of the proving.
- The provers would take the remedy in the dosage, frequency and manner required.
- The provers would practice self-observation that is conscientious and accurate.
- The provers would live under ordinary everyday conditions and will not deviate from their normal lifestyle or dietary habits immediately prior to, or for the duration of the proving.
- The repertorisation of Sutherlandia frutescens would produce remedies with the highest numerical value and total number of rubrics on repertorisation, thus making a subsequent comparative discussion possible.

## CHAPTER 2

### 2. REVIEW OF THE RELATED LITERATURE

#### 2.1 INTRODUCTION

The future of homoeopathic research lies in the exploration of the curative powers of new substances (Walach 1994:130). Unfortunately little of the proving literature which dates from the 19<sup>th</sup> century would stand up to serious criticism today (Campbell 1994: 248). With the recent contributions of such notables as Vithoulkas (1986), Cook (1989), Roberts (1993), Sherr (1994), Riley (1995, 1997), Walach (1997) and Coulter (1998), to name but a few, provings are far more structured and methodically sound. Considering the great importance drug provings have in homoeopathic theory and practice, it is surprising that so little scientific work has been done on the subject (Walach 1994:130).

#### 2.2 HISTORICAL PERSPECTIVES

The basic system of homeopathy was recognised in ancient Greece by the physician Hippocrates (460–350 BC) who is generally regarded as the “Father of Medicine”. He recognised that by similar things a disease is produced and through the application of the like, it is cured (Cook 1989:1). Aristotle (384 – 322 BC) believed that often the simile acts upon the similar. Galen (130 – 200 AD) who was recognised as the authority in medicine for more than a thousand years, tested medicinal substances on healthy people. Paracelsus (1493 – 1541) rejected the principle of opposite acting remedies and believed that every diseased organ had its corresponding remedy in

nature. The first enunciation of the fundamental homoeopathic principle was given by Stahl in the early 17<sup>th</sup> century. He wrote: "To treat with opposite acting remedies is the reverse of what ought to be. I am convinced that disease will yield to, and be cured by, remedies that produce similar affections". (Cook 1989:2). The basic concept of treating likes with likes remained underdeveloped.

Hahnemann was one of the first to give medicines to healthy people in order to understand its effects on the sick. He was not however, the first to have had the idea. Von Haller advocated it in 1771 and Storck (1731 – 1803) experimented with pharmaceutical substances on himself (Walach 1994:129). Hahnemann however, rationalised and systemised the concept of provings as we understand it. Hahnemann's discovery in 1790 that *China* was able to produce malaria-like symptoms when taken by a healthy person, the very disease the drug was used to cure, established the basic precept of homoeopathy. Hahnemann tried to break from the speculative methods of Galenic scholasticism, Renaissance magic and simplistic mechanical or chemical theories on healing. He attacked methods using speculation, medieval hot/cold theories, and sympathetic magic intuitions using the smell, taste or appearance of drugs. He believed that clinical medicine had to be based on what actually happened to people and sought to create a clinical medicine based on accurate provings. Between 1805 and 1839 Hahnemann published the pathogenesis of 101 drugs (Dantas 1996:230).

The earliest record of use of a blind technique in a homoeopathic drug proving dates to 1880 and was published in the New York City-based *Homoeopathic Times : a Monthly Journal of*

*Medicine, Surgery and the Collateral Sciences* (Kaptchuk 1997:49). From 1842 onwards the Homoeopathic Society of Vienna undertook re-provings as well as new provings. Two vast Materia Medica resulted from all the activity of the time, that of Allen in 1874, and that of Henry in 1892 (Wright 1999:6). At the turn of the 18<sup>th</sup> century, homeopathy had reached its zenith, being practised in more than 60 countries world-wide and had become the form of medicine preferred by the majority (Cook 1989:18).

During the 19<sup>th</sup> century, provings multiplied under the supervision of Hering, Stapf, Kent and others. The decline of homeopathy after 1909 can be attributed to the so-called miracle drug revolution, lack of research and financial support, and a rift in the profession between those physicians following a Kentian structure and the Hughesian homeopaths (Cook 1989:20).

### 2.3 MODERN DEVELOPMENTS

A renewed interest in homoeopathic research world-wide began in the 1950's. In Great Britain, the Hahnemannian Society, formed by Dr. Alva Benjamin in 1958, the British Association of Homoeopathic Pharmacists (1980), the British Association of Homoeopathic Veterinary Surgeons (1981), the United Kingdom Homoeopathic Medical Association (1986) and the Hahnemann College of Homeopathy, have encouraged the practice of further homoeopathic drug provings (Cook 1989:26). In the United States, the National Centre for Homeopathy, the Arizona Homoeopathic Medical Association (1981), the Florida Homoeopathic Association, the Homoeopathic Association of Greater Chicago (1985) and the National Center for Homeopathy

in Washington D.C., promote increased research into homoeopathic philosophy and practice. (Cook 1989:23).

In France, homoeopathic research flourishes through the two principal manufacturers of homoeopathic medicine – Boiron and Dolisos (Cook 1989:29). In India, a Research Council for Homeopathy was constituted by the central government and today there are over 46 research centres throughout the country (Cook 1989:30).

A large number of provings have been done in recent years. Between the years 1947 and 1956, Dr. Templeton conducted nine drug provings, with *Cadmium met.*, *Beryllium* and *Rauwolfia serpentina* being the three most important (Raeside 1972: 203). Raeside conducted a further 13 drug provings between 1956 and 1972. These included *Hydrophis cyanocinctus* (1956), *Venus mercenaria*, *Hirudo medicinalis* (1962), *Triosteum perfoliatum*, *Luffa operculata* (1963), *Mandragora officinalis*, *Colchicum autumnale*, *Lophophytum leandri*, *Strychnos toxifera* (1970), *Selenium* (1960), *Tellerium*, *Granite* (Raeside 1972) and *Mimosa pudica* (Raeside 1971). A proving of *Chlorpromazine* was conducted during December 1963 and January 1964 (Pai 1965:102). Sherr (1994) finds that the new provings, such as are found in the books of Stephenson and Julian, contain many useful symptoms but often lack detail, especially of mental symptoms.

In 1980, Vithoulkas published *The Science of Homeopathy* in which he devoted an entire chapter to the proving process. 1994 saw the publication of Sherr's work on *The Dynamics and Methodology of Homoeopathic Provings*. Sherr's major synthesis of all the diverse methodologies and clarification of many ambiguities which exist in homoeopathic provings,

provides a practical framework for comprehensive modern provings which will assuredly carry homeopathy into the next century (Wright 1999:8). Sherr (1994) attempted to collate and register recent provings of the 15 years prior to publication of his book and these numbered at least 180. More recent provings include those of *Veronica officinalis* (Riley 1995), *Ringworm* (Sankaran 1994:58), *Adamas*, *Androctonus* and *Neon*, (Sherr 1997), *Larus argentatus*, (Fink 1997:106), *Oenanthe crocata*, (Lesigang 1997:108), *Convallaria majalis*, (König and Santos-König 1997:110), *Bambusa arundinaceae*, (Schuster 1997:96), *Mantis religiosa*, (Padiwy 1997:227), *Parthenium hysterophorus* (Maishi et. al. 1998) and *Bitis arietans arietans* (Wright 1999).

Riley (1997) has made a significant contribution to the development of proving methodologies which are consistent, and the extracting of symptoms from homoeopathic drug provings. Brilliant (1997) has called for extensive provings with an understanding of the dynamic aspects of the proving, which will help us transcend our understanding of the remedy, whereas Walach (1974, 1997) has contributed immensely to a quantitative analysis of symptoms in provings.

## 2.4 REFINEMENT OF PROVING METHODOLOGIES

The earliest record of the use of a blind technique in a homoeopathic drug proving dates to 1960 and was published in the New York City based *Homoeopathic Times: a Monthly Journal of Medicine, Surgery and the Collateral Sciences* (Kaptchuk 1997:49). The double-blind technique was introduced by Bellows in a re-proving of *Belladonna* using placebo control in 11 USA centres from 1901 – 1903 (Dantas 1996:235). The double-blind placebo controlled method has become very popular

in more recent years (Davidson 1995; Vithoulkas 1986). The cross-over technique employed by Raeside (1972) has not been well supported due to the carry over effects which complicate the picture (Sherr 1994:38; Walach 1997:221). The use of the treble-blind design introduced by Raeside (1972) is utilised by Riley (1995) and Sherr (1994).

Blinding of participants in an experiment to prevent conscious or unconscious bias is considered a crucial component of contemporary medical research. The first time an orthodox medical treatment was tested against and compared to, a 'sham' intervention was a clinical trial in the treatment of tuberculosis between 1926 and 1931 (Kaptchuk 1997:49). A scientific experiment about homoeopathic 30C dilutions performed in 1879 – 1880 involving a blind technique, has been overlooked in both the history of science literature and homoeopathic literature. The experiment conducted tested *Aconite* 30C against placebo and was reported in March 1880 (Kaptchuk 1997:49).

By 1900, well before orthodox medicine had incorporated this method into its evaluative process, homoeopathic circles considered a blind procedure routine for participants in a homoeopathic drug proving. (Kaptchuk 1997:50). Kent's instructions on provings published in 1900 in *Lectures on Homoeopathic Philosophy* illustrates this trend. In this respect, orthodox medicine was a late starter compared with homeopathy. The longstanding use of placebo in provings, however, has done little to convince a sector of the homoeopathic community of its necessity. Placebo remains the most controversial issue in proving protocol.

Walach (1994) considers the use of placebo controls as unnecessary. Intra-individual control, i.e. a crossover design with all its inherent difficulties remains his candidate of choice, but he finds parallel-groups designs of no value in provings (Walach 1994:130). Walach's own pilot study of *Belladonna* 30C brought him to the conclusion that the only valid design was an intra-individual control in a crossover design. He argues that for more than 100 years, provings have been done without placebo control and that the use of placebo control as the only valid control will necessitate the re-proving of all substances with placebo (Walach 1994:130). The control was the experience of the provers and of the director of the proving, and the ensuing validation by clinical practice. The pragmatic control in the proving and proceeding clinical application is suggested as sufficient for the purpose of valid homoeopathic therapy (Walach 1994:130).

Davidson (1995) argues that far from the use of placebo control as being unnecessary, it may one of the most important requirements in the conduct of modern provings. By administration of placebo, it is possible to hold all other variables constant and examine what additional variance is explained by drug intervention. Without both a double-blinding and placebo control, one cannot be certain that the findings are not due to hope, expectancy, spontaneous fluctuations or other variables (Davidson 1995:63). He suggests that without placebo control there is nothing to protect against investigator bias and patient expectation. Many will fail to be convinced by the argument that placebo-controlled studies should tip their hat to the experience of the provers and the director of the proving (Davidson 1995:63). Sherr (1994) suggests that placebo is a waste of good provers and that placebo provings occasionally

produce similar symptoms to the proving symptoms, thus casting further doubt on the use of this medium in provings. He warns that we should use placebo in good measure, but not go out of our way to please an orthodoxy which will never be satisfied with pure homoeopathy (Sherr 1994:57). Because placebo ensures that provers are extra careful when relating symptoms, he suggests giving 10 – 20% placebo (Sherr 1994:57).

Sherr (1994) disagrees with the theory that a good proving needs a hundred or more provers. He suggests that 15-20 people will produce a very full remedy (Sherr 1994:45). Seventeen provers – 12 women and 5 men – ranging in age from 23 to 59 years, took part in the proving of *Veronica officinalis*. Fifteen provers received venom and 2 placebo (Riley 1995:144). Thirty-two provers partook in the proving of *Parthenium hysterophorus* (Maishi et al. 1998:17) and Pai (1965) proved *Chlorpromazine* on 12 provers and 4 controls. Vithoulkas (1986) suggests 50 to 100 provers, 25% of whom serve as placebo control, whereas Schadde found that the use of 55 provers in proving *Ozone* were too many. Fuller Royal (1991) suggests 120 provers as the minimum acceptable number and Raeside (1972) used 15 – 20 provers in his provings conducted from 1956 – 1972. *Bambusa arundinacea* was proved using 20 provers – 12 females and 8 males (Schuster 1997:96) and *Oenanthë crocata* was proved using a cross-over trial conducted on 20 provers. *Larus argentatus* was proved using 43 provers (Fink 1997:106) whereas the *Convallaria majalis* proving was conducted using 28 provers, 20 females + 8 males (König & Santos König 1997:110). Wright (1999) conducted his proving on the venom of *Bitis arietans arietans* on 30 provers. Fifteen of

the thirty provers received placebo, leaving 15 provers on venom. This is in accordance with Sherr's suggestions.

Modern provings see the emphasis on varied aspects of the homoeopathic drug proving. Sherr (1994) and Riley (1995) lay more emphasis on extracting mental and emotional symptoms from the provers, for example, whereas Jouanny (1993) is more interested in the toxicological data. Sankaran (1994) emphasises the central disturbance, which is deeper than both mental and physical symptoms, as the most important aspect of a remedy and Brillant (1997) suggested that if we want to promote Homeopathy as a viable alternative for those who seek relief, we will have to transcend our understanding of remedies through their proving symptoms and grasp their dynamic characteristics.

The selection of the potency, dose and posology of the proving substance is a difficult one. This has been a much-debated topic throughout the history of homoeopathic drug provings, with a considerably scope for variation within the strict protocols of the proving methodology. The use of potencies from the very lowest to the very highest has been endorsed. Hahnemann himself was not consistent (Walach 1995:64) until concluding that the 30CH be used for provings in the sixth edition of the *Organon of Medicine* (Hahnemann 1992:111).

Raeside (1971:98) conducted twenty-five trials, over two years, using five different potencies of *Mimosa pudica*, and found the 30CH and 12CH produced the most marked symptoms. The 6X proved the least effective potency, which correlates to his findings in the proving of *Hirudo medicinalis* (Raeside 1964). Walach (1995:64) favours the use of high and low potencies for

clinical purposes, but for the sake of scientific argument suggest the use of high potencies. He also endorses the use of CH potencies which seems to carry face validity through the literature and experience (Walach 1995:64). In attempting to prove that symptoms produced by *Belladonna* differ from those produced by placebo, he used *Belladonna* 12CH and *Belladonna* 30CH in his controlled experiments (Walach 1997:219).

Riley (1995) proved *Veronica officinalis* in the 12CH potency. Schuster (1997) chose the 6CH and 30CH potencies for his proving of *Bambusa arundinacea* while *Larus argentatus* was proved in the 5CH and 18CH potencies (Fink 1997:106). The D3 and D30 potencies were used in the proving of *Oenanthe crocata* (Lesigang 1997:108). A proving of *Convallaria majalis* supervised by Whitmont was conducted in the 30CH potency (König & Santos-König 1997:110). A recent proving of *Parthenium hysterophorus* was conducted in the 2X potency (Maishi et al. 1998:18).

Vithoukas advocates the use of a range of potencies when conducting provings, from 1X to about 8X, 1X being used for relatively non-toxic substances (e.g. edible plants) and from 8X-12X for more toxic substances (e.g. hydrocyanic acid), (Vithoukas 1986:152). Fuller Royal (1991) suggests that remedies be proven in the low (3X to 12X) and intermediate potencies (30X to 60X). Sherr (1994) uses a wide range of potencies – 6CH, 15CH, 30CH, 200CH, 1M – but maintains that it is equally valid to use one potency only, such as the 30CH, or a single dose of 1M. He is of the belief that it is at the discretion of the proving director as to whether he/she uses one or a range of potencies.

There is much evidence to support the use of the 30CH potency when conducting a proving. Hahnemann insisted in paragraph 128 of the sixth edition of his *Organon of Medicine*, that the 30CH be used for provings (Hahnemann 1992:111), and Kent endorses the use of the 30CH in all his provings after reproving Hahnemann's remedies in this potency (Kent 1990). Evidence to support the use of the 30CH potency as the potency of choice exists from as far back as 1879. A blind homoeopathic trial was reported in the new York City based *Homoeopathic Times; a Monthly Journal of medicine, Surgery and Collateral Sciences*, in March 1880 (Kaptchuk 1997:49). The trial was conducted using *Aconite* 30CH, *Arsenicum album*, *Aurum metallicum*, *Carbo vegetabilis*, *Natrum muriaticum* and *Sulphur* in the 30CH potency (Kaptchuk 1997:49). Pai (1965) in his proving of *Chlorpromazine* used the 30CH only and Sherr (1994) in his proving of *Hydrogen*, found that the 30CH produced the most mental / emotional symptoms which are of the utmost importance in Homeopathy. He postulates that the proving of higher potencies cause more dynamic symptoms in susceptible provers.

Sankaran (1994) conducted his proving of *Naja*, the cobra, in the 30CH potency and Wright (1999), in his proving of the venom of *Bitis arietans arietans*, used the 30CH only. Schuster (1997) chose the 30CH potency for his proving of *Bambusa arundinacea*. A proving of *Convallaria majalis* supervised by Whitmont was conducted in the 30CH potency (König & Santos-König 1977:110). More recent provings conducted in the 30CH potency further validate its use.

## 2.5 COMPARATIVE MATERIA MEDICA

Comparative Materia Medica is not new to homoeopathy, with endless examples available, which provides a wealth of knowledge that is vital in contributing to our understanding of homoeopathic remedies and the philosophy of homoeopathy. Partially indicated remedies seem to have many symptoms, but leaves the patient's condition in a state of confusion (Gypser 1987:421). It is therefore vital that there is an understanding of the relationship between the seemingly indicated remedy and remedies with similar indication. If one is to prescribe recording to the Law of Similars, as is required by homoeopathic science, similarities and differences between a remedy and seemingly similar remedies need to be established.

Vermeulen (1994) compares each remedy mentally, emotionally and physically to related remedies. Nash, in his *Leaders in Homoeopathic Therapeutics*, uses many examples of symptomological comparisons. For instance, he describes the trio of *Sepia*, *Constrictum* and *Gelsimium sempervirens* as having the feature of dropping of the eyelids in a marked degree, (Nash 1998:267) and relates the chronic rheumatism and paralysis of *Sulphur*, *Rhus toxicodendron* and *Causticum*, and states: 'These three remedies studied in their correspondence and relation to each other will more than repay the careful student' (Nash 1998:274). The liberal use of comparative Materia Medica is seen in Kent's comparison of *Lac caninum* to *Lachesis muta*, *Alumina*, *Pulsatilla pratensis* and *Ledum palustre* (Kent 1999:676), *Kali bichromium*, *Zincum metallicum*, *Magnesia carbonica*, *Calcarea carbonica* and *Sarsaparilla* (Kent 1999:677). Ananda Zaren compares *Lac caninum* to *Phosphorous* and remedies of the Deadly Nightshade family to distinguish

differences and similarities, as well as highlight key issues of the remedy (Zaren 1996). Both Farrington (1995) and Jouanny (1984) are further examples of comparative authors.

Sankaran (1992) makes much use of the relationship of remedies and comparisons of remedies using situational Materia Medica in his writings in *The Spirit of Homoeopathy*. He compares the jealousy of *Apis mellifica*, for example, to that of *Lachesis muta* and *Hyoscymus niger* (Sankaran 1992:310), for distinction between the reactional modes of these remedies is important when there is confusion as to which remedy to prescribe. Sankaran also uses examples of cases to differentiate and compare seemingly indicated remedies (Sankaran 1994). Scientific homoeopathic prescribers assert that there is a special clinical relationship among homoeopathic remedies and that prescriptions that conform to a certain sequence are therefore bound to be more successful. (Sankaran, P. 1984:intro). Experience shows that in every complicated case there is a precise sequence of remedies that should be discovered after studying the case and a correct evaluation of the symptomology, and such a sequence has to be prescribed at the right time and in the right potency, before we can affect a cure (Vithoulkas 1998:146). It stands to reason then, that knowledge of the relationship of remedies is necessary if our aim is cure.

Comparative Materia Medica helps the homoeopath familiarise himself or herself with the similarities and differences between remedies, and to know them as living people, in their deepest and most intimate pain. The characteristics of the remedy can then be perceived through the way it lives, its attitudes and expectations, its reactions to circumstances and situations which affect it and influence its behaviour. The remedy is perceived

more importantly by its mode of action which must be observed and understood in each individual patient if we are to make a correct diagnosis. All the great masters of homoeopathy have adhered to this principle.

Candegabe (1997) suggests that information on remedies comes from three different sources: pure *Materia Medica*, clinical *Materia Medica* and the repertories. He suggests that the first, which gives a detailed account of the provings, is valuable for its authenticity and impartiality, but cannot be relied on alone because it lacks cohesion and synthesis. Its greatest drawback is seen as the inability to evaluate each symptom according to its dynamic qualities – its meaning, intention and result – unless all symptoms extracted from the provings are considered to have an existential relationship to the totality of symptoms (Candegabe 1997:4). He views knowledge drawn from clinical *Materia Medica* as enormously beneficial, but subjective. Repertorisation improves our knowledge of the similarities and differences between remedies (Candegabe 1997:5) and if a remedy is studied both in the *Materia Medica* and the repertory, a complete image will emerge, defining and characterising the remedy in a highly typical manner (Candegabe 1997:1). With this typical picture, it is easy to see the connections between symptoms, which are more than a collection of disparate facts; each symptom, with its modalities and actions, has a dynamic intention and result. The symptoms arrange themselves into levels of hierarchy and the essential characteristics of the remedy then become clear (Candegabe 1997:1). The selection of a remedy inevitably involves a process of comparing and differentiating between similar remedies, and every repertorisation is in fact a study of comparisons (Candegabe 1997:5). Candegabe (1997) advocates searching for the patient

through the repertory, as the repertory is our only source of information about the relative value of symptoms. It shows us that every remedy has a dynamic relationship between its symptoms and distinguishes two similar remedies by the presence of a single characteristic symptom which is unique to one of the remedies. A comparative study of remedies through the repertory can also enhance our knowledge of lesser-known remedies which may come through on repertoration (Candegabe 1997:9). Candegabe (1997) utilises the 'minimum characteristic syndrome' or 'minimum syndrome of maximum value', originally established by Dr. Paschero, as the basis with which to compare remedies. The essential nature and definition of a remedy is contained in this closely knit group of symptoms. Symptoms are regarded as taking on a new lease of life, and general guidelines are established to facilitate our comprehension of the essential nature of each remedy, without which it would be impossible to understand a case (Candegabe 1997:294).

To achieve a deeper understanding of a remedy, Coulter (1988) analyses the words which denote its leading characteristics, as set forth in the repertories and classic texts. She explores in depth one of the remedies' prominent component emotions in all its implication, variations and ramifications, as well as its relationship to the emotion in other polycrests. Thus a single precisely defined word or key symptom, coupled with a comparative Materia Medica approach, helps elucidate the innermost nature and overall personality of a specific remedy. It is the fine distinctions among mental states, when no solid good physical symptom is known, that helps differentiate a remedy from its closest kin (Coulter 1988:252). The indignation of *Staphysagria* for example, is compared to that of *Sepia*, *Arsenicum*, *Natrum muriaticum* (Coulter 1988:256), *Lycopodium*

(Coulter 1988:261), *Nux vomica* (Coulter 1988:263), *Ignatia* (Coulter 1988:265) and *Lachesis* (Coulter 1988:274). The mental-emotional dimension of *Thuja* is compared to that of *Natrum muriaticum* (Coulter 1988:47), *Sulphur* (Coulter 1998:52), *Staphysagria* (Coulter 1998:56), *Sepia* (Coulter 1998:57) and *Pulsatilla* (Coulter 1998:54). Coulter (1998) describes the differing manifestations of indifference in the various constitutional types and according to the causes from which it originates, as to distinguish seemingly similarly indicated remedies. For instance, in *Phosphorous*, indifference takes the form of unresponsiveness, in *Lycopodium* of detachment, in *Sulphur* of egocentricity, in *Natrum muriaticum* of self-denial, in *Sepia*, of lack of interest, in *Lachises* of switching off and so forth (Coulter 1998:279). She differentiates the clairvoyance, suspicion and generosity of various remedies in much the same manner, so as to clearly differentiate and compare remedies. Thus prescription based on the simillimum, as is required by Homoeopathic science, is more easily obtainable and more likely to follow suit.

Having understood the value of comparative Materia Medica, it is clear that a fuller understanding of the proving symptoms, as well as a greater understanding of Sutherlandia frutescens to other remedies (via its relationship to those remedies yielding the highest numerical and total number of rubrics value on repertorisation) will follow this comparison.

## 2.6 SUTHERLANDIA FRUTESCENS

### 2.6.1 Classification

Group:	Colutea
Family:	Fabaceae

Genus:	Sutherlandia
Species:	<u>Sutherlandia frutescens</u> Common
Names:	Scarlett Bladder-senna/Cancer Bush
Synonyms:	Colutea frutescens L.
Modern Genus:	Sutherlandia
Modern Species:	<u>Sutherlandia frutescens</u>
Modern Family:	Leguminaceae

### 2.6.2 Description

Sutherlandia frutescens is a small shrub that grows to approximately 1 metre in height. It has hairy leaves which are divided into small leaflets. The large red flowers have bladder-like paper pods (Gericke, van Wyk, van Oudtshoorn 1997:246). Due to the plant's ornamental value, they were found decorating gardens in England as far back as 1683 (Curtis 1792:6) and are still popular today. The plant can be found inland or at the coast (Moshe 1998:86) and is common on distributed areas especially along roadsides. Sutherlandia frutescens is widely distributed and shows remarkable regional variations (Gericke, van Wyk, van Oudtshoorn 1997:246).

### 2.6.3 Traditional Therapeutic Uses

Sutherlandia frutescens has been used by south African traditional healers for a variety of ailments for more than 100 years (Shevlin 2002:16). The Tswana know it as 'mukakana' because of its power in treating syphilis and gonorrhoea, the Zulu sangomas as 'unwele', the great medicine used to combat the 1918 influenza pandemic, and the San as 'insisa', the one that dispels darkness

(Shevlin 2002:16). Afrikaners call it the 'kankerbossie' and the people of North Sotho call it 'lerumo-lamadi' meaning "the spear for the blood" (Shevlin 2002:16). More recently its potency has earned it and other South African medicinal plants international attention.

Historically, leaf infusions of the plant were used to treat stomach, intestine and uterine disorders. It was valuable as a cough remedy and tonic (Smith 1895:60; Gericke, van Wyk, van Oudtshoorn 1997:246). It has been noted as a therapeutic tool in the treatment of eye ailments, chicken-pox (Watt and Bryer-Brandwijk 1962:649) and internal cancers (Smith 1895:60, Dykman 1980:145; Gericke, van Wyk, van Oudtshoorn 1997:246). The therapeutic uses of the plant are numerous; with influenza, rheumatism, liver ailments, haemorrhoids, bladder and female complaints, diarrhoea, stomach ailments and backache responding favourably to its employment (Gericke, van Wyk, van Oudtshoorn 1997:246). Asthma, bronchitis, hypertension, tuberculosis, clinical depression and hot flushes are further indicators for its prescription (Shevlin 2002:16). It has been described as a multi-purpose adaptogenic plant, used successfully in the treatment of cancer, Aids and chronic fatigue.

