

A Homoeopathic Drug Proving of the  
Fungus Pycnoporus sanguineus

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

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This dissertation is dedicated to  
my daughter, Kiara, for losing many hours with  
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and all the provers who made this proving  
possible.

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## ABSTRACT

The fungus Pycnoporus sanguineus was selected for this research project because of its similarity in appearance to a human kidney. It was initially thought that a connection to the Doctrine of Signatures could be proved, however, this was not the ultimate purpose of this research project.

The purpose of this placebo-controlled investigation was to determine the effects of the thirtieth centesimal (30CH) potency of Pycnoporus sanguineus on individuals of average health; in order to discover the totality of symptoms produced by the remedy so that it may be prescribed according to the law of similars, as required by Homoeopathic science.

It was hypothesised that this study would produce a list of symptoms associated with this substance, Pycnoporus sanguineus, which, can then be used Homoeopathically (according to the totality of symptoms produced by the drug so that it may be prescribed according to the law of similars) in the treatment of disease where no other remedy has yet acted precisely and thus be able to cure a class of cases that until then could only have been partially covered by existing remedies (Sherr 1994:58).

This Homoeopathic drug proving of Pycnoporus sanguineus 30CH took the form of a double blind, placebo controlled trial on 30 subjects who met all the inclusion

criteria. Fifty percent (15 of the 30) of the subjects received placebo in a randomised fashion, so that neither the provers nor the researcher knew who was receiving placebo or verum. As an added control measure, the provers were unaware of the substance, which they were proving or in which potency it was being proved. The study design consisted of two groups: one control group with placebo controls and the other experimental group, which also has intra-individual controls in which the prover serves as his or her own control i.e. the recorded state of the prover prior to the administration of the proving substance served as a control or baseline for comparison to the prover under the influence of the proving substance. (Stephenson 1960; Vithoulkas 1986:150).

Data collection primarily took a journal or diary format of chronological referencing, in which the provers recorded their symptoms daily in journals, from which the data was later extracted. Data recorded by the researcher from case histories and physical examinations was also considered. Data was analysed by qualitative methods, guidelines for which are clearly outlined in the protocol, as the data collected was not amenable to standard statistical methods.

This investigation clearly supported the hypothesis that Pycnopus sanguineus 30CH would produce clearly observable symptoms and signs in healthy provers. Further provings in different potencies and clinical verification, however, are necessary in order to ensure that this remedy becomes a valuable asset to the Homoeopathy.

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## **DEFINITIONS OF TERMS**

**LAW OF SIMILARS** - "*Similia Similibus Curentur*", the fundamental law of Homoeopathy, formulated by Hahnemann, meaning: "Let Likes Be Cured (or treated) By Likes". (Gaier 1991:323.) Any substance that 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 dummy treatment administered to a control group in a controlled clinical trial in order that the specific and non-specific effects of the experimental treatment can be distinguished (Taylor et al 1988:1298). For the purpose of this study the placebo took the form of lactose pillules impregnated with 70% ethanol at a rate of 1% v/v.

**POTENCY**- The stage of altered remedy activity to which a drug has been taken by means of a measured process of deconcentration, with succussion, or by trituration of the medical 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 a remedy 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 1991:390). A translation of the German 'Prufung', meaning test or assay (Gaier 1991:15).

**THIRTIETH CENTESIMAL POTENCY (30CH)** - The thirtieth step of serial deconcentration on a 1:100 scale with succussion at each step, having an effective concentration of  $1 \times 10^{-60}$  (Jouanny 1993:74).

## CHAPTER 1

### 1.1 INTRODUCTION

In the practice of Homoeopathy, measures for its further advancement and progress reveal various forms of research, of which there are several aspects that are yet to be clearly defined, enlarged and delineated. New problems are constantly arising before the medical profession in view of the advancement in science and civilisation e.g. atomic radiation hazards, and solutions must be found for them. On consideration of the various methods of research that could be carried out within the field of Homoeopathy, relatively the most simple and inexpensive seems to be drug provings (Sankaran 1977:1).

Cook (1989:93) has described Homoeopathic research as being broadly centred on three main areas, these being:

1. *Extension of the Homoeopathic Materia Medica by proving new drugs*
2. Proof of the efficacy of homoeopathic remedies
3. How Homoeopathy works

A proving, also known as a pathogenetic experiment or hyganthroparmacy (Stephenson 1960), is the systematic procedure of testing substances on healthy human beings in order to elucidate the symptoms reflecting the action of the substance (Vithoukaskas 1986:96). According to the definition, any substance that is capable of inducing disease symptoms when taken by a healthy person is

potentially of therapeutic value when administered in potentised form according to the Homoeopathic principle (Hahnemann 1995:105). An obvious sequel is the limitless potential for new Homoeopathic remedies. Provings are the only way of identifying new Homoeopathic remedies which may be added to the *Materia Medica* and as such, provings will always take up a major part of the Homoeopathic research effort (Cook 1989:93). There is no other way (other than doing provings) to predict the effect of any given substance as a remedy with any degree of accuracy (Sherr 1994:7).

Provings are the "pillars" upon which Homoeopathic practice stands. Without accurate provings all prescribing indications are bound to be vague guesses at best, and pure fiction at worst (Sherr 1994:7). Even Hahnemann himself stated in Aphorism 21 of the Organon of Medicine, "we have only to rely on the morbid phenomena which the medicines produce in the healthy body as the sole possible revelation of their indwelling curative power" (Hahnemann 1995:107). Whitmont (1993:14) states "such systematic testing of substances on average healthy humans (not animals, for the sake of eliciting the typical mental and emotional symptoms which only humans can describe) is fundamental to the practice of Homoeopathy".

Many successful Homoeopaths have called for the proving of new remedies over the years, but very few have been willing to spend the time and effort needed to produce a thorough proving and those that have done provings in the past have

lacked the refinement of earlier provings. Even the new provings of Stephenson and Julian, although containing many useful symptoms, have often lacked detail, especially of mental symptoms (Sherr 1994:9).

As Homoeopathy continues to advance, however, it is imperative to perform provings on new remedies so that the therapeutic armamentarium can be further expanded (Vithoulkas 1986:43; Nagpaul 1987). This is one of the most important points to be made at this stage; the fact that when a new remedy is proved reasonably well, it will cure a class of cases that until then could only have been partially covered by existing remedies. Certain cases would have been previously prescribed very similar remedies with limited success, which also often leads to the unfortunate incorporation of "borrowed" data into the similar remedy, resulting in a distortion of the Materia Medica. Once 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 mutus (venom of the Bushmaster snake) or Pulsatilla praetensis (windflower) (Sherr 1994:8,9).

The obvious need for new provings to expand the Materia Medica on a firm basis has thus been established, but why specifically a proving of the fungus Pycnoporus sanguineus? There are only a few fungi presently utilised as Homoeopathic remedies, the most common of these being Agaricus muscarius (Fly Agaric) and Bovista lycoperdon (puffball). Very few fungi have been proven, but those that have been proven are excellent and indispensable remedies.

Presently there are very few indigenous South African substances in the Homoeopathic Materia Medica - the Buchus (Barosma crenulatum and Diosma lincaris) (Vermeulen 1997:260; 689) being the only two used, with Bitis arietans arietans, the venom of the Puffadder, having recently been proven. South Africa's flora and fauna is so diverse that many potential remedies must exist therein. In India, Homoeopaths have gone about systematically proving many of the indigenous substances with the result being a richer Materia Medica with many more indispensable remedies for use. Some Homoeopaths subscribe to the idea that a useful remedy should be a local one, within easy reach of the patient, as nature will always provide an accessible cure (Sherr 1994:49). At present, South African Homoeopaths still rely heavily on Europe and the United States for the crude sources of the remedies, and the advantages of being able to use indigenous substances in this light are obvious. Thus the systematic proving of indigenous substances should, and has already, begun with the proving of Bitis arietans arietans and now also with the proving of Pycnoporus sanguineus. The fungus, Pycnoporus sanguineus, after having been proven, is expected to make an indispensable remedy.

The fungus Pycnoporus sanguineus is a bracket fungus of the Polyporaceae family, which is easily identified by its thin, bright reddish-orange fruit-bodies. They are tough and leathery and are fan- or kidney-shaped. This fungus was chosen as the substance to research in this Homoeopathic drug proving,



because of its similarity in appearance to a human kidney and as it is widely distributed throughout southern Africa as well as tropical Africa, it can be classified as an indigenous substance.

The purpose of this placebo-controlled investigation is to, therefore, determine the effects of the thirtieth centesimal (30CH) potency of Pycnoporus sanguineus on individuals of average health; in order to discover the totality of symptoms produced by the drug so that it may be prescribed according to the law of similars, as required by Homoeopathic science.

## 1.2 THE HYPOTHESIS

It is hypothesised that the 30CH potency of Pycnoporus sanguineus will produce clearly observable symptoms and signs in healthy provers.

## 1.3 THE DELIMITATIONS

The study will not:

- Seek to explain the mechanism of action of the homoeopathic remedies in the production of symptoms in healthy individuals.
- Determine the effects of potencies or deconcentrations of the fungus other than the thirtieth centesimal potency.
- Seek to perform multicentre drug trials.

#### 1.4 THE ASSUMPTIONS

- The remedy used in this study has been prepared accurately and according to the German Homoeopathic Pharmacopoeial standard for the preparation of the other fungi [ Amanita phalloides (Agaricus muscarius) specifically] and that this was the correct method of preparation for the fungus Pycnoporus sanguineus (German Homoeopathic Pharmacopoeia 1991:145).
- The provers will take the remedy in the manner, dosage and frequency required.
- The provers will closely and conscientiously *observe* themselves for the effects of the drug.
- The provers will conscientiously, honestly and accurately *record* all symptoms observed.
- The provers will not deviate from their normal lifestyle or dietary habits in any significant manner immediately prior to or during the proving.

## CHAPTER 2

### THE REVIEW OF THE RELATED LITERATURE

#### 2.1 INTRODUCTION

The principle of similitude – *similia similibus curentur* – is one of the principles of Homoeopathy. This principle, however, can be traced back to ancient times, to Hippocrates at least. It is not a healing law Homoeopathy can claim as its own domain, as its application is much older and broader. Other healing disciplines, such as some branches of spagyrics and psychotherapy, work on the same principle. But what is unique to Homoeopathy is the practical consequence: the proving of substances with presumed curative power in healthy volunteers (Walach 1994).

#### 2.2 HISTORICAL ORIGINS

Hahnemann was one of the first to give medicines to healthy people in order to understand its effects in the sick. He was not the first, however, to have had the idea. Albrecht von Haller, a Swiss doctor advocated it in 1771 and Anton Storck, head of a Viennese hospital, experimented with pharmaceutical substances on himself in the 1800's. But what was unique about Hahnemann was his systematic approach and what could now be called his operationalization of the law of similars by proving many curative substances known to him in healthy volunteers,

and diligently noting down the symptoms for later application in the sick. All the elements: the principle of similitude and proving of medicines in healthy people already existed. Hahnemann's originality was to prove substances, in order to be able to put them to clinical use according to the principle of similitude (Walach 1994).

Hahnemann's merit was that he was the first person to provide a scientific basis for these disparate investigations, and to bring them into a comprehensive context. In his study of cinchona bark, which he carried out on himself in 1790 and which has since become famous, he observed that his drug produced the typical symptoms of malaria. His experiments on cinchona bark led to his formulation of the Law of Similars, and also marked the beginning of the systematic performance of Homoeopathic drug provings.

Hahnemann subsequently tested some further 100 drugs on himself, his family and his colleagues, as he emphatically states that there is "no other possible way in which the peculiar effects of medicines on the health of individuals can be accurately ascertained" (aphorism 108, Hahnemann 1995). In this context he stressed the need to prove drugs in *healthy* persons, the best way to obtain an unadulterated picture of the best drug. In his "Organon of Medicine", Hahnemann gave detailed instructions on the performance of Homoeopathic drug provings in healthy subjects in aphorisms: 105 – 145. In this clearly defined form, drug proving was a revolutionary innovation, and as a scientific experiment it was far ahead of its time (Riley 1996).

In the early provings, Hahnemann and his disciples used medicines in the substantial dosages, which were then in use. These did, of course, produce many toxic symptoms. Hahnemann therefore decided to dilute these substances stepwise, incidentally discovering the principle of potentization. In the last edition of his "Organon of Medicine", he established the 30CH potency as a common potency for drug provings and healing purposes alike. A large part of the Homoeopathic Materia Medica is based on drug provings (Walach 1997).

Hahnemann did not use any blinding procedures with provers and in *Records of Hahnemann's Provers Union* it is pointed out that Hahnemann never concealed the names of the drugs, which were to be proved. Those who conducted provings often gathered or prepared their own substances. And Hahnemann himself, reinforcing the common belief in investigator integrity, spoke of the best possible proving as one done on oneself in aphorism 141. Later, however, Homoeopathic workers were among the first medical practitioners (if not the first) to adopt a blinding procedure to test remedies. Demarque (1987), in a recent study of the history of provings, provides an unclear and poorly cited quote concerning an Aconite re-proving supposedly done by Hahnemann's followers in 1843: "we were all unaware of the name of the medicine being studied". Despite this weak citation, the idea of a blinding procedure for experimental purposes was definitely current in Homoeopathic circles of the day. By 1900, the writings of JT Kent show that the blinding technique was considered a normal and routine procedure in Homoeopathic provings. His instructions explicitly stated that the provers do not

know what they are taking and they are requested not to make known to each other their symptoms (Kaptchuk 1996).