#### 2.6.4 The Leguminaceae family in Homoeopathy

Sutherlandia frutescens is a member of the Leguminaceae family, a plant family containing a vast number of successfully utilised homoeopathic remedies. *Baptisia tinctoria*, *Senna*, *Melilotus officinalis*, *Indigo*, *Robinia*

*pseudacia* and *Physostigma venenosum* are further examples of members of the same family used as homoeopathic remedies with much success. An extraction of all the rubrics in the complete repertory which contain four or more members of the Leguminosae family gives a good representation of the homoeopathic indications of the family. The rubrics and homoeopathic indicators are extracted using the *Mac Repertory* programme. Members of the Leguminaceae family are well indicated for patients who are experiencing confusion, dullness of mind, stupefaction, indolence, weakness of memory, difficulties in concentrating, an aversion to work and delusions of intoxication. Dullness, sadness, indisposition to talk, indifference and tearfulness is experienced. Members of this family may also experience the polar effects of irritability, restlessness, excitement and hysteria. Headaches, congestion, fullness, heaviness, enlarged sensations and pressing pains of the head are treated with members of the family. Eye pain, coryza, sneezing, painful throat, heartburn, stomach ache, rectal tenesmus, renal colic and frequent urging for urination are but a few of the conditions which call on prescription of a member of the Leguminaceae family. Further indications for a remedy of this family include back pain, paralysis, weakness, numbness or cramping of the extremities, itching skin, skin eruptions, copious perspiration, flushes of heat, alteration of sleep patterns and generalised prostration, weakness and paralysis.

## CHAPTER 3

### 3. METHODS AND MATERIALS

#### 3.1 THE DESIGN

This homoeopathic drug proving of Sutherlandia frutescens 30CH took the form of a double-blind, placebo controlled study. Twenty-four provers were selected after meeting the inclusion criteria (Appendix A) and 25% of the subjects (6 of the 24) received placebo in a random manner. The twenty-four provers were randomly divided into four equal groups with each researcher being responsible for a group of provers.

The provers and the four researchers were unaware of whether the prover had been assigned the remedy or the placebo. The provers were unaware of the substance they were proving or the potency of the proving substance, as suggested by Sherr (1994) as an added control measure. The provers also served as their own control by recording their state for one week prior to taking the powders. This served as a control for a comparison of the state of the individual before and after taking the remedy (Vithoulkas 1986:148-150).

The provers recorded their symptoms daily in journals and the data was later extracted from these journals. The researchers also considered data from case histories and physical examinations so as to complete the proving picture.

### 3.2 THE OUTLINE OF THE METHOD

- The proving was conducted by four M.Tech Homeopathy students.
- The remedy to be proved was prepared by the researchers according to Method 6 and Method 8a, as specified in the German Homoeopathic Pharmacopoeia (GHP).
- Each researcher conducted interviews in which potential provers were screened for suitability and checked against the inclusion criteria (Appendix A).
- The provers were between the ages of 18 and 60 years, were not in need of any medication, were not on the birth control pill or hormone replacement therapy in the last six months, were not nursing or pregnant, had not had surgery in the last six weeks, did not use recreational drugs such as cannabis, LSD or MDMA (Ecstasy) and did not consume more than two measures of alcohol per day, ten cigarettes per day or three cups of coffee or tea per day. The provers considered themselves to be in a general state of good health and were willing to follow the proper procedures for the duration of the proving (Appendix A).
- The provers were randomly divided into four equal groups with each researcher being responsible for a group of provers.
- The provers attended a pre-proving training course, as suggested by Sherr, during which the procedure of the proving was explained to them.

- The provers signed the consent form (Appendix C).
- The researcher performed a thorough case history (Appendix B) and examination on each prover.
- Each prover was allocated a prover code, a list of instructions (Appendix D) and a journal in which they were to record their symptoms. They were given a list of telephone numbers for the researchers and supervisor who were readily contactable. The starting date and medication in the form of powders was then assigned to each prover.
- The provers commenced recording their symptoms at least three times daily for one week prior to taking the remedy. This acted as a baseline individual control for each prover, as suggested by Sherr (1994:60).
- The provers commenced taking the powders a maximum of three times a day for two days, or until the symptoms first appeared, while continuing to record their symptoms. The researcher was in daily contact by telephone with each prover.
- The prover ceased to take the powder as soon as he/she noted the onset of proving symptoms (Sherr 1994:53).
- If no symptoms were noted after the completion of the medication, the prover ceased to take the medication, but continued recording their symptoms.
- The provers continued recording their symptoms until all proving symptoms had ceased.

- Contact frequency decreased from daily to every two, then three and then weekly intervals, after the first week.
- The proving was considered complete when there was no occurrence of symptoms for three weeks.
- A two week post-proving observation period then occurred.
- All the journals were then recalled and a post-proving case history and physical examination was conducted on each prover.
- A group discussion took place.
- The proving was unblinded to the researchers to that distinction could be made between the placebo and proving groups.
- Extraction and collation of the data then occurred.
- The proving was then written up into Materia Medica and Repertory format.
- The most characteristic symptoms of the proving were repertorised and the remedies yielding the highest numerical value and total number of rubrics on repertorisation were then compared to the proving symptoms of Sutherlandia frutescens.
- The proving was then published.

### 3.3 THE PROVING SUBSTANCE

#### 3.3.1 The Potency

The 30CH, due to its common use, promising effects and validity through the literature and experience was considered the potency of choice when conducting the homoeopathic drug proving of Sutherlandia frutescens. The 30CH only, was therefore used in this proving.

#### 3.3.2 The Dose and Posology

- The provers took one powder sublingually for a maximum of three times a day for two days or until the symptoms first appeared.
- The prover ceased taking the powders as soon as he/she or the researcher noted the onset of proving symptoms (Sherr 1994:53; Vithoulkas 1986:146).
- There was no repetition of the dose after the onset of symptoms (Gaier 1991:267).
- The remedy was taken on a empty stomach and with a clear mouth. Neither food nor drink was taken for a half hour before and after taking the remedy.
- The dosage and posology was clearly explained to each prover in the pre-proving training course and the instructions to the provers (Appendix D), a copy of which was given to each prover to take home with them.

### 3.3.3 The Preparation and Dispensing of the Remedy

The researchers prepared the potencies of Sutherlandia frutescens according to the method specified in the *German Homoeopathic Pharmacopoeia* (GHP) Fifth Supplement (1991) to the First Edition (1978). The plant was obtained from Robyndale Nursery and the whole plant was used. The remedy was dispensed in the form of powders containing lactose granules which had been triple impregnated at 1% volume / volume with Sutherlandia frutescens 30CH in ethanol 73%. The placebo was dispensed in the form of powders containing lactose granules which had been triple impregnated at 1% volume/volume with 73% ethanol only. The placebo powders were indistinguishable from the remedy powders. The dispensing was done in such a manner that the researchers were unaware of which provers received placebo and which provers received Sutherlandia frutescens 30CH.

### 3.4 THE DURATION OF THE PROVING

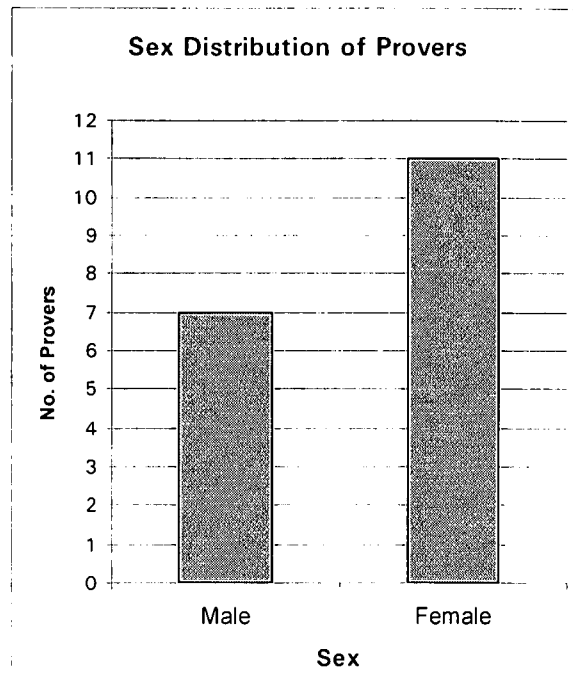
The duration of this proving was approximately five months. The provers commenced recording their symptoms at least three times daily in their journals one week prior to commencement of the proving. This established a baseline for the provers. The provers took the powders a maximum of three times a day for two days or until the symptoms first appeared, while continuing to record their symptoms. If no symptoms were noted after completion of the medication, the prover ceased taking the substance, but continued recording their symptoms. When no symptoms had occurred for three weeks, the proving was

considered complete. A two week post-proving observation period followed, a case history and physical examination repeated with each prover and the journals recalled. Extraction and collation of the data followed.

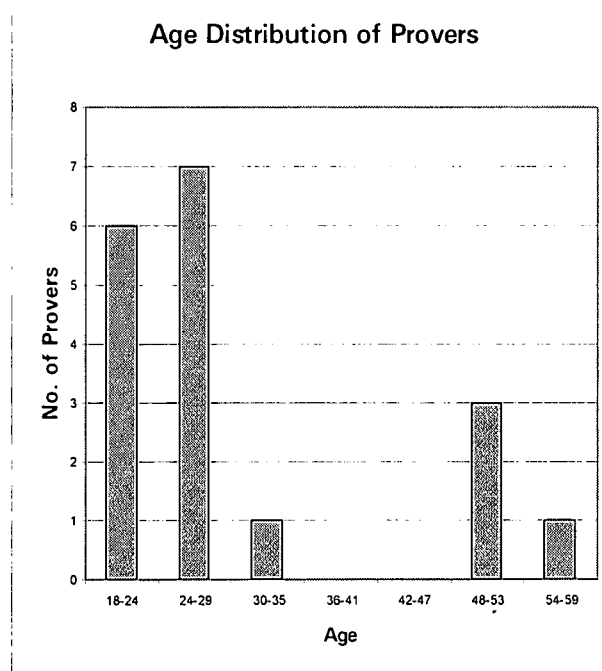
### 3.5 THE PROVER POPULATION AND PERCENTAGE PLACEBO

Sherr suggests that 15 – 20 provers will produce a very full remedy (1994:45) and that 10 – 20% should receive placebo (1994:57). Twenty-four provers between the ages of 18 and 60 years, participated in the proving. Six provers received placebo. This is in accordance with Sherr's suggestions (1994).

### 3.5.1 GRAPH 1 – SEX DISTRIBUTION OF PROVERS



### 3.5.2 GRAPH 2 – AGE DISTRIBUTION OF PROVERS



### 3.5.3 Criteria for Inclusion of a Subject in the Proving

The subject:

- was between the ages of 18 and 60 years
- was not in need of any medication: chemical / allopathic, Homoeopathic or other (Sherr 1994:44; Wright 1999:20; Riley 1995:144).
- had not been on the birth control pill or hormone replacement therapy in the last six months (Sherr 1994:44; Wright 1999:20; Riley 1995:145).
- was not pregnant or nursing (Sherr 1994:44; Wright 1999:20; Riley 1995:145).
- had not had surgery in the last six weeks (Wright 1999:20; Riley 1995:145).
- did not use recreational drugs such as cannabis, LSD or MDMA (Ecstasy) (Sherr 1994:44; Wright 1999:20; Walach 1997:222).
- did not consume more than two measures of alcohol per day, ten cigarettes per day or three cups of coffee or tea per day (Sherr 1994:29; Wright 1999:20).
- considered themselves to be in a general state of good health (Sherr 1994:43; Wright 1999:20; Walach 1997:222; Riley 1995: 144).

- was willing to follow the proper procedures for the duration of the proving.
- was trustworthy and conscientious (Sherr 1999:44; Hahnemann 1997:200; Walach 1997:222)
- was not involved in any major life events, but living under ordinary, everyday conditions of life (Walach 1997:222; Riley 1994:144).
- had signed the consent form.

#### 3.5.4 Monitoring of the Provers

The provers contacted the researcher telephonically to inform them of the commencement of the 1 week observation period, and then again with commencement of taking the remedy. Each group of provers commenced the proving at roughly the same time, on an individual basis, to ensure better monitoring of the provers by the researcher. The researcher was in daily contact with the prover initially – this later decreased to 2 or 3 times a week and then to once a week. Contact frequency decreased when there was no longer a need for such close contact, as agreed upon by the prover and researcher. Contact with the provers served to check their progress, ascertain when proving symptoms began (this indicating the cessation of further doses of the substance), ensure the recording of the best quality symptoms possible, reassure uncertain provers or those experiencing discomfort and make the researcher aware of any

problems or reactions needing antidoting with a remedy based on the totality of the presenting symptoms.

#### 3.5.5 Chronology

Each prover recorded their symptoms in the form DD:HH:MM for days, hours and minutes respectively (Sherr 1994:73). Day 1 is 00. Each page of the prover's journal was marked with the appropriate day code. Minutes became redundant after 24 hours and were represented by an XX. After a few days, hours were unimportant and were also represented by XX. Where the time was insignificant or unclear, XX:XX:XX was used. The time of occurrence of symptoms after a dose of the substance was recorded. Actual time of day was only included if it was significant, causal and definite. Noting the time elapsed after the commencement of the proving of each symptom illustrates the sequence of primary and secondary actions, helps our understanding of the nature of the remedy, its opposing forces and its pace (Sherr 1994:73). To avoid mistakes in the Materia Medica and repertory, all irrelevant time data was erased in the initial extraction.

#### 3.5.6 Group Discussions

A group discussion took place. Group discussions are extremely valuable in amalgamating the fragmented provings into a single remedy picture. They add a deep and dynamic dimension to the proving experience and without them, many valuable symptoms would be lost (Sherr 1994:66). Issues are clarified, doubtful symptoms

validated or discarded and memories triggered for symptoms gone unnoticed (Sherr 1994:66). Sherr (1994) recommends the discussion for the before-mentioned reasons, but also emphasises their therapeutic value for provers who have been through a range of difficult experiences, as an aid in beneficial assimilation by the organism and subsequent healing.

### 3.6 SYMPTOM COLLECTION, EXTRACTION AND EVALUATION

The data was extracted from the written journals, scrutinised, validated or rejected according to the criteria detailed below. It was converted into a proving format which was coherent, logical unrepetitive and comprehensive (Sherr 1994:67). The accounts were written in the first person, not in repertory language, in simple grammatically correct English with the basic expression of the prover being retained (Sherr 1994:68). Sherr (1994) stipulates that above all, the format of the proving should be useful and meaningful to future homeopaths in their mission of healing the sick.

#### 3.6.1 Criteria for Acceptance of a Symptom as a Proving Symptom

Sherr (1994) describes the process of extracting valid symptoms as the most difficult stage in the proving, requiring a healthy mixture of both science and art. The symptom selection process is dependant on the careful review of the symptoms each subject experiences during the proving based on a thorough understanding of the individual (Riley 1997:227). Sherr (1994) suggests that

the inclusion criteria be used together as a whole rather than individually.

The following symptoms selection criteria were used:

- If the prover is under the influence of the remedy (as can be seen by a general appearance of symptoms), then all other new symptoms belong to the proving (Sherr, 1994:70; Hahnemann 1997:207).
- A current symptom that has been modified or altered, the current and modified parts being clearly described (Sherr 1994:70).
- A symptom that has occurred a long time previously, especially longer than five years, and that has no reason to repeat itself naturally at the time of the proving (Sherr 1994:70; Hahnemann 1997:207).
- The symptom was not usual or current to the prover, unless intensified to a marked degree (Sherr 1994:70).
- The symptom did not appear naturally or spontaneously or due to a cause extraneous to the proving (Sherr 1994:70).
- The symptom did not occur in the prover in the last year (Sherr 1994:70; Riley 1997:227).

- Accidents and coincidences occurring to more than one prover (Sherr 1994:71; Hahnemann 1997:207).
- The cure of a pre-existing chronic symptom (Sherr 1994:71; Riley 1997:227).
- A symptom experienced in more than one subject (Sherr 1994:71; Riley 1997:227).
- The intensity and frequency of a symptom (Sherr 1994:72; Riley 1997:227).
- The localisation of the symptom (sides, extensions), (Riley 1997:227).
- The timing of the symptom (periodicity, specificity of timing), (Riley 1997:227).
- Concomitants to the symptom (Riley 1997:227).
- Modalities of the symptom (Riley 1997:227).
- The duration of the symptom (Riley 1995:144).
- The number of subjects experiencing the symptom (Riley 1995:144).
- The symptom was strange, rare and peculiar, either in general or for that prover (Riley 1995:144).
- The symptom occurred shortly after taking the remedy (Riley 1995:144).

- ° The symptom did not appear in a prover in the placebo group.

### 3.6.2 Collating and Editing

This was the process of writing the proving from many separate accounts into one comprehensive composition. This was done manually. Each researcher collated the data from their provers into the relevant sub-divisions (e.g. mind, head, stomach etc). Identical or similar symptoms from different provers appear separately and consecutively. The researchers then collated the data from each group into the relevant sub-divisions thereby establishing a comprehensive Materia Medica. In editing the proving, Sherr (1994) suggests one think of what will be meaningful and useful to future homeopaths, and what would be confusing and unclear. The language of the provers was retained and cumbersome, unnecessary detail edited for the sake of clarity.

## 3.7 TOXOLOGICAL DATA

Knowledge of the toxicological data aids in widening the therapeutic spectrum of a drug. Sutherlandia frutescens contains the active ingredients pinitol and L-canavanine. Pinitol is known to have anti-diabetic effects and L-canavanine is able to cause a lupus-like reaction. Its therapeutic effects are well known (Section 2.6) and it has gained popularity as an anti-carcinogenic agent.

### 3.8 REPORTING OF THE DATA

The data arising from this research project was written up into two standard accepted forms – the Materia Medica and Repertory.

#### 3.8.1 The Materia Medica

To ensure standardisation and ease of reference, the collated and edited proving symptoms were written up into a typical Materia Medica format. The sub-divisions into which the proving symptoms fall closely adheres to the sections of *Synthesis – Edition 7* (1997). These divisions are as follows:

- Mind
- Vertigo
- Head
- Eye
- Vision
- Ear
- Hearing
- Nose
- Face
- Mouth
- Teeth
- Throat
- External Throat
- Stomach
- Abdomen
- Rectum
- Stool

- Bladder
- Kidney
- Prostate Gland
- Urethra
- Urine
- Male
- Female
- Larynx
- Respiration
- Cough
- Expectoration
- Chest
- Back
- Extremities
- Sleep
- Dreams
- Chill
- Fever
- Perspiration
- Skin
- Generals

### 3.8.2 The Repertory

The collated and edited data was converted into rubrics of a form compatible with the repertory: *Synthesis – Edition 7*, edited by Schroyens (1997).

## CHAPTER 4

### 4 THE RESULTS

#### 4.1 THE MATERIA MEDICA AND REPERTORY OF SUTHERLANDIA FRUTESCENS

##### 4.1.1 Key

Symptoms are referenced as follows:

<PROVER NUMBER> <SEX> <DAY:HOURS:MINUTES>

Rubrics are referenced as follows:

<RUBRIC> <SUBRUBRIC/S> <DEGREE>

<SYNTHESIS PAGE NUMBER>

- ° New rubrics, as suggested by this proving, are underlined and appended with a capital 'N'.
- ° Grade three (3) rubrics are in bold print.
- ° Grade two (2) rubrics are in italics.
- ° Grade one (1) rubrics are in plain type.
- ° New rubrics are underlined and appended with a capital 'N'.

A separate list of grade three and two rubrics follows on after the complete rubric list, for ease of reference.

#### 4.1.2 Prover List

PROVER NUMBER	AGE	SEX
01	21	M
02	26	F
03	24	F
05	31	M
07	25	F
09	24	M
10	56	F
11	19	F
12	50	F
13	24	M
14	25	F
15	20	F
17	24	F
18	19	M
20	21	M
21	21	F
22	52	F
23	50	M

#### 4.2 MATERIA MEDICA

##### 4.2.1 Mind

##### **Everything is Strange**

I'm not listening or concentrating on people around me or the music playing, it is busy and crowded. Almost

claustrophobic inside. Can't stand the noise and the people. Less desire to talk to others and less desire to listen to them. Very unusual as normally I don't mind noise or music. It feels as if the environment and things around me are different.

01M 01:XX:XX

It felt as though I was coming onto drugs. (Observation by partner: He feels strange. He can't stand the noise and people in Beanbag Bohemia, but usually loves it, jazzy music. His thinking is different. The symptoms appeared rather quickly. He complains, talks about it, he mentions often that it feels like coming onto drugs. Now, he says tension - emotional tension. I think it is more like an anxiety attack, but not physically).

01M 01:XX:XX

It seemed as though things around me were different, making me uneasy. (\* It felt as if the environment had changed, an outside feeling that made me feel different. Things felt ominous, the atmosphere felt ominous, it seemed so much darker than it was. Something wasn't right around me, almost like tension in my soul).

01M 01:XX:XX

\* This was not a written symptom. Relayed by the prover at the post proving meeting.

I have been in anatomy practical and around crowds and noise. I had the same feeling as last night. The people and the chatter were getting too much and I just wanted/needed to leave. The noisy atmosphere had me feeling

uneasy, like I didn't want to be there, and as I sat it became more intolerable.

01M 02:XX:XX

I feel as though I talk funny. It sounds as if I have a sweet in my mouth while talking. I feel as though I have to push my speech out and force myself to say something. And, when I do speak it doesn't sound like me, it sounds different and not what I'd normally say, or not how I'd normally explain things. The talking differently coincides with the dryness in my throat, where words feel strange and unusual coming out of my mouth through my throat.

01M 03:XX:XX

Sensation of horrible, foreboding feeling

11F 06:XX:XX

Woke feeling very claustrophobic

12F 00:XX:XX

### **Disconnected and Detached**

I feel dazed and confused. I was told I look dazed and confused. Also told I look pale and sedated. I wasn't surprised.

01M 01:XX:XX

Not able to communicate as I usually do and did not feel myself. All chat and humour was not interesting or funny and I couldn't return conversation so well.

01M 02:XX:XX

I find that I can't communicate easily, even though I want to. I was speaking to you (supervisor) and still I had some trouble explaining and talking, had to almost force it out.

01M 02:XX:XX

I definitely did not think straight, especially when it came to conversation and forming words. Where I'd normally want to say something and felt I had something to say, I couldn't think of it or put it into words.

01M 03:XX:XX

I felt distant and detached from everyone and everything, including my parents and my girlfriend. It was terrible to feel so far from her and she asked me a few times where I was and when am I coming back. I was also paranoid of people around me and their thoughts and felt like I did not belong and they didn't want me around. I was afraid of what people thought of me. I almost felt inferior to others.

01M 03:XX:XX

I feel like I am sitting outside my body, almost as if I have drunk too much coffee. A stimulatory effect

02F 00:02:45

I had quite a detached feeling the whole day today. I did not really feel like socialising. I just wanted to go to tech, do what needed to be done and come home. No faffing which usually I'm a queen at.

02F 02:XX:XX

My mind is wandering so much I can't concentrate. I'm looking forward to the weekend.

02F 04:XX:XX

Forgetful, decreased memory, unfocussed, not concentrating.

03F 01:XX:XX

I am sensing a spacey disorientation as if I'm stoned. This disassociation can be localised to the space between my skull and my frontal lobe. I feel positively stupid.

05M 00:XX:XX

The speed, acuity and convulutedness of my thoughts are reduced and limited

05M 00:XX:XX

I feel spacey and tired

05M 00:XX:XX

### **Sadness & Weeping**

I almost feel depressed in a way.

01M 02:XX:XX

I woke up with a dry mouth and throat, still feeling depressed. I seem to have a lack of interest in anything.

01M 03:XX:XX

I have no interest in anything really; feel paranoid about people and what they think, especially of me. I don't feel like I belong around people. It's as if they're against me, the way they looked at me, walked home. They didn't want me around.

01M 03:XX:XX

A bit dreary. Cried. Just thinking about today, day worries, they are just getting me down today – not even really sure what I was crying about. Feeling fine the next moment. Changing moods

3F 00:XX:XX

Got very angry. The dog ran away. I was furious. Cried and clenched my jaw in anger at the dog. Short tempered.

03F 01:XX:XX

Depressed on waking

10F 20:XX:XX

Depressed

11F 13:XX:XX

Deep in thought over life matters, the future, what I want. Very emotional. Started sobbing after conversation with boyfriend, couldn't stop crying for about an hour afterward. Had to leave situation. Feel very sad and overwhelmed by emotion. Feelings of selfworthlessness, loneliness and isolation.

17F 00:XX:XX

Can't cry in a situation where I normally would be able to. It's like a delayed reaction and only later when I'm by myself thinking about the situation I'm overwhelmed by emotion and cry.

17F 07:XX:XX

Feel despondent and homesick (parents)

17F 11:XX:XX

### **Aversion to Company**

Desire to be alone and happy to be alone. Do not want to talk to anyone or be talked to. I am at home and feel better to be alone, but I feel uneasy.

01M 02:XX:XX

Want to be alone, except for a few people who know my problems so that I don't have to talk about them. Don't want to talk to anyone.

17F 00:XX:XX

Feel very dreamy and lost in my body. Feel separated from others with a desire to be alone. Want others to leave me alone.

18M 02:06:45

### **Over-sensitivity**

I felt depressed or sad. Didn't want company or to listen to what people had to say, including people who are close to me as well as subjects I'd normally find very interesting. I feel different. I'm told I look serious and

sound serious. I feel serious although I don't have serious thoughts. My girlfriend says I'm defensive, a bit touchy – I don't know, but outside opinions do count.

01M 03:XX:XX

Feeling oversensitive and sad. Over reacting to things, taking things personally. Averse to company, don't want to go out and see people (unusual). Getting upset easily. Alternating with happiness. Pondering and thoughtful.

03F 02:XX:XX

Feel irritable over nothing, angry and resentful.

03F 04:XX:XX

Feel sad, gloomy, oversensitive and overreacting. Cried about 10 times today. Bad day everything going wrong. Short tempered and irritable

03F 06:XX:XX

Overcome by waves of emotion, just have to cry like life is too much. Feel better afterwards, but after half an hour I'm sobbing and feel total despair. Cry very easily

17F 02:XX:XX

Slightly irritable for a short while mid-afternoon

22F 03:XX:XX

Angry with co-worker's "blunders"

23M 14:XX:XX

## Increased Sense of Wellbeing

Feeling positive.

07F 03:XX:XX

Calm and relaxed.

07F 16:XX:XX

Cheerful mood

07F 18:XX:XX

Thinking clearer as though a fuzziness has gone.

17F 04:XX:XX

Very excitable and overactive with lots of energy, can't sit still.