The term 'placebo control' was first introduced into clinical evaluation in a few biomedical experiments performed in the 1930s. Certainly by 1954, with Ledermann's surgical tuberculosis clinical trial, Homoeopathic clinical research clearly had all the accoutrements of double blinding and placebo control (Kaptchuk 1996).

### **2.3 MODERN ASPECTS**

The Homoeopathic drug provings carried out by Hahnemann and his followers have been criticised by many modern professionals. The data provided in the *Materia Medica* is sometimes imprecise or unreliable; and the source and method of preparation of the test substances are often not clearly defined. This can be explained by the stage of knowledge and scientific methods at that time. Furthermore, many of the more than 2000 homoeopathic remedies listed in the *Materia Medica* have been inadequately tested. Presently, Homoeopathic drug provings on healthy subjects should be carried out using the historical principles as laid down by Hahnemann as a starting point, while at the same time satisfying the modern requirements imposed on clinical trials (Riley 1996).

Homoeopathic drug provings have been compared to phase 1 clinical trials in orthodox medicine and it is a challenging question if or to what degree they are

comparable. A phase 1 clinical trial is a double-blind placebo controlled study to determine the safety and efficacy of a drug, usually compared to placebo, in terms of a statistical significance, which is a quantitative measure (Wieland 1997). The purpose of a Homoeopathic drug proving is not to show the efficacy of the remedy, but to obtain complete individual symptoms. A Homoeopathic drug proving is a system to create reversible symptoms in a healthy person (by 'reversible' it is meant that these symptoms disappear once the remedy has ceased to be administered or its effects are no longer apparent). Homoeopathic drug provings are a tool in the hands of experienced Homoeopaths who create reliable data for the Homoeopathic Materia Medica. It is fundamentally different from a 'normal' clinical trial, both in its purpose and in the medical substances used. A Homoeopathic drug proving does not deal with the quantitative aspects of pharmacological or other effects compared to another therapy or placebo. The purpose is to create a series of symptoms where the quality of each symptom is most important and it is not the aim for symptoms to be as numerous as possible (Wieland 1997).

#### **2.4 RECENT PROVINGS**

Recently there has been growing interest in Homoeopathic drug provings in healthy volunteers all over the world. The Homoeopathic drug provings group of the European Committee for Homoeopathy is formulating a minimum standard for Homoeopathic drug proving protocols. The Brazilian Medical Homoeopathic

Association is conducting several trials with physicians studying homoeopathy in postgraduate courses. In the USA, several provings have been conducted in the last ten years, and a workshop on the methodology of provings was sponsored by the Council on Pharmacy of the Homoeopathic Pharmacopoeia Convention of the United States in 1995. Several experimental pathogenetic trials have been conducted in India under the guidance of the Central Council of Research in Homoeopathy (Dantas 1996).

Between the years 1947 and 1956 Dr. Templeton conducted nine drug provings in London, three of which were Cadmium metallicum, Beryllium metallicum and Rauwolfia serpentina. From 1957 to 1972 Raeside conducted a further thirteen drug provings in London. Hydrophis cyanocinctus (the sea snake), Venus mercenaria (the clam), Hirudo medicinalis (the leech) were a few of those proved by Raeside during this time. Many provings have been done in recent years, including Haliaeetus leucocephalus (the bald eagle), Lac delphinum (the milk of the dolphin), Lac humanum (human milk), Larus argentatus (the sea-gull), Chocolate (Sherr 1993) and Bitis arietans arietans (the venom of the puffadder) (Wright 1999) to name but a few.

## **2.5 THE POTENCY**

Many different authors have had differing views as to what is the best potency to use in Homoeopathic drug provings. Hahnemann insisted on the use of the 30CH



potency of a substance in provings, in aphorism 128 of the Organon of medicine (Hahnemann 1995: 201), but Kent (1990) says the Vienna Society did not fully endorse Hahnemann's method of the use of the 30CH in provings until they decided to retest his results with re-provings of many remedies originally proven by Hahnemann. Their results proved conclusively that Hahnemann was correct and their results forced them to admit that the symptoms gathered from the 30CH were very strong (Kent 1990:221). This is the reason why Kent (1990) endorsed the use of the 30CH in all his provings.

There are also differences in potency depending on the toxicity of the substance in its crude form. According to Gaier (1991) and Roberts (1993) there are three main criteria for determining the potency of a substance, with respect to its crude form:

- Any drug which in its natural state affects bioenergy (dynamis / vital force) just a little will develop a proving in a high potency only i.e. a relatively inert substance will only make a good proving in a high potency.
- Any drug, which in its natural state disturbs the bioenergy (dynamis / vital force) to functional manifestations only, may be proved in a crude form. Examples of this class of substances would be Ipecacuanha and Cicuta virosa.
- Any drug, which in its natural state disturbs the bioenergy (dynamis) to destructive manifestations, should be proved only in a potentised form.

Roberts (1993) explains the reason for only proving poisonous substances in high potencies by saying "the provings of the active or corrosive poisons in low potencies or the crude state are valueless because the grosser irritating symptoms are the result of mechanical disturbances and the few strikingly characteristic symptoms of the drug are never observed as the symptoms that are produced are common to all corrosive poisons".

Lately, many different potencies have been used in provings, from the very lowest to the highest. Riley (1995a;b), in his provings of Geranium robertianum and Veronica officinalis used the 12CH potency. Phosphorus was proved in the mother tincture, 15CH and 30CH, while Cenchrus contortrix was proved in the 6CH and the 10M (Sherr 1994:51). Raeside (1964) used the 6x, 6CH and 30CH in his proving of Hirudo medicinalis, noting that the most symptoms appeared from the 30CH and the least from the 6x. Raeside (1971) used the 6x, 6CH, 9CH, 12CH and 30CH in his proving of Mimosa pudica and a variety of potencies in his other provings.

Vithoulkas (1986) recommended, however, that before a remedy can be considered to be fully proven, it must be proved in all the potencies and in a number of different geographical locations. Although ideal, this is far too time consuming and expensive and therefore was not practical for this type of research project. Sherr (1994) uses a wide range of potencies - 6CH, 9CH, 30CH and 200CH - but maintains that it is equally valid to use one potency only such as

the 30CH. In his proving of Hydrogen, Sherr (1994) found that the 30CH produced the most mental and emotional symptoms, which are of the utmost importance in a Homoeopathic drug picture.

After taking into consideration all aspects of potencies and the nature of Pycnopus sanguineus with its inedibility and inconclusive toxicity, the 30CH potency only, was used in this proving.

## **2.6 PROVER POPULATION AND PERCENTAGE PLACEBO**

The number of subjects necessary for a thorough proving and the percentage of those subjects that fall into the placebo control group are issues, which have no hard or fast rules. There are many differing views on this subject with most Homoeopathic researchers finding that too big a group (e.g. 100) does not actually aid the proving, but makes it a cumbersome and tiring task that could be accomplished with much less provers (Sherr 1994:45).

Hahnemann used himself and 64 volunteers, without placebo controls, and although his provings were criticised for lack of control, modern reprovings of those remedies originally proven by Hahnemann were hardly able to add or detract from them. In America in the last century, very large numbers were used - as many as 226 for the proving of Arsenic (Demarque 1987). Sherr (1994:45), however, has found that a hundred or more provers are far too many and that

this leads to an over proved remedy with a consequent overcrowding of the repertory and inflation of the remedy out of all proportion to the others. Raeside (1972) set out his method by using 15-20 provers, two-thirds of who received verum (the one containing the remedy) and one-third placebo. In Raeside's 1966 article, however, he recommended that he and his provers both felt that " controls were an unnecessary waste of good provers". Sherr (1994: 45) writes that experience shows that 5 provers will suffice for a small project, while 15 to 20 will produce a very full remedy picture.

Sherr (1994) has also adopted a policy of using 10 to 20% placebo controls, while Riley (1994a; 1995a;b) used an 11.8% (2 out of 17) placebo percentage in his proving of Veronica officinalis, Geranium robertianum and Fumaria officinalis. Pai (1965), in his proving of Chlorpromazine, used 16 provers, 4 of whom received placebo (25%). Fuller Royal (1991) suggests 10 provers as the minimum acceptable number, while Vithoukas suggests 50 to 100 provers, 25% of whom should act as controls. Nagpaul (1987) suggests the use of 20 to 30 provers, 25 to 30% of whom will receive placebo. Many dream provings have recently been carried out where the common methodology has been to use a single dose of the remedy and no placebo controls (Chhabra 1995; Herrick 1996; Bannan 1996). This method is, however, not preferable for this type of research project and hence was not followed.

The Homoeopathic placebo is not used as a control arm for statistical inference purposes to determine the validity and frequency of symptoms and whether they appear by chance or not. It is usually given to only a small percentage of a group of provers as a device to decrease expectation and promote improved quality of judgement and sharpness of discrimination. The symptoms produced by those taking the placebo are mostly ignored or discarded. Riley (1994b), Sherr (1993:87) and Vithoulkas (1986:224) have described examples of this type of method. In Raeside's 1966 article, however, he recommended that he and his provers both felt that "controls were an unnecessary waste of good provers". A few Homoeopathic provers, although not completely rejecting modern methods, seem radically unimpressed by random controlled trials. They intimate that provings are the 'shamanic aspect of Homoeopathy' and ask: as 'good provers are not always easy to come by - should we waste them on placebo?' (Kaptchuk 1996).

## **2.7 CRITERIA FOR THE ACCEPTANCE OF A SYMPTOM AS A PROVING SYMPTOM**

This process, of extracting valid symptoms from a proving, has been described as the most difficult stage (Sherr 1994:68). Sherr (1994:68) suggested that the criteria are used together, as a whole, rather than individually, and his suggestion was followed in this extraction process. This is the area in which the qualitative

analysis of symptoms, using these criteria as guidelines, is of the utmost importance and outweighs any quantitative analysis.

- The symptom did not appear significantly in a subject in the placebo group.
- The symptom occurred shortly after taking the medication (Riley 1995a,b).
- The intensity and frequency of the symptom i.e. the more intense/severe and common a symptom, the more likely it was to be a proving symptom, unless it was present before the proving (Sherr 1994:72).
- The number of subjects experiencing a symptom (Riley 1995a,b), i.e. if only 1 subject experiences a symptom, it may not be that of a proving symptom.  
However, if a marked or significant symptom appears in one or more provers, it will serve to validate others with the same symptom (Sherr 1994:71).
- The symptom was strange, rare or peculiar, generally or for that prover (Riley 1995a,b).
- The cure of a pre-existing chronic symptom (Riley 1995a,b; Sherr 1994:71).
- If a prover is under the influence of the proving substance, as seen by the general appearance of symptoms, then all other new symptoms are proving symptoms (Sherr 1994:70; Hahnemann 1995:207)
- The symptom was not usual or current for the prover, unless intensified to a marked degree (Sherr 1994:70).
- The symptom did not occur in the prover in the last year (Sherr 1994:70).
- The symptom did not appear naturally or spontaneously i.e. did not have a clearly explainable cause, extraneous to the proving (Sherr 1994:70).

- A current symptom that has been modified or altered - the current and modified parts will be clearly described (Sherr 1994:70).
- Accidents, coincidences and synchronistic events that occur to more than one prover (Hahnemann 1995:211; Sherr 1994:70).
- The symptom occurred a long time previously (especially 5 or more years ago) and there was no explainable reason for its recurrence at the time of the proving (Hahnemann 1995:211; Sherr 1994:70).

## 2.8 TOXICOLOGICAL DATA

Toxicological data is very crude data when compared to proving data, as it is well known that provings in potency bring out much finer distinctions of symptoms (Vithoulkas 1986:144-148; Whitmont 1993:6). Toxicological data, however, provides the researcher with information on the gross pathological changes that may occur and hence cure (Jouanny 1993). These changes did not occur in the provers as the substance was taken in potency. An especially useful source of information is the reports of organic pathology that do not arise from provings (Sherr 1994:88). Due to the fact that this fungus, Pycnoporus sanguineus, is a relatively unknown substance, there is, to my knowledge, no known toxicological data and thus none was taken into account in this proving. Many literary sources were searched, including correspondence with the respective Plant Pathology departments of The University of Cape Town, Rhodes (Dr J Dames, 1999),

Stellenbosch (Professor Hotz, 1999) and Pretoria (Dr L. Korsten, 1999), with no toxicological information available.

## **2.9 PYCNOPORUS SANGUINEUS**

### **CLASSIFICATION** (Kendrick 1992)

- **Kingdom:** Fungi
- **Subdivision:** Basidiomycotina
- **Class:** Hymenomycetes
- **Order:** Aphyllophorales
- **Family:** Polyporaceae
- **Genus:** Pycnoporus
- **Species:** sanguineus
- **Common name:** Tropical  
Cinnabar Bracket



The order Aphyllophorales has 400 genera and 1200 species and is one of the main and most diverse groups of Hymenomycetes. It consists of eight families: club and coral fungi, tooth fungi, chanterelles and the horn of plenty, the dry rot fungi, paint fungi and the bracket fungi. Most of these fungi are saprobic on wood



and scavenge on fallen branches or logs and recycle nutrients in these. These fungi are equally at home, however, attacking either the structural timber of houses if they become damp or the wood and roots of living trees (Kendrick 1992).

Pycnoporus sanguineus is widely distributed throughout southern Africa as well as tropical Africa. It is quite common with the conspicuous fruit-bodies appearing on dead wood of broad-leafed and occasionally pine trees during summer and autumn. It is often the thinnish branches in dry, exposed positions that are attacked. This species causes severe and extensive white rot in the wood on which it grows and often the decayed wood is discoloured bright orange by the mycelium of the fungus. Most white rot fungi degrade both the lignin and the cellulose simultaneously, leaving the wood to become markedly paler, light, white and fibrous as the pigmented amorphous lignin is removed. There is a general progressive thinning of the secondary cell walls of the xylem outwards from the cell cavity, the enzymes responsible acting in the near vicinity of the hyphae. Decomposition occurs uniformly in the region of attack (Hudson 1986 and Carlile & Watkinson 1994).

Pycnoporus sanguineus is easily identified by its thin, bright reddish-orange fruit-bodies with caps that are narrowly attached, and its smooth, shiny surface. Fruit-bodies can be single, grouped or clustered on dead wood of broad-leafed or pine trees. The caps are 20 – 75mm wide, 10 – 40mm long and 1 – 5mm thick. They are tough and leathery to rigid with bright reddish orange, fan-shaped to bracket-shaped or kidney-shaped. They are sometimes circular and often grow together

laterally or occasionally in overlapping tiers, always narrowly attached to the substrate. They often appear to have a short stipe, thin margin and can be velvety to touch. The upper surface is velvety at first and later becomes smooth and shiny, as if seared with a hot iron. The surface is usually divided into zones, with zones becoming lighter in colour and fading with age to grey or dirty white. (van der Westhuizen and Eicker 1994:79).

## **2.10 OTHER FUNGI USED AS HOMOEOPATHIC REMEDIES**

Agaricus muscarius is an excellent remedy for neuromuscular disorders where jerking, twitching, trembling and irregular, uncertain and exaggerated motions are common. Many neuralgias, spasmodic affections and neuroses are common in this remedy picture. The provings have brought out the four phases of cerebral excitement: slight stimulation; more decided intoxication; furious rage and delirium and mental depression and languor (Vermeulen 1997:32/33). Bovista lycopodon, the Puff ball, can treat marked affections on the skin, producing eruptions like eczema, also on the circulation, predisposing to haemorrhages, marked languor and lassitude, numbness and tingling of multiple neuritis, general puffiness, laxity and enlarged/swollen feeling in body parts (Vermeulen 1997:306). Other fungi used as Homoeopathic remedies do not have as large a remedy picture as the former two discussed, but Boletus laricis (polyporus officinale) is used for quotidian intermittent fevers where the sweat is light and provides no amelioration. There is a lot of chilliness with frequent hot flushes and

general body aches and pains (Vermeulen 1997:300). Another remedy Polyporus pinicola (Pine Agaric) is related to Boletus laricis in its indications, as it is also useful in intermittent, remittent and bilious fevers with headaches, constant nausea, faintness in the epigastrium and constipation (Vermeulen 1997:1331).

## 2.11 SUMMARY

After reviewing the literature related to provings, it is plain to see that many different ideas exist with respect to the methodology of provings. Most authors, however, agree on the following points:

- The necessity of further provings
- The use of healthy provers
- The use of placebo controls
- The use of a blinding procedure
- The use of a poisonous substance in a high potency
- Non-repetition of the dose once proving symptoms have developed
- Diligent recording of all symptoms: physical, mental and emotional.

Specific importance has been given to all of the abovementioned points in this research project.

Brillant (1997) states that what is important to know is the particularity of a remedy from its proving symptoms, to know its core and imprint. We have to know its 'DNA'. Only proving symptoms can provide us with the real clue.

## CHAPTER 3

### MATERIALS AND METHODS

#### 3.1 THE EXPERIMENTAL DESIGN

This Homoeopathic drug proving of Pycnopus sanguineus 30CH took the form of a double blind, placebo controlled trial on 30 subjects who met all the inclusion criteria (3.5.1). Fifty percent (15 of the 30) of the subjects received placebo in a randomised fashion, so that neither the provers nor the researcher knew who received placebo or verum. As an added control measure, the provers were unaware of the substance which they were proving or in which potency it was being proved, as suggested by Demarque (1987), Nagpaul (1987), Sherr (1994) and Riley (1995a,b).

Primary data collection took a journal or diary format of chronological referencing, in which the provers recorded their symptoms daily in journals from which the data was later extracted. Data recorded from case histories taken by the researcher prior to commencing the proving, and physical examinations performed by the researcher at the same time, was also considered. There were also intra-individual controls in which the prover served as his or her own control. The recorded state of the prover prior to the administration of the proving substance served as a control, or baseline, for comparison to the prover under the influence of the proving substance.

### 3.2 AN OUTLINE OF THE METHOD

- Prospective provers filled out a brief questionnaire, which outlines a few of the most important inclusion criteria (3.5.1) (Appendix A). This enabled unsuitable candidates from being excluded before time was spent on their application.
- Once provers had been recruited, the researcher conducted an initial interview where the suitability of each applicant was checked against the inclusion criteria (3.5.1).
- The provers attended the pre-proving training course during which all aspects of the proving were explained to them as well as what was required of them (Appendix D).
- Once the provers had accepted all the conditions of the research project, they were asked to sign a consent form (Appendix B).
- A thorough case history (medical and homoeopathic) and physical examination of each prover was performed by the researcher as a screening procedure (Appendix C).
- Provers were then each assigned a prover number, which correlated with the number on the medicine given to them and the number on the journal, which they were given.
- Provers were also assigned a list of instructions (Appendix D), a journal, a notebook, contact telephone numbers, a starting date and an envelope of medicine.

- All provers did not commence the proving on the same day, as it would not have been possible for the researcher to remain in contact with all provers as many times as was necessary throughout the proving.
- When the provers commenced the proving, they began by recording their symptoms, at least thrice daily, in their journals for one week prior to taking the remedy. This established a baseline for each patient.
- The provers started taking the substance three times a day, while continuing to record all symptoms experienced, and being in daily contact with the researcher.
- As soon as the prover experienced symptoms, he/she discussed it with the researcher and together they decided whether or not they were admissible as proving symptoms. The substance was discontinued if the symptoms were found to be proving symptoms.
- A notebook was provided to each prover, which was small enough to carry around with them, so that symptoms could be recorded timeously and no valuable information was lost. These symptoms could then be transferred into the large journal at the prover's convenience.
- If no symptoms were experienced after seven (7) days of taking the substance, the subject stopped taking it, but continued to record any symptoms experienced in his/her journal.
- All provers continued to record symptoms daily, until all proving symptoms had abated.
- After the first week of daily contact with the subject, the researcher reduced contact to every 2, then every 3 days, weekly.

- Once proving symptoms had abated for 3 weeks, the proving was considered complete.
- A two (2) week post-proving observation period then occurred, where the prover noted down if any symptoms recurred.
- This homoeopathic drug proving lasted approximately six to eight (6-8) weeks per prover, including the one (1) week pre-proving and two (2) week post-proving observation periods.
- All journals were then recalled and a full case history and physical examination was done on each subject and any differences noted down by the researcher.
- The proving was then unblinded to the researcher so that she could distinguish between placebo and verum groups.
- Extraction and collation of data then occurred.
- Statistics: statistics were found to be impractical in this proving. As this study closely resembles the proving of Bitis arietans arietans (Wright 1999a) in its methodology and experimental design, no formal statistics were used other than an age and sex graph depicting their ratios (Graph 1 and Graph 2, respectively, pages 31 & 32).
- The symptoms that appeared in both the control and experiment groups were not considered as proving symptoms and thus were omitted from the results section.
- The proving was then reported in a Materia Medica and Repertory format.



### 3.3 THE PROVING SUBSTANCE

#### 3.3.1 Preparation and dispensing of the remedy to be proven

Potencies of *Pycnopus sanguineus* were prepared by a qualified professional working for the Homoeopharmaceutical company Natura, according to the method specified in the German Homoeopathic Pharmacopoeia (GHP) in the same manner as for *Amanita phalloides* (*Agaricus muscarius*) (GHP 1991 :145).

The verum was dispensed in the form of lactose powders, which had been medicated, with 10 lactose granules impregnated with a 70% ethanol solution of the *Pycnopus sanguineus* 30CH potency. The placebo was also dispensed in the form of lactose powders with 10 granules, which had been impregnated with a 70% ethanol solution only, at 1% volume/volume in each. The dispensing was done so that the researcher had no idea which of the provers was receiving the placebo, and which the verum.

#### 3.3.2 The Potency

After taking into consideration all aspects of potencies and the nature of *Pycnopus sanguineus* with its inedibility and inconclusive toxicity, previously discussed in the literature review, the 30CH potency only, was used in this proving.

### **3.3.3 The dose and posology**

- One powder was dissolved sublingually three times a day until the onset of symptoms, but for no longer than seven (7) days.
- No powders were taken after the onset of symptoms.
- Nothing was taken by mouth for twenty minutes before or after each dose

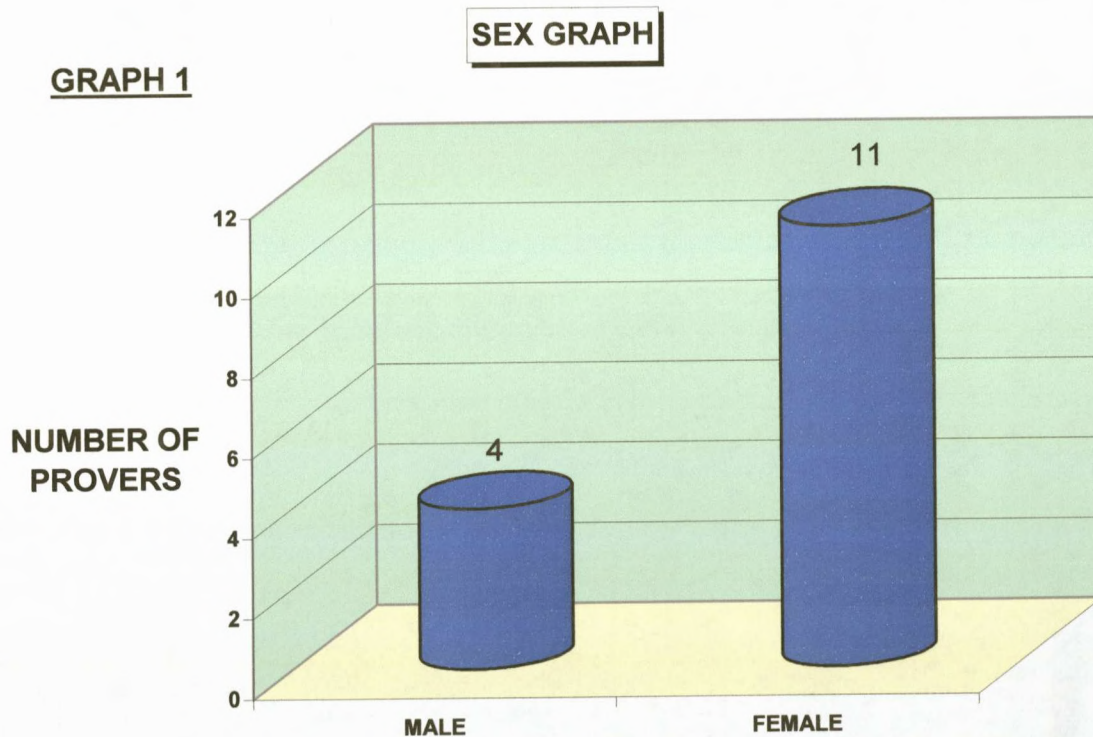
### **3.4 THE DURATION**

The estimated duration of the proving was approximately six to eight (6-8) weeks for provers in the experimental group and less for those in the control group. The duration of the proving itself took approximately 18 months, due to the difficulty in finding willing provers and their availability in commencing the proving.