17F 5:XX:XX

Happy mood but very very tired

20M 00:XX:XX

My mood is very excited and happy (despite my headache)

21F 04:XX:XX

Feels good to do something constructive (working on odd jobs around home)

23M 05:XX:XX

Feels good to be home

23M 06:XX:XX

### **Desire for Amelioration from Exercise**

Feel undecided about everything. Feel better after kickboxing class, calmer, happy and determined. Have been very domestic since taking the remedy, cooking, cleaning.

17F 03:XX:XX

Feel hot and flustered and hurried and impatient and irritable when indoors, better when outside.

18M 02:06:45

Went for a walk this afternoon- felt really good afterward

22F 03:XX:XX

When busy today I never noticed any symptoms

22F 08:XX:XX

Disappointed to miss walk

22F 08:XX:XX

Walked on the beach this afternoon - felt good

22F 10:XX:XX

Morning "flatness" gone with walk

23M 02:XX:XX

Starting to get bored with lack of activity

23M 04:XX:XX

Found swim the sea exhilarating and morning "flatness"  
gone afterwards

23M 06:XX:XX

Feels good to mow the lawn

23M 07:XX:XX

Great time in the pool - very physical

23M 08:XX:XX

Bored, need mental and physical exercise. Motivated to  
exercise.

23M 12:XX:XX

Feel great after walking

23M 14:XX:XX

Hectic day - feels great - good day.

23M 15:XX:XX

I feel much better for leaving that environment. I walked in  
the park and felt much better, maybe for feeling cooler,  
open, fresh air.

01M 01:XX:XX

### **Fears**

Fear that house will be burgled

11F 13:XX:XX

#### 4.2.2 Head

Frontal lobe (brain) on either side feels pressurised, but not sore or painful, just as though pressure is exerted from the top.

01M 00:14:XX

Have prickly sensation on head and back of neck(skin).  
My skin feels strange, like a buzz.

01M 00:06:30

Experiencing tingling on skin on back of head, back of neck and upper back. It seems to tingle in separate patches over these areas constantly when still and not as much when moving. The tingling occurs in patches on extremities as well, but not as constant as on upper back and neck.

01M 00:14:30

Skin of back of neck and upper back : tingling sensation, which is better for movement and increases in intensity when still/inactive (lying, standing, sitting). Tingling sensation appears on skin randomly and mildly on all parts of the body especially extremities.

01M 00:XX:XX

Dull aching headache. Frontal. Feel tired.

03F 01:XX:XX

Headache frontal and sinus. Heavy aching, now also occipital.

03F 01:XX:X

Dull headache coming on sides of head, above ears, not very bad.

03F 02:11:30

Headaches have almost disappeared. They were: throbbing, gradually increasing in intensity at the base. Better for rubbing , worse for exertion.

07F XX:XX:XX

Itching scalp , better for voluptuous scratching.

09M 12:XX:XX

Pain on waking.

10F 01:XX:XX

Pain at midday.

10F 02:XX:XX

Dull, aching pain in sinuses.

11F 07:XX:XX

Scalp itching. Must scratch until raw.

11F 10:XX:XX

Sensation of fullness

12F 01:XX:XX

Woke up with very odd head pain , experienced in back lower right quadrant only . Intermittent pain. Relieved by applying very hard pressure to area, almost by banging on head with my hand. Sensitive or light touch made it

worse. Pain gets gradually better through the day, less in the evening.

13M 05:XX:XX

Feels like head is buzzing .Head feels full . Head does not feel clear , but congested . Base of skull feels heavy like it is waterlogged.

14F 01:XX:XX

Splitting headache from driving in the sun.

20M 00:XX:XX

Headache at night (feels like a sinus headache) at 22:30.

20M 01:XX:XX

Constant sinus headache.

20M 06:XX:XX

I had a headache this morning around my eye area but by 12:00 it was gone.

21F 11:XX:XX

Slight headache on right side this morning.

22F 02:XX:XX

Had a slight headache after watching a movie this afternoon.

22F 13:XX:XX

Itchy scalp and right arm for short period this evening.

22F 14:XX:XX

Slight dull headache this afternoon, lasted approximately an hour.

22F 15:XX:XX

#### 4.2.3 Vertigo:

Feel dizzy and sick with headache. Vertigo with driving in a car, have to sit very still.

17F 04:XX:XX

#### 4.2.4 Eyes:

Pain behind the eyes.

09M 16:XX:XX

Pain, burning.

10F 22:XX:XX

Tired.

10F 22:XX:XX

Pain in right eye on waking.

11F 12:XX:XX

Eyes feel heavy from crying. Feels as if they could cry on their own even without emotion attached to them.

17F 01:XX:XX

Eyes feel thick and heavy as if been crying all night. Eyes are irritated and strained, feel like I need to close them , but they sting on the inside when I close them.

17F 02:XX:XX

Eyes are dry.

17F 03:XX:XX

Eyes are puffy.

17F 06:XX:XX

Left inner canthus tender as if a sty were forming.

17F 12:XX:XX

My eyes are paining.

21F 00:XX:XX

Pain around eyes in the morning.

21F 11:XX:XX

Eyes a little itchy this evening.

22F 11:XX:XX

Constant itchy eyes on waking.

22F 16:XX:XX

#### 4.2.5 Vision:

Vision blurred when head is turned and slight nausea.

Can't seem to focus.

18M 00:13:XX

#### 4.2.6 Ear:

Pain in left ear.

10F 19:XX:XX

Ears feel tight as if something's around them.

17F 00:01:XX

Slight itch in my left ear at night but was not persistent.

20F 01:XX:XX

4.2.7 Nose:

Sneezing in the morning.

07F 06:XX:XX

Sneezing in the morning.

09M 00:XX:XX

Nose running in the morning.

09M 00:XX:XX

Hay-fever.

09M 04:XX:XX

Sneezing frequently, in the morning.

10F 02:XX:XX

Sensation of heaviness in sinuses.

10F 05:XX:XX

Stopped up.

10F 20:XX:XX

Sneezing frequently, in the morning. Nose running.

11F 05:XX:XX

Stopped up.

11F 07:XX:XX

Sneezing throughout the day. Nose running.

12F 00:XX:XX

Nose feels burning like it is on fire.

14F 01:XX:XX

Nose congested. Feels like a crust formation on the septum.

14F 05:XX:XX

Nose dry and burning.

14F 06:XX:XX

Nose stuffy. Sneezing often. Feel like an allergic reaction to something in the air. Feeling of allergic rhinitis coming on.

17F 00:01:XX:XX

Nose itchy.

17F 01:XX:XX

Nose blocked, really itchy on the inside of my left nostril. Have to sniff.

17F 02:XX:XX

Feels like there is something in my nose. Sneezing often.

17F 04:XX:XX

Feels like there are little vesicles around my nostrils, very itchy and can't stop scratching and rubbing.

17F 07:XX:XX

Feels like there are tiny bugs up my nose and I can't stop rubbing and scratching. Sensation as if something is moving around inside my nostrils.

17F 12:XX:XX

Slight occurrence of mucous, but not runny.

20M 01:XX:XX

Nose slightly blocked.

20M 07:XX:XX

I was sneezing in the morning.

21F 12:XX:XX

Nose very blocked and feeling warmish to me. Constant sneezing.

22F 00:XX:XX

Disturbed sleep due to sneezing and blocked nose.

22F 00:XX:XX

Blocked nose feeling much better in the afternoon.

22F 01:XX:XX

Lots of sneezing at 9 am.

22F 02:XX:XX

Sneezing this evening.

22F 11:XX:XX

Constant sneezing in the morning.

22F 15:XX:XX

#### 4.2.8 Face:

Tender, painful, ugly pimples on my face.

17F 00:XX:XX

Feel like I'm getting a cold sore on my top lip. Lips constantly dry.

17F 00:01:30

Top lip feels tender as if a berg wind / sun has burnt it.

17F 01:XX:XX

Top lip, right side numb.

17F 03:XX:XX

Face very sensitive, when hair touches my face it tickles excessively and feels like there are lots of little hairs falling on my face. Feel I want to cut my hair off so that it doesn't tickle my face.

17F 16:XX:XX

Pimple under left eye (in sensitive region).

20M 02:XX:XX

Broke out in pimples , all on left side of face, chin and cheek area. Very sensitive pimples.

20M 03:XX:XX

Pimple under left eye still there (after 6 days).

20M 08:XX:XX

#### 4.2.9 Mouth:

Stale taste in mouth even after gargling.

14F 01:XX:XX

Numbness of tongue and buccal mucosa lasting about two days. No speech difficulties. Worse for brushing teeth with toothpaste.

15F XX:XX:XX

Feel like I'm getting a cold sore on my top lip. Lips constantly dry .

17F 00:01:30

Top lip feels tender as if a berg wind / sun has burnt it.

17F 01:XX:XX

Top lip, right side numb.

17F 03:XX:XX

Mouth very dry.

17F 08:XX:XX

Itchy gums. Little itchy bumps on my palate.

17F 12:XX:XX

Horrible "dirty" taste in mouth.

22F 05:XX:XX

#### 4.2.10 Throat:

Throat feels dry and rough in the front (trachea on both sides). It feels dehydrated, although I have been drinking liquids.

01M 00:13:XX

Throat still dry and uncomfortable. Definitely a feeling of dehydration. My body is not dehydrated at all.

01M 02:XX:XX

Throat remains dry. Seems to be getting more intense as the day moves on. Not unbearable, but very irritating as I keep wanting to drink. It does feel better for drinking, especially cold drinks ( as opposed to tap water). It soothes for a while, then becomes dry again.

01M 01:XX:XX

Throat dry and dehydrated again. Uncomfortable to talk as throat is so dry.

01M 02:XX:XX

Heartburn. I've never had it before. Similar to the burny feeling in stomach, but rising up oesophagus. Felt slightly nauseous. Lasted 15 minutes.

03F 01:XX:XX

Feels slightly scratchy.

07F 08:XX:XX

Pain as of razors slicing.

10F XX:XX:XX

Pain, scratching.

11F 18:XX:XX

Pain as of razors slicing

11F 08:XX:XX

Pain: scratchy on left side.

12F 00:10:XX

Pain as if burning.

12F 00:XX:XX

A dry, hacking cough causing a stabbing pain in the back of my throat.

18M 02:07:15

Scratchy throat in evening.

23M 16:XX:XX

Scratchy throat persists next morning and is better by that evening.

23M 17:XX:XX

#### 4.2.11 Stomach:

Burny feeling in stomach, better for eating.

03F 00:XX:Xx

Not as thirsty as normal.

03F 00:XX:XX

Appetite decreased. Easy satiety.

03F 00:XX:XX

Woke thirsty and un-refreshed.

03F 01:XX:XX

Not hungry for breakfast (unusual).

03F 01:07:XX

Burning tummy. Better eating. Hungry.

03F 01:10:30

Heartburn. I've never had it before. Similar to the burny feeling in stomach, but rising up oesophagus. Felt slightly nauseous. Lasted 15 minutes.

03F 01:XX:XX

Heartburn in the morning but lasted +/- 2 minutes and not as intense as has been.

Uneasy burning in stomach , better for eating. Heartburn from stomach rises to oesophagus. Nauseous. Varying appetite.

03F 03:XX:XX

Decreased thirst.

03F 03:XX:XX

My appetite is reduced, even thinking of food makes me want to grab my tummy and rub it.

05M 00:XX:XX

Food ..... the thought and smell is off-putting.

05M 00:XX:XX

Thirst increased (especially for tea).

08F 02:XX:XX

Sensation of being queasy.

09M 13:XX:XX

Huge appetite. Seemed unquenchable.

09 21:XX:XX

Lack of appetite.

11F 02:XX:XX

Increased appetite.

11F 06:XX:XX

Stomach feels bloated like food is sitting on my chest.

Want to throw up.

14F 12:XX:XX

Slight nausea and blurred vision with turning my head.

18M 00:13:XX

Feeling very nauseous on waking , feels as if the stomach is very heavy and bloated. This feeling is better outside.

18M 01:XX:XX

Was quite thirsty the whole day and nothing quenched it.

20M 01:XX:XX

Appetite very good (I can eat a horse).

I have only now realised that throughout this proving I have been eating like a pig.

20M 07:XX:XX

I have been hungry so I ate so much today that I feel lethargic.

21F 11:XX:XX

Not very hungry at lunch time - not normal for me.

22F 10:XX:XX

Too much to eat at lunchtime - bloated full feeling all afternoon.

22F 11:XX:XX

Very thirsty after my morning walk.

22F 14:XX:XX

Not really that hungry this evening - but still ate normally!

22F 15:XX:XX

#### 4.2.12 Abdomen:

Had cramping in my bowels tonight. It started quite insidiously building to a burning sensation. The pain came and went. It felt like gas build up or an upset tummy. I had to take deep breaths and pace around to make it feel better.

05M 01:XX:XX

I am still plagued by the cramping. I can not eat. It is like a hot fist in my epigastrium. I have to stop whatever it is that I am doing, take some deep breaths and let the attack subside. Motion / walking about brings it on or rather aggravates it. Sitting or being still helps but does not stop the cramping.

05M 02:XX:XX

Stomach feels bloated like food is sitting on my chest.  
Want to throw up.

14F 12:XX:XX

Feeling very nauseous on waking, feels as if the stomach is very heavy and bloated. This feeling is better outside.

18M 01:XX:XX

Had a stomach ache in the evening (with sharp lower back pain).

21F 00:XX:XX

The entire day I felt really bloated and my stomach was so sore. It is cramping all day now and not just in the evening.

21F 02:XX:XX

Too much to eat at lunch time-bloated, full feeling all afternoon.

22F 11:XX:XX

Going to bed feeling very full tonight - maybe tomorrow only drink fluids.

22F 11:XX:XX

#### 4.2.13 Rectum:

Stool loose and unformed during menses.

14F 15:XX:XX

Stools are loose, not as solid as normal, but not watery.

18M 02:XX:XX

Had a bowel movement at 15:15 today - not usual to have two a day.

22F 01:XX:XX

Feeling of constipation although tummy worked twice today.

22F 05:XX:XX

Have just realised tummy did not work this morning (usually does every morning).

22F 11:XX:XX

#### 4.2.14 Stool:

Stool loose and unformed during menses.

14F 15:XX:XX

Stools are loose, not as solid as normal, but not watery.

18M 02:XX:XX

#### 4.2.15 Bladder:

Increased urination. Went to the toilet 3 times at work. I do drink a lot of water, but urination much greater than amount drunk.

03F 00:XX:XX

Woke up at 3.33 am went to toilet (urination). Fell straight back to sleep (unusual ).

03F 01:XX:XX

Woke at 5 am - needed to urinate.

03F 02:XX:XX

#### 4.2.16 Female:

(Day 1 of cycle) Menses very late, over 40 day cycle. Dark, stringy blood. Very hot blood ! Menses now very scanty. Severe abdominal cramps, abdomen feels bloated and clothes feel too tight.

14F 13:XX:XX

(Day 2 of cycle ) Heavy flow of dark blood, almost black with little red spots. Painful period pains, better for pressure. Hot blood. Many clots which are dark .

14F 14:XX:XX

(Day 3) Light flow. Dark, black blood. Blood is stringy and very hot. Stool is loose and unformed during menses.

14F 15:XX:XX

(Day 4) Slight spotting of brown blood. Menses duration has decreased from 6 days to 4 days.

14F 16:XX:XX

(Day 1 of cycle) Menses delayed, 33-day cycle. Brown blood, medium flow. Cramps, which feel like uterus is contracting. Uterus feels twisted .

14F 46:XX:XX

(Day 2) Heavy flow of hot, stringy blood. Bright red blood. Cramps severe, desire to sit bent double. Cramps better for massaging lower abdomen.

14F 47:XX:XX

(Day 3) Medium flow, hot reddish brown blood. Lots of clots even when bathing. Clots are dark brown.

14F 48:XX:XX

(Day 4) No flow, cycle has changed.

14F 49:XX:XX

(Day 5) Spotting of dark blood.

14F 50:XX:XX

Bearing down pains, which disappear with sitting down. Pains are better if using pads and worse for using tampons. Desire to lie down with pains. Legs feel weak and tired. I feel cold and clammy and sick. Menses profuse and dark red.

17F 06:XX:XX

Old itching thrush has returned.

17F XX:XX:XX

I started my period today. It is very light and is more like spotting. It is two weeks early.

21F 03:XX:XX

Prolonged period

Spotting 8<sup>th</sup> - 12<sup>th</sup> (four days)

Normal period 12<sup>th</sup> - 15<sup>th</sup> (three days)

Spotting 15<sup>th</sup> - 23<sup>rd</sup> (6 days)

Normal period 23<sup>rd</sup> - 27<sup>th</sup> (four days)

Period two weeks early.

22F 13:XX:XX

#### 4.2.17 Cough:

Phlegm.

11F 10:XX:XX

A dry , hacking cough causes a stabbing pain in the back of my throat .

18M 02:07:15

Coughing slightly, a bit of discomfort over upper right back area (where scar is) when I cough.

22F 02:XX:XX

Slight cough this morning.

22F 12:XX:XX

#### 4.2.18 Chest:

Pain in heart region, retrosternal, towards left. Aching pain. Pain became sharp. Area 4th and 5<sup>th</sup> intercostals space. I feel I must hold my chest in specific spot, better for. No radiation.

03F 02:XX:XX

Retrosternal pain on both sides now. Comes and goes.

03F 02:11:30

When I went to sleep I had a funny feeling in my chest - sort of short of breath.

22F 03:XX:XX

#### 4.2.19 Back:

Have prickly sensation on head and back of neck (skin). My skin feels strange, like a buzz.

01M 00:06:30

Experiencing tingling on skin on back of head, back of neck and upper back. It seems to tingle in separate patches over these areas constantly when still and not as much when moving. The tingling occurs in patches on extremities as well, but not as constant as on upper back and neck.

01M 00:14:30

Skin of back of neck and upper back : tingling sensation, which is better for movement and increases in intensity when still/inactive (lying, standing, sitting). Tingling sensation appears on skin randomly and mildly on all parts of the body especially extremities.

01M 00:XX:XX

Pain between shoulder blades especially on the right, a sharp shooting pain. Can locate the pain with my finger, very localised.

Soreness of neck .

14F 00:XX:XX

Pain between shoulder blades start on the right and move to the left. This pain radiates down arms. Pain along spine, mainly cervical and lumbar region.

Drawing pain in clavicle. Left neck pain with associated shoulder pain.

14F 01:XX:XX

Neck stiffness, need to crack neck to release pressure.

Lower back pain, feels tight, desire to press spot.

14F 02:XX:XX

Nagging lower back pain especially on the right .

14F 03:XX:XX

Pain in right side of neck. Pain on right side of back, very painful and tender to touch.

Nagging pain between shoulder blades.

14F 06:XX:XX

Lower back sore, worse for sitting for entire day. Nothing makes it better except for hard pressure on the spot.

14F 08:XX:XX

Lower back pain better for massage and pressure.

Neck stiffness, SCM feel tight.

14F 09:XX:XX

Neck stiff, SCM and trapezius muscles feel sore.

Mid-back pain on right, muscles feel chordy.

14F 10:XX:XX

Lower back pain is killing me! Localised spot excruciating to touch.

14F 27:XX:XX

Lumbar back pain which is dull. Comes in episodes. Worse for bending. Lasts a half hour in morning and again in afternoon at about 2pm.

15F 00:XX:XX

Neck tight.

17F 00:03:XX

Neck stiffness. Neck pain from trapezius to occiput to ears and into eyes.

17F 04:XX:XX

A dull pain in lower back, feels deep, on right and left. Could it be kidney pain? Pain is localised .

18M 02:09:XX

Pain persists, body feels sore all over, numb just beneath the surface. Any pressure increases the intensity .

18M 02:14:XX

Neck pain (upper neck) - may be from roller coaster rides.

20M 01:XX:XX

In the evening I experienced a sharp back ache at the bottom of my spine (with a Stomach ache).

21F 00:XX:XX

I am still experiencing this strange backache. It is a very sharp pain at the bottom of my spine. It's getting really bad. I can't sleep well because every time I turn it hurts.

21F 01:XX:XX

Slight cough with slight discomfort in back (over scar area).

22F 03:XX:XX

Both arms and legs and back of neck a little itchy this afternoon - didn't last long.

22F 16:XX:XX

#### 4.2 20 Extremities

Experiencing tingling on skin on back of head, back of neck and upper back. It seems to tingle in separate patches over these areas constantly when still and not as much when moving. The tingling occurs in patches on extremities as well, but not as constant as on upper back and neck.

01M 00:14:30

Skin of back of neck and upper back : tingling sensation, which is better for movement and increases in intensity when still/inactive (lying, standing, sitting). Tingling sensation appears on skin (randomly and mildly on all parts of the body especially extremities.

01M 00:XX:XX

Doing aerobics – cramp in Right foot, went up into calf on the inside. Also very uncoordinated. (Unusual).

03F 01:XX:XX

Sensation that the hair on my arms are standing on end (but they aren't) – tingling feeling.

07F 03:XX:XX

Cramping of right inner thigh.

09M 10:XX:XX

Pain in the inner side of the left elbow.

09M 25:XX:XX

Pain over right Pisiform bone worse for pressure (cured symptom).

10F XX:XX:XX

Pain in shoulder (bruised sensation).

11F 04:XX:XX

Slight rash between right thumb and index finger.

12F 03:XX:XX

Muscles feel sore especially thighs.

14F 00:XX:XX

Shoulder muscles feel tight. Pain between shoulder blades radiates down arms.

Left ankle pain.

14F 01:XX:XX

Shoulder pain radiates to left shoulder, a very definite and localised spot. Pain is better for massage.

14F 03:XX:XX

Legs feel heavy.

14F 05:XX:XX

Sharp pain in left elbow, moves upward to left arm. Deep bone pain, worse for straightening the arm, lasts about 5 minutes.

15F 01:XX:XX

Slight swelling of both ankles in lateral malleolus area, went down by morning.

15F 04:21:XX

Pain in inner right knee at 13:30, lasted about a minute, sharp pain.

20M 05:XX:XX

Pain in right knee, sharp, 5:30 am, lasted a few seconds.

20M 06:XX:XX

Stiffness in right hip area after sitting, or getting up after lying.

22F 02:XX:XX

Back of legs a little stiff - probably because I haven't walked for a week.

22F 04:XX:XX

Right big toe a little sore this evening (about 19:00).

22F 04:XX:XX

Have blisters at the back of my right foot.

22F 05:XX:XX

Have an itchy rash on back of left upper arm.

Lots of red raised little bumps next to each other.

22F 05:XX:XX

Right upper arm not itchy anymore, but still has the rash.

22F 07:XX:XX

Itchy scalp and right arm for a short period this evening.

22F 14:XX:XX

Legs felt a little itchy this afternoon, but not for long.

22F 15:XX:XX

Both legs and arms and back of neck a little itchy this afternoon- didn't last long.

22F 16:XX:XX

Shoulder is sore and feels like it needs a good pounding by a physiotherapist.

23M 03:XX:XX

Stiffness from exercising day before- good to feel stiff.

23M 13:XX:XX

#### 4.2.21 Sleep:

Woke up at 3.33am, went to toilet (urination). Fell straight back to sleep.

03F 01:XX:XX

Woke at 5am, needed to urinate.

03F 02:05:XX

Slept late.

08F 01:XX:XX

Restful, easier to get up in the morning.

09M 01:XX:XX

Battled to get to sleep, had restless legs.

09M 17:XX:XX

Restless, tossed and turned very violently.

09M 18:XX:XX

Difficulty waking

10F 05:XX:XX

Restless

10F 16:XX:XX

Early waking.

11F 02:XX:XX

Sleepiness.

11F 06:20:XX

Sleeplessness due to cough.

11F 12:XX:XX

Sleeplessness due to itching scalp.

11F 12:XX:XX

Difficulty waking.

11F 12:XX:XX

Very restless sleep. Feel tired, but can't sleep.

14F 02:XX:XX

Sleep restless, can't find good position to sleep in, too hot.

14F 05:XX:XX

Body feels sore, restless sleep.

14F 06:XX:XX

Very restless sleep and can't get comfortable . Bed feels too hot, need cool sheets .

14F 08:XX:XX

Can't sleep due to too much back pain. Very restless sleep. Tossing and turning all night – wake with bedcovers and clothes all over. Very restless legs in bed. Very hot, constant need to cool down, continually replace pillows for colder ones. Muscles feel tired and aching with great desire to stretch the whole night.

14F 09:XX:XX

Wake surprisingly unrefreshed.

17F 01:XX:XX

Took about a half an hour to sleep but slept well.

20M 01:XX:XX

Slept most of the day because it was raining and I felt lazy.

20M 04:XX:XX

Slept late (14:00), like a log.

20M 05:XX:XX

Constantly good sleep, with many dreams.

20M 12:XX:XX

I can't sleep well because every time I turn my lower back hurts.

21F 01:XX:XX

Disturbed sleep due to sneezing and blocked nose

22F 00:XX:XX

Slept well last night and dreamt just before waking.

22F 01:XX:XX

Slept well

22F 03:XX:XX

When I went to sleep I had a funny feeling in my chest -  
sort of short of breath.

22F 03:XX:XX

Lazy morning, dozed on and off ( not like me to sleep in)

22F 04:XX:XX

Sleeping well with many dreams

22F 08:XX:XX

Woke up at 2am, disturbed sleep until 4:30am and then  
got up.

22F 12:XX:XX

Disturbed sleep. Woke up screaming from nightmare.  
Took a while to go back to sleep and then woke up at  
8am.

22F 15:XX:XX

Slept well (unusual)

23M 02:XX:XX

Woke early (5:30 am - unusual), fought it off and slept  
until 8am.

23M 04:XX:XX

#### 4.2.22 Dreams:

Vivid, aerobics class that was so over crowded you couldn't even move. Made me feel irritated and confined. Kept turning around with arms stretched out / trying to move freely, but couldn't.

03F 02:XX:XX

Dreamt I was at school and the change rooms where fancy with spa's and sauna's.

09M 07:XX:XX

Dreamt about pepper steak pies.

09M 15:XX:XX

Was being chased, although I was in no danger, I did not want to be caught.

09M 20:XX:XX

Of the dead, but alive in dream – family

10F 05:XX:XX

Scattered in time (backwards and forwards)

10F 09:XX:XX

Of the dead, but alive in dream – pets

10F 13:XX:XX

Of contact lens in mouth and accidentally biting it

11F 09:XX:XX

Of hurting my tooth

11F 10:XX:XX

Of yellow nails

11F 10:XX:XX

Of an old friend, now wearing her pyjamas

11F 17:XX:XX

Had a dream that my mother was pregnant. Felt disgusted, she is too old and she already has three children. Felt it was unfair of her to have another child.

17F 02:XX:XX

Many dreams throughout proving

20M:XX:XX

Dreamt I was going to town across a way bridge, there was a big hole in the bridge without warning. I had to turn back and 2 crowns fell out of my mouth. I swallowed one and kept the other. The dentist was on the other side of the bridge. I went back to look at the hole and there was a magnetic pull towards the hole. I had to pull myself away.