### **3.5 PROVER POPULATION AND PERCENTAGE PLACEBO**

In this double-blind, placebo-controlled homoeopathic drug proving, thirty (30) provers were used, within which 50% (15 of the 30) were assigned placebo in a randomised fashion so as to act as placebo controls and the other 15 (50%) received verum. This was done by computerised randomisation by the researcher's supervisor, who then marked the envelopes containing placebo or verum powders with the corresponding number. Furthermore, when provers applied to partake in the research project, they were assigned a prover

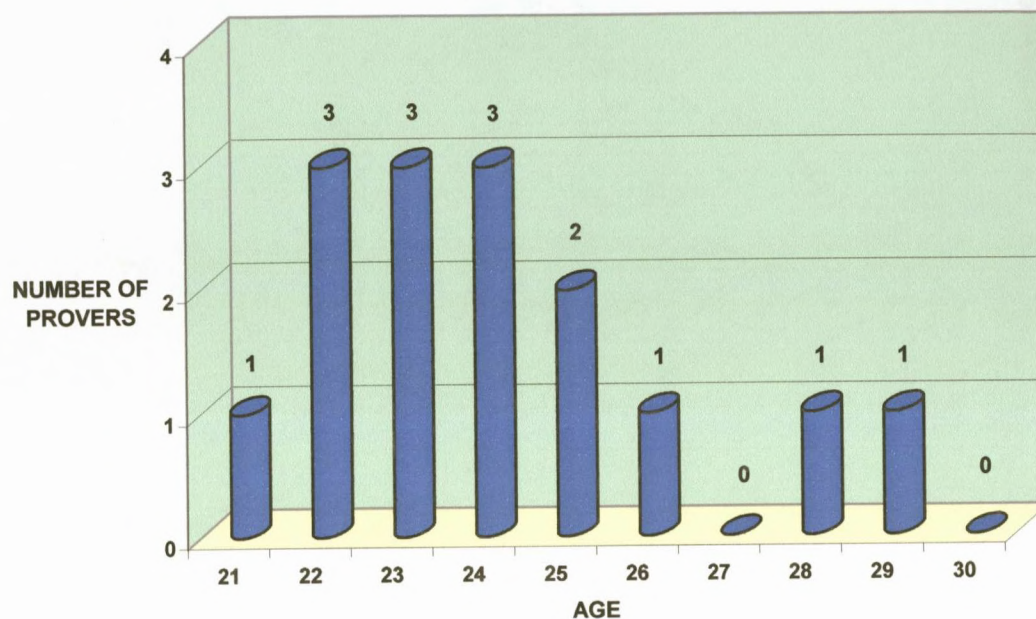
number in consecutive order from 1 to 30. The 15 provers who received verum correspond with Sherr's assertion of 15 to 20 provers providing enough information to produce a very full remedy picture (1994:45). Of these provers, 4 were male and 11 were female and all provers fitted into the 21 – 30 age group (see Graph 1 and Graph 2 on the following pages).





**GRAPH 2**

**AGE GRAPH**



### **3.5.1 Criteria for the inclusion of a subject in the proving:**

It was ensured that each subject:

- was between the ages of 18 and 65.
- was in a general state of good health as judged by the researcher and the subject him/herself.
- had no gross physical or mental pathology determined at case history and on physical examination.
- was neither on, nor in need of any medication (chemical, homoeopathic, herbal or otherwise).

- had not been on the birth control pill or hormone replacement therapy in the six months prior to the commencement of the proving
- had not had surgery in the past six weeks.
- did not consume more than 2 measures of alcohol, 3 cups of caffeine-containing beverages or herbal teas or 10 cigarettes per day.
- was not a user of recreational drugs such as Cannabis or L.S.D.
- was not pregnant or nursing a baby.
- was not a sufferer of hypersensitivity diseases such as Asthma, Hayfever, allergies to food etc.
- was able to intelligently adhere to the proper protocols demanded of them in a drug proving.
- was acquainted with the principles and methodologies of Homoeopathic drug provings.
- was competent and had signed the consent form.

### **3.5.2 Monitoring of the provers**

Provers commenced the proving process on an individual basis, as close together as was possible, which facilitated better monitoring of the provers. The researcher was in daily contact by telephone with each prover during the initial stages of the proving. As the symptoms began to abate, contact frequency decreased to every two, three and then seven days. This close monitoring ensured three main points:

- the researcher could ascertain when the proving substance had begun to act, so that she could inform the prover to cease taking the substance.
- the prover did not neglect to record any symptom experienced.
- the provers were closely monitored for any adverse reaction that needed antidoting.

### 3.5.3 Chronology

The prover noted down the time that elapsed since the beginning of the proving with each symptom. This was recorded in the form DD:HH:MM, where DD are the number of days since the proving commenced (day 1 will be 00), HH are the number of hours and MM are the number of minutes. The top of each page in the prover's journals was marked with the appropriate day code. After 24 hours, the minutes became redundant and were represented with an XX. After 2 days, the hours became redundant and were once again represented with an XX. In instances where the time was insignificant or unclear, the symptom was marked with an XX:XX:XX. When symptoms occurred after a dose, the time was marked from that dose. Actual time of the day was only included in the proving if it was definite, significant and causal to the symptom. All irrelevant time data was erased in the initial extraction.

### **3.6 SYMPTOM COLLECTION, EXTRACTION AND EVALUATION**

The necessary next step was to convert the provers' journals into the format of the materia medica. Symptoms were scrutinised and then either validated or rejected by the researcher, according to the criteria for the acceptance of a symptom as a proving symptom (2.7) and then edited into a proving format that is coherent, logical and non repetitive.

#### **3.6.1 Text format**

Each prover's diary was analysed individually at first, with a new page taken at the back of each journal for each body part or system and was clearly marked, at the top of the page with:

- the body part/subdivision (e.g. stomach, vertigo, mind, head)
- the page in the diary from which it came
- the prover code

The page had a minor column on the left in which the time elapsed from the beginning of the proving to when the symptom first occurred was recorded. The major column on the right was for text. Accounts were written in the first person in plain, clear, grammatically correct English and not in repertory style. Simple language and basic expressions of each prover was retained in that prover's own words. Contemporary terminology that may be misunderstood in the future was avoided or explained. A special note of any significant events or incidences that the prover attributed to the substance was taken into account and noted down with that specific symptom.

### 3.7 COLLATING AND EDITING

This was the actual process of uniting all the fragmented proving accounts into one comprehensive whole, in order to gain an understanding of the symptom-picture produced by the administration of a 30CH potency of Pycnopus sanguineus on healthy individuals. Once the data was collated into all relevant subdivisions (mind, head, stomach, sleep...), all subdivisions from each prover were put together and sorted. Identical or similar symptoms from different provers appear separately and consecutively and were sorted by the following criteria:

- the nature of the symptom
- the prover
- the sequence of development of the symptom
- the time of appearance of the symptom

Similar symptoms of different provers show the logical and chronological progression of the unfolding symptom. Symptoms repeated in one prover were amalgamated into one entry. If one symptom included a number of areas of the body joined together to form a totality, it appeared as a complete symptom under the most central heading in Generalities. The individual components then appeared under the secondary headings as local symptoms pertaining to that part, with a brief mention of the concomitant symptoms. Recurring symptoms, sides of the body, modalities and times of the day that repeat three or more times were elevated to general symptoms and were



included in the "Generalities" section. At the end of this process, a final editing for grammar and spelling mistakes took place.

### **3.8 TOXICOLOGICAL DATA**

As previously stated in Chapter 2 (2.8), Pycnopus sanguineus, is a relatively unknown substance and there is, to my knowledge, no known toxicological data and thus none was taken into account in this proving.

### **3.9 REPORTING OF THE DATA**

In order for the data collected to become useful to Homoeopaths worldwide, it was written up into the two standard, accepted forms, viz. the Materia Medica and Repertory.

#### **3.9.1 The Materia Medica**

The collated and edited proving symptoms, along with the toxicological data, were written up into a typical Materia Medica format which closely adheres to that of Samuel Hahnemann's Materia Medica Pura.

#### **3.9.2 The Repertory**

Data arising from this proving was converted into rubrics of a form compatible with the standard form of the universally accepted Synthesis – Edition 7,

edited by F. Schroyens, with references made to the Repertory of the  
Homoeopathic Materia Medica by J.T.Kent. (Appendix E).

Symptoms were entered under the following main headings:

◦ Mind	◦ Throat	◦ Chest
◦ Vertigo	◦ Stomach	◦ Back and Neck
◦ Head	◦ Abdomen	◦ Extremities
◦ Eye	◦ Rectum	◦ Sleep
◦ Vision	◦ Stool	◦ Dreams
◦ Ear	◦ Bladder	◦ Skin
◦ Nose	◦ Female Genitalia/Sex	◦ Cough
◦ Face	◦ Respiration	◦ Generals
◦ Mouth	◦ Cough	

edited by F. Schroyens, with references made to the Repertory of the  
Homoeopathic Materia Medica by J.T.Kent. (Appendix E).

Symptoms were entered under the following main headings:

- |           |                        |                 |
|-----------|------------------------|-----------------|
| ◦ Mind    | ◦ Throat               | ◦ Chest         |
| ◦ Vertigo | ◦ Stomach              | ◦ Back and Neck |
| ◦ Head    | ◦ Abdomen              | ◦ Extremities   |
| ◦ Eye     | ◦ Rectum               | ◦ Sleep         |
| ◦ Vision  | ◦ Stool                | ◦ Dreams        |
| ◦ Ear     | ◦ Bladder              | ◦ Skin          |
| ◦ Nose    | ◦ Female Genitalia/Sex | ◦ Cough         |
| ◦ Face    | ◦ Respiration          | ◦ Generals      |
| ◦ Mouth   | ◦ Cough                |                 |

## CHAPTER 4

### THE RESULTS

The systems affected span almost all of those represented in the Repertory and Materia Medica. 25 systems were affected, producing a total of 423 symptoms. The systems most fundamentally affected were the Mind, with 98 symptoms; Generalities, with 56 symptoms; the Stomach, with 35 symptoms; Dreams, with 34 symptoms; the Head, with 29 symptoms; the Skin, with 26 symptoms and the Extremities, with 18 symptoms. According to this cache of symptoms, it is clear that the original hypothesis has been supported.

#### 4.1 THE SYMPTOMS

An explanation of the results follows, with the most significantly affected systems being discussed first. These include: the Mind, Dreams, Generalities, Stomach, Head, Skin and Extremities, with a brief discussion of the other systems affected. According to Sherr's (1994) suggestion that the proving be analysed as if the symptoms were occurring in one person, the following is an attempt to describe all symptoms as if they were experienced by one ideal prover.

#### 4.1.1 MIND

Certain themes that predominated in the mental sphere include:

- Irritability
- Calmness
- Clarity
- Cleaning and tidying
- Sadness
- Depression
- Demotivation
- Difficult concentration
- Motivation
- Increased concentration
- Mistakes in talking
- Mistakes in action
- Mistakes in times
- Worthlessness
- Self-doubt
- Low self confidence
- Regression of state

Most marked were the intense feelings of irritability and frustration. This emotion ranged from short-tempered and snappiness, to profound irritation with the desire to scream and shout and actually be quite vengeful to those with whom the provers were irritated. With this irritability, came an aversion to

company (as everyone was irritating) and impatience with respect to petty domestic chores and how they were to be precisely carried out. This is evident in their increased energy and fervour in cleaning and tidying. They found themselves tidying things again and again, until they were 'just right' and felt very irritated when others messed them up. This irritation was so overwhelming that they had to actually remove themselves from the company of others and had to mentally restrain themselves from losing their temper and retaliating in anger. In contrast, they also had times of unusual calmness and clarity, where things that would usually irritate and upset them did not. In this state, there was a sense of relaxation and peacefulness.

Along with this irritability was a marked sense of sadness and depression. This sensitivity ranged from a heightened emotional sensitivity to others and bad news, to intense feelings of depression, loneliness and isolation from others. Together with this depression came a desire for solitude, which ended up perpetuating the depression and increasing the sadness. They experienced a sensitivity to criticism and took offence easily, which made them lose their temper and also cry easily, once again spiralling into the desire to be alone and then the depression and loneliness.

A further complication of this depression was significant apathy, demotivation, decreased energy and difficult concentration. They were unmotivated to do any kind of mental work and found that when faced with it, they had very poor to no concentration. On the other hand, at times they were very focused and

had heightened concentration. In these times, they were very productive and remained focused for long periods of time.

Other emotions related to this depression were the development of feelings of self-doubt, worthlessness, a very low self-confidence and a low self-image. They even began doubting the worthiness of their own opinions, which caused them to withdraw from others (perpetuating their feelings of isolation and depression) and became insecure and indecisive. They became quiet and unassuming and even began to think of themselves as ugly and unattractive.

Another aspect, which relates to the depleted self-image, is the fact that many mistakes were made. Mistakes in talking, using incorrect words without even realising; mistakes in writing; clumsiness and bumping into things and repeatedly making big mistakes in the timing of events, appointments and dates. It is almost as if there was such a level of self-doubt, that their subconscious mind could not even function in the correct order, it could not even trust itself to do anything correctly.

The apparent contradictions in some of the symptoms viz. Irritation and calmness; demotivation and motivation; difficult and heightened concentration only strengthen their inclusion as proving symptoms as many polar opposites are found in all well known Homoeopathic remedy pictures.

#### 4.1.2 DREAMS

A few themes emerged in the dreams of the provers, some of which clearly reflect the mental state of the remedy.

##### Love interest – marriage / boyfriends / girlfriends

A few dreams related to relationships and in each of the dreams, there was something untoward about that relationship. One was a wedding that the dreamer did not want to go through with and therefore felt trapped and anxious and others were of partners who were foreign to them, or partners who were in strange or dangerous situations. This theme of danger will be discussed further.

##### Danger and Nightmares

A sense of danger permeated through many of the dreams, ranging from personal danger to others that were in danger and trying to rescue them. Many of the dreams started out pleasant and then had a strange twist in them which left the dreamer frightened and/ or anxious. Although some dreams were not remembered in detail, the pervading sense of fear remained on waking. Some dreams were so disturbing that the dreamer was afraid to go back to sleep in case they dreamed more, and in some instances couldn't get back to sleep at all.



### Helplessness and Insecurity

This theme is reflected in dreams where the dreamer was unable to do a simple task correctly. In some instances they failed to do something that they ordinarily would be able to do easily and in other instances they were unable to complete the task correctly because of something beyond their control. In both instances, this left the dreamer feeling helpless and insecure. One prover even drew a connection between her dreams and her mental state of insecurity. There was also a dream about a prover's insecurity about their appearance. In the dream, the prover was changing her look. This theme is certainly reflected in the mental sphere, which clearly shows this feeling of low self-worth.

### Violence and Arguments

Some dreams were of arguments and violent acts. The response of the dreamer was horror at their ability to have such violent thoughts and do, or want to do, such violent deeds. This theme also mimicked the same provers' mental state, where she was having violent thoughts about people.

### Restlessness

Many provers complained about the fact that they were frequently awoken by their disturbing dreams as well as the fact that they felt as if they had very active nights of dreaming, even without waking. Many had very vivid dreams,

while others couldn't remember details but all agreed that they had very mentally active nights.

#### 4.1.3 GENERALS

Most provers felt changes in energy with a marked depletion of general energy noted. **Lethargy, tiredness, weakness and fatigue** were the main symptoms felt. This fatigue was most prominent during the day, especially the morning, and many provers actually had to sleep during the day in order to be able to continue the days' routine. In many provers, it was not just sleepiness experienced, but a complete exhaustion, which permeated into the physical body as actual weakness of the limbs. Some even described it as feeling 'heavy' and 'dead', 'my limbs and brain feel tired' (prover 15). Other provers just felt lazy and lethargic and wanted to do nothing but lie about. Some provers felt the opposite increase of energy, which enabled them to be very productive, but generally, the main theme was of a depleted energy state.

The next most marked general symptom was that of **fevers and chills**. Some provers experienced feverishness, with perspiration and alternating feelings of hot and cold. Some experienced bead-like perspiration on the forehead, while others were drenched in sweat, and while others still had a dry heat without perspiration. Most marked was a feeling of hot and cold, often felt simultaneously in different parts of the body i.e. hot head and cold body. The prevailing sensation was of cold and an inability to get warm.

This seems to be a **cold sensitive** and **chilly** remedy, with most temperature sensitivities tending towards chilliness. Some provers experienced a decreased sensitivity to heat, while others experienced an increased sensitivity to the cold.

No significant food cravings or aversions were noted, however, some provers found themselves craving a **sweet** taste, while sweet things were actually tasting bitter. There was a strong craving for junk food in one prover and another had a strong craving for butternut soup. One prover also developed a dislike and aggravation from cold water.

#### 4.1.4 STOMACH

The provers' appetites were affected in both directions i.e. they experienced a **decrease in appetite** with **easy satiety** as well as an **increase in appetite** to the point of being ravenously hungry. The same occurred with the provers' thirst, in that some experienced a complete **thirstlessness** (almost to the point of dehydration), while others experienced an **increase in thirst**.

A few provers remarked on a feeling of mild nausea, which was fleeting in nature, but the most significant symptom in this system was of a **gastritis-type** sensation. Many provers experienced a burning sensation in their epigastrium, which seemed to rise into the oesophagus like reflux. This gastritis was slightly relieved by eructations, cold water and eating.

#### 4.1.5 HEAD

Many provers suffered from headaches throughout the proving and some were quite debilitated from them. The quality of the headache differed somewhat from prover to prover, but the most common characteristic was that of a dull headache with no predominant location. The pain seemed to shift to different areas of the head and was not often in the same place.

Many different modalities were experienced, the most common being worse for any movement or jar and better for external pressure. Common to many provers was the concomitant neck stiffness also experienced, although some experienced this stiffness without the headache.

Another symptom experienced was that of a heavy sensation on top of, as well as inside the head and an opposite light-headedness. This light-headedness was also evident in some provers who experienced slight vertigo with nausea.

#### 4.1.6 SKIN

Most striking of all the skin symptoms was the intolerable itch developed by many of the provers. So striking was this symptom that it warrants a grading of 3 in the Repertory. Many provers experienced the itch like that of fleabites which was temporarily relieved by scratching. Some provers, however, found the itch to be completely intolerable and they found no amelioration from it.

The itch was found to be quite deep in character and therefore, no superficial scratching relieved it. The itching sensation was not localised to any specific area, but spanned the entire body. No eruption was noted; just the sensation was experienced. One prover noticed an intensification of an existing itchy rash, followed by a curing of that rash and elimination of the itch.

Intense hyperaesthesia of the left buttock and left hypogastrium was also noted by one prover which was worse for the slightest touch, especially that of clothes. This symptom lingered for many days without altering in quality. Some tingling / prickling sensations were also experienced. These were related to feelings of feverishness.

#### **4.1.7 EXTREMITIES**

Much weakness and heaviness of the limbs was experienced to the point of actual shakiness and giddiness with fainting sensation. This weakness mirrors the energy levels of the provers, which were significantly reduced in general. Movements seemed a bit uncoordinated and there was a tendency for the limbs to go numb quite easily. One prover experienced a complete numbness of one half of her body, which awakened her from sleep. Others experienced numbing of single parts, arms or legs.

#### 4.1.8 MISCELLANEOUS

Other interesting symptoms included nagging, sharp, needle-like pains, which affected the ears, like thin needles being pushed in and out. Sharp, intermittent pains were also experienced shooting through areas of the abdomen.

Although there was a craving for sweet things, some provers noticed that sweet things did not taste as sweet as usual. Some things had just lost their sweetness, and others actually tasted bitter.

Some provers developed scratching, sore throats reminding one of an impending upper respiratory tract infection. The slight 'tickle' in some provers' throats also caused some coughing. One very interesting symptom was that of an intense cold sensation coursing down the oesophagus. This was described as being 'like a cold burning' and 'as if air was stuck in (the) oesophagus'. This symptom was eventually relieved by eructations. Some provers also experienced a tightening of the chest with some difficulty in breathing, as well as pains in the chest ranging from aching, bruised sensations to almost an angina-like pain experienced by one prover on the right hand side of her chest.

Both constipation and diarrhoea were experienced, both with a large amount of flatulence and bloating. The stools were either fairly hard round balls or soft

to very loose respectively. Some cutting pains were experienced with the diarrhoea.

A detailed list of all results, categorised according to systems, can be found in Appendix E.

## CHAPTER 5

### DISCUSSION

It was hypothesised that the 30CH potency of Pycnoporus sanguineus would produce clearly observable symptoms and signs in healthy provers. This is clearly evident from the results stated in Chapter 4 and in Appendix E.

#### 5.1 THE DOCTRINE OF SIGNATURES

On initial discovery of this fungus, the researcher was interested in the remarkable similarity in appearance between this fungus and a human kidney. The surface markings on the body of the fungus resemble, very closely, a kidney that has been cut through in cross-section. Initially, it was the researcher's idea to hopefully reveal, through a Homoeopathic drug proving of the substance, that a connection exists between the symptomatology of this remedy and the Doctrine of Signatures. This is a philosophy that states that if a naturally occurring substance resembles a human body part, it should be useful as a medication in the treatment of that organ or body part.

The only connection to the kidneys and urinary system found in this proving, was thirstlessness, a reduction in urination, slight dehydration and in some instances, kidney pains. This is not, unfortunately, solid evidence of the Doctrine of Signatures and it is suggested that this aspect of healing be further researched.



It is possible, however, that another substance exists (of fungal or other origin) that resembles a kidney more closely. A Homoeopathic drug proving of this substance may prove the connection that this researcher was aspiring to.

It is interesting to note, however, that according to Traditional Chinese Medicine and its philosophy, many of the mental and emotional symptoms experienced by the provers related to either a deficiency or excess of vital energy, Chi, in the kidney and its meridians. What follows is an outline of the philosophy, which is necessary in understanding this concept.

It is believed that all diseases and discomforts, physical and emotional, are because of an imbalance in the Chi or natural Energy of that person, where Chi is a bipolar flow of energy produced by the interaction and fluctuations of Yin and Yang. In terms of Chinese Medicinal philosophy, the tissues and organs of the human body pertain to either Yin or Yang according to their related locations and functions, as well as to one of the five elements (wood, fire, earth, metal and water). The kidney relates to the element water, as classified by the five elements (Stux & Pomeranz 1991:62), which is the most Yin element. It is responsible for our will, our drive and our ability to realise our potential. It has been described as the 'foundation of all Yin and Yang energies" and it is this quality that characterises this element.

Many people run on 'nervous energy' when they lack the reserves that would be available to them with a strong water element. These people are very busy and active and often achieve much as the deficiency in the Yin of their water gives them a restless, hyperactive quality. Examples of people like this are politicians and entrepreneurs, workaholics who are strongly driven by their will. This relates to those provers who felt very focused, had an increased energy, were motivated and had an increase in concentration. They were very productive and remained focused for long periods of time.

People who are deficient in the Yang of their water tend to be lacking in drive, ambition and vitality. This relates to the emotional symptoms of the provers where they felt apathetic, demotivated, with difficulty in concentration and low energy levels.

## **5.2 PROVER POPULATION AND PERCENTAGE PLACEBO**

Of the thirty provers recruited to partake in this research project, only fifteen were given the remedy. The researcher found this to be a waste of provers as it took many months to recruit all thirty provers and it seemed a waste to disregard half the subjects. These provers could have revealed many more symptoms of the remedy.

### 5.3 THE POTENCY

The 30CH potency was used in this Homoeopathic drug proving and it was found to be satisfactory in the development of symptoms throughout the systems. This potency produced enough mental and emotional symptoms so that the researcher could glean a comprehensive mental picture of the remedy, as well as many physical and general symptoms.

### 5.4 RELATED REMEDIES

A computerised repertorisation using RADAR version 7 was completed to gain insight into the closest related remedies. 23 rubrics were chosen in order that they might reflect the essence of the remedy that can so far be gleaned from the proving. The repertorisation may be seen at Appendix F.

The closest related remedies to consider, which came out of the repertorisation were: Lycopodium clavatum, relating to the intense irritation and lack of self-confidence, as well as more physical symptoms of the gastric disturbances, abdominal pains, numbness and weakness and general cold aggravations.

The next closest remedy was Pulsatilla nigricans, which relates to this proven remedy mostly in the mental sphere, sharing feelings of low self-confidence, irritability, feeling forsaken, the sadness and depression etc. It also compares in

the physical realm especially with the dull headaches, stomach pains, stiffness and weakness, and the general aggravation from cold.

Other related remedies include Silica (which is also closely related to Pulsatilla nigricans), Nux Vomica (cf. Irritability and gastric upsets), Sulphur, Mercurius solubilis and Calcareo carbonica.

Although the relations between the other fungi did not come up on repertorisation, it is clear from looking at the materia medica of these remedies that a connection exists. Like Bovista lycoperdon, this remedy is seen to have an affinity with the skin, has marked languor and lassitude, numbness and tingling sensations. Boletus laricis is used for quotidian intermittent fevers where there is a lot of chilliness with frequent hot flushes and general body aches and pains, and Polyporus pinicola is also useful in intermittent, remittent and bilious fevers with headaches, constant nausea, faintness in the epigastrium and constipation. Both these remedies have indications for feverish states as does Pycnopus sanguineus as is seen from the proving. Most fungi seem to affect the neurological system and Pycnopus sanguineus seems to be no exception.

## **5.5 ABBREVIATION OF THE REMEDY**

As this is a fairly unknown substance with not much literature surrounding it, it is suggested that the remedy Pycnopus sanguineus be abbreviated to *Pyc. sang.* for ease of reference.

## **5.6 RELATED MEDICAL CONDITIONS**

According to the symptomatology derived from this Homoeopathic drug proving, some medical conditions presented in a patient could warrant the use of this Homoeopathic remedy.

There were many headaches and much neck stiffness experienced by the provers with an accompanying febrile state, which closely resembles conditions such as Tick-bite Fever and Meningitis.

There were also much gastritis-type pains experienced by some of the provers, with or without accompanying nausea, which indicates that this remedy could be used in cases of gastritis, peptic ulcers or indigestion.

Cases of pruritis would possibly also respond well to treatment with this remedy, as many of the provers (7 of the 15) experienced itching, to varying degrees of intensity.

Lastly, cases of depression with much anger and irritability may also respond well to this remedy, as many of the provers experienced these emotions.

## CHAPTER 6

### CONCLUSIONS AND RECOMMENDATIONS

#### 6.1 CONCLUSIONS

It was hypothesised that the 30CH potency of Pycnopus sanguineus would produce clearly observable symptoms and signs in healthy provers and the outcome of this research has supported the hypothesis and proven it to be true.

Due to the fact that this Homoeopathic drug proving of Pycnopus sanguineus produced many symptoms throughout a wide range of systems, it is evident that this remedy will be beneficial in the treatment of many ailments. As other remedies are prescribed after a single proving of the substance, it is possible for this remedy to be prescribed on the basis of the symptoms produced, according to the law of similars.

#### 6.2 RECOMMENDATIONS

##### 6.2.1 Clinical verification

It is vital for any proven remedy to be verified in clinical practice so that it can become a more widely known remedy and thus more useful to practising Homoeopaths. This is also the way in which it can be entered into reputable

Materia Medica and thus become a more widely utilised remedy. Cases of successful treatments using Pycnopus sanguineus should be published in order to expand its Materia Medica, especially where this relates to characteristic symptoms and modalities, and the knowledge that this is an indispensable remedy in treating certain disease.

#### **6.2.2 Further provings in different potencies**

All symptoms produced in provers participating in this study were elicited using the 30<sup>th</sup> centesimal potency. Although a fairly full remedy picture emerged from these provers, provings in other potencies would surely broaden our understanding of this remedy.