22F 01:XX:XX

Dreamt were all visiting Henry Honiball to watch a rugby match - he organised plates and plates of snacks. We got lost somewhere on the way home and couldn't get home again.

22F 02:XX:XX

Many dreams

22F 06:XX:XX

Woke up screaming. Dreamt I was with my mother somewhere and an unknown person was hiding from us, but we knew they were there. I was very frightened. Took a while to go back to sleep.

22F16:XX:XX

#### 4.2.23 Perspiration:

Profuse.

09M 02:XX:XX

Sticky.

09M 10:XX:XX

Resulting in itching.

09M 24:XX:XX

#### 4.2.24 Skin:

The skin around my wart has become very itchy and raised, the more I scratch it, the more it seems to itch.

02F01:XX:XX

The skin around my wart is raised and very itchy. It feels itchy deep inside. It feels like it is just about ready to fall off.

02F:02:XX:XX

My skin generally feels quite dry, more than usual.

02F:02:XX:XX

My skin feels dry and itchy

02F: 05:XX:XX

Peeling on soles of feet. Dry, scaly and flaky. Feet are usually dry, but this is excessive. Flakes are tiny. Looks like soles of feet are peeling.

03F 02:XX:XX

Feet still dry , but no longer peeling.

03F 03:XX:XX

Sensation that the hair on my arms is standing on end (but it isn't) – tingling feeling.

07F 03:XX:XX

Eczema between my fingers and on my palm has greatly improved. It was very itching before.

07F XX:XX:XX

Itching scalp , better for voluptuous scratching.

09M 12:XX:XX

Red, raised, itching eruptions

11F 20:XX:XX

Intense itching of scalp, prevents sleep and drives me crazy , better for scratching

11F XX:XX:XX

An old eczema on the inside of my right leg seems to have come up again, worse for clothing, worse after gym when I've been wearing leggings.

17F 02:XX:XX

Skin is not healing well.

17F 05:XX:XX

Skin around nostrils itchy, can't stop scratching and rubbing. Little vesicles around nostrils.

17F 07:XX:XX

Skin on hands very dry and itchy .Old scar on finger suddenly itchy again. Little vesicles have developed where I'd previously had a rash from a plaster.

17F 07:XX:XX

Scars of old warts have become itchy and irritated.

17F 10:XX:XX

Old warts seem to have returned, red and itchy around the old scars.

17F 14:XX:XX

Hard skin has formed over the warts.

17F 16:XX:XX

Pimple under left eye (in sensitive region).

20M 02:XX:XX

Broke out in pimples, all on left side of face, chin and cheek area. Very sensitive pimples.

20M 03:XX:XX

Pimple under left eye still there (after 6 days).

20M 08:XX:XX

Sun burnt today but have no pain

20M 13:XX:XX

Very itchy mosquito bites

22F 01:XX:XX

Told I got sun burnt but hadn't felt it (looked in mirror and realised I was burnt).

22F 04:XX:XX

Itchy rash

Lots of red raised little bumps next to each other.

22F 05:XX:XX

Blisters on back of right foot.

22F 05:XX:XX

Rash remained but itch left.

22F 07:XX:XX

#### 4.2.25 Generals:

##### ENERGY:

Dull aching headache, frontal and feel tired.

03F 01:10:XX

Uncoordinated while doing aerobics.

03F 01:XX:XX

Overly tired.

03F 01:XX:XX

Feeling quite energetic.

07F 03:XX:XX

Feeling lethargic.

09M 06:XX:XX

Recovering from exercise more quickly than usual.

09M XX:XX:XX

Very excitable and full of energy.

17F 05:XX:XX

Energy level very high

20M 01:XX:XX

Very lazy day, slept most of it away because it was raining.

20M 04:XX:XX

I feel very tired - for no reason.

21F 00:XX:XX

I felt a bit tired this morning.

21F 07:XX:XX

Feel very tired this afternoon (lethargic form all the food I ate today).

21F 09:XX:XX

HEAT:

Alternating hot and cold. Can't make up mind whether want to wear a jersey or not.

03F 00:XX:XX

Sleep restless, too hot.

14F 05:XX:XX

Bed feels too hot, need cool sheets.

14F 08:XX:XX

Very hot in bed, constant need to cool down, continually replace pillows with colder ones.

14F 09 :XX:XX

Feel very hot like I'm burning up inside, going to self-combust. Feels like body is on fire.

14F XX:XX:XX

Body felt very hot during morning and again in afternoon at about 2pm .

15F 00:08:XX

Feel hot and flustered and impatient and irritable when indoors, better when outside.

18M 02:06:45

Hot flushes quite frequent

18M 02:07:40

Feel very hot today.

22F 01:XX:XX

Hot and thirsty this morning.

22F 02:XX:XX

#### APPETITE

Had an unusual craving for ice-cold coca cola.

13M 05:XX:XX

Kentucky Fried Chicken craving, craving the fried, crispy, spicy aspect.

14F 01:XX:XX

Desire chicken!

14F 02:XX:XX

Craving Chinese food.

14F 05:XX:XX

Coca Cola does not relieve thirst for icy drinks (always normally does )

14F 06:XX:XX

Very thirsty. Had a lot of energy at work and wasn't tired afterward.

17F 00:XX:XX

Need to drink constantly, feel very thirsty.

17F 08:XX:XX

WEATHER:

Driving in the sun gave me a splitting headache

20M 00:XX:XX

Slept most of the day because it was rainy and I felt lazy.

20M 04:XX:XX

Relaxed mood because of rainy weather.

23M 00:XX:XX

OTHERS:

Weight gain.

07F XX:XX:XX

Weight gain (8kg in 11 days!) Normally can't put on any weight.

20M 11:XX:XX

Stiffness from exercising day before - good to feel stiff.

23M 13:XX:XX

Glands under left arm slightly painful.

03F 03:XX:XX

### 4.3 RUBRICS

#### 4.3.1 Complete Rubrics

##### 4.3.1.1 **Mind:**

Mind, absentminded. 1. S. 1.

Mind, absorbed. 1. S. 1.

Mind, activity; desires. 1. S. 2.

Mind, air; mental symptoms amel. In open. 1. S. 7.

Mind, anger. 1. S. 8.

Mind, anger, easily 1. S. 9.

Mind, anger, trifles; at. 1. S. 11.

Mind, biting, lip, his. 1. S. 26.

Mind, brooding. 1. S. 27.

Mind, cheerful. 1. S. 30.

Mind, cheerful, alternating with, sadness. 1. S. 31.

Mind, cleaning, desire to clean. 1. S. 32 N.

Mind, cooking, desire to cook. 1. S. 43 N.

Mind, confidence, want of self-confidence. 1. S. 37.

**Mind, company, aversion to. 3. S. 33.**

*Mind, company, aversion to, desire for solitude. 2. S. 34.*

Mind, concentration, difficult. 1. S. 36.

Mind, confusion of mind. 1. S. 37.

*Mind, conversation, aversion to. 2. S. 43.*

Mind, delusions, alone, being. 1. S. 52.

Mind, delusions, being alone, world, alone in the. 1. S. 52.

Mind, delusions, body, out of the body. 1. S. 55.

Mind, delusions, criticised. 1. S. 58.

*Mind, delusions, division between himself and others. 2. S. 60.*

Mind, delusions, far off; as if. 1. S. 64.

Mind, delusions, separated, world, from the, he is separated. 1. S. 79.

Mind, delusions, body, lost in his body. 1. S. 55 N.

Mind, delusions, alone, being, world, alone in the. 1. S. 52.

Mind, delusions, changed, environment has. 1. S. 56 N.

Mind, delusions, changed, everything has. 1. S. 56.

Mind, delusions, despised, is. 1. S. 58.

Mind, delusions, looked down upon, she is. 1. S. 70.

Mind, delusions, outcast; she were an outcast. 1. S. 75.

Mind, delusions, strange, speech. 1. S. 82. N.

Mind, delusions, strange, everything is. 1. S. 82.

Mind, delusions, strange, familiar things seem strange. 1. S. 82.

Mind, delusions, strange, surroundings seem strange. 1. S. 82.

Mind, delusions, strange, voice seemed strange, her own. 1. S. 82.

Mind, detached. 1. S. 91.

Mind, discontented, himself, with, good for nothing; sensation of being. 1. S. 92.

Mind, dissociation from environment. 1. S. 94.

Mind, despair. 1. S. 89.

Mind, despair, life, of. 1. S. 90.

Mind, dream as if in a. 1. S. 94.

Mind, drugs, as if had taken. 1. S. 95. N

Mind, dullness. 1. S. 95.

Mind, emotions, waves of, overcome by. 1. S. 100. N.

Mind, excitement. 1. S. 101.

Mind, exertion, physical, amel. 1. S. 104.

Mind, exertion, physical, desires. 1. S. 104.

Mind, fear, happen, something will, horrible; something.

1. S. 112.

Mind, fear, narrow place, in. 1. S. 114.

Mind, fear, narrow place, in; waking on. 1. S. 114.

Mind, fear, robbers, of. 1. S. 115.

Mind, fear, opinion of others, of. 1. S. 114.

Mind, forebodings. 1. S. 199.

Mind, forgetful. 1. S. 119.

*Mind, forsaken feeling, isolation, sensation of. 2. S. 120.*

Mind, going out; aversion to. 1. S. 124.

Mind, handle things anymore, cannot, overwhelmed by stress. 1. S. 125. N

Mind, homesickness. 1. S. 127.

Mind, hurry, haste. 1. S. 128.

Mind, ideas, deficiency of. 1. S. 131.

Mind, impatience. 1. S. 132.

Mind, indifference, apathy. 1. S. 134.

Mind, indifference, everything to. 1. S. 134.

Mind, indignation. 1. S. 136.

Mind, introspection. 1. S. 140.

Mind, irresolution, indecision. 1. S. 140.

Mind, irritability. 1. S. 141.

Mind, irritability, causeless. 1. S. 143.

Mind, loathing, himself; at. 1. S. 153.

Mind, memory, weakness of memory. 1. S. 158.

Mind, memory, weakness of memory, expressing oneself; for. 1. S. 159.

*Mind, mood, changeable. 2. S. 167.*

Mind, occupation, amel. 1. S. 172.

Mind, offended, easily. 1. S. 172.

Mind, overwhelming, feeling overwhelmed. 1. S. 172.

Mind, restlessness. 1. S. 182.

*Mind, sadness.* 2. S. 187.

Mind, sadness, waking, on. 1. S. 188.

*Mind, sadness, aversion to company, desire for solitude.*

2. S. 190.

Mind, sensitive. 1. S. 194.

Mind, sensitive, noise, to. 1. S. 195.

Mind, sensitive, noise, to, aversion to. 1. S. 196.

Mind, sensitive, opinion of others, to the. 1. S. 196.

Mind, serious, earnest. 1. S. 197.

Mind, slowness. 1. S. 202.

Mind, spaced out feeling. 1. S. 202.

Mind, spaced out feeling, skull and frontal lobe, between.

1. S. 202. N

Mind, speech, difficult, inarticulate. 1. S. 203.

Mind, speech, forcible. 1. S. 203.

Mind, speech, strange. 1. S. 204.

Mind, strange, everything seems. 1. S. 207.

Mind, stupefaction. 1. S. 208.

Mind, taciturn. 1. S. 214.

Mind, thoughts, thoughtful. 1. S. 218.

Mind, thoughts, vanishing of. 1. S. 219.

Mind, thoughts, vagueness of. 1. S. 219.

**Mind, weeping. 3. S. 228.**

Mind, weeping, alone when. 1. S. 229

Mind, weeping, amel. 1. S. 229.

Mind, weeping; anger, during. 1. S. 229.

Mind, weeping, causeless. 1. S. 229.

Mind, weeping, easily. 1. S. 230.

Mind, weeping, delayed reaction. 1. S. 230 N.

Mind, weeping, despair. 1. S. 230 N.

Mind, weeping, past events, thinking of. 1. S. 231.

Mind, weeping, sobbing, weeping with. 1. S. 232.

4.3.1.2 **Vertigo:**

Vertigo, accompanied by, head, pain in head. 1. S. 236.

Vertigo, riding, carriage in a. 1. S. 242.

4.3.1.3 **Head:**

Head , buzzing sensation in. 1. S. 248. N.

*Head, congestion. 2. S. 250.*

Head, eruptions, itching. 1. S. 257.

Head, eruptions , vesicles. 1. S. 258.

*Head, fullness. 2. S. 259.*

Head, heaviness, occiput, water, as if full of. 1. S.  
269. N.

Head, heaviness, pressed forward, brain, weight on brain,  
like a. 1. S. 267.

Head, heaviness, pressed forward, head, like a weight on.  
1. S. 267.

Head, itching of scalp, accompanied by, right arm, itching.  
1. S. 270. N.

Head, itching of scalp, evening. 1. S. 270.

Head, itching of scalp, scratching amel. 1. S. 270.

**Head, itching of scalp. 3. S. 270.**

**Head, pain. 3. S. 274.**

Head, pain, bursting, sun from. 1. S. 319. N.

Head, pain, dull pain, forehead, frontal eminence. 1. S.  
326.

Head, pain, dull pain, forehead. 1. S. 326.

Head, pain, dull pain, forenoon. 1. S. 326. N.

Head, pain, dull pain, occiput. 1. S. 326.

Head, pain, dull pain, sides. 1. S. 327.

Head, pain, dull pain. 1. S. 326.

Head, pain, exertion, body, etc of. 1. S. 283.  
 Head, pain, exertion, eyes, of the. 1. S. 283.  
 Head, pain, forehead, eyes, above, forenoon. 1. S. 302.  
 Head, pain, forehead, eyes, above, morning. 1. S. 302.  
 Head, pain, forehead, eyes, above. 1. S. 301.  
 Head, pain, forehead, eyes, behind. 1. S. 303.  
 Head, pain, forehead, frontal eminence. 1. S. 300.  
 Head, pain, forehead in, extending to, occiput 1. S.  
 300.  
 Head, pain, forehead in. 1. S. 296.  
 Head, pain, intermittent pains. 1. S. 284.  
 Head, pain, lying amel. 1. S. 285.  
 Head, pain, night, midnight before, 22h. 1. S. 277.  
 Head, pain, night. 1. S. 277.  
 Head, pain, noon. 1. S. 276.  
 Head, pain, occiput, pressure amel. 1. S. 305.  
Head, pain, occiput, right. 1. S. 304. N.  
 Head, pain, occiput, touch agg. 1. S. 306.  
Head, pain, occiput, waking on. 1. S. 306. N.  
 Head, pain, occiput. 1. S. 303.  
Head , pain , pressure external , amel ,hard amel ,hitting  
head hard amel. 2. S. 288. N.  
 Head, pain, pressure external, amel. 1. S. 288.  
 Head, pain, sides, forenoon. 1. S. 308.  
 Head, pain, sides, morning. 1. S. 308.  
Head, pain, sides, right, morning. 1. S. 308. N.  
 Head, pain, sides, right. 1. S. 308.  
 Head, pain, sides. 1. S. 307.  
 Head, pain, sitting amel. 1. S. 290.  
Head, pain, touch, agg, light touch agg. 1. S. 292. N.  
 Head, pain, waking on. 1. S. 276.  
 Head, pain, bursting. 1. S. 318.

Head, prickling. 1. S. 363.  
Head, tingling, lying agg 1. S. 372. N.  
Head, tingling, motion amel. 1. S. 372. N.  
 Head, tingling, Occiput. 1. S. 372.  
Head, tingling, sitting agg. 1. S. 372. N.  
Head, tingling, spots 1 S. 372. N  
Head, tingling, standing agg. 1. S. 372. N.  
 Head, tingling. 1. S. 372.

#### 4.3.1.4

#### Eye:

*Eye, pain. 2. S. 391.*  
 Eye, pain, burning. 1. S. 396.  
 Eye, tired sensation. 1. S. 412.  
 Eye, pain, right. 1. S. 392.  
 Eye, pain, morning, waking. 1. S. 392.  
 Eye, heaviness Lids. 1. S. 383.  
Eye, closing the eyes, desire to. 1. S. 376.  
 Eye, closing the eyes, desire to, stinging pain on. 1. S. 376. N.  
 Eye, strain. 1. S. 410.  
 Eye, dryness. 1. S. 380.  
 Eye, swelling. 1. S. 411.  
 Eye, swelling, lids. 1. S. 411.  
 Eye, sties, canthi, inner. 1. S. 410.  
 Eye, pain, morning. 1. S. 392.  
 Eye, itching. 1. S. 387.  
 Eye, itching, morning. 1. S. 388.  
Eye, itching, morning, waking on 1. S. 388. N  
 Eye, Itching, evening. 1. S. 388.

- 4.3.1.5      **Vision:**  
Vision, blurred. 1. S. 417.  
Vision, blurred, accompanied by, nausea, turning head on.  
1. S. 417. N.  
Vision, blurred, afternoon. 1. S. 417.  
Vision, blurred, turning head. 1. S. 417. N.
- 4.3.1.6      **Ear:**  
Ear, contraction, sensation of. 1. S. 434.  
Ear, itching. 1. S. 439.  
Ear, itching, meatus. 1. S. 439.  
Ear, itching, meatus, left. 1. S. 439.  
Ear, itching, meatus, night. 1. S. 439.  
Ear, pain. 1. S. 449.  
Ear, pain, left. 1. S. 450.
- 4.3.1.7      **Nose:**  
Nose, burning sensation, as if on fire. 1. S. 471 N.  
Nose, coryza. 1. S. 472.  
Nose, coryza, morning. 1. S. 473.  
Nose, discharge, crust, sensation of, septum on. 1. S.  
478 N.  
Nose, itching. 1. S. 487.  
Nose, itching, inside, left. 1. S. 488.  
Nose, itching, rubs. 1. S. 487.  
Nose, obstruction. 1. S. 488.  
Nose, obstruction, alternating sides. 1. S. 488.  
**Nose, sneezing. 3. S. 498.**  
*Nose, sneezing, morning. 2. S. 498.*  
Nose, sneezing, morning, waking, on. 1. S. 499.  
Nose, sneezing, evening. 1. S. 499.  
Nose, sneezing, sleep, during. 1. S. 500.

Nose, sneezing, sleep, during. 1. S. 500 N.

Nose, snuffles. 1. S. 500.

Nose, warm, inside. 1. S. 502 N.

Nose, warm. 1. S. 502.

Nose, vesicles, sensation of, nostrils around. 1. S. 502 N.

4.3.1.8

**Face:**

Face, eruptions. 1. S. 514.

Face, eruptions, cheeks, 1. S. 514.

Face, eruptions, cheeks, left. 1. S. 514.

Face, eruptions, pimples. 1. S. 519.

Face, eruptions, pimples, painful to touch. 1. S. 519

Face, eruptions, chin. 1. S. 514.

Face eruptions, chin, painful to touch. 1. S. 514.

Face, eruptions, pimples, chin. 1. S. 519.

Face, eruptions, pustules. 1. S. 520.

*Face, eruptions, pustules, cheeks. 2. S. 520.*

Face, eruptions, pustules, chin. 1. S. 520.

Face, eruptions, vesicles, sensation of nostrils around,  
compelled to scratch and rub. 1. S. 522. N.

Face, expression, confused. 1. S. 523.

Face, expression, dazed. 1. S. 523

Face, expression, sedated. 1. S. 524. N.

Face, heat, flushes. 1. S. 526.

Face, heat, flushes, morning. 1. S. 526.

Face, heat, flushes, afternoon. 1. S. 526.

Face, heat, burning. 1. S. 526.

Face, sensitive. 1. S. 544

4.3.1.9

**Mouth:**

Mouth, dryness. 1. S. 566.

Mouth, eruptions, palate. 1. S. 569.

Mouth, itching. 1. S. 572.  
 Mouth, itching, gums. 1. S. 572.  
 Mouth, itching, palate 1. S. 573.  
 Mouth, numbness. 1. S. 575.  
 Mouth, numbness, tongue. 1. S. 575.  
 Mouth, taste, bad. 1. S. 593.  
 Mouth, taste, bad, menses during. 1. S. 584.  
 Mouth, taste, putrid. 1. S. 597.  
 Mouth, taste, putrid, menses during. 1. S. 597.  
 Mouth, taste, stale. 1. S. 599.

#### 4.3.1.10 **Teeth:**

Teeth, biting, lip. 1. S. 603.  
 Teeth, clenching, teeth together, anger in. 1. S. 603.

#### 4.3.1.11 **Throat:**

Throat, dryness. 1. S. 624.  
 Throat, dryness, accompanies by, roughness. 1. S. 624.  
 Throat, dryness, drinking does not ameliorate. 1. S. 624.  
*Throat, pain. 2. S. 631.*  
 Throat, pain, left. 1. S. 632.  
 Throat, pain, coughing on. 1. S. 632.  
 Throat, pain, drinking, ameliorates. 1. S. 632.  
 Throat, pain, drinks, cold, ameliorates. 1. S. 632.  
 Throat, pain, burning. 1. S. 634.  
 Throat, pain, burning, oesophagus. 1. S. 635.  
 Throat, pain, sore, coughing on. 1. S. 638.  
 Throat, pain, stitching. 1. S. 638.  
 Throat, pain, stitching, coughing on. 1. S. 639.  
 Throat roughness. 1. S. 640.  
*Throat, scratching. 2. S. 641.*

Throat, scratching, evening. 1. S. 641.

Throat, scratching, morning. 1. S. 641.

4.3.1.12 **Stomach:**

*Stomach, heat. 2. S. 637.*

Stomach, heat, eating ameliorates. 1. S. 637.

Stomach, acidity. 1. S. 653.

*Stomach, appetite, diminished. 2. S. 653.*

Stomach, appetite, diminished, daytime. 1. S. 653.

Stomach, appetite, diminished, noon. 1. S. 653.

Stomach, appetite, diminished, evening. 1. S. 653.

Stomach, appetite, diminished, eating, when time for. 1.  
S. 653.

*Stomach, appetite, easy satiety. 2. S. 653.*

**Stomach, appetite, increased. 3. S. 654.**

Stomach, appetite, increased, alternating with loss of  
appetite. 1. S. 654.

Stomach, appetite, increased, pain in stomach, with. 1.  
S. 655.

Stomach, appetite, increased, insatiable. 1. S. 655.

*Stomach, appetite, ravenous. 2. S. 655.*

*Stomach, appetite, wanting. 2. S. 656.*

Stomach, appetite, wanting, morning. 1. S. 656.

Stomach, heartburn. 1. S. 672.

Stomach, heartburn, nausea, with. 1. S. 672.

Stomach, heartburn, morning. 1. S. 672.

Stomach, heat, eating ameliorates. 1. S. 673.

Stomach, heaviness. 1. S. 673.

Stomach, heaviness, morning. 1. S. 673.

Stomach, heaviness, morning, waking on. 1. S. 673.

Stomach, heaviness, nausea, during. 1. S. 674.

*Stomach, nausea. 2. S. 678.*

Stomach, nausea, morning. 1. S. 678.  
 Stomach, nausea, morning, waking on. 1. S. 679.  
 Stomach, nausea, eye symptoms, with. 1. S. 681.  
 Stomach, nausea, inability to vomit. 1. S. 682.  
 Stomach, nausea, pain, during. 1. S. 683.  
 Stomach, nausea, pain during, abdomen, in. 1. S. 683.  
*Stomach, pain. 2. S. 685.*  
 Stomach, pain, eating ameliorates. 1. S. 686.  
*Stomach, pain, burning. 2. S. 690.*  
 Stomach, pain, burning, eating ameliorates. 1. S. 691.  
 Stomach, pain burning, extending to oesophagus, up the.  
 1. S. 691.  
 Stomach, pain burning, extending to, upward. 1. S. 691.  
*Stomach, thirst. 2. S. 703.*  
 Stomach, thirst, morning. 1. S. 703.  
 Stomach, thirst, unquenchable. 1. S. 705.  
 Stomach, thirst, unquenchable, walking after. 1. S. 705.  
*Stomach, thirstless. 2. S. 705.*

#### 4.3.1.13 **Abdomen:**

*Abdomen, distension. 2. S. 721.*  
 Abdomen, distension, afternoon. 1. S. 721.  
 Abdomen, distension, afternoon, eating, after. 1. S.  
 721.  
 Abdomen, distension, eating after. 1. S. 722.  
 Abdomen, distension, painful. 1. S. 722.  
*Abdomen, fullness, sensation of. 2. S. 726.*  
 Abdomen, fullness, sensation of, afternoon. 1. S. 726.  
 Abdomen, fullness, sensation of, eating, after. 1. S.  
 727.  
 Abdomen, fullness, sensation of, night. 1. S. 727.  
 Abdomen, fullness, sensation of, lying, while. 1. S. 727.

Abdomen, heaviness. 1. S. 729

*Abdomen, pain.* 2. S. 733.

Abdomen, pain, evening. 1. S. 734.

Abdomen, pain, accompanied by, lumbar region, pain  
1. S. 734.

Abdomen, pain, burning. 1. S. 749.

Abdomen, pain, cramping. 1. S. 751.

Abdomen, pain, cramping, evening. 1. S. 752.

Abdomen, pain, cramping, night. 1. S. 752.

Abdomen, pain, cramping, menses, before. 1. S. 753.

Abdomen, pain, cramping, motion, ameliorates. 1. S.  
753.

Abdomen, pain, cramping, motion, on. 1. S. 753.

Abdomen, pain, cramping, sitting, ameliorates. 1. S. 754

Abdomen, pain, cramping, walking, ameliorates. 1. S. 754

4.3.1.14 **Rectum:**

Rectum, constipation, insufficient. 1. S. 791.

Rectum, diarrhoea. 1. S. 792.

Rectum, diarrhoea, menses, during. 1. S. 798.

Rectum, fullness, stool, after. 1. S. 803.

Rectum, inactivity of rectum. 1. S. 806.

Rectum, inactivity of rectum, morning. 1. S. 806.

Rectum, urging, frequent. 1. S. 818.

4.3.1.15 **Stool:**

Stool, thin. 1. S. 827.

Stool, watery. 1. S. 827.

4.3.1.16 **Bladder:**

Bladder, urination, frequent. 1. S. 842.

4.3.1.17 **Urine:**

Urine, copious. 1. S. 872.

Urine, copious, drunk, more than is. 1. S. 873.

4.3.1.18 **Female:**

Female, itching vulva. 1. S. 914.

Female, itching. 1. S. 913.

Female, pain, bearing down, menses during. 1. S. 939.

Female, pain, bearing down, uterus and region, menses during, sitting amel. 1. S. 940. N.

Female, pain, bearing down, Uterus and region, menses during. 1. S. 940.

Menses, black, with clots. 1. S. 923.

Menses, black. 1. S. 923.

Menses, clotted, dark clots. 1. S. 923.

Menses, clotted. 1. S. 923.

Menses, copious, short duration, and of. 1. S. 925.