It is recommended that further provings of this substance be done in varying potencies in accordance with the recommendation by Vithoulkas (1986:92). It was impractical for this research project to use different potencies as the length and complexity of the research project would have been too great, however, it is important to determine which potencies produce which symptoms. This could also aid in the prescription of differing potencies in clinical practice with respect to which symptoms the patient is producing. It is recommended that more provings be done in lower potencies e.g. 6CH and 12CH to discover the more physical symptoms, and perhaps a more significant link between the kidney-like appearance of this substance and the Doctrine of Signatures. Also, that they be



done in higher potencies of 200CH and possibly 1M, so that more mental and emotional symptoms can be revealed. A comparison can then be done in which one can see which potency produces the most symptoms in each sphere.

### **6.2.3 Further provings of indigenous substances**

There have been a few provings of indigenous South African substances to date, one being that of the venom of the Puff adder. It has been recommended by C.D. Wright in his proving of Bitis arietans arietans (the Puff adder) (Wright 1999:113) that more provings of indigenous substances be carried out. This researcher wishes to reiterate this recommendation and wishes to further implore other students interested in conducting Homoeopathic drug provings, that this is an indispensable gift to the people of the country. Many ailments endemic to this region could be treatable with indigenous substances as some homoeopaths subscribe to the idea that a useful remedy should be a local one, within easy reach of the patient as nature will always provide an accessible cure (Sherr 1994:49).

Other substances, which could be considered for proving, are the Brown-bearded Protea (Protea speciosa), because it is the national emblem, the Strelitzia (Strelitzia reginae), as it is also a national flower with the old South African colours, the Baobab tree (Adansonia digitata), because of its uniqueness to the region, the Marula tree (Sclerocarya caffra), as elephants get intoxicated on the

berries, the Chameleon (Chamaeleo dilepis), because of its unique characteristic of changing colour to match its surroundings, Giraffe milk (Giraffa camelopardalis), because many animal milks are now being proven, Hyena (Crocuta crocuta), because it is a wild animal, Ivory, because it is a symbol of the poaching of elephants in Africa and many more.

#### **6.2.4 Problems encountered**

The most difficult task while carrying out this study was certainly keeping in constant contact with all provers as is vitally important to all provings. It is proposed that the protocol utilised in this research project would be better suited to a proving that utilises fewer provers.

Another problem that this researcher was faced with was the gathering of 30 appropriate candidates to embark on the proving. As a placebo group of 50% was required in this study, a larger proving group was necessary in order to attain the desired amount of at least 15 provers. It is suggested for future provings that a smaller placebo group be required, which would thus decrease the overall number of provers needed. This large proving group caused the entire proving process to drag out for many, many months, as all provers did not commence at the same time. Also, many individuals did not start the proving at the times agreed upon and thus postponed the entire process further. Reducing the size of the proving group could alleviate most of these problems.

Despite a thorough initial consultation and discussion of all procedures and protocols, it was found that many provers did not follow them correctly. The problems ranged from badly written journals to provers not writing the days and times of the proving and not coding their symptoms very well in terms of new, old, unusual or common. This led to a lot of time spent in conversation with each prover clarifying symptoms which would have been avoided had they written their journals correctly. Perhaps in future provings an actual template or example of a journal should be drawn up and physically shown to each prover to ensure their complete understanding of what is required, as the written procedure (that can be seen in Appendix D) was evidently not sufficient.

A recommendation from C.D. Wright's proving of Bitis arietans arietans was followed where he recommended using more suitable provers with respect to their knowledge of Homoeopathy and what is needed in a proving. Although this was beneficial in the attention to detail that was delivered, it limited the ages of provers that took part in the study. It is suggested that this remedy be proven again using older provers, as only people in the 20-29 age group were used.

#### **6.2.5 Proving the validity of the Doctrine of Signatures**

If the intention of a future researcher is solely to prove the validity of the Doctrine of Signatures, it is recommended that a more extensive search be done for the

most suitable substance to be proven. As suggested in Chapter 5.1, perhaps this was not the most "kidney-like" substance. One recommendation would be to do a Homoeopathic drug proving on a substance that is already utilised according to this doctrine. An example would be Chelidonium majus (Greater Celandine), due to its yellow colour resembling bile and its use in liver disorders.

Another recommendation is to perhaps do a proving of a very low potency or even tincture of Pycnopus sanguineus, which would probably produce more toxicological symptoms relating to the kidney and it's functioning.

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+44 7931 338 647

## APPENDIX A

### Prover Selection

Name:

Age:

Sex: M/F

Address:

Telephone: Home:

Work:

Cell:

1. Are you currently on the contraceptive pill or have you been on it in the last 6 months?

YES/NO

2. Are you on any Hormone Replacement Therapy or have you been on any in the last 6 months?

YES/NO

3. Are you presently on any medication: chemical, homoeopathic, herbal or otherwise?

YES/NO

4. Have you had any surgery in the past 6 weeks?

YES/NO

If you answered YES to any of the above questions, I thank you for your application but unfortunately cannot utilise you as a prover in my research project.

If you answered NO to all of the above questions please make an appointment to see me, as you may be eligible to participate in this research project.

I thank you for your interest in this research project.

Yours truly,

Catherine Morris

**INFORMED CONSENT FORM**

**APPENDIX B:**

**TITLE OF RESEARCH PROJECT:**

A homoeopathic drug proving

**NAME OF SUPERVISOR:**

\_\_\_\_\_

**NAME OF RESEARCH STUDENT:**

Catherine Morris

**DATE:** \_\_\_\_\_

**PLEASE CIRCLE THE APPROPRIATE ANSWER**

- |    |   |          |
|----|---|----------|
| 1. | Have you read the patient information sheet?                          | YES / NO |
| 2. | Have you had an opportunity to ask questions regarding this study?    | YES / NO |
| 3. | Have you received satisfactory answers to your questions?             | YES / NO |
| 4. | Have you had an opportunity to discuss this study?                    | YES / NO |
| 5. | Have you received enough information about this study?                | YES / NO |
| 6. | Who have you spoken to? _____   |          |
| 7. | Do you understand the implications of your involvement in this study? | YES / NO |
| 8. | Do you understand that you are free to withdraw from this study?      | 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 |

PATIENT/SUBJECT\* Name \_\_\_\_\_ Signature \_\_\_\_\_  
(in block letters)

PARENT/GUARDIAN\* Name \_\_\_\_\_ Signature \_\_\_\_\_  
(in block letters)

WITNESS Name \_\_\_\_\_ Signature \_\_\_\_\_  
(in block letters)

RESEARCH STUDENT Name \_\_\_\_\_ Signature \_\_\_\_\_  
(in block letters)

APPENDIX C

Case History

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ M W D S

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Religion: \_\_\_\_\_

\_\_\_\_\_  
P.M.H. and treatment: (childhood illnesses, hospitalisation etc.)

Medication:

Smoker:

ROH:

Childhood developments and milestones:

Allergies:

Vaccination hx:

Family hx: (TB, Ca, DM, Heart dx, CVA...)

## GENERAL SYSTEMS:

Symptoms from each system will be concentrated on more than pathologies – these headings are just guidelines for the researcher.

### Head:

- Scalp, hair...
- Headache:
- Trauma, whiplash, any aetiology:
- Modalities:
- Concomitants:

### Neurological:

- Sleep:
- Dreams:
- Seizures:
- Sensations:
- Weakness/ palsy:

### Visual:

### ENT:

- Hearing:
- Otitis:
- Balance/ vertigo:
- Tinnitus:
- Allergic rhinitis:
- Coryza:



- Sneezing:
- Sinusitis:
- PND:
- Sore throats:
- Hoarseness:
- Tonsils: IN / OUT
- Modalities:

#### Pulmonary:

- Chest:
- Cough:
- Sputum:
- Asthma:
- SOB:
- Bronchitis:
- Pneumonia:
- Modalities:

#### CVS:

- HT / HypoT:
- Pain / discomfort:
- Palpitations:
- Syncope:
- Oedema:
- Phlebitis, varices, telangiectasies, anaemia, bruising...

### GIT and Abdomen:

- Appetite:
- Tastes:
- Cravings:
- Aversions:
- Nausea / vomiting:
- Indigestion / heartburn:
- Bowel movement:
- Constipation:
- Hernia:
- Ulcers:
- Abdominal pain:
- Bloating:
- Flatulence:
- Any organs particularly affected: (Liver, Pancreas, GB, Haemorrhoids...)
- GI surgery:
- Modalities:

### Urinary System:

- Urine output / day:
- Fluid intake: (what, how much, hot / cold...)
- Pain:
- Infections:
- Nocturia:

- Haematuria:
- Past stones:
- Modalities:

Male system:

- Libido:
- Pain:
- Impotence:
- Emissions:
- Prostate:
- Swellings:
- Lesions:

Female system:

- Contraception:
- Libido:
- Pain:
- Bloating:
- Cysts
- PMS:
- Menstrual cycle:
  1. Interval:
  2. No. of days:
  3. Amt. of flow:
  4. Clots:

How long:

#### 5. Pain:

- Menarche:
- Menopause:
- Discharge:
- Coital pain:
- Breast pain:
- Check ups:
- PAP smear:
- Last gynae appointment:
- Pregnancy:
- Labour:
- Infections:
- STD's:

#### Skin:

- General appearance:
- Eruptions:
- Itching:
- Dryness:
- Turgor:
- Nails:

#### Musculoskeletal:

- Muscles:
- Joints:

- Modalities:

#### Generals:

- Thirst:
- Perspiration:
- Weight change:
- Energy levels: 1 -> 10
- Fitness levels: 1 -> 10
- Stress levels: 1 -> 10
- Weather: (preferences, aversions, modalities, altitude...)
- Fever:
- Travel:

#### Mental / emotional:

- Moods:
- Anxiety:
- Coping skills:
- Awareness:
- Memory:
- Anger:
- Delusions:
- Fears:
- Tearfulness:
- Consolation:
- Irritation:

- Quirks:
- Other:

On examination:

- Pulse:
- Temperature:
- Respiratory rate:
- Blood pressure:
- Hydration:
- Lymph nodes:
- Capillary refill:
- JACCOL:
- Higher function:
- Skin: (appearance, temp...)
- Systems:
  1. Chest:
  2. Abdomen:
  3. Head and neck:
  4. Neurological: (reflexes)
  5. CVS: (pulses)
  6. Miscellaneous:

## APPENDIX D:

### Instructions to provers:

Dear prover

Welcome to one of the most exciting opportunities to participate in and experience Homoeopathy. I am sure that you will benefit from this proving in many ways.

This study is a Homoeopathic proving of a certain substance, which will remain unknown to you for the duration of the study. The study requires you, the prover, to be in relatively good health, physically and mentally, and to be willing to follow the protocols of the study to the best of your ability. This study hopes to reveal a remedy-picture of this substance so that it can be included in the Materia Medica and be used to treat illness.

Briefly, the study includes a one-week pre-proving observation week, where you will record any symptoms that you experience in the journal, which will be given you. This serves to illustrate the supervisor of your baseline of health and does not allow bodily sensations, which are normal to you, to be included in the symptom-picture of the remedy. At the beginning of the second week, you will begin taking the remedy in the powder form, so that you are taking one powder, thrice daily, for no more than 7 days. AS SOON AS SYMPTOMS APPEAR you are asked to contact your supervisor, Catherine Morris, who will discuss them with you to ascertain whether they are proving symptoms or not. After proving symptoms appear NO MORE DOSES OF THE REMEDY SHALL BE TAKEN. You will continue to record, as diligently as possible, any symptoms that you

experience, even if you think they are not important. Any significant events or incidences that you experience should also be noted down, especially if you think that they may have been due to the proving substance. Symptoms may continue for a few weeks, please record all, and together with your supervisor, you will establish when the immediate effects of the remedy no longer exist, and hence, when it is time to hand in your journal. You will then attend a post-proving discussion with all other provers, where the proving will be discussed amongst you all.

The protocols are outlined in greater depth throughout this handout, but should you have any further queries, please do not hesitate to contact your supervisor, Catherine Morris.

#### Before the proving:

Please 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

The proving supervisor (Catherine Morris) will contact you with the date to commence the pre-proving observation period and the date required to start taking the remedy. You will then 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 contact your supervisor.

### Beginning the proving:

After having been contacted by the supervisor and asked to commence the proving, record all your symptoms daily in the journal for 1 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, which will form a baseline for you as an individual prover.

### Taking the remedy:

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

The remedy should be taken on an empty stomach and with a clean mouth (i.e. free of toothpaste, food, drink etc.). Dissolve the powder under the tongue. Neither food nor drink should be taken for at least half an hour before and after each dose.

The remedy should not be taken for more than 3 doses per day and for no longer than 1 week.

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 I mean:

- **any new symptoms**, i.e. ones that you have never experienced before
- **any change or intensification of any existing symptom**
- **any strong return of an old symptom**, i.e. a symptom which you haven't experienced in more than 1 year.

If you have any doubt as to whether a symptom is in fact a 'proving symptom', speak to your supervisor. Be on the safe side and do not take any further doses. *Experience has shown repeatedly that the proving symptoms usually 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 caffeine, camphor, menthol and mints. If you normally use these substances, please stop taking them 2 weeks before and for the duration of the proving. If this is not possible and the use of these substances is not used in too much excess, please keep the use of these substances to a regular routine and endeavour to use them long after or long before taking a dose of the remedy.

Protect your proving powders like any other potentised remedy: store them in a cool, dark place away from strong smelling substances, chemicals and electrical equipment.

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

Avoid taking any medication, especially antibiotics, vitamins or mineral supplements, herbal or homoeopathic remedies.

*In the event of a medical or dental emergency, of course common sense should prevail. Contact your Homoeopath, doctor, dentist or local hospital as necessary. Please also contact your supervisor as soon as possible.*

**Confidentiality:**

It is important for the quality and 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 will be protected. Only the proving supervisor will know your identity and all information will be treated in the strictest confidence.

### **Contact with your supervisor:**

Your supervisor will contact you to inform you to begin your 1-week observation period and then daily from the day that you begin taking 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 further need for such regular contact. This will serve to check up 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 doubts, queries or problems during the proving contact your supervisor on the telephone number provided at any time.

### **Recording of symptoms:**

When you commence the proving, note down any symptoms carefully that arise, whether they are old or new and at the time of the day or night which they occurred. **This should be done as vigilantly and as frequently as possible so that the details will be fresh in your memory and that no information will be lost.** Make a note even if nothing happens. Remember to note down any significant events or incidences that occur, especially if they are attributed to the remedy taken.

Please start each new day on a new page with date noted at the top of the page. Also note which day of the proving it is. The day that you take your 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 and please be as precise as possible. Note down your symptoms in an accurate, detailed yet brief manner and 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, dull, lancinating etc.
- **modality:** better (>) or worse (<) from weather, food, smells, dark, light, lying, standing, people etc. Try different things out to see if they affect the symptom and record any changes.
- **time:** note the time of onset of the symptoms and when they cease or are altered. Is it generally better (>) or worse (<) at a particular time of the day or night, and is this unusual for you?
- **intensity:** briefly describe the sensation and its effect on you.
- **aetiology:** did anything seem to cause or set off the symptom and does it do this repeatedly?
- **concomitants:** do any symptoms appear together or always seem to accompany each other or do some symptoms seem to alternate with each other?

## **REMEMBER**

**C - concomitants**

**L - location**

**A - aetiology**

**M - modality**

**I - intensity**

**T - time**

**S - sensation**

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

- |                      |                  |
|----------------------|------------------|
| - MIND               | - EXTREMITIES    |
| - HEAD               | - URINARY ORGANS |
| - EYES               | - GENITALIA      |
| - EARS               | - SEX            |
| - MOUTH & TONGUE     | - TEMPERATURE    |
| - BACK               | - SLEEP          |
| - RESPIRATORY SYSTEM | - DREAMS         |
| - DIGESTIVE SYSTEM   | - GENERALITIES   |
| - SKIN               |                  |

Please give full descriptions of ***dreams*** and in particular note the *general feeling* or impression that the dream left with you.

***Mental and emotional symptoms*** are very important and sometimes difficult to describe - please take special care 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. Please note how the proving affected you in general. How has this experience affected your health? Would you ever do another proving?

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

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

**(NS) - New symptom**

**(OS) - Old symptom.** State when the symptom previously occurred.

**(AS) - Alteration** in a present state or old symptom (e.g. used to be on the left side, now on the right)

**(US) - Unusual symptom** for you.

Please remember to use red ink for these notations and classify your symptoms accurately. If you have any doubts, discuss them with your supervisor.

***Please remember that detailed observation and concise, legible writing is essential.***

"The best opportunity for exercising our sense of observation and to perfect it is by proving medicines ourselves" - *Samuel Hahnemann*

'The person who is proving the medicine must be pre-eminently trustworthy and conscientious...and able to express and describe his sensations in accurate terms'

*Organon, Aphorism 126.*

***THANK YOU FOR PARTICIPATING IN THIS PROVING. I AM SURE THAT 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)



## APPENDIX E:

### THE MATERIA MEDICA AND REPERTORY OF PYCNOPORUS SANGUINEUS

#### KEY

The proving symptoms are initially grouped in the Materia Medica section and are referenced as follows:

**<PROVER NUMBER> <SEX> <DAYS : HOURS : MINUTES>**

Rubrics are listed in the order in which they would be found in the Synthesis edition 7 (1997), and are presented as follows:

**<RUBRIC> <SUBRUBRIC/S> <DEGREE> <SYNTHESIS PAGE NUMBER>**

New rubrics are annotated with an 'N' and underlined. These are suggested additions to the repertory.

- Grade three (3) rubrics are displayed in bold print.
- Grade two (2) rubrics are displayed in *Italics*.
- Grade one (1) rubrics are displayed in normal type.
- New rubrics are underlined.

A separate list of grade two (2) and grade three (3) rubrics is given.

PROVER LIST

PROVER NUMBER	SEX	AGE
02	F	24
03	F	21
06	M	25
07	M	24
13	F	23
14	M	23
15	F	28
17	F	24
19	F	22
21	F	22
23	F	29
26	M	26
27	F	22
29	F	25
30	F	23

## MATERIA MEDICA

### MIND

#### IRRITABILITY

Very irritable and impatient, especially with little cousin. I'm usually very patient with children.

02F 01:XX:XX

I am irritating myself now.

02F XX:XX:XX

Was irritable and short tempered in the evening. Snappy at my family.

03F 04:XX:XX

Snappy, short tempered, wanted to be on my own as everyone else was

IRRITATING. Feel like I can't communicate with anyone.

03F 06:XX:XX

Bad language, snapped out at others.

03F 06:XX:XX

Irritable, depressed and unmotivated.

03F XX:XX:XX

Symptoms are making me feel a bit irritated and I do not want anyone to disturb me. I just want to be left alone.

06M XX:XX:XX

I feel extremely irritable.

06M XX:XX:XX

Felt tired and irritable most of the day.

13F 04:XX:XX

Short-tempered, irritable and moody – bad mood. Not coping well at work, usually cope well under pressure.

13F 06:XX:XX

Irritable, sensitive and moody – sulky mood.

13F 07:XX:XX

Personal relationships not going well – having ‘time-out’ with my boyfriend as I can’t be with him without getting IRRITATED and losing my temper.

13F 09:XX:XX

Very frustrated, want to scream and cry out because of feeling tired.

15F 00:XX:XX

Profound frustration.

15F 01:XX:XX

FRUSTRATION with everything and everyone. Desire to scream and shout with frustration and tiredness.

15F 02:XX:XX

Frustration with having to make holiday plans.

15F 06:XX:XX

Frustrated – I eat too much. Irritable with mother-in-law. I feel like I need to run away and shout and scream.

15F 07:XX:XX

Guests arrived – very irritable. Violent thoughts of changing their sleeping arrangements to spite them.

15F 08:XX:XX

I feel very violent in my thoughts. I find this upsetting, because this is unlike my nature.

15F XX:XX:XX

I was watching my brother iron, he's so useless at it, so I demonstrated *again* ,  
VERY FRUSTRATED.

19F 00:XX:XX

Very restless and didn't want to be idle. Music was irritating me (usually love it)  
and I felt like tearing the room apart. Had to work very hard to keep myself sane.

21F 06:XX:XX

I was terribly frustrated. I went to the loo and there was water on the floor, the toilet was leaking. I mopped up the mess and phoned my boyfriend. He made me so cross. I wanted the stupid thing fixed then and there and he said he would see what could be done later. And the worst was that when I bent down to have a good look, my dress split down the back. I was absolutely FRUSTRATED.

21F 06:XX:XX

Very irritable.

26M 00:XX:XX

Very irritable. Mad for the smallest things.

27F 05:XX:XX

CALMNESS AND CLARITY

My mind is clear of thoughts and I feel calm.

06M 00:XX:XX

Clearness and energetic.

06M 04:XX:XX

Feeling quite calm and relaxed, as if everything will be OK.

07M 00:XX:XX

Felt calm the entire day. The usual things did not irritate me.

07M 01:XX:XX

Felt calm and relaxed the entire morning.

07M 12:XX:XX

Went for a drive, still feeling calm and relaxed. Mind not racing from one thought to another as it usually does. It feels strange for my mind to be so "empty". I no longer feel the constant sense of urgency and anxiety about every issue.

07M 03:XX:XX

Still feeling very calm and relaxed. Girlfriend did certain things that would usually anger / irritate me, but I did not get irritated.

07M 06:XX:XX

Usual symptoms of love of the sea and enjoying floating and feeling free have intensified very much.

21F XX:XX:XX

Very peaceful and not full of restless energy that I usually have.

27F 03:XX:XX

### CLEANING AND TIDYING

Increased energy with urge to tidy up flat at night. Did washing, ironing, dishes and floors late into the night (past midnight).

02F 03:XX:XX



Had another "cleaning spree". Just cleaning and tidying up all the time. Get very irritated when things are not in the right place.

02F 04:XX:XX

Want things to be neat and tidy. Cleaning up all the time and getting very angry when other people mess it up again. It is disrespectful and means I must clean again.

02F 08:XX:XX

Cleaning up as usual. Got very irritated with mother for messing on the floor I had just cleaned – actually shouted at her. I am irritating myself now.

02F 09:XX:XX

I got angry a couple of times in the shop because there were a couple of items in the shop that the other cashiers did not replace after they sold them. I couldn't believe how incompetent they were.

06M XX:XX:XX

Felt very industrious – did washing and dishes. Wanted to do so much in so little time.

27F 01:XX:XX

## SADNESS AND DEPRESSION

Very sensitive to hearing bad news. Much more sensitive than usual. Sad news is affecting me very badly – I cannot stop thinking about it. I am feeling very sad and a bit despondent. Saw a funeral on T.V. and I could not shake the feeling of sadness – my eyes were teary and I had a knot in my throat. I just feel hypersensitive to any sadness, it's affecting me profoundly in the past two days.

02F 03:XX:XX

Feeling sad and a bit depressed. I want to be alone in the dark and just sleep.

Aggravated by company.

02F 04:XX:XX

Feeling sad very quickly and easily, especially when I hear sad news. Eyes tear and throat feels tight. Usually do not react so severely.

02F 07:XX:XX

Very sensitive to hearing bad news still. Generally moody and easily depressed.

Want to be alone.

02F 08:XX:XX

Depressed and want to be alone.

03F XX:XX:XX

Unreasonable and very emotionally sensitive.

03F XX:XX:XX

Very irritable and depressed.

06M XX:XX:XX

I feel depressed.

06M XX:XX:XX

I feel lonely – very lonely

06M XX:XX:XX

I feel like crying.

06M XX:XX:XX

Been very sensitive and defensive – taking offence easily and overreacting to situations. Sensitivity – crying and losing my temper and getting angry when feeling hurt.

13F 03:XX:XX

Averse to company – I don't want to talk to anyone. Gloomy and grumpy.

17F 01:XX:XX

Was very grumpy and averse to company on getting home in the evening.

17F XX:XX:XX

Feel isolated from people around me.

19F 03:XX:XX

Feel disconnected and lonely in a crowd.

19F 03:XX:XX

Cry in a movie although it was not very sad. I felt sad and tears welled up.

27F 03:XX:XX

Mentally depressed – have to hold back the tears. Also angry – I want to scream or something but have no energy. Feels like PMS, but wrong time of the month.

27F 05:XX:XX

Not in a good mood. Don't care about others and their problems.

27F 06:XX:XX

Feel like sitting quietly on own and doing homework. Don't want any interruption or conversation and do not feel like socialising.

27F 06:XX:XX

Not feel like socialising after hockey.

Not want any alcohol.

Not want to go to party after hockey.

Not want to be very friendly to friend of flat mate (almost impolite).

Not want to chat on phone – cut people off.

27F 09:XX:XX

I am feeling emotionally sensitive and I am in desperate need of being 'saved'.

Don't know what from!

29F 04:XX:XX

Feel I am misunderstood and that I am too emotionally tired to argue my point.

29F 04:XX:XX

I feel alone. I have no one to talk to. I don't know if I want to talk to anyone.

29F 05:XX:XX

Felt very tearful on waking. Cried a little. Felt very shaky emotionally. Very sensitive to personal remarks.

29F 07:XX:XX

## DEMOTIVATION AND DIFFICULT CONCENTRATION

Unmotivated to even write in this book.

03F XX:XX:XX

Indifference to test with poor concentration.

03F 07:XX:XX

Tired and aloof during the day with difficult concentration.

03F XX:XX:XX

"Weak mind". I cannot concentrate on my studies. My cannot even think properly.

[wrote 'my' instead of 'I']

06M XX:XX:XX

I don't want to do any mental work.

06M XX:XX:XX

I feel as if my whole world is falling to pieces. I cannot get any order in my life –  
my tech work is piling up.

06M XX:XX:XX

No concentration.

06M XX:XX:XX

I feel unmotivated and just want to sleep.

13F 09:XX:XX

Started to feel very moody in the late afternoon. I feel that everything is futile and too much effort.

17F 02:XX:XX

Don't really want to be writing now. Not in the mood. I feel despondent, uninterested in general, and my self confidence is low.

29F 03:XX:XX

Early to bed – don't want to think.

29F 05:XX:XX

Feel estranged from boyfriend. Don't know what to say or how to be.

29F 06:XX:XX

In conversation, the words were coming out without me actually feeling them – inside, I felt flat and dull.