Menses, copious. 1. S. 924.

Menses, dark, with clots. 1. S. 925.

Menses, dark. 1. S. 925.

Menses, early, too, two weeks. 1. S. 925. N.

Menses, early, too. 1. S. 925.

*Menses, hot.* 2. S. 926.

*Menses, irregular.* 2. S. 926.

Menses, irregular, long and variable intervals. 1. S. 926.

Menses, late, too, scanty. 1. S. 927.

Menses, late, too, ten days. 1. S. 926.

Menses, late, too, two days. 1. S. 926.

Menses, late, too. 1. S. 926.

Menses, membranous. 1. S. 927.

Menses, pain constricting, contracting, uterus. 1. S. 941.

Menses, pain constricting, contracting. 1. S. 941.

Menses, pain cramping, uterus, double up, compelling her to. 1. S. 941.

Menses, pain cramping, uterus, massage amel. 1. S. 941. N.

Menses, pain cramping, uterus, menses during. 1. S. 941.

Menses, pain cramping, uterus. 1. S. 941.

Menses, pain twisting, uterus. 1. S. 947. N.

*Menses, painful. 2. S. 928.*

Menses, painful, chill with. 1. S. 928.

Menses, painful, flow amel. 1. S. 928.

Menses, painful, lying amel. 1. S. 928.

Menses, painful, pressure amel. 1. S. 928. N.

Menses, protracted, eighteen days. 1. S. 929.

Menses, protracted. 1. S. 929.

Menses, ropy, tenacious, stringy. 1. S. 929.

Menses, scanty. 1. S. 929.

Menses, short, too. 1. S. 930.

Menses, stool, menses during , loose and unformed stool.  
1. S. 930. N

4.3.1.19 **Respiration:**

Respiration, difficult. 1. S. 973.

Respiration, difficult, bed, in. 1. S. 974.

Respiration, sleep, falling asleep, when. 1. S. 978.

4.3.1.20 **Cough:**

Cough, dry. 1. S. 992.

Cough, hacking. 1. S. 996.

Cough, morning. 1. S. 985.

Cough, pain, back, dorsal region, right, coughing when. 1.  
S. 1003 N.

Cough, pain, larynx, stabbing pain, coughing when. 1. S.  
1003 N.

4.3.1.21 **Chest:**

Chest, pain, cutting. 1. S. 1060.

Chest, pain, pressure, amel. 1. S. 1048.

Chest, pain, heart, region of, pressure, amel. 1. S. 1050  
N.

Chest, pain, sides, left, pressure, amel. 1. S. 1052.

Chest, pain, cutting, heart, region of. 1. S. 1062.

4.3.1.22 **Back:**

Back, formication, cervical region, motion amel. 1. S.  
1099. N.

Back, formication, cervical region, sitting agg. 1. S.  
1099. N.

Back, formication, cervical region, spots 1. S. 1099. N.

Back, formication, cervical region, standing agg. 1. S.  
1099. N.

Back, formication, cervical region. 1. S. 1098.

Back, formication, dorsal region, lying agg. 1. S. 1099.  
N.

Back, formication, dorsal region, motion amel. 1. S.  
1099. N.

Back, formication, dorsal region, sitting agg. 1. S. 1099.  
N.

Back, formication, dorsal region, spots. 1. S. 1099. N.

Back, formication, dorsal region, standing agg 1 S1099 N

Back, formication, dorsal region. 1. S. 1099.

Back, formication, cervical region, lying agg. 1. S.  
1099. N.

Back, itching, cervical region, afternoon. 1. S. 1101.  
N.

Back, itching, cervical region. 1. S. 1101.

Back, Itching. 1. S. 1101.

**Back, pain. 3. S. 1103.**

*Back, pain, cervical region. 2. S. 1108.*

Back, pain, cervical region, extending to, clavicles. 1. S.  
1109.

Back, pain, cervical region, extending to, shoulders. 1.  
S. 1110.

Back, pain, cervical region, left. 1. S. 1108.

Back, pain, cervical region, rheumatic. 1. S. 1109.

Back, pain, cervical region, right. 1. S. 1108.

Back, pain, cervical region, sore. 1. S. 1109. N.

Back, pain, dorsal region, coughing. 1. S. 1110.

Back, pain, dorsal region, extending to, arms. 1. S. 1110.

Back, pain, dorsal region, scapulae, between, stitching. 1.  
S. 1113. N.

Back, pain, dorsal region, scapulae, between. 1. S.  
1112.

Back, pain, dorsal region, scapulae, extending to, arm. 1.  
S. 1112.

Back, pain, dorsal region, scapulae, right, extending to,  
arm. 1. S. 1110.

Back, pain, dorsal region, scapulae, right, followed by left.  
1. S. 1111.

Back, pain, dorsal region, scapulae, right. 1. S. 1110.

Back, pain, dorsal region, scapulae. 1. S. 1110.

Back, pain, dorsal region. 1. S. 1110.

Back, Pain, dull, lumbar region, afternoon. 1. S. 1134. N.

Back, Pain, dull, lumbar region, bending agg. 1.S.1134. N.  
Back, Pain, dull, lumbar region, morning. 1. S. 1134. N.  
Back, pain, dull, lumbar region, pressure agg. 1.S.1134.N.  
 Back pain, dull, lumbar region. 1. S. 1134.  
 Back, pain, dull. 1. S. 1134.  
 Back, pain, extending to, arms. 1. S. 1107.  
*Back, pain, lumbar region. 2. S. 1113.*  
 Back, pain, lumbar region, afternoon. 1. S. 1114.  
Back, pain, lumbar region, bending agg. 1. S. 1114. N.  
Back, pain, lumbar region, dull. 1. S. 1114. N.  
 Back, pain, lumbar region, evening. 1. S. 1114.  
 Back, pain, lumbar region, morning. 1. S. 1113.  
Back, pain, lumbar region, pressure agg. 1. S. 115. N.  
 Back, pain, lumbar region, pressure amel. 1. S. 1115.  
 Back, pain, lumbar region, right. 1. S. 1113.  
 Back, pain, lumbar region, rubbing amel. 1. S. 1115.  
 Back, pain, lumbar region, sitting , long after. 1. S. 1115.  
Back, pain, lumbar region, touch agg. 1. S. 1116. N.  
Back, pain, lumbar region, unbearable. 1. S. 1116. N.  
Back, pain , pressure agg. 1. S. 1105. N.  
 Back, pain, pressure amel. 1. S. 1105.  
Back, pain, right, extending to left. 1. S. 1103. N.  
 Back, pain, rubbing amel. 1. S. 1106.  
 Back, pain, sitting, long after. 1. S. 1106.  
 Back, pain, sleep during. 1. S. 1106.  
 Back, pain, sore, cervical region. 1. S. 1139.  
 Back, pain, sore. 1. S. 1138.  
 Back, pain, spine, evening. 1. S. 1120.  
Back, pain, spine, stitching, accompanied by, epigastrium,  
aching pain in. 1. S. 1121. N.  
Back, pain, spine, stitching. 1. S. 1121. N.  
Back, pain, spine, turning agg. 1. S. 1121. N.

Back, pain, spine. 1. S. 1120.

Back, pain, spot. 1. S. 1106.

Back, pain, stitching, dorsal region, scapulae, between. 1. S. 1144.

Back, pain, stitching, dorsal region, scapulae, right. 1. S. 1144.

Back, pain, stitching, dorsal region, scapulae. 1. S. 1143.

Back, pain, stitching, dorsal region. 1. S. 1143.

Back, pain, stitching, spine, evening. 1. S. 1147.

Back, pain, stitching, spine, turning agg. 1. S. 1147. N.

Back, pain, stitching, spine. 1. S. 1147.

Back, pain, stitching. 1. S. 1142.

Back, pain, touch agg. 1. S. 1107.

Back, pain, unbearable. 1. S. 1107.

Back, prickling, cervical region. 1. S. 1150.

Back, stiffness, cervical region, headache during, extending to, eyes. 1. S. 1153 N.

Back, stiffness, cervical region, headache during. 1. S. 1153.

Back, stiffness, cervical region. 1. S. 1153.

Back, stiffness. 1. S. 1152.

#### 4.3.1.23 **Extremities:**

*Extremities, cramps. 2. S. 1177.*

*Extremities, cramps, right. 2. S. 1178.*

*Extremities, cramps, lower limbs. 2. S. 1179.*

Extremities, cramps, lower limbs, right. 1. S. 1179.

Extremities, cramps, lower limbs, walking, while. 1. S. 1179.

Extremities, cramps, lower limbs, extending to, leg. 1. S. 1179.

Extremities, cramps, leg. 1. S. 1180.

Extremities, cramps, leg, exertion, on. 1. S. 1180.  
 Extremities, cramps, thigh. 1. S. 1180.  
 Extremities, cramps, thigh, right. 1. S. 1180.  
 Extremities, cramps, thigh, inner side. 1. S. 1180.  
 Extremities, cramps, leg, calf. 1. S. 1181.  
 Extremities, cramps, leg, calf, right. 1. S. 1181.  
 Extremities, cramps, leg, calf, dancing. 1. S. 1181.  
 Extremities, cramps, leg, calf, exertion, after. 1. S. 1181.  
 Extremities, cramps, ankle. 1. S. 1182.  
 Extremities, cramps, ankle, extending to, calf. 1. S.  
 1182.  
 Extremities, cramps, foot. 1. S. 1182.  
*Extremities, eruptions. 2. S. 1191.*  
 Extremities, eruptions, blisters. 1. S. 1191.  
 Extremities, eruptions, rash. 1. S. 1192.  
 Extremities, eruptions, elevations. 1. S. 1191.  
 Extremities, eruptions, itching. 1. S. 1191.  
 Extremities, eruptions, red. 1. S. 1192.  
*Extremities, eruptions, upper limbs. 2. S. 1192.*  
 Extremities, eruptions, upper limbs, elevations. 1. S. 1192.  
 Extremities, eruptions, upper limbs, rash. 1. S. 1192.  
 Extremities, eruptions, upper limbs, itching. 1. S. 1193.  
 Extremities, eruptions, upper limbs, rash. 1. S. 1193.  
 Extremities, eruptions, upper limbs red. 1. S. 1193.  
 Extremities, eruptions, upper arm. 1. S. 1194.  
 Extremities, eruptions, upper arm, itching. 1. S. 1194.  
 Extremities, eruptions, upper arm, rash. 1. S. 1195.  
 Extremities, eruptions, hand. 1. S. 1196.  
 Extremities, eruptions, hand, rash. 1. S. 1197.  
 Extremities, eruptions, hand, between index finger and  
 thumb. 1. S. 1199.  
 Extremities, pain, elbow. 1. S. 1255.

Extremities, pain, elbow, left. 1. S. 1255.  
Extremities, pain, elbow. 1. S. 1255.  
Extremities, pain, elbow, left. 1. S. 1255.  
Extremities, pain, elbow, bend of, stretching arm, on. 1.  
S. 1256.  
Extremities, pain, hand. 1. S. 1257.  
Extremities, pain, hand, right. 1. S. 1257.  
*Extremities, pain, lower limbs. 2. S. 1261.*  
Extremities, pain, lower limbs, afternoon. 1. S. 1261.  
Extremities, pain, hip. 1. S. 1265.  
Extremities, pain, hip, right. 1. S. 1265.  
Extremities, pain, hip, lying, after. 1. S. 1266.  
Extremities, pain, hip, standing. 1. S. 1266.  
Extremities, pain, thigh. 1. S. 1267.  
Extremities, pain, knee. 1. S. 1268.  
Extremities, pain, knee, right. 1. S. 1269.  
Extremities, pain, knee, afternoon. 1. S. 1269.  
Extremities, pain, ankle. 1. S. 1273.  
Extremities, pain, ankle, left. 1. S. 1273.  
Extremities, pain, toes. 1. S. 1276.  
Extremities, pain, toes, right. 1. S. 1276.  
Extremities, pain, toes, evening. 1. S. 1276.  
Extremities, pain, toes, first. 1. S. 1276.  
Extremities, pain, toes, first, right. 1. S. 1276.  
Extremities, pain, toes, first, evening. 1. S. 1276.  
Extremities, pain, aching. 1. S. 1277.  
Extremities, pain, aching, elbow. 1. S. 1278.  
Extremities, pain, cramping. 1. S. 1290.  
Extremities, pain, cramping, lower limbs. 1. S. 1290.  
Extremities, pain, cramping, leg. 1. S. 1290.  
Extremities, pain, cramping, calf. 1. S. 1290.

Extremities, pain, cramping, foot, motion, on. 1. S. 1290.

Extremities, pain, shooting. 1. S. 1314.

Extremities, pain, shooting, shoulder. 1. S. 1314.

Extremities, pain, shooting, shoulder, right. 1. S. 1314.

Extremities, pain ,sore. 1. S. 1316.

Extremities, pain, sore, exertion after. 1. S. 1316.

Extremities, pain ,sore, joints. 1. S. 1317.

Extremities, pain ,sore, upper limbs. 1. S. 1317.

Extremities, pain, sore, overexertion after. 1. S. 1317.

Extremities, pain ,sore, shoulder. 1. S. 1318.

Extremities, pain, sore, lower limbs. 1. S. 1320.

Extremities, pain, sore, thigh. 1. S. 1321.

*Extremities, stiffness. 2. S. 1373.*

Extremities, stiffness, right. 1. S. 1373

Extremities, stiffness, morning. 1. S. 1373

Extremities, stiffness, sitting, after. 1. S. 1374.

Extremities, stiffness, joints. 1. S. 1374.

Extremities, stiffness, joints, morning. 1. S. 1374.

Extremities, stiffness, joints, painful. 1. S. 1374.

*Extremities, stiffness, lower limbs. 2. S. 1375.*

Extremities, stiffness, lower limbs, painful. 1. S. 1375.

Extremities, stiffness, lower limbs, right. 1. S. 1376.

Extremities, stiffness, lower limbs, morning. 1. S. 1376

Extremities, stiffness, hip, morning. 1. S. 1376.

Extremities, stiffness, lower limbs, sitting, after. 1. S. 1376.

Extremities, stiffness, hip. 1. S. 1376.

Extremities, stiffness, thigh. 1. S. 1376.

Extremities, stiffness, leg. 1. S. 1377.

Extremities, stiffness, calf. 1. S. 1377.

Extremities, swelling. 1. S. 1378.

Extremities, swelling, joints. 1. S. 1378.  
 Extremities, swelling, ankle. 1. S. 1382.  
 Extremities, swelling, ankle, evening. 1. S. 1382.  
 Extremities, swelling, ankle, malleoli, around. 1. S. 1382.  
 Extremities, tension. 1. S. 1383.  
 Extremities, tension, shoulder. 1. S. 1384.  
 Extremities, tingling. 1. S. 1388.  
 Extremities, tingling, upper limbs. 1. S. 1388.

4.3.1.24 **Sleep:**

Sleep, bad. 1. S. 1411.  
 Sleep, bad, after sleepiness in evening. 1. S. 1411.  
*Sleep, deep. 2. S. 1412.*  
 Sleep, deep, morning. 1. S. 1412.  
 Sleep, disturbed. 1. S. 1413.  
 Sleep, disturbed, dreams, by. 1. S. 1413.  
 Sleep, disturbed, nightmare, by. 1. S. 1413.  
*Sleep, disturbed, pain, by. 2. S. 1414.*  
*Sleep, disturbed, heat, by. 2. S. 1414.*  
 Sleep, suffocation, by. 1. S. 1414.  
 Sleep, prolonged. 1. S. 1422.  
 Sleep, exhausting. 1. S. 1416.  
 Sleep, exhausting, deep with dreams. 1. S. 1416.  
 Sleep, falling, difficult. 1. S. 1417.  
 Sleep, falling, early. 1. S. 1417.  
 Sleep, interrupted. 1. S. 1418.  
*Sleep, interrupted, restlessness, by. 2. S. 1419.*  
*Sleep, interrupted, pain, from. 2. S. 1419.*  
*Sleep, interrupted, heat, sensation of. 2. S. 1419.*  
 Sleep, need of sleep, great. 1. S. 1419.  
 Sleep, restless, bed, driving out of bed from heat. 1. S. 1423.

Sleep, restless, from bodily restlessness. 1. S. 1423.  
 Sleep, restlessness, dreams, from. 1. S. 1423.  
 Sleep, restlessness, with pain. 1. S. 1423.  
 Sleep, sleepiness. 1. S. 1424.  
 Sleep, sleepiness, waking, on. 1. S. 1426.  
 Sleep, sleepiness, evening. 1. S. 1427.  
 Sleep, sleepiness – 20h. 1. S. 1427.  
*Sleep, sleeplessness. 2. S. 1432.*  
 Sleep, sleeplessness, accompanied by sleepiness, daytime.  
 1. S. 1435  
 Sleep, sleeplessness, bed, feels too hot. 1. S. 1436  
 Sleep, sleeplessness, congestion from. 1. S. 1436  
 Sleep, sleeplessness, coryza, from. 1. S. 1437.  
 Sleep, sleeplessness, cough, from. 1. S. 1437.  
 Sleep, sleeplessness, heat, during. 1. S. 1438.  
 Sleep, sleeplessness, itching, from. 1. S. 1438.  
*Sleep, sleeplessness, pains, from. 2. S. 1439*  
*Sleep, sleeplessness, pains from, back. 2. S. 1439*  
 Sleep, sleeplessness, pains from, body sore, whole. 1. S.  
 1439.  
 Sleep, sleeplessness, respiration, with difficult. 1. S.  
 1440.  
 Sleep, sleeplessness, restlessness, from. 1. S. 1440.  
 Sleep, sleeplessness, with urging to urinate. 1. S. 1442.  
 Sleep, unrefreshing. 1. S. 1443.  
 Sleep, unrefreshing, rising indisposed to. 1. S. 1443.  
 Sleep, waking, dreams, by. 1. S. 1444  
 Sleep, waking, early, too. 1. S. 1445  
 Sleep, waking, late, too. 1. S. 1446

4.3.1.25     **Dreams:**

- Dreams, frightful. 1. S. 1464
- Dreams, frightful, waking him. 1. S. 1464
- Dreams, rousing, the patient. 1. S. 1472.
- Dreams, absurd. 1. S. 1453.
- Dreams, animals. 1. S. 1454.
- Dreams, cars. 1. S. 1457.
- Dreams, disconnected. 1. S. 1460.
- Dreams, confused. 1. S. 1458.
- Dreams, danger. 1. S. 1459.
- Dreams, dead, of the.* 2. S. 1459.
- Dreams, dead, relatives. 1. S. 1459.
- Dreams, dead, woman coming back to life. 1. S. 1459.
- Dreams, dancing. 1. S. 1459.
- Dreams, people, crowds. 1. S. 1470.
- Dreams, exertion, of physical. 1. S. 1462.
- Dreams, exciting. 1. S. 1462.
- Dreams, many.* 2. S. 1467.
- Dreams, lost, cannot find way home. 1. S. 1467. N.
- Dreams, new scenes, of. 1. S. 1469.
- Dreams, nightmares. 1. S. 1469.
- Dreams, pursued, being.* 2. S. 1471.
- Dreams, family, own. 1. S. 1463.
- Dreams, remembered. 1. S. 1471.
- Dreams, restless. 1. S. 1471.
- Dreams, seeing again an old schoolmate. 1. S. 1472.
- Dreams, sick people. 1. S. 1473.
- Dreams, strange. 1. S. 1474.
- Dreams, teeth, of. 1. S. 1474.
- Dreams, vivid. 1. S. 1476.
- Dreams, youth, time of. 1. S. 1477.

4.3.1.26    **Perspiration:**

Perspiration, evening. 1. S. 1512.

Perspiration, night. 1. S. 1512.

Perspiration, night, sleep, during. 1. S. 1512.

Perspiration, bed, in. 1. S. 1513.

*Perspiration, exertion, during, slight. 2. S. 1515.*

Perspiration, odour, absent. 1. S. 1516. N.

*Perspiration, profuse. 2. S. 1517.*

Perspiration, profuse, night. 1. S. 1518.

Perspiration, sleep, during. 1. S. 1518.

Perspiration, sleep, during. 1. S. 1519.

Perspiration, sticky. 1. S. 1519.

Perspiration, symptoms, agg, during perspiration. 1. S.  
1520.

4.3.1.27    **Skin:**

Skin, anaesthesia, sunburn, after. 1. S. 1521.

Skin, dry. 1. S. 1526

Skin, eruptions, blisters. 1. S. 1527.

Skin, eruptions, desquamating. 1. S. 1529.

Skin, eruptions, dry. 1. S. 1530.

Skin, eruptions, eczema. 1. S. 1530.

**Skin, eruptions, itching. 3. S. 1533.**

Skin, eruptions, pimples. 1. S. 1533.

Skin, eruptions, pimples, painful. 1. S. 1534.

Skin, eruptions, pustules. 1. S. 1534.

Skin, eruptions, pustules, painful. 1. S. 1534.

Skin, eruptions, rash. 1. S. 1535.

*Skin, eruptions, rash, itching. 2. S. 1535.*

Skin, eruptions, rash, patches. 1. S. 1535.

Skin, eruptions, red. 1. S. 1535.

Skin, eruptions, scaly. 1. S. 1536.

Skin, gooseflesh. 1. S. 1542.

Skin, hair, end, stands on. 1. S. 1543.

**Skin, itching. 3. S. 1544.**

Skin, itching, night. 1. S. 1544.

*Skin, prickling. 2. S. 1548.*

*Skin, itching, must scratch. 2. S. 1546.*

*Skin, itching, voluptuous. 2. S. 1546.*

*Skin, itching, violent. 2. S. 1546.*

Skin, prickling, in spots. 1. S. 1548.

Skin, prickling, better movement 1. S. 1548. N.

4.3.1.28 **Generals:**

Generals, jerking, sleep, during. 1. S. 1630.

Generals, lassitude. 1. S. 1630.

Generals, lassitude, morning. 1. S. 1630.

Generals, lassitude, morning, in bed. 1. S. 1631.

Generals, lassitude, afternoon. 1. S. 1631.

*Generals, lassitude, waking, on. 2. S. 1631.*

Generals, lassitude, weather, wet. 1. S. 1631.

Generals, orgasm, of blood. 1. S. 1644.

Generals, orgasm of blood, at night. 1. S. 1645.

Generals, pains, glands of. 1. S. 1647.

Generals, pain, tingling. 1. S. 1660.

Generals, perspiration, during, agg. 1. S. 1664.

Generals, prickling, externally. 1. S. 1665.

Generals, restlessness. 1. S. 1674.

Generals, weariness. 1. S. 1711.

4.3.2 Rubrics of Characteristic Symptoms

Listed below are those rubrics of characteristic symptoms which were graded as second and third degrees.

**Mind, company, aversion to. 3.S.33.**

*Mind, company, aversion to, desire for solitude. 2. S. 34.*

*Mind, conversation, aversion to. 2 .S. 43.*

*Mind, delusions, division between himself and others.*

*2. S. 60.*

*Mind, forsaken feeling, isolation, sensation of. 2. S. 120.*

*Mind, mood, changeable. 2. S.167.*

*Mind, sadness. 2. S. 187.*

*Mind, sadness, aversion to company, desire for solitude.*

*2. S. 190.*

**Mind, weeping. 3. S. 228.**

*Head, congestion. 2. S. 250.*

*Head, fullness. 2. S. 259.*

**Head, itching of scalp. 3. S. 270.**

**Head, Pain. 3. S. 274.**

*Head, paid, pressure external, amel., hard amel., hitting head  
hard amel. 2. S. 288. N.*

*Eye pain, 2. S. 391.*

**Nose, sneezing. 3. S. 498.**

*Nose, sneezing, morning. 2. S. 498.*

*Face, eruptions, cheeks, left. 2. S. 514.*

*Face, eruptions, pustules, cheeks. 2. S. 520.*

*Throat, pain. 2. S. 631.*

*Throat, scratching. 2. S. 641.*

*Stomach, heat. 2. S. 637.*

*Stomach, appetite, diminished. 2. S. 653.*

*Stomach, appetite, easy satiety. 2. S. 653*

**Stomach, appetite, increased. 3. S. 654.**

*Stomach, appetite, ravenous. 2. S. 655.*

*Stomach, appetite, wanting. 2. S. 656.*

*Stomach, nausea. 2. S. 678.*

*Stomach, pain. 2. S. 685.*

*Stomach, pain, burning. 2. S. 690.*

*Stomach, thirst. 2. S. 703.*

*Stomach, thirstless. 2. S. 705.*

*Abdomen, distension. 2. S. 721.*

*Abdomen, fullness, sensation of. 2. S. 726.*

*Abdomen, pain. 2. S. 733.*

*Menses, hot. 2. S. 926.*

*Menses, irregular. 2. S. 926.*

*Menses, painful. 2. S. 928.*

**Back, pain. 3. S. 1103.**

*Back, pain, cervical region. 2. S. 1108.*

*Back, pain, lumbar region. 2. S. 1113.*

*Extremities, cramps. 2. S. 1177.*

*Extremities, cramps, right. 2. S. 1178.*

*Extremities, cramps, lower limbs. 2. S. 1179.*

*Extremities, eruptions. 2. S. 1191.*

*Extremities, eruptions, upper limbs. 2. S. 1192.*

*Extremities, itching. 2. S. 1221.*

**Extremities, pain. 3. S. 1244.**

*Extremities, pain, joints. 2. S. 1247.*

*Extremities, pain, upper limbs. 2. S. 1249.*

*Extremities, pain, lower limbs. 2. S. 1261.*

*Extremities, stiffness. 2. S. 1373.*

*Extremities, stiffness, lower limbs. 2. S. 1375.*

*Sleep, deep. 2. S. 1412.*

*Sleep, disturbed, pain, by. 2. S. 1414.*

*Sleep, disturbed, heat, by. 2. S. 1414.*

*Sleep, interrupted, restlessness, by. 2. S. 1419.*

*Sleep, interrupted, pain, from. 2. S. 1419.*

*Sleep, interrupted, heat, sensation, of. 2. S. 1419.*

*Sleep, sleeplessness. 2. S. 1432.*

*Sleep, sleeplessness, pains, from. 2. S. 1439.*

*Sleep, sleeplessness, pains, from, back. 2. S. 1439.*

*Dreams, dead, of the. 2. S. 1459.*

*Dreams, many. 2. S. 1467.*

*Dreams, pursued, being. 2. S. 1471.*

*Perspiration, exertion, during, slight. 2. S. 1515.*

*Perspiration, profuse. 2. S. 1517.*

**Skin, eruptions, itching. 3. S. 1533.**

*Skin, eruptions, rash, itching. 2. S. 1535.*

**Skin, itching. 3. S. 1544.**

*Skin, prickling. 2. S. 1548.*

*Skin, itching, must scratch. 2. S. 1546.*

*Skin, itching, voluptuous. 2. S. 1546.*

*Skin, itching, violent. 2. S. 1546.*

*Generals, morning. 2. S. 1557.*

*Generals, activity, increased. 2. S. 1562.*

*Generals, exertion, amel. 2. S. 1595.*

*Generals, food and drink, refreshing things, desire. 2. S. 1613.*

*Generals, heat, flushes of. 2. S. 1620.*

*Generals, lassitude, working on. 2. S. 1631.*

#### 4.4 REPERTORISATION OF SUTHERLANDIA FRUTESCENS 30CH PROVING SYMPTOMS

A repertorisation of the eleven symptoms representing the essence of the remedy, as far as can be ascertained at this stage, was made using the *Mac Repertory* programme. An extraction followed in order to identify those remedies producing the highest numerical value and total number of rubrics within the plant, mineral and animal kingdoms respectively.

A further extraction of the results of the repertory yielding the remedies of the plant kingdom closest to Sutherlandia frutescens was done to identify those remedies of the Leguminaceae family closely related to Sutherlandia frutescens. Within the Leguminaceae family, *Indigo* and *Baptisia tinctoria* repertorised highest, and within the animal kingdom *Sepia* and *Ambra grisea*, both sea animals, were prominent. *Calcareo carbonica* repertorised highest of the minerals with *Kali carb*, *Nat carb* and *Mag carb* featuring, which may indicate a relationship between Sutherlandia frutescens and remedies of the Carbon series. The repertorisation may be viewed at Appendix E and a comparison of the aforementioned remedies to the proving symptoms of Sutherlandia frutescens 30CH is discussed in Chapter 5.

## CHAPTER 5

### 5 DISCUSSION

#### 5.1 THE ABBREVIATION OF THE REMEDY

Barthel and Klunker were the first to improve and expand on Kents repertory and remedy abbreviations. However, there were still ambiguities (Synthesis ed. 7, 1997:25). The Synthesis offers general rules which have been adhered to when abbreviating the proving remedy. It is suggested that Sutherlandia frutescens be abbreviated as **Suth-f.**, in accordance with the binary system described in Synthesis ed. 7 (1997).

#### 5.2 THE SYMPTOMS

It was hypothesised that the 30CH potency of Sutherlandia frutescens would produce signs and symptoms in healthy provers. No evidence exists to contradict the hypothesis and it is therefore concluded that the hypothesis is valid. Of the 783 symptoms included in the Materia Medica, 109 were in the Mind, 58 in the Head, 18 in the Eye, 7 in the Ear, 25 in the Nose, 20 in the Face, 12 in the Mouth, 19 in the Throat, 42 in the Stomach, 23 in the Abdomen, 7 in the Rectum, 41 in the Female, 82 in the Back, 136 in the Extremities, 47 in Sleep, 30 in Dreams, 12 in Perspiration, 26 in Skin and 43 in Generals. Appendix E illustrates this graphically.

Sherr (1994) suggests the proving to be an artificial epidemic and as such the individuals participating become a whole and unified organism. The same source is shared and the provers' vital forces merge. (Sherr 1994:32). He suggest the proving be

analysed as if they occurred in one person. A collaboration of all the themes and important symptoms within each section of the Material Medica follows so as to provide a picture of the remedy as it occurs in one person. A fuller understanding of the remedy as a whole and a deeper feeling of the essence of Sutherlandia frutescens is bound to follow.

#### MIND:

The remedy has a profound effect on the mental sphere. A marked aversion to company and a desire for solitude predominated. An aversion to conversation and social interaction is experienced as the need for introspection is marked. There is a feeling of being separate from others, as if there is a division between themselves and others. There is a feeling of isolation, as if they are looked down upon and despised, and regard themselves as outcasts. Much sadness and want of confidence is evident. Weeping easily, causelessly, when alone, with anger, and when thinking of past events, features. Great sensitivity to the opinion of others and over-reaction to trifles elicits weeping, anger and irritability quickly and easily. A feeling of 'life is just too much to cope with' and being emotionally overwhelmed is experienced. A marked alteration of mood is seen. The delusions of being disconnected from reality and themselves is very marked. They feel lost in their bodies, as if in a dream and spaced out. Dissociation from their environment as though having taken drugs can be experienced. Difficulties in concentrating, absent-mindedness, forgetfulness, slowness of mind, vanishing thoughts, and stupefaction may be experienced. Perceptions become strange and they feel their speech to be strange, their own voices seem strange and their environment becomes strange and unfamiliar. They have a desire for amelioration from physical exercise and in

contrast to the sadness experienced, may feel an increased sense of wellbeing and cheerfulness. This duality is seen in many of the polycrests and smaller remedies. A fear of narrow places, robbers, that something bad will happen, and the opinion of others may be experienced.

#### VERTIGO

Vertigo is associated with motion, e.g. driving in a car, and the headaches.

#### HEAD

Headaches are a marked feature of the remedy. The headaches are mostly right-sided, better for pressure, and aggravated by touch. The occiput, forehead and sides are affected. Fullness, congestion and heaviness are experienced. Itching, tingling and prickling of the scalp occurs.

#### EYE

The eyes are painful, tired and strained. Dryness, itching and heaviness of the lids is experienced. There is a tendency toward sty formation and a desire to close the eyes with pain.

#### VISION

Blurred vision can be experienced.

#### EAR

Pain, itching and a sensation of contraction of the ear is experienced.

### NOSE

There is a marked sneezing, especially in the morning. Warmth, formication and a burning sensation inside the nose is produced. Coryza, hay-fever, sinusitis, obstruction and dryness may be present. The sensation of a crust formation on the septum, of insects inside the nostrils, of itching vesicles around the nostrils, and of a foreign body within the nose are alterations of sensations in the nose which may be apparent.

### FACE

Facial eruptions on the chin, cheeks and about the nose are painful. Hot flushes and heat and sensitivity of the skin are experienced. Changes in their facial expressions are observed with the expressions being dazed and confused and sedated.

### MOUTH

Itching of the gums and palate, dryness of the mucosa and numbness of the tongue may occur. There may be an alteration in taste, described as 'bad', 'putrid' or 'stale'.

### TEETH

Lip biting and clenching of the teeth in anger may occur.

### THROAT

Pain is experienced in the throat which is described as cutting, burning and stitching. The pain may be experienced on coughing and is better for cold drinks. There is a scratching sensation in the throat and a dryness and roughness.

### STOMACH

Heat and burning is felt in the stomach, these being ameliorated by eating. Stomach ache is better for eating too. The appetite is increased and is described as ravenous and insatiable. In contrast, easy satiety and diminished appetite may be experienced also. Thirstlessness or an unquenchable thirst are contradictory features which may be experienced, and nausea and heaviness are present.

### ABDOMEN

There is a feeling of fullness in the abdomen with distension and heaviness. Burning and cramping pains are experienced.

### RECTUM

Constipation and inactivity of the rectum, as well as diarrhoea and frequent urging are reported.

### STOOL

The stool was predominantly thin and watery.

### BLADDER

Urination is frequent and urine copious.

### FEMALE

Menses are greatly affected. The menstrual cycle is changed and irregular. The menses may be very early, very late, scanty or copious. A shorter duration of menstrual flow is observed and hot menses may be experienced. Dysmenorrhoea and itching of the vulva is marked.

### RESPIRATION

Respiration is difficult.

### COUGH

A dry, hacking cough causing pain in the larynx and back may be experienced.

### BACK

There is a marked back-ache which is mostly right-sided. It is experienced mostly in the lumbar region although the cervical, dorsal and spinal regions may also be affected. The pain is in spots, i.e. very localised and can cause sleeplessness. It is described as sore, rheumatic, stitching or dull and is better for rubbing, massage and pressure, but touch seems to aggravate it. Cervical stiffness may occur. Itching, prickling and formication of the skin of the back is experienced.

### EXTREMITIES

Cramping pain is experienced in the extremities. These are mostly right-sided, affecting the lower limbs. Pain in the joints and upper and lower limbs is experienced and are described as cramping, aching, shooting and sore. Stiffness, especially in the lower limbs, heaviness, tension, tingling, and swelling of the joints predominantly of the ankle, can occur. The skin of the extremities may be itching and eruptions which are red, itching, elevated or blistering is noted.

### SLEEP

There is marked sleeplessness caused by the remedy. Sleep is disturbed by pain, nightmares and dreams, heat, restlessness, the urge to urinate, difficult respiration, cough, congestion and itching. The sleep can be described as exhausting and unrefreshing.

### DREAMS

There are dreams of the dead, nightmares, of being pursued, of danger and of relatives. Many strange dreams are dreamt. Dreams of excitement, of new scenes, of dancing and activity may contribute to the disturbance of sleep.

### PERSPIRATION

There is profuse perspiration, from the slightest exertion and most prominent at night, during sleep or in bed. It is described as sticky, odourless and there is an aggravation of symptoms during perspiration.

### SKIN

Incredible itching of the skin is experienced in all areas of the body. The itch is voluptuous, violent and there is a great desire to scratch. Eruptions that itch occur, and prickling of the skin is also experienced.

### GENERALS

In general, symptoms are worse in the morning and there is a feeling of lassitude on waking. There is a desire for, and amelioration from physical exercise. There is a desire for and amelioration from open air and being indoors aggravates the symptoms. Symptoms may be aggravated during perspiration. Flushes of heat are experienced in many regions locally and generally. There may be a desire for refreshing food and drink and there is amelioration after eating. A desire for spicy, fried, chicken, soda pop drinks, Coca Cola and cold water may be experienced, with an aversion to sweets. Cramping muscles, sinusitis, influenza-like symptoms, painful glands, tingling, pricking, itching and restlessness are experienced.

### 5.3 THE REPERTORISATION OF THE PROVING SYMPTOMS OF SUTHERLANDIA FRUTESCENS 30CH AND A SUBSEQUENT COMPARISON TO THOSE REMEDIES PRODUCING THE HIGHEST NUMERICAL VALUE AND TOTAL NUMBER OF RUBRICS

#### 5.3.1 Results of the Repertorisation

A repertorisation of the eleven symptoms representing the essence of the remedy, as far as can be ascertained at this stage, produced the following results. *Baptisia tinctoria* and *Indigo* are plant remedies of the Leguminaceae family closely related to Sutherlandia frutescens; *Sepia succus* and *Ambra grisea*, both sea animals, predominated in the extraction of the animal remedies related to Sutherlandia frutescens and of the mineral kingdom, those remedies of the Carbon series, notably *Calcarea carbonica*, produced the highest value and total number of rubrics on repertorisation of the proving symptoms of Sutherlandia frutescens 30CH.

#### 5.3.2 The Leguminaceae family in Homoeopathy

An extraction of all the rubrics in the complete repertory which contain several remedies of the Leguminaceae family elicits the themes of the family, thereby expanding one's understanding of the members of the family, and shared general traits. A comparison of Sutherlandia frutescens 30CH proving symptoms to *Baptisia tinctoria* and *Indigo* produce a remarkable overlap of shared symptoms, themes and expressions of the Leguminaceae family.

A prominent mental theme of the Leguminaceae family is that of confusion of mind, difficulty in concentrating, weakness of memory, apathy, indolence, indifference, aversion to work, indisposition to talk, dullness, stupefaction, delusions of intoxication, prostration, sadness, tearfulness, peevishness and ill-humoured disposition. Remedies of the Leguminaceae family are noted for their polar effects on the mental state, (Leckridge 2002), as is seen by the opposite symptoms of irritability, restlessness, excitement, hysteria, anger anxiety, anguish, cheerfulness, anxious dreams, dreams of strife and quarrels, insanity, mania and vivid imagination and delusions. The confusion, delirium and many delusions of *Baptisia tinctoria* is a prime example of this state (Murphy 1998:80).

The head, gastrointestinal tract and extremities are greatly influenced by the Leguminaceae family. Headaches, congestion, fullness and heaviness of the head, as was prominent in the proving symptoms of Sutherlandia frutescens 30CH, are marked features of the family. *Melilotus officinalis* is well indicated for acute localised cephalic congestion with flushing and throbbing carotid arteries (Jouanny 1984:247). *Robinia pseudacia* is used in the treatment of migraines and has the burning acid dyspepsia noted in the proving (Jouanny 1984:348).

Eye pain, discolourations, inflammation and orbital muscle disturbances, as is a key feature of *Physostigma venenosum* (Jouanny 1984: 308) are symptoms of the family. Hay-fever, coryza, sneezing (a marked feature of

Sutherlandia frutescens 30CH), epistaxis, blurred vision, face pain and swelling, mouth pain and numbness, toothache, throat inflammation and pain, constriction of the throat and flushes of heat in the face are further indications for prescription of a member of the Leguminaceae family. Flushes of heat in the face is marked in Sutherlandia frutescens 30CH and *Melilotus officinalis*, which has been compared to *Belladonna* and *Glonoinum* in this respect (Jouanny 1984: 247).

The Leguminaceae family has a strong effect on the digestive system, and the polar effects of the remedies are obvious with the opposing symptoms noted in this system. Both an increase and decrease in appetite and thirst, and diarrhoea and constipation, are symptoms found in this family. Eructations, heat and pain of the stomach, indigestion, nausea, vomiting, abdominal distension, flatulence, peritonitis and haemorrhoids are well covered by members of the Leguminaceae family. Jouanny (1984) describes *Robinia pseudacia*, *Senna* and *Baptisia tinctoria* as well indicated remedies for the above-mentioned digestive disorders.

Profuse and scanty urine, albuminous urine, sediment in the urine, frequent urging to urinate and inflammation of the kidneys is experienced. Males may find their sexual desire increased, but symptoms of impotency and troublesome erections may also occur. Females may suffer from leucorrhoea, dysmenorrhoea, metrorrhagia and pain in general. Sutherlandia frutescens 30CH had a profound effect on the female system.

Patients needing a Leguminaceae remedy may have difficult or asthmatic respiratory problems, whooping cough, a dry hacking cough as seen in *Indigo* (Nash 1998:231) and *Sutherlandia frutescens*, chest oppression, pain and palpitations. Conditions affecting the back and extremities are strongly associated with this family. Back pain, spasmodic or paralytic phenomenon and tenderness of the spine as is marked in *Physostigma venenosum*, (Jouanny 1984:308) is experienced. The extremities section was best represented on extraction of the rubrics common to this family with ataxia, coldness, cramps, eruptions, itching, numbness, paralysis, pulsations, swellings, weakness, burning and pain well covered by the members of the family.

There can be much sleepiness, yawning and deep sleep, as seen in *Baptisia tinctoria*, (Jouanny 1984:62) or insomnia, restlessness and sleeplessness, as seen in *Senna* (Jouanny 1984:368). In general, perspiration is profuse, skin eruptions are herpetic and itching, alterations in the pulse occur and symptoms are mostly right-sided. There is an evening aggravation from six to nine pm, there is an amelioration in open air and an aggravation from cold. General coldness and general flushes of heat are both well covered. Cancerous affections, diabetes mellitus and diabetes insipidus, emaciation, paralysis, disordered gait, convulsions, numbness, prostration and weakness are further general indications for prescription of a member of the Leguminaceae family.

### 5.3.3 A comparison of Sutherlandia frutescens to Indigo

Vermeulen (1997) describes the *Indigo* patient as gloomy, sad, discontent, ill-humoured, introverted, weepy at night, indolent in the morning and irritable in the evening. These symptoms are well covered by those features of the Leguminaceae family and the proving symptoms of Sutherlandia frutescens. The proving produced marked sadness, want of confidence, and feelings of isolation. Weepiness, indolence in the morning and alternation of mood is seen to be shared by both remedies. *Indigo* has a marked effect on the nervous system which was not produced as a prominent feature during the proving of Sutherlandia. The epilepsy, hysteria and excitability of *Indigo* are absent in Sutherlandia, but the symptoms of cramping muscles, cheerfulness and desire for and amelioration from physical exercise are perhaps milder forms of similar traits which could be investigated during re-provings of Sutherlandia frutescens.

*Indigo* experiences vertigo with nausea and a headache (Vermeulen 1997:882), as does Sutherlandia. The vertigo is better after remaining some time in open air (Vermeulen 1997:882) which is a general modality produced by Sutherlandia. Both remedies experience headaches and this was a strong feature during the proving. As with Sutherlandia, *Indigo*'s headache is characterised by great intensity, worse during rest, much better for rubbing and pressure and accompanied by redness and heat of the face (Vermeulen 1997:882). Fullness, congestion and heaviness of the head are features of both remedies, with

sensations of the head being frozen and of hair being pulled from the vertex featuring only *Indigo*.

*Indigo* experiences violent twitching and jerking of the eyelids, (Vermeulen 1997:882), whereas the opposite symptoms of heaviness and a desire to close the eyes was experienced during the proving of *Sutherlandia*. Both remedies are indicated for a sensation of pressure in the eyes and inflammation of the glands of the eyelids. Both remedies experience excessive sneezing and *Indigo* is noted for its production of epistaxis (Vermeulen 1997:882) and indication in whooping cough with nose bleeds (Nash 1998:231). Both experience a dry hacking cough, difficult respiration and sleeplessness due to the cough and respiratory inefficiency. The nervous system of *Indigo* seems to be much more violently affected in this sphere, with coughing which causes vomiting, oesophageal strictures and blue discolouration of the face similar to that of *Cuprum metallicum*, featuring (Vermeulen 1997:882). *Indigo* is indicated in epileptiform spasms which seem to be reflex from the irritation of worms (Farrington 1995:30). The nervous system of *Sutherlandia* is less obviously affected, but on closer examination of symptoms such as lip biting, clenching of the teeth in anger, the restlessness, sleeplessness, sensitivity of mind, prickling and tingling sensations experienced, and urogenital and gastrointestinal symptoms, the indications become more obvious. The facial eruptions of *Sutherlandia* are located around the nostrils, chin and both cheeks, whereas those of *Indigo* are described as being small blisters on the left side of the face, from forehead to neck (Vermeulen 1997:882). Both

remedies have numbness of the tongue and mucosa. *Indigo* experiences a metallic taste in the mouth (Vermeulen 1997:882) whereas *Sutherlandia*'s taste alteration is described as putrid or stale. *Sutherlandia* has eruptions around the mouth and *Indigo* has vesicles on the tip of the tongue (Vermeulen 1997:882).

*Indigo* suffers from severe eructations (Vermeulen 1997:882) and like *Sutherlandia*, experiences distension of the abdomen, bloating and heat rising from the abdomen to head. *Sutherlandia* experiences severe nausea, but the retching and vomiting of a watery or glue-like mucus as is experienced by *Indigo*, was not reported. The proving of *Sutherlandia frutescens* produced a predominantly increased appetite in contrast to *Indigo*'s experience of anorexia (Vermeulen 1997:882). *Sutherlandia*'s abdominal pain is better for eating, whereas all *Indigo*'s symptoms are worse after eating (Vermeulen 1997:882). *Indigo* is well indicate in children aroused at night with horrible itching at the anus due to worms (Farrington 1995:30).

Both remedies have increased frequency of urination, but whereas *Indigo* has urine of a small quantity (Vermeulen 1997:882), *Sutherlandia* has urine which is copious, more than is drunk. Urethral strictures following gonorrhoea in males is a strong feature of *Indigo* (Vermeulen 1997:883). Further provings of *Sutherlandia* is expected to provide more symptoms of male and female sexual functioning and thus expand on the *Materia Medica* and provide increased comparative information with which to work. Menses which is too early is a symptom of both

remedies, although the proving of *Sutherlandia* produced both protracted and early menses. The majority of female provers experienced a change in the menstrual cycle, duration of menses, characteristics of the blood and accompanying symptoms.

Both remedies experience stitching pains between the scapulae and *Indigo* has boils on the neck and buttocks (Vermeulen 1997:883). *Sutherlandia* has prominent back pain which is very localised, mostly right-sided and in the lumbar region. Itching (a symptom which runs throughout the majority of the body systems), prickling and formication are experienced on the skin of the back. Both remedies have excessive itching of the upper limbs and whereas *Indigo* is well indicated in sciatica of the lower limbs which is better for motion, rising and walking, *Sutherlandia* has prominent cramping of the muscles of the lower limbs, especially of the right lower limb. Both *Indigo* and *Sutherlandia* have marked itching of the skin.

Vermeulen (1997) suggests a comparison of *Indigo* to *Bapt.* and other Leguminaceae, *Bufo*, *Cimic.*, *Ign.*, *Kali-br.*, *Lyc.*, *Rhus-t*, *Sulph.*, *Cupr.* and *Oest.*, which may in turn provide interesting comparisons to, and a greater understanding of, *Sutherlandia frutescens*.

#### 5.3.4 A Comparison of *Sutherlandia frutescens* to *Baptisia tinctoria*

*Baptisia tinctoria* is commonly known as wild indigo. The root of the plant only is used in the homoeopathic preparation of the remedy (Jouanny 1984:62) in contrast

to the preparation of the whole plant as was the procedure during the proving of the 30CH potency of Sutherlandia frutescens. Both remedies share many symptoms, but the presenting state and expression of the symptoms in each case, is very different. *Baptisia tinctoria* in low dilutions produces a form of antibodies to the typhoid bacteria, thus raising the body's natural resistance to the invasion of the bacillary intoxication which produces the typhoid syndrome (Vermeulen 1997:256). As studies of Sutherlandia frutescens have not yet been done in potencies other than the 30CH, no conclusive evidence can be given on the effects on antibodies when the remedy is used in low potency.

On surface examination of the mental sphere of each remedy, there seems to be many shared symptoms, including mental confusion, inability to think, indifference, melancholia, difficult concentration, brain fag, aversion to mental effort and sensation of intoxication (Vermeulen 1997:256). Both remedies have dullness of mind and stupefaction (Farrington 1995:401). *Baptisia tinctoria* seems to share many of Sutherlandia's qualities, but is very easily distinguished by the septic, decaying, zymotic state of the patient. *Baptisia tinctoria* brings on septic states more rapidly than most other remedies (Kent 1999:209) and has been grouped with *Gelsemium*, *Rhus tox* and *Lachesis* as invaluable remedies in the treatment of typhoid fever (Farrington 1995:403).

The *Baptisia* patient has a sudden onset of prostration, delirium and adynamic fever. The patient if delirious, his mind is wild with scattered thoughts, he is restless,

sleepless and has the appearance of a drunkard (Kent 1999:400). The patient is later stuporous, has a besotted countenance, offensive discharges, cadaverous odour and is barely able to stay awake to answer questions (Kent 1999:401). The dullness of mind, disconnectedness, absentmindedness, stupefaction and aversion to conversation as seen in the proving of Sutherlandia frutescens 30CH is seen in marked contrast to that of *Baptisia tinctoria*. The delirium, septic, toxic, semi-comatose state of *Baptisia* is absent in *Sutherlandia* and replaced by a self-scrutinising introspection and awareness of the slowness of mental capacity and inadequacy of self. *Sutherlandia* exhibits feelings of selfworthlessness, isolation, and want of confidence. The patient feels disconnected from their environment and separated from the world. *Baptisia tinctoria* is well known for its characteristic delusions that his parts are separated, and that he is broken or double, and tosses about the bed trying to get the pieces together (Vermeulen 1997:256). He realises a dual existence (Kent 1999:210) and imagines his limbs are talking to each other (Vermeulen 1997:256). Although the proving of Sutherlandia frutescens 30CH provided symptoms of delusions of intoxication, as if in a dream, as if the prover had taken drugs and isolation and segregation, the delirium seen in *Baptisia tinctoria* will easily distinguish the two.

Both remedies have restlessness and sleeplessness. *Baptisia tinctoria* is sleepless with a wandering mind (Vermeulen 1997:260). The patient sleeps till 2 or 3 am and is restless till morning, with delusions of the bed being too hard and himself being scattered about the bed

(Vermeulen 1997:260). *Sutherlandia* tosses and turns the entire night also, but because the bed is too hot, the pain too severe, and due to difficult respiration, cough, congestion, itching skin and urging for urination. *Baptisia* fears going to sleep on account of nightmares and sense of suffocation (Vermeulen 1997:260). *Baptisia* may awaken at night with a sensation as though the room is too hot making breathing almost impossible, and go to the open window to get air (Farrington 1995:399). Both remedies have difficulty in breathing, *Baptisia* because he had not the strength to lift his chest for respiration (Farrington 1995:400). Both remedies have nightmares which wake the patient. *Baptisia* has dreams of being chained to the bed, of swimming a river or undergoing some ordeal which makes a great demand of his strength (Vermeulen 1997:260). *Sutherlandia* has dreams of the dead, of being pursued, of excitement, new scenes, dancing and activity. In both remedies the sleep is disturbed by dreams. The proving of *Sutherlandia frutescens* 30CH also produced symptoms of prolonged, deep sleep, waking unrefreshed, weakness and tiredness. The same theme is seen in *Baptisia*, but to a marked degree. The *Baptisia* patient appears drowsy, stupid, languid, weary, as if he had not slept enough and with his eyes half closed (Vermeulen 1997:260). He falls asleep while answering questions, being spoken to or doesn't complete his sentences. Prostration is very rapid (Vermeulen 1997:256) and he has the appearance of going down toward death rapidly (Kent 1999:210).

*Baptisia tinctoria* experiences vertigo of a confused, swimming nature with a weak feeling of the whole body,

especially the lower limbs and knees (Allen 1992:160). There is paralysis of the eyelids, nausea (as is seen in Sutherlandia frutescens) and pressure at the root of the nose. The headache which is marked in Sutherlandia is not a key feature of *Baptisia* and Kent (1999) suggests that *Baptisia* is not a headache remedy, and used exclusively to treat headaches of a congestive character associated with the low form of fever characteristic of the remedy. Both remedies have congestion, fullness, heaviness and enlarged sensation of the head, which is characteristic of the Leguminaceae family. *Baptisia* has a sensation of the skin of the forehead being drawn back towards the occiput and tingling of the scalp (Farrington 1995:400). Sutherlandia has tingling, prickling and marked itching of the scalp. *Baptisia* has characteristic eye symptoms of redness, congestion, pains in and behind the eyes (Kent 1999:211), lachrymation, burning, sensation of the eyes being pressed into the head, stitches in the eyes, sore eyeballs, swelling, heaviness of the eyelids and congestion of orbital vessels (Vermeulen 1997:257). Sutherlandia shares some of the qualities of dry, itching eyes, heaviness and pressure in the eyes, pain in and behind the eyes, and a desire to close the eyes. Both remedies experience blurred vision. Both remedies experience sneezing, but this is very marked in Sutherlandia. *Baptisia* has pain especially at the root of the nose and that extends to the posterior nares (Allen 1992:161). There is much oedematous swelling of the choanae, epistaxis of dark blood, thick mucous and the experience of the right nostril being stopped up (Vermeulen 1997:257). The heat, warmth, formication and burning inside the nostrils as is experienced by

Sutherlandia is not reported. Both remedies have unpleasant sensations in the nose, *Baptisia* as if water had passed through the posterior nares while drinking (Vermeulen 1997:257) and Sutherlandia of foreign bodies, insects and itching inside the nostrils and crust formation on the septum.

The dusky, sodden, besotted, stupid look on the face of a patient in need of *Baptisia tinctoria* is easily identifiable (Vermeulen 1997:25). The face is dark red, hot, burning, prickling and there is a critical sweat on the face and forehead (Vermeulen 1997:257). The lips are dry, cracked and bleeding, the lower jaw is dropped, the eyelids heavy and the patient may have an anxious, frightened look on his face (Vermeulen 1997:256). Sutherlandia experiences flushes of heat to the face and a dazed, confused and sedated facial expression, but the half-comatose state of *Baptisia* is absent. *Baptisia* looks and smells very toxic, a feature not shared by Sutherlandia.

The mouth of *Baptisia* is very offensive and this is a keynote feature of all discharges, odours and exhalations of *Baptisia*, which is absent in Sutherlandia frutescens. The mouth symptoms of *Baptisia* have been likened to *Mercury* (Kent 1999:212), with the thick, ropy saliva, putrid ulceration of the whole buccal cavity, swollen painful, offensive, thick, leathery tongue, bleeding from the mouth, sordes on the teeth and fetid breath. The tongue is first coated yellowish in the centre, with raised papillae and a red edge, and later the streak down the centre becomes brown, with the edges of the organ still

remaining red (Farrington 1995:401). Vermeulen (1999) describes the taste as flat, bitter, foul, nauseous and filthy. The taste experienced by Sutherlandia frutescens 30CH is described as bad, putrid and stale. Both remedies experience numbness of the tongue and a dry mucosa. Sutherlandia has itching of the gums and palate, not reported in *Baptisia*, and eruptions around the mouth. The offensiveness of *Baptisia*'s mouth symptoms will indicate its prescription. *Baptisia* has keynotes of constriction of the oesophagus causing frequent efforts at swallowing, painlessness of sore throats, a dark red discolouration of the throat and tonsils, and an inability to swallow solids which causes gagging at the least attempt (Vermeulen 1997:258). There is no appetite, a constant desire for water and infants can drink nothing but milk (Vermeulen 1997:258). Sutherlandia has a painful, burning, cutting and scratchiness of the throat, as well as dryness and roughness. The sore throat of Sutherlandia is relieved by cold water and there is a desire for cold water. Sutherlandia frutescens 30CH produced symptoms of both decreased and increased appetites, the latter being more marked. Both remedies experience heat, cramping, pain and nausea in the stomach. *Baptisia* has a gastric fever, intestinal ulceration, a sinking sensation and a sensation of a hard substance in the stomach (Vermeulen 1997:258). The right iliac region is very sensitive to touch in *Baptisia* (Nash 1998:257) and, as is the case in Sutherlandia, there is much distension, numbing, fullness, heaviness and pain in the abdomen. *Baptisia* has the feeling as if it would be a relief to vomit and has sudden attacks of vomiting and diarrhoea (Vermeulen 1997:258). Both constipation and diarrhoea were noted in the Sutherlandia frutescens 30CH

proving. A marked feature of *Baptisia* is the offensive, thin, dark, bloody stool, fetid, exhausting diarrhoea which is apthous, and painless diarrhoea (Vermeulen 1997:259), an indication of an alarming depression of vitality.

Sutherlandia has copious urine and frequent urination in contrast to *Baptisia*'s scanty, dark red urine and burning on urination (Allen 1992:161). Both remedies experience increased urination at night. The menses of *Baptisia* are too early and too profuse (Vermeulen 1997:259), as was also reported in the proving of Sutherlandia frutescens 30CH. The menses of Sutherlandia are clotted, black, dark, membranous and hot, which correlates with the discharges of *Baptisia*. *Baptisia* experiences very fetid, cadaverous discharges and acrid, fetid lochia (Vermeulen 1997:259).

Both remedies have difficult respiration which causes sleeplessness, and retrosternal pain. *Baptisia* has weakness of the chest, oppression, fear of going to bed should he suffocate, and soreness of the right lung (Allen 1992:161). *Baptisia*'s pulse is at first accelerated, then slow and faint, and palpitations are audible (Allen 1992:162).

As is the case with other Leguminaceae members, the extremities of *Baptisia* and Sutherlandia are affected to a marked degree. *Baptisia* has a sensation of soreness all over, as if bruised, and in whatever position the patient lies, the parts rested on feel sore and bruised (Nash 1998:256). Sutherlandia also experiences this aching soreness and stiffness. Both remedies experience

rheumatic complaints, drawing pains and cramping pains. *Baptisia* has cramps in their calves, burning, weakness of the extremities, soreness, stiffness and a sensation of enlarged parts (Vermeulen 1997:259). Numbness and prickling of the left hand and foot features in *Baptisia* (Allen 1992:162). Sutherlandia has much stiffness of the lower limbs, heaviness, tension and tingling of the extremities. The eruptions on the extremities of Sutherlandia are elevated, itchy and mostly on the upper limbs. *Baptisia* has livid spots on the limbs which are of irregular shape and not elevated. *Baptisia* has burning and heat of the skin likened to *Arsenicum album*, eruptions like measles or urticaria and putrid ulcers (Vermeulen 1997:260). Sutherlandia's itching and urticaric eruptions are intense and violent with prickling of the skin featuring strongly. The latter is also a feature of *Baptisia* and is described as the sensation of the part going to sleep or want of circulation (Allen 1992:162). Sutherlandia and *Baptisia* share many symptoms in the back. Both remedies have soreness and a bruised sensation of the back, back pain which is dull, rheumatic and located in the sacrum, lumbar region and right scapular and subscapular regions. Cervical stiffness and weakness is shared by both. *Baptisia* is so weak and prostrated as to slide down in bed, jaw dropped, eyelids heavy and unable to hold his head in any position (Vermeulen 1997:259). The appearance and disposition of the patient will be a clear indicator as to the prescription of the simillimum in each individual case.

#### 5.3.5 A Comparison of Sutherlandia frutescens to *Ambra Grisea*

*Ambra grisea* affects the cerebro-spinal nervous system and is well indicated where there is extreme nervous hypersensitivity (Vermeulen 1997:72). The patient is feeble, trembling, totters about in a dreamy state of mind, is forgetful about the simplest facts and has flighty speech, jumping from one topic to another (Kent 1999:91). There is vanishing of thoughts, indifference to all things and alternations of mood between depression and anger (Kent 1999:92). He is forced to dwell on disagreeable things and has hideous images and visions that keep him awake (Kent 1999:92). He imagines he is going out of his mind, experiences despair, loathes his life, sits for days weeping and wonders whether life is worth living (Kent 1999:93).

Sutherlandia frutescens shares the hypersensitivity of the nervous system with *Ambra* in symptoms such as hypersensitivity to the opinion of others, over-reaction to trifles and angered easily. The patient is also dreamy, feels spaced out, dissociated, disconnected, forgetful, slow minded and has difficulty with concentration and comprehension. Sutherlandia also has vanishing thoughts, indifference to all things, alternation of moods, dwells on disagreeable things, sadness, despair, weeping and hopelessness. *Ambra* is averse to smiling faces as he is suspicious of others and has delusions of being laughed at (Vermeulen 1997:73). Sutherlandia experiences this in the form of isolation sensations, delusions of being looked down upon, despised and regarded as an outcast. A want

of confidence is clearly seen in both instances and the remedies at this point may seem indistinguishable. *Ambra grisea* appears to be a much more prostrated, weak, nervous, debilitated state. *Sutherlandia* has periods of absolute emotional overwhelm with feelings of life being too much to cope with, and this hopelessness and despair is very marked in *Ambra*. Both remedies have a great aversion to company and conversation. *Ambra* has a marked aggravation of all symptoms in the presence of others, and embarrassment. This bashfulness is evident in the inability to pass stool or urine in the close vicinity of others (Kent 1993:93). *Ambra* suffers from constipation, ineffectual urging for stool and weakness in the stomach after the passing of stool (Kent 1999:95). *Sutherlandia* experiences both constipation and diarrhoea, but the stool is predominantly thin and watery. Both remedies experience frequent micturition at night and copious urine. *Ambra* urinates three times as much as the drink taken (Vermeulen 1997:75), which is torbid with a brown sediment (Allen 1992:53).

There is marked itching in both remedies, with *Ambra* experiencing extreme itching of the pudendum (Vermeulen 1997:75). *Sutherlandia* experiences itching of the vulva, swelling, soreness and burning as is seen in *Ambra*. A keynote of *Ambra* is the discharge of blood between periods at the least effort, e.g. walking, straining for stool and coughing. The proving of *Sutherlandia frutescens* 30CH produced spotting before and after periods, but this can't be assumed to be the result of engorgement of the uterus and laxity of the tissues as is the case in *Ambra grisea* (Farrington 1995:152), without further clinical

experience of the treatment of the symptoms. Menses are too early and too profuse in *Ambra grisea* and this was an experience shared by certain provers of Sutherlandia frutescens 30CH.

The effect of *Ambra grisea* on the nervous system is obvious in its sleeplessness and characteristic spasmodic cough. *Ambra* is sleepless from worry, nervous chills and twitching, restlessness and anxious dreams (Vermeulen 1997:76). *Sutherlandia*'s sleeplessness is due to the heat of the bed, muscular pain, itching skin and difficult respiration. *Sutherlandia* wakes unrefreshed and finds sleep exhausting, with many symptoms being worse in the morning. The latter is also a keynote of *Ambra grisea* (Kent 1999:93). *Ambra grisea* has a marked aggravation from eating (Kent 1999:93), whereas *Sutherlandia*'s burning, cramping abdominal pains are alleviated by eating and this is a general modality of the remedy. *Ambra* finds music intolerable, causing mental distress and back pain as from a hammer (Kent 1999:93). They are over-sensitive to touch (Kent 1999:93), as is *Sutherlandia*, and also find relief in applying pressure or lying on painful parts (Vermeulen 1997:76). *Ambra* experiences mostly one-sided symptoms and the proving of Sutherlandia frutescens 30CH produced mostly one-sided, predominantly right-sided, symptoms. Both *Ambra* and *Sutherlandia* are better in open air and desire cold drinks. Both remedies are worse for a warm room and experiences flushes of heat to the face. *Ambra grisea* has cold single body parts (Vermeulen 1997:76), coldness of the skin over the whole body, except for the face, neck and genital organs, and internal coldness of certain organs

and systems (Allen 1992:54). This coldness of *Ambra grisea* was not reported in the Sutherlandia frutescens 30CH proving.

*Ambra grisea* has a characteristic nervous, spasmodic cough with frequent eructations and hoarseness (Kent 1999:95). The cough is worse for anything that would excite the nervous system, e.g. the presence of people (Farrington 1995:151). The cough is deep, every evening, with pain under the left ribs as if something were torn loose, paroxysmal, and producing large amounts of bluish white, salty expectoration (Allen 1992:53). *Sutherlandia* experiences a dry, hacking cough which is more superficial, constant and there was no production of sputum. The cough produced pain in the larynx and back. The respiration of *Sutherlandia* is difficult, causing sleeplessness, and pain is experienced in the heart region which seems better for pressure. *Ambra* experiences asthmatic respiration and oppression is felt in the chest and between the scapulae. Rawness, wheezing, itching and pressure as from an obstruction, is felt in the chest (Vermeulen 1997:75). The asthma of *Ambra* is generally associated with cardiac symptoms and is worse on attempting coition (Kent 1999:95).

*Ambra grisea* has epistaxis which is worse in the morning, dried blood collects in the nose and the nose feels sore internally (Vermeulen 1997:74). The sensations of foreign bodies, insects and crusts on the septum, as is experienced by *Sutherlandia*, is absent in *Ambra*. Both remedies have coryza and dryness, but the burning and heat experienced in the nostrils of *Sutherlandia* are absent

in *Ambra*. *Ambra* has frequent irritation of the nose as from sneezing (Vermeulen 1997:74) and *Sutherlandia* has marked sneezing especially in the morning. Both remedies have heaviness of the eyelids, pressure and smarting of the eyes, and itching of the eyelids. Both remedies have the sensation of a styne forming. *Sutherlandia* experiences blurred vision whereas *Ambra's* vision is described as dim, as though looking through mist (Vermeulen 1997:73). *Ambra grisea* has decreased hearing (Kent 1994:94), not experienced in *Sutherlandia*, and is very sensitive to music, thus being compared to *Calc carb* who has such sensitiveness that the stroke of the piano is painful in parts (Kent 1999:94). Both *Ambra* and *Sutherlandia* experience extreme itching all over the body, including the ears, and this itching is a key feature of both remedies. The sensation of numbness is also found running through both remedies, for instance *Sutherlandia* experiences numbness of the skin of parts of the body, the forehead, scalp, tongue and buccal mucosa, and *Ambra* of the scalp, extremities and genitals (Kent 1999:93). *Ambra* experiences heat in the face, as is the case in *Sutherlandia*, but chills of other parts. The patient is jaundice-coloured with trembling and twitching of the facial muscles (Allen 1992:52). The patient requiring *Sutherlandia* on the other hand, will have a flushed face and a sedated, dazed and confused look on their face. Both remedies have painful eruptions on their faces, *Sutherlandia's* being located on the nose, chin and cheeks, and *Ambra's* being confined to the beard/whisker area (Vermeulen 1997:74).

Kent (1999) described the headache of *Ambra grisea* as pressing, starting from both temples, drawing and tearing, to and fro. Shooting, cutting and lancinating pains which are worse for exertion and better from lying and quiet, are experienced. Tearing pains predominate in the head. Tearing pains, burning and lachrymation of the right eye, and pressure in the left frontal eminence, eye and left eyebrow, is experienced. Headaches are marked in Sutherlandia frutescens and are described as throbbing, aching, dull and of a pressure exerted on, and within, the head. They are also worse for exertion and better for lying and quiet, very sensitive to touch and better for hard pressure. The latter modality was so strongly felt by one prover that he felt he had to bang his hand upon his head in order to obtain relief. The frontal eminences, sides and occipital regions are affected, and the headaches are mostly right-sided. The fullness and congestion in the head, as is experienced by *Sutherlandia*, is not as marked in *Ambra*, although rushes of blood to the head with the headache does feature (Allen 1992:52). *Ambra grisea* also has marked sensitivity to touching the scalp and soreness of the scalp on waking (Vermeulen 1997:73). Sutherlandia frutescens has tingling, prickling and marked itching of the scalp. The headache of *Ambra grisea* is reported as occurring every other day (Allen 1992:52) and that of Sutherlandia frutescens has been noted as being intermittent in nature. *Sutherlandia*'s vertigo is associated with the headaches and has accompanying nausea associated with it. Motion of the car also brought on the vertigo. In contrast, Kent (1999) describes the vertigo of *Ambra grisea* as that of old persons who are so dizzy upon waking that they must wait awhile until they can get

around on their feet. This is described by Vermeulen (1997) as senile dizziness associated with weakness in the head and stomach.

The weakness and 'all-gone' feeling experienced in the pit of the stomach of *Ambra grisea* (Kent 1999:94) is in contrast to Sutherlandia's feelings of heaviness and fullness and bloating. The weakness in *Ambra's* stomach necessitates lying down (Vermeulen). *Ambra* has nausea after breakfast (Vermeulen 1997:74). Sutherlandia, on the other hand, has marked nausea and the digestive symptoms are better for eating. *Ambra* has heartburn, and eructations and burning under the pit (Vermeulen 1997:74), but this is not as marked as the heat and burning experienced by Sutherlandia. In contrast, *Ambra grisea* experiences a coldness of the abdomen which is usually one sided. The marked eructation associated with the convulsive cough, vomiting on attempting to hawk mucous from the fauces, and flatulence experienced by *Ambra* (Vermeulen 1997:74) is absent in Sutherlandia. Both remedies experience much distension of the abdomen, borborygmi and abdominal discomfort. Both *Ambra* and Sutherlandia experience rawness, tickling, itching, stitching, scratching, roughness and dryness of the throat. Sutherlandia's throat pain has a marked amelioration from drinking cold drinks or water, and *Ambra* has a marked aggravation from drinking warm drinks especially warm milk (Kent 1999:94). *Ambra grisea* has a sour taste in the mouth after drinking milk and bitter taste on waking (Vermeulen 1999:94). Sutherlandia frutescens has a stale, putrid taste in the mouth. Both remedies experience dryness of the oral

mucosa and numbness of the lips and tongue. *Ambra grisea*'s foetor, salivation, swollen gums, and bleeding gums and teeth (Vermeulen 1997:74), similar to that of *Baptisia*, is absent in Sutherlandia frutescens.

Both remedies experience a crawling sensation in the limbs, tingling, heaviness and painful soreness of the limbs. *Ambra grisea*'s limbs easily become numb, as if going to sleep, paralytic weakness, loss of muscular power and stiffness is experienced (Kent 1999:96). *Sutherlandia* has stiffness predominantly of the lower limbs. Both remedies have marked cramping of the muscles of the limbs. This cramping is a general feature of Sutherlandia frutescens and is marked in the lower limbs. *Ambra grisea* is known for its cramping pains in the legs and calves nearly every night, and cramps in the hands (Vermeulen 1997:76). The limbs of *Ambra grisea* are cold and trembling and there is soreness and rawness between the thighs and in the hollows of the knees (Kent 1999:96). *Sutherlandia* has very itchy, red, elevated eruptions on the limbs, particularly on the upper limbs. This itching is also experienced in *Ambra grisea* in the fingertips and thumbs, palms of the hands, inner border of the sole of the right foot and from the lumbar region through the right leg (Vermeulen 1997:76). In contrast to *Sutherlandia*, the itching is not associated with an eruption, but has a nervous origin.

The back pain that featured strongly in the proving of Sutherlandia frutescens 30CH seems not to be as prominent a feature of *Ambra grisea*. Both remedies are indicated in rheumatic pains, and *Ambra grisea* has

rheumatic pain on the right scapula and right side of the back and painful tension and pressure in the muscles of the loins (Allen 1992:54). Lumbar pain and mostly right-sided back pain are key features of Sutherlandia frutescens.

Both remedies are well indicated in affections of the skin. Both have itching, numbness, dryness and burning of the skin. *Sutherlandia* has a visible red, blistering, elevated and violent itching rash, whereas *Ambra* has itching due to nervous system stimulation, so that the cause of the itching may not be evident (Vermeulen 1997:76). Both remedies have painful pimples on the face, *Sutherlandia* on the nose, chin and cheeks, and *Ambra* confined to the whiskers (Allen 1992:54). Prickling, tickling, formication and numbness are present in both cases. *Ambra* has blueness of the left leg from distended veins during menses, wrinkling of the fingertips, coldness of the skin and shrivelling and brittling of the fingernail (Allen 1992:54) not reported in the *Sutherlandia frutescens* 30CH proving. Both remedies experience profuse perspiration on the slightest exertion. Both perspire the most at night, *Ambra* after midnight (Vermeulen 1997:76) and *Sutherlandia* whilst sleeping and from the heat of the bed. *Ambra grisea* perspires on the affected side and especially on the abdomen and thighs (Vermeulen 1997:76). *Ambra* has strong-smelling perspiration (Allen 1992:54), whereas *Sutherlandia* has odourless, sticky perspiration and an aggravation of symptoms during perspiration.

#### 5.3.6 A Comparison of Sutherlandia frutescens to Sepia succus

Kent (1999) describes the *Sepia* patient as joyless, sad, weeping, depressed, suicidal and indifferent to those she loves. The patient is short-tempered, irritated, sarcastic, complaining and hard (Kent 1999:920). She is averse to company and worse for conversation, yet dreads being alone (Kent 1999:917). Sutherlandia frutescens experiences a similar depressed, weeping, indifferent and disconnected state and prefers to be on their own. The spaciness and stupefaction which is marked in *Sutherlandia* is not a key feature of *Sepia*. Sankaran (1994) suggests the main rubric of *Sepia* to be Del. body disfigured; Del. face disfigured. He describes the contradiction of will between the desire to be pleasing and attractive to the opposite sex, and the other part that sees the whole relationship as hopeless and would rather give herself up to her career and independence (Sankaran 1994:210). Sutherlandia frutescens also has the delusions of being despised and looked down upon. They feel isolated, ugly and separated as though they are outcasts. Both *Sepia* and *Sutherlandia* have an inability to realise that things are real and all things seem strange. Both remedies are sensitive to the opinion of others and have a hysterical diathesis. *Sutherlandia* feels overwhelmed emotionally, as though they can no longer cope with life's tribulations, and *Sepia* also has spells of weeping, is sad one minute, gentle, yielding and excitable, obstinate and disagreeable the next. Both remedies are ameliorated by occupation and exercise in open air. Sankaran (1994) describes these features of *Sepia* as

reflections of *Sepia's* desire for independence and self-sufficiency.

The *Sepia* patient looks jaundiced, anaemic, waxy and doughy (Kent 1999:917). She has much pigmentation, mottling of the skin, eruptions around the orifices, painless bleeding of fissured, parched skin and a characteristic sallow tint across the nose and cheeks (Kent 1999:917). *Sutherlandia* has flushing of the cheeks in contrast to *Sepia's* pallor, and painful eruptions on the nose, cheeks and chin. *Sepia* is one of three remedies with prominently dropping eyelids (*Causticum*, *Gelsemium* and *Sepia*) (Nash 1998:204). *Sutherlandia* has drooping eyelids also and a dazed, sedated and confused expression on their face. Both remedies have itching warts, ichthyosis and itching skin. The itching and prickling of the skin, as is experienced in *Sutherlandia*, is much more marked than in *Sepia*.

*Sepia* has nervous, bilious, periodic, violent, congestive headaches (Kent 1999:920). The pain comes in terrible shocks and is associated with an emptiness in the pit of the stomach (Vermeulen 1997:1461). The headache is better for lying down, quiet, long and hard exercise, long sleep, hard pressure and heat. *Sutherlandia's* headache is also better for lying, sitting and quiet, but worse for exertion. *Sutherlandia* has relief from hard pressure in general and hitting the head relieved the head pain of one of the provers. *Sutherlandia's* headaches are mostly right-sided, whereas *Sepia's* headache has an affinity for the left eye region. Both experience occipital headaches which are intermittent. The eye, ear and nose symptoms of both remedies seem very similar. *Sepia* has a

characteristic symptom of large plugs in the nose which are drawn back into the mouth and expectorated, causing vomiting (Vermeulen 1997:1463). This is not a feature of *Sutherlandia*. The burning, heat, formication and unusual sensations experienced in *Sutherlandia*'s nose does not feature in *Sepia*. Both remedies experience eruptions around the mouth and taste alterations, but the itchiness and numbness of the mucosa and tongue, as is experienced by *Sutherlandia*, is absent in *Sepia*. The chronic catarrh so distinctive of *Sepia* is absent in *Sutherlandia frutescens*.

*Sepia* is a very bilious remedy with much nausea and vomiting (Kent 1999:918). *Sutherlandia* experiences excessive nausea, but vomiting did not occur during the proving. *Sepia* vomits a milky discharge, especially in the morning (Vermeulen 1997:1464). *Sepia* has a distinctive 'all-gone' feeling in the stomach which is not relieved by eating. *Sutherlandia* has an increased appetite and the burning, heat and heartburn is relieved by eating. *Sepia* is nauseous at the smell or sight of food. Both remedies have much distension, fullness and heaviness of the abdomen. *Sepia* also experiences burning and cramping abdominal pains (Vermeulen 1997:1464). *Sepia* experiences marked pain and inflammation of the liver, better for lying on the right, not experienced by *Sutherlandia*. *Sepia* craves vinegar, pickles, acids and sweets (Vermeulen 1997:1464), whereas *Sutherlandia* is averse to sweets and craves refreshing food and drink, cold water, spicy and fried foods and chicken. *Sepia* is averse to meat, fat and milk (Vermeulen 1997:1464). Both constipation and diarrhoea were reported in the

proving of Sutherlandia frutescens 30CH, but the stool was mainly thin and watery. *Sepia* on the other hand is well known for its constipation, stool like sheep's dung, mucoid or jelly like stool and sensation of a ball in the rectum (Kent 1999:918). The characteristic prolapsus of *Sepia*, as exhibited in the tendency to haemorrhoids, is not marked in *Sutherlandia*. The constant oozing from the anus, as seen in *Sepia*, is absent in *Sutherlandia*. The prolapsed state of *Sepia*, is found in other symptoms, such as stress incontinence, enuresis as soon as the child falls asleep, and the desire to cross the legs in an effort to prevent the pelvic organs from falling out. These symptoms are not marked in Sutherlandia frutescens.

Both remedies have a marked effect on the genito-urinary systems. Both have heaviness in the lower abdomen as if something were about to come out of the vagina, with pain in the back, and a desire to cross the legs. These bearing down pains of dysmenorrhoea are key features of both remedies. Both remedies have burning and cramping pains in the uterus, and *Sutherlandia* experiences a contracting of the uterus as if the uterus were twisting. *Sutherlandia* experiences itching of the vulva accompanying thrush and the leucorrhoea of *Sepia* is greenish-yellow, fetid and irritating, making the vagina dry and painful during intercourse (Jouanny 1984:372). The appearance of herpetic eruptions and genital warts is not experienced by *Sutherlandia*. Both remedies have premenstrual tension, but *Sepia* experiences much gusto and enthusiasm the day before her period, and her habitual weakness is generally better during the period (Jouanny 1984: 372). This is not the case in Sutherlandia

frutescens. *Sepia* has early and profuse or late and scanty menses (Vermeulen 1997:1467). This is also the case in *Sutherlandia*. *Sutherlandia* has very hot menses, not experienced in *Sepia*, and both experienced menses of a short duration, and of dark slimy blood.

*Sepia* has a great amount of soreness of the back, with aching all the way down the spine, mostly from the loins to the coccyx and spinal irritation (Kent 1999:924). *Sutherlandia* also has marked back pain, especially of the lumbar region. *Sutherlandia*, like *Sepia*, has backache which is better for pressure and comes on after sitting. Like *Sutherlandia*, everything affects the back of *Sepia* (Vermeulen 1997:1468). Both remedies experience heaviness of the extremities, weakness and swollen, painful joints. The cramping pains experienced by *Sutherlandia* are not marked in *Sepia*, while both remedies experience itching eruptions on the skin of the limbs. A key feature of *Sepia* is the coldness of the limbs and feet, and the changing coldness from feet to hands when the feet are warmed (Kent 1999:925). This is not found in *Sutherlandia frutescens*. Both remedies have restlessness of the limbs and unrefreshing, restless sleep.

*Sepia* is very cold and experiences coldness in spots, notably in the vertex, between the scapulae and of the feet, in bed (Vermeulen 1997:1470), whereas *Sutherlandia* is hot in bed and experiences warmth and flushes of heat over the whole body.

*Sepia* is indicated in hot flushes during the climaxis accompanied by momentary sweat, weakness and a tendency to faint (Vermeulen 1997:1470). Both remedies

perspire easily. *Sutherlandia* has sticky, odourless perspiration, whereas *Sepia* has perspiration described as having the odour of elder blossoms (Vermeulen 1997:170). Both remedies are better for motion and occupation, pressure, crossing the legs, cold drinks and open air. Both remedies are worse for the morning and touch, are restless and experience weariness and lassitude. *Sutherlandia* is better for eating, *Sepia* is worse after eating. *Sepia* is worse in the morning and evening and worse for scratching and rubbing. *Sutherlandia* desires massage, rubbing and scratching of the voluptuous itch experienced.

#### 5.3.7 A Comparison of *Sutherlandia frutescens* to the main Carbon themes

On extraction of the minerals repertorising closest to *Sutherlandia frutescens*, it is found that many remedies, including *Calcareo carbonica*, containing the element Carbon repertorised with a high numerical value and total number of rubrics. A comparison of the Carbon themes, as suggested by Scholten (1996), to those of *Sutherlandia frutescens* follows.

The most important Carbon theme is the individual, the distinction between the individual and the rest of the world, and the value and meaning of the individual in the world (Scholten 1996:99). They search for the core of their existence and the meaning in everything else, so that their value can be measured against that (Scholten 1996:99). They are continually questioning their self-worth and may exhibit fears and questions about whether

they are allowed to exist in this world (Scholten 1996:99). This insecurity may be masked by a persona that is shown to the outside world (Scholten 1996:99). They may feel extreme uselessness and worthlessness, as though the world is full of threats and they are not up to facing it (Scholten 1996:102). Their inability to stand up for themselves makes them insecure, indecisive and fearful (Scholten 1996:192). They see the whole world as their enemy, their fears become vague and so strong that they rule their lives (Scholten 1996:99). Borderline disturbances result, with the extreme effort to control their fears and insecurities with obsessive behaviour, lack of control over their impulses, thoughts that move backward and forward between two extremes, and feelings of powerlessness on one hand and total power on the other, becoming dominant expressions.

The proving of Sutherlandia frutescens 30CH produced remarkably similar symptoms of feelings of selfworthlessness and an inability to relate to and connect with others. There is a distinct awareness of the separateness of the individual to others. Many of the provers felt dissociated from their environment and disconnected from others. In contrast to the Carbons, Sutherlandia wants to be on their own, and pushes people away from them even though they feel so alone in the world. The Carbons can't bear to be alone and in the midst of their existential crisis and paranoia, cling to others for security and recognition. Sutherlandia is averse to company and conversation. The Sutherlandia patient is very aware of their position in the environment and like the Carbons, is continually questioning their own value

and that of others. The proving produced symptoms of introversion and self-inspection, as seen in the Carbon remedies. The paranoia exhibited by the Carbons is mirrored in Sutherlandia in symptoms such as: feelings of paranoia about people and what they think, don't feel I belong around people, it's as if they are against me, the way they looked at me, they didn't want me around, afraid of what people thought of me, felt inferior to others. The central theme in *Calcareo*, of the Ferrum series, is the fear of what others will think of them (Scholten 1998:325) which is prominent in Sutherlandia frutescens. The Carbons become more fixed and rigid in their thinking and behaviour in an attempt to control their insecurity, whereas Sutherlandia, as far as can be ascertained, becomes more spacey, dissociated, disconnected from people, introverted, apathetic and depressed. Sutherlandia would rather avoid the situation, fears and insecurities and escape into the open air to think things through, whereas the Carbons will stubbornly fix themselves to their task, as if driven by fate, in an attempt to mask their insecurities (Scholten 1996:101). Both the Carbons and Sutherlandia express timidity, doubtfulness, indecisiveness, depression, apathy and feelings of uselessness. The controlling, obsessive disposition seen in the Carbon remedies is absent in Sutherlandia.

The Carbons exhibit disturbances in consciousness, dissociation, forgetfulness, lack of concentration and mania (Scholten 1996:103). Sutherlandia also experiences absentmindedness, slowness of thoughts, forgetfulness, stupefaction, difficulties with concentration

and changes in perceptions. The psychosis and mania experienced by the Carbons is seen in a milder form in the alternation of moods in Sutherlandia and the causelessness of emotional outbursts. The sensation of intoxication, delusions of being drugged and spaciness of Sutherlandia is not a key feature of the Carbons. The Carbons are better when they are with family, at home, feel supported and safe. Sutherlandia feels worse in others' company, even family, would rather be left alone, and prefers being outside in a spacious, airy environment. The Carbons fear death, loss of their support systems, such as family and friends, strangers, the unknown and their fear may seem vague and exaggerated (Scholten 1996:102). Sutherlandia, as far as can be ascertained, fears that which invades or encroaches upon their space, such as robbers, narrow spaces, that something bad will happen and the opinion of others.

*Calcarea carbonica* repertorised highest on repertory of Sutherlandia frutescens 30CH, and it is interesting to note that many of the *Calcarea* traits, as described by Scholten, are found in Sutherlandia. *Calcarea* is found in the second stage and feel as if other people are constantly looking at them and saying things about them (Scholten 1996:32). This paranoia is obvious in the Carbons and Sutherlandia. *Calcarea* feels observed by his neighbours, criticised and judged, and is seen by them as 'confused' (Scholten 1996:32). Sutherlandia has others telling him he looks dazed and confused. Both *Calcarea* and Sutherlandia are very sensitive to criticism and the opinions of others. Other people only have to look at them and they feel judged, humiliated or hurt (Scholten 1996:32). *Calcarea*,

like the Carbons, don't trust themselves and feel they know nothing and therefore don't have the right to convey their opinion. The proving of Sutherlandia frutescens 30CH produced delayed reactions in one prover who could only cry when alone, not having allowed herself the experience of emotions in the moment. In the proving of Sutherlandia frutescens, this feeling of being separated from themselves, was expressed as being lost in one's own body. The Carbon theme of individuation is apparent. Another expression of the theme of self-worth in the Carbons can be found in a person who is very unstable (Scholten 1996:163). They can no longer master their own feelings and get upset by minor incidents (Scholten 1996:163). They have no stable frame of reference to measure things by and their moods are changeable without obvious reason (Scholten 1996:163). Scholten (1996) describes the Carbons as having an inability to find their own centre, and this description matches Sutherlandia's state perfectly. Sutherlandia feels lost in themselves and separated from the world.

The theme of the Ferrum series, in which *Calcareia* belongs, is the individual task, and emphasis is upon a routine orientated, useful and responsible existence (Scholten 1996:309). Sutherlandia has a desire for domestic work such as cleaning, cooking and organising the home, and pleasure is felt with the successful completion of a constructive task. These may be the attempts at regaining order in the mind, finding value in their work and establishing their own centre.

## CHAPTER 6

### 6. CONCLUSIONS AND RECOMMENDATIONS

#### 6.1 CONCLUSIONS

The 30CH potency of Sutherlandia frutescens produced a plethora of signs and symptoms in healthy provers and has the potential to become a significant homoeopathic remedy. Further provings and clinical verification of Sutherlandia frutescens will prove it indispensable in curing cases that could have been partially, or unsatisfactorily covered by existing remedies. As homoeopaths get to know a newly proved remedy, it will be utilised more and more, because nothing else can take its place, just as nothing can take the place of Lachesis or Pulsatilla (Sherr 1994:9).

The repertorisation of the eleven symptoms representing the essence of the remedy, as far as can be ascertained at this stage, produced *Baptisia tinctoria*, *Indigo*, *Sepia succus*, *Ambra grisea*, *Calcarea carbonica* and many remedies of the Carbon series, as those remedies having the highest number of rubrics and total value on repertorisation. A greater understanding of the remedy symptoms and its relationship to other remedies results from comparative Materia Medica studies. The comparison of Sutherlandia frutescens and the remedies that resulted from the repertorisation highlights differences, and similarities between Sutherlandia and the seemingly similar remedies, so that accurate prescription according to the Law of Similars, as required by homoeopathic science, results.

## 6.2 RECOMMENDATIONS

### 6.2.1 Further Provings of *Sutherlandia frutescens*

Further provings of *Sutherlandia frutescens* are suggested. Further provings of the 30CH will expand the current Materia Medica where it is lacking and perhaps produce added information from different provers. A proving in a low potency and higher potencies may elucidate characteristic symptoms not produced by the 30CH potency. A low potency proving may provide interesting information for comparison to the traditional Naturopathic indications of *Sutherlandia frutescens*.

The provers who were acquainted with homoeopathy, were aware of the subtleties of the proving experience and were familiar with qualifying symptoms experienced during the proving, were found to be better provers. It is suggested that future provings be conducted using only highly trained, self-aware individuals, thus improving the reliability and quality of the provings.

Sherr (1994) suggests that there be no more than two people, working as a close team, supervising the proving so that the 'As if one person' factor remains. He suggests that every individual perceives a separate, fragmented part of the proving from their own personal view point. He also suggests that a unified grammatical and verbal format, the general theme of the proving, the identification of similar symptoms in different provers, and the standard criteria for choosing symptoms are jeopardised when more than one person is responsible for supervising the proving (Sherr 1994:32). This researcher is in agreement and

suggests that further provings be conducted by one person only.

#### 6.2.2 Clinical Information

Clinical application of the remedy will verify the proving symptoms and expand the Materia Medica of the remedy. Use of the remedy in cases where it is indicated will give additional information, e.g. modalities and the situational Materia Medica, which have not arisen from the proving. The more widely disseminated the information on the remedy is, the more likely the cases calling for its prescription, are to be cured.

#### 6.2.3 Related Remedies

Wright (1999) suggests that more new provings of indigenous substances should be undertaken with the intent of producing a South African Homoeopathic Materia Medica. Remedies of the *Sutherlandia* genus which could prove beneficial homoeopathically are *Sutherlandia tomentosa* and *Sutherlandia microphylla*, and provings of these plants are encouraged. Further comparisons of *Sutherlandia frutescens* to the other Leguminaceae members are suggested, as well as to those remedies which came up on extraction of the repertory (Appendix E).

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## APPENDIX A

### Suitability for Inclusion in the Proving

*All information will be treated as strictly confidential*

SURNAME:

FIRST NAMES:

SEX: M / F

TELEPHONE NUMBER:

PLEASE CIRCLE THE APPROPRIATE ANSWER:

- Are you between the ages of 18 and 60 years? YES / NO
- Are you on or in need of any medication?
  - Chemical/allopathic YES / NO
  - Homoeopathic YES / NO
  - Other YES / NO
- Have you been on the birth control pill or hormone replacement therapy in the last 6 months? YES / NO
- Are you pregnant or nursing? YES / NO
- Have you had surgery in the last six weeks? YES / NO
- Do you use recreational drugs such as cannabis, LSD or MDMA (ecstasy) ? YES / NO
- Do you consume more than:
  - two measures of alcohol per day? YES / NO  
(1 measure = 1 tot/ 1 beer/ ½ glass of wine)
  - 10 cigarettes per day? YES / NO
  - 3 cups of coffee or tea per day? YES / NO
- Do you consider yourself to be in a general state of good health? YES / NO
- If you are between the ages of 18 and 21 years do you have consent from a parent/ guardian to participate in this proving? YES / NO
- Are you willing to follow the proper procedures for the duration of the proving? YES / NO

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

## **APPENDIX B**

### **Case History Sheet**

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

#### **Prover number:**

**Name:**

**Date of birth:**

**Marital status:**

**Occupation:**

**Sex:**

**Age:**

**Children:**

#### **Past medical history:**

Please list previous health problems and their approximate dates:

Do you have a history of any of the following?

Cancer	Asthma	
HIV	Pneumonia /Chronic bronchitis	
Parasitic infections	Tuberculosis	
Glandular fever	Tendency to suppuration/boils	
Bleeding disorders	Smoking	
Eczema/skin conditions	Oedema/swelling	
Warts	Haemorrhoids	

#### **Surgical history:**

Please list any past surgical procedures and the approximate dates.  
(Tonsils, warts, moles, appendix)

**Allergies:**

**Vaccinations:**

**Medication (including supplements):**

**Estimation of daily consumption of:**

Alcohol:

Cigarettes:

**Family history:**

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

Cardiovascular disease	
Cerebrovascular disease	
Diabetes mellitus	
Tuberculosis	
Mental disease	
Cancer	
Epilepsy	
Bleeding disorders	

Please list any other medical conditions within your family:

**Energy:**

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

Sleep:

Quantity:

Quality:

Position:

Dreams:

Time modalities:

Weather modalities:

Temperature modalities:

Perspiration:

Appetite:

Cravings:

Aversions:

Aggravations:

Thirst:

Bowel habits:

Urination:

Description of menstrual cycle and menses:

Mind:

Head:

Eyes:

Ears:

Nose and sinuses:

Mouth, tongue, teeth:

Throat:

Respiratory system:

Cardiovascular system:

Digestive system (stomach, abdomen, rectum, anus):

Urinary system:

Genitalia and sexuality:

Musculoskeletal system:

Extremities:

Upper:

Lower:

Skin:

Hair and nails:

Other:

The Physical examination:

Physical description:

Frame/build:

Hair colour:

Eye colour:

Complexion:

Skin texture:

Weight:

Height:

Pulse rate:

Respiratory rate:

Temperature:

Blood pressure:

Findings on physical examination:

Jaundice:

Anaemia:

Cyanosis:

Clubbing:

Oedema:

Lymphadenopathy:

Hydration:

Specific system exams:

## APPENDIX C

### Informed Consent Form

(TO BE COMPLETED IN DUPLICATE BY THE PROVER)

#### **TITLE OF RESEARCH PROJECT:**

*A Homoeopathic Drug Proving*

#### **NAME OF SUPERVISOR:**

*Dr. A.H.A. Ross                      B.Mus. (UCT): M. Tech. Hom. (TN)*

#### **NAME OF RESEARCH STUDENTS**

*Heather Webster, Colette Kell, Lisa Low, Nicolette van der Hulst*

#### **DATE:**

#### **PLEASE CIRCLE THE APPROPRIATE ANSWER:**

1. Have you read the research information sheet? YES / NO
2. Have you had an opportunity to ask questions regarding this proving? YES / NO
3. Have you received satisfactory answers to your questions? YES / NO
4. Have you had an opportunity to discuss the proving? YES / NO
5. Who have you spoken to? \_\_\_\_\_
6. Have you received enough information about this proving? YES / NO
7. Do you understand the implications of your involvement in this proving? YES / NO
8. Do you understand that you are free to withdraw from this proving? YES / NO
  - A) At any time
  - B) Without having to give a reason for withdrawing, and
  - C) Without affecting your future health care
9. Do you agree to voluntarily participate in this study? YES / NO
10. Selection criteria: To participate in this proving you must meet all the inclusion criteria. They are as follows:
  - You must be between the ages of 18 and 60 years of age.
  - Must not need any medication, including chemical, allopathic, homoeopathic or other.
  - Must not be on or have been on the contraceptive pill or hormone replacement therapy in the last 6 months.
  - Must not be pregnant or breastfeeding.
  - Must not have had surgery in the last 6 weeks.
  - Must not use recreational drugs such as cannabis, LSD, MDMA (ecstasy).
  - Must not consume more than two measures of alcohol per day (1 measure = 1 tot / 1 beer / ½ glass wine).
  - Must not smoke more than 10 cigarettes a day.
  - Must not consume more than 3 cups of coffee or tea a day.
  - Must be in a general state of good health.
  - If you are between the ages of 18 and 21 years you must have consent from a guardian/parent to participate in the proving.
  - Must be willing to follow the proper procedures for the duration of the proving.

Have you completed Appendix A which outlines in detail all the above stated inclusion criteria?

YES / NO

11. Discomfort may be experienced as a result of participating in the proving.
12. Benefits to provers: It is postulated that each proving undertaken strengthens the body's vital force (Hahnemann, 1997:208). Provers learn and develop the skill of observation and gain homoeopathic knowledge through direct involvement in a proving. A prover may be cured of certain ailments if the remedy is his / her similimum.
13. There is no expense to the prover for participating in the proving and no remuneration is offered to the prover.
14. Every prover is given the name and telephone numbers of the research student and the supervisor of the proving if problems or questions arise

Name:	Home Telephone :	Cellular number:	Homoeopathic Clinic
Dr. Ashley Ross (Supervisor)	3092349	082 4586 440	2042514
Heather Webster	2668138		2042041
Nicolette van der Hulst	7005402		2042041
Colette Kell		082 879 3885	2042041
Lisa Low		083 6528 772	2042041

If you have answered "No" to any of the above, please obtain the information before signing.

If the prover is between **18 and 21** years of age, **written consent** from a **guardian/parent** is required for the prover to participate in the proposed procedure.

I \_\_\_\_\_ (guardian/ parent) hereby give consent for the proposed procedure to be performed on \_\_\_\_\_ (prover) as part of the above mentioned research project.

I \_\_\_\_\_ hereby give consent for the proposed procedure to be performed on me as part of the above mentioned research project.

PROVER: Name \_\_\_\_\_ Signature \_\_\_\_\_

WITNESS: Name \_\_\_\_\_ Signature \_\_\_\_\_

RESEARCH STUDENT: Name \_\_\_\_\_ Signature \_\_\_\_\_

GUARDIAN/ PARENT: Name \_\_\_\_\_ Signature \_\_\_\_\_

## APPENDIX D

### Instructions to Provers

Dear Prover

Thank you very much for taking part in this proving. I am sure that you will benefit from this experience in many ways.

#### Before the proving:

Ensure that you have the following:

- The correct journal
- Read and understood these instructions
- Had a case history taken and a physical examination performed
- Signed the informed consent form
- Attended the pre – proving training course

Your proving supervisor (Heather Webster, Colette Kell, Lisa Low or Nicolette van der Hulst) 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 don't fully understand, please do not hesitate to call your supervisor.**

#### Beginning the proving:

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

#### Taking the remedy:

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

The remedy should be taken on an empty stomach and with a clean mouth. Neither food nor drink should be taken for a half hour before and after taking the remedy. The remedy should not be taken for more than 3 doses a day for two days (6 powders maximum).

In the event that you experience symptoms or those around you observe any proving symptoms **do not take any further doses of the remedy**. This is **very important**. By proving symptoms we mean:

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

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

#### **Lifestyle during the Proving:**

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

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

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

**In the event of 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 the credibility of the proving that you discuss your symptoms only with your supervisor. Keep your symptoms to yourself and do not discuss them with fellow provers.

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

#### **Contact with your Supervisor:**

Your supervisor will telephone you to inform you to begin your 1 week observation period and then daily from the day that you begin to take the remedy. This will later decrease to 2 or 3 times a week and then to once a week, as soon as you and the supervisor agree that there is no longer a need for such close contact. This will serve to check on your progress, ensure that you are recording the best quality symptoms possible and to judge when you need to cease taking the remedy.

If you have any problems during the proving, please do not hesitate to call your supervisor.

### **Recording of Symptoms:**

When you commence the proving note down carefully any symptoms that arise, whether they are old or new, and the time of the day or night at which they occurred. **This should be done as vigilantly and frequently as possible so that the details will be fresh in your memory.** Make a note even if nothing happens.

**Please start each day on a new page with the date noted at the top of each page. Also note which day of the proving it is. The day that you took the first dose is day zero.**

Write neatly on alternate lines, in order to facilitate the extraction process, which is the next stage of the proving. Try to keep the journal with you at all times. Please be as precise as possible. Note in an accurate, detailed but brief manner your symptoms in your own language.

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

**Location:** Try to be accurate in your anatomical descriptions. Simple, clear diagrams may help here. Be attentive to which side of the body is affected.

**Sensation:** Describe this as carefully and as thoroughly as possible e.g. burning, shooting, stitching, throbbing, and dull, etc

**Modality:** A modality describes how a symptom is effected by different situations/stimuli. Better (>) or worse (<) from weather, food, smells, dark, lying, standing, light, people, etc. Try different things out and record any changes.

**Time:** Note the time of onset of the symptoms, and when they cease or are altered. Is it generally > or < at a particular time of day, and is this unusual for you.

**Intensity:** Briefly describe the sensation and the effect on you.

**Aetiology:** Did anything seem to cause or to set off the symptom and does it do this repeatedly.

**Concomitants:** Do any symptoms appear together or always seem to accompany each other or do some symptoms seem to alternate with each other?

This is easily remembered as:

**C** – concomitants  
**L** – location  
**A** – aetiology  
**M** – modality  
**I** – intensity  
**T** – time  
**S** – sensation

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

- |                             |                         |
|-----------------------------|-------------------------|
| - <b>MIND / MOOD</b>        | - <b>EXTREMITIES</b>    |
| - <b>HEAD</b>               | - <b>URINARY ORGANS</b> |
| - <b>EYES</b>               | - <b>GENITALIA</b>      |
| - <b>EARS</b>               | - <b>SEX</b>            |
| - <b>NOSE</b>               | - <b>TEMPERATURE</b>    |
| - <b>BACK</b>               | - <b>SLEEP</b>          |
| - <b>RESPIRATORY SYSTEM</b> | - <b>DREAMS</b>         |
| - <b>DIGESTIVE SYSTEM</b>   | - <b>GENERALITIES</b>   |
| - <b>SKIN</b>               |                         |

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

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

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

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

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

**(NS)** – **New symptom**

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

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

(US) – An **unusual symptom** for you.

If you have any doubts discuss them with your supervisor.

Please remember that detailed observation and concise, legible recording is crucial to the proving. One reads in the Organon of Medicine paragraph 126: "The person who is proving the medicine must be pre-eminently trustworthy and conscientious.. and be able to express and describe his sensations in accurate terms" (Hahnemann, 1997:200).

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

**Adapted from Jeremy Sherr – The Dynamics and Methodology of Homoeopathic Provings, second edition. 1994.**

I, \_\_\_\_\_ ,

agree to participate in the proving outlined in Appendix D, and acknowledge that I have read and understand the instructions regarding the proving.

Prover: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Researcher: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

	Total	29	Sulph.
	Rubrics	11	Lyc.
	Family	11	Puls.
		27	Sep.
		27	Lach.
		25	Staph.
		24	Ign.
		24	Nat-m.
		24	Calc.
		27	Bell.
		26	Merc.
		25	Rhus-t.
		24	Gels.
		25	Nux-v.
		25	Plat.
		22	Arg-n.
		22	Sil.
		24	Phos.
		23	Ars.
		21	Cocc.
		21	Graph.
		21	Thu.j.
		20	Caust.
		22	Nit-ac.
		22	Carb-v.
		20	Hyos.
		19	
MIND: SENSITIVE, oversensitive		3	
MIND: COMPANY, aversion to, aqg.		3	
SADNESS, despondency....		3	
MIND: DELUSIONS, imaginations		3	
NOSE: SNEEZING		3	
SKIN: ITCHING		3	
SLEEP: SLEEPLESSNESS		3	
FEMALE: MENSES: irregular		1	
GENERALITIES: HEAT, flushes of		3	
PAIN: cramping, muscles		3	
HEAVINESS: internally		3	

# APPENDIX E

## POLYCRESTS

## LEGUMINACEAE

	Total	Bapt.	Indg.	Phys.	Oxyt.	Cyt-I.	Meli.	Dol.	Rob.	Saroth.	Arag.	Der.	Chrysar.	Ait.	Pisc.	Tong.	Astra-e.	Hedy.	Indol.	Lath.	Eryt-j.
MIND: SENSITIVE, oversensitive	18	8	7	2	4	6	6	3	3	3	2	2	1	2	2	2	1	1	1	1	1
MIND: COMFORT, aversion to, app.	6	6	6	6	3	6	4	2	3	3	2	2	1	2	2	2	1	1	1	1	1
MIND: SADNESS, dependency, depression, melancholy	6	6	6	6	3	6	4	2	3	3	2	2	1	2	2	2	1	1	1	1	1
MIND: DELUSIONS, imaginations	6	6	6	6	3	6	4	2	3	3	2	2	1	2	2	2	1	1	1	1	1
NOSE: SNEEZING	6	6	6	6	3	6	4	2	3	3	2	2	1	2	2	2	1	1	1	1	1
SKIN: ITCHING	6	6	6	6	3	6	4	2	3	3	2	2	1	2	2	2	1	1	1	1	1
SLEEP: SLEEPLESSNESS	6	6	6	6	3	6	4	2	3	3	2	2	1	2	2	2	1	1	1	1	1
FEMALE: MENSES, irregular	6	6	6	6	3	6	4	2	3	3	2	2	1	2	2	2	1	1	1	1	1
GENERALITIES: HEAT, flushes of	6	6	6	6	3	6	4	2	3	3	2	2	1	2	2	2	1	1	1	1	1
GENERALITIES: PAIN, cramping, muscles	6	6	6	6	3	6	4	2	3	3	2	2	1	2	2	2	1	1	1	1	1
GENERALITIES: HEAVINESS, internally	6	6	6	6	3	6	4	2	3	3	2	2	1	2	2	2	1	1	1	1	1

[illegible]

## ANIMALS

## MINERALS

	Total	Calc.	Nat-c.	Kali-c.	Carbn-s.	Graph.	Petr.	Mag-c.	Carb-an.	Carb-v.	Bar-c.	Kreos.	Mang.	Am-c.	Carb-ac.	Nict.	Chlcl.	Glon.	Ter.	Allox.	Pic-ac.	Benz-ac.	Stront-c.	Halo.	Trinit.
	77	19	21	23	23	13	16	17	20	17	16	13	13	9	7	10	22	10	9	6	8	8	4	4	
MIND: SENSITIVE; oversensitive	11	11	11	11	11	0	11	11	10	10	10	10	10	7	7	10	8	7	6	6	6	7	4	4	
MIND: COMPANY; aversion to, aq.	11	11	11	11	11	0	11	11	10	10	10	10	10	7	7	10	8	7	6	6	6	7	4	4	
MIND: SADNESS; despondency, depression, melancholy	11	11	11	11	11	0	11	11	10	10	10	10	10	7	7	10	8	7	6	6	6	7	4	4	
MIND: DELUSIONS; imaginations	11	11	11	11	11	0	11	11	10	10	10	10	10	7	7	10	8	7	6	6	6	7	4	4	
NOSE; SNEEZING	11	11	11	11	11	0	11	11	10	10	10	10	10	7	7	10	8	7	6	6	6	7	4	4	
SKIN; ITCHING	11	11	11	11	11	0	11	11	10	10	10	10	10	7	7	10	8	7	6	6	6	7	4	4	
SLEEP; SLEEPLESSNESS	11	11	11	11	11	0	11	11	10	10	10	10	10	7	7	10	8	7	6	6	6	7	4	4	
FEMALE; MENSES; irregular	11	11	11	11	11	0	11	11	10	10	10	10	10	7	7	10	8	7	6	6	6	7	4	4	
GENERALITIES; HEAT; flushes of	11	11	11	11	11	0	11	11	10	10	10	10	10	7	7	10	8	7	6	6	6	7	4	4	
GENERALITIES; PAIN; cramping; muscles	11	11	11	11	11	0	11	11	10	10	10	10	10	7	7	10	8	7	6	6	6	7	4	4	
GENERALITIES; HEAVINESS; internally	11	11	11	11	11	0	11	11	10	10	10	10	10	7	7	10	8	7	6	6	6	7	4	4	