30F 05:XX:XX

Today I feel exhausted. I don't want to do anything. I don't want to leave the house. Everything feels like an effort.

30F 06:XX:XX

### MOTIVATION AND INCREASED CONCENTRATION

Felt very focused and was able to do a substantial amount of work on my dissertation.

07M 02:XX:XX

Still feeling calm, relaxed and focused. Decided to rewrite everything in this book, so I removed the first few pages and rewrote everything.

07M 02:XX:XX

Saw a new patient. Felt calm and relaxed and very focused. Related well and was able to work quickly through the case.

07M 03:XX:XX

I have managed to achieve a great deal today and have been able to concentrate for long periods of time.

17F XX:XX:XX



## MISTAKES IN TALKING, WRITING, ACTION AND TIMES

I made a stupid mistake while speaking. I used the wrong word but was confident that I had used the correct word. (i.e. that the 'wrong' word used was in fact the 'correct' word). I made a fool of myself, but couldn't care less what the person thinks of me.

06M 00:XX:XX

OBSERVATION:

Talking very fast and not finishing sentences or thoughts.

06M XX:XX:XX

My cannot even think properly. [wrote 'my' instead of 'I'].

06M XX:XX:XX

Clumsy – banged left side of head twice today on 2 separate occasions.

13F 07:XX:XX

Been very accident prone – bumping into things and bashing myself – head, legs, bottom, feet etc. I burnt myself and am constantly dropping things.

13F XX:XX:XX

What a day – mixed up times completely. My dates are mixed up. Thought my godchild's birthday was today, phoned to confirm and its only next weekend. Feel slightly embarrassed, but openly admitted to being an idiot.

29F 04:XX:XX

Mixed up dates again. Time is definitely not in proportion. Very forgetful of times and dates.

29F 06:XX:XX

### WORTHLESSNESS, SELF DOUBT AND LOW SELF CONFIDENCE

Symptoms are < thinking of them – maybe I'm making them up?

13F 00:XX:XX

Feelings of worthlessness – my opinions are invalid. Nothing I say or do is good enough. Very sensitive to criticism.

13F 05:XX:XX

I have been keeping quiet, more introverted, don't feel much like talking. Feel like maybe I shouldn't bother speaking – invalid opinions.

13F 07:XX:XX

Feeling confused and unsure of any of my feelings and ideas – I don't know what I want.

13F 07:XX:XX

Indecisive and insecure.

13F 08:XX:XX

I looked in the mirror and thought I looked ugly. It was the most terrible thing to realise that one looks ugly and unattractive and boring. I broke down and sobbed and asked (begged) God to heal me and make me look beautiful. I feel dirty.

21F 10:XX:XX

Feel weak and pathetic, heavy and drained. Have no good or point for anything. Pointless. Helpless. Worried that life is passing me by.

27F 05:XX:XX

Feeling a little withdrawn today. Not my usual bubbly self. Quiet and not wanting to talk much.

I am aching for some sort of compliment. I don't feel loved – don't feel wanted.

I want to feel like a new person, I am not happy with my appearance. I have a strong need for approval, especially from boyfriend.

29F 03:XX:XX

Feel rather unattractive and yet strangely feel I have lost weight and should be feeling good.

29F 04:XX:XX

### REGRESSION OF STATE

Lots of old symptoms returning. I feel like I have totally regressed to a state I was in very long ago: hangnails, headaches, neck stiffness, moody, unhappy, irritable, depressed, worthless.

13F XX:XX:XX

### VERTIGO

Slightly dizzy and light-headed on standing.

13F 00:XX:XX

Felt dizzy, like I was floating – everything seemed foggy. Its like I was starting to sway. I felt 'drugged up' and sort of spacey.

21F 01:XX:XX

Still felt dizzy on waking.

21F 02:XX:XX

I experienced giddiness. I feel as if I will fall over if I close my eyes.

23F 00:01:15

I feel giddiness within 5 minutes of taking the second dose.

23F 00:00:05

### HEAD

About 30 seconds after taking the remedy I felt a sensation in my head. It feels like something is pressing into my skull. There is a heavy feeling in my forehead and my upper eyelids feel heavy.

06M 00:00:00

After the second dose, I still felt that heaviness in my head. Later it settled over my eyebrows.

06M 00:03:XX

I have started experiencing that now familiar sensation of heaviness / pressure in the frontal region of my head. It is also in my frontal sinus, maxillary sinus and nosebridge. Also felt in the occiput. Not as severe as initial symptoms.

06M 04:XX:XX

I have a feeling of light pressure on my head. I feel as if the upper half of my brain is light as air while the lower half is heavy like lead.

06M XX:XX:XX

Light-headedness < shaking head from side to side. It causes a sharp frontal pain from the forehead to the temples.

06M XX:XX:XX

Pain at the back of the head while coughing.

06M XX:XX:XX

A strange feeling of light-headedness and a fullness of the cranium persisted the whole day, especially at the vertex.

14M 03:XX:XX

A mild pressing pain in the right mastoid. Very localised, and as if caused by glasses fitting too tightly. Only in the mid-morning (9-11am). In the late afternoon this pain shifted to the right temple. Same character and intensity as in the morning. This pain seems to be worse when thinking about it.

14M 04:XX:XX

Same pain as yesterday appeared only in the mid-morning and only in the left mastoid process.

14M 05:XX:XX

Pain around temples and forehead with eye pain

< stooping and light

>pressure, heat, massage and sleep

15F 00:XX:XX

Headache over forehead and throbbing over occiput < being upright.

>lying down. Neck feels stiff and headache feels as if it would be relieved by having a neck adjustment.

17F 01:XX:XX

Headache developed in the temples. It is dull with intermittent sharp flashes of pain.

19F 01:XX:XX

I have had a dull headache all day, it is all over my head, but my eyes are not affected. No modalities noted.

19F 01:XX:XX

Woke up with a dull headache.

19F 02:XX:XX

Headache again. The pain is in the forehead, going down the sides towards the ears. It is a bursting pain and this time my eyes feel sensitive to light and painful.

19F 03:XX:XX

Headache has gotten worse all afternoon. Now I'm tired. The headache shifts to different areas of my head.

19F 03:XX:XX

Headache again, this time occipital and with intermittent pain.

19F 04:XX:XX

Still have mild headache. Occipital, with dull pain > pressure.

19F 05:XX:XX

Woke up with mild headache – frontal and dull, but not > pressure. Headache is vague, like background noise of traffic.

19F 06:XX:XX

Headache above my right eyebrow and my eyes feel dull.

21F 00:XX:XX



Headache – dull, all around.

27F 01:XX:XX

Every time I get up from lying down, I get a pain in my head. It is an intense ache at the occipital, frontal and temporal areas simultaneously.

< every step or jar

> pressing against head.

The headache disappears after one or two minutes and returns whenever I stoop down and when rising from lying down.

30F 04:XX:XX

I woke up with a pain in the right side of my head – not the whole right side, just the middle (parietal region). I got out of bed and it was worse, and even worse when I started to walk. I had to walk with my hands pushed against the area.

30F 06:XX:XX

The head pain was so gripping that I found myself cringing and had to stop/ freeze what I was doing.

30F 06:XX:XX

I stood up after doing some stretching exercises on the floor and the pain in my head suddenly returned – within seconds of standing up. I felt this intense gripping pain, that was < any step and stooping. It was on the same area (parietal) as the pain yesterday, except it was on the left hand side.

30F 07:XX:XX

The intense, gripping head pain returned today, but only twice and was not as severe as before.

30F 08:XX:XX

Found myself frowning a lot.

17F XX:XX:XX

Head feels stuffy. Eyes won't stop watering, no pain or itchiness, just like I'm crying.

19F 05:XX:XX

Forehead hot, neck stiff at the base of the head. Muscles in trapezius area are tight. Vertex also feels tight.

29F 02:XX:XX

## EYE

Eyes are itchy and feel very tired > rubbing them – only temporary relief initially  
as later on it is actually < rubbing.

06M XX:XX:XX

Itching of right lower eyelid in the margin of the eyelashes.

17F 00:XX:XX

### OBSERVATION:

Eyes are slightly sunken with dark rings underneath both eyes, suggesting a mild  
dehydration.

06M XX:XX:XX

Itching on right eyebrow.

07M 02:XX:XX

Sensation as if something is in my left eye on waking – want to blink.

13F 00:XX:XX

On waking – morning agglutination. Left eye – as if something is in it, with blurred  
vision.

13F 01:XX:XX

Eyes feel heavy and sore with pain above the eyes. The sensation is as if they are huge. < looking at things that are near and < pressure.

06M XX:XX:XX

Severe eye pain in both eyes

< stooping, light

>pressure, heat, massage and sleep.

15F 00:XX:XX

Eye pain same as day before < left eye and left temple.

15F 01:XX:XX

Dull ache in eyes and forehead.

15F 02:XX:XX

### VISION

Noticed that sunlight affected my eyes – it was too bright. Everybody commented that my eyes were extremely small i.e. half closed.

07M 03:XX:XX

EAR

Itching ears.

06M XX:XX:XX

My ears are feeling full of a watery wax.

17F 03:XX:XX

Painful full sensation in my right ear.

19F 00:XX:XX

Nagging needle-like pain behind the left ear.

19F 01:XX:XX

Ear ache again this morning. A full sensation in the right side.

19F 01:XX:XX

Ear ache again. Right, dull pain with no extension of the pain and no change with pressure.

19F 02:XX:XX

Felt as if a very fine/ thin needle was being pushed in and out of the middle/inner ear.

29F 00:XX:XX

A sudden sharp pain in my right ear, which lasted about 20 seconds.

30F 01:XX:XX

Sharp pain in my right ear on opening my mouth. This happened twice soon after waking up.

30F 03:XX:XX

### NOSE

Excessive sneezing after a hot bath.

03F 02:XX:XX

Very severe attack of hayfever began. The longest and most severe ever experienced.

06M 06:XX:XX

Violent and continuous sneezing, about 14 sneezes in one go.

Sensation as if my nose is going to explode.

< morning and night

Coryza is thin, clear and watery. < bending head forward.

There is a post nasal drip, which irritates the back of my throat.

The skin at the root of my nose feels very dry, scaly, bruised and raw.

< warm, stuffy or closed rooms

> open air and wrapping head

06M XX:XX:XX

I developed a very quick onset post nasal drip with a cough.

23F 00:01:15

### FACE

I still have this heavy sensation (pressure) in my cheekbones and maxillary sinuses.

06M 00:XX:XX

Heavy sensation in maxillary sinuses is a 'pulling' or 'drawing down' sensation.

My cheeks feel 'numb' and have a 'pulling down' sensation as well.

06M 04:XX:XX

Frontal and maxillary sinuses are congested and heavy > external pressure.

Cheeks feel heavy too.

06M XX:XX:XX

Could not tolerate and HOT applications on my face. I felt extremely uncomfortable by anything warm on my face, even my own hands touching my face. I usually touch my face and hair etc. the entire day, but now even my own hands (i.e. the warmth of my hands) is intolerable.

07M 02:13:XX

### MOUTH

Powder tasted very 'powdery' – not sweet.

02F 03:XX:XX

Top right back 2 molars very sensitive to sweet things.

03F XX:XX:XX

Remedy tasted very bitter (strange as lactose is sweet).

07M 02:05:30

Noticed remedy was tasting bitter again, similar to morning's dose.

07M 02:12:XX



Ate a peanut brittle. The honey in the brittle did not taste very sweet as it usually does. Was not bitter, but also not sweet.

07M 06:XX:XX

Mouth is very dry, yet am thirstless.

06M XX:XX:XX

Noticed lips are very dry with pieces flaking off. They feel very rough.

19F XX:XX:XX

Mild nausea with increased salivation or waterbrash.

23F 00:01:00

Top, left, hard palate feels burnt, but I didn't eat anything hot. Feels very sensitive if my tongue moves past it.

27F 00:XX:XX

### THROAT

Itching throat.

06M XX:XX:XX

Noticed that the irritation at the back of my throat is no longer present (curative symptom).

07M 05:XX:XX

Lower part of throat and the region of the Adam's apple hurts.

Sensations like a band of numbness or a fine prickling sensation. It is always present, on swallowing or not.

Rawness < cold drinks

Throat feels itchy and really sore.

06M XX:XX:XX

I have got a sore throat < left hand side. It feels cracked. Much pain on empty swallowing and swallowing liquids.

19F 05:XX:XX

Still got a sore throat, but it is not going anywhere, it is vague and not < or > for anything.

19F XX:XX:XX

My throat felt as if it was going to get sore.

23F 00:01:00

From my throat, extending down into my oesophagus, I experienced a feeling of discomfort – it was like a burning, but not a hot burning, a cold burning – like one gets from menthol. It felt as if air was stuck in my oesophagus and I couldn't get it out. I felt like vomiting to relieve this sensation. Eventually, I passed a number of eructations and felt better.

30F XX:XX:XX

### STOMACH

Appetite diminished. Not as hungry as before with quick satiety.

02F 02XX:XX

Noticed that quantity of food during meals has decreased.

07M 03:XX:XX

Skipped lunch. Not very hungry, but very thirsty.

07M 06:XX:XX

Ate supper, but not very hungry (ate anyway) but ate very little.

07M 06:XX:XX

Felt full very quickly – easy satiety. Full sensation with loud belching.

13F 00:XX:XX

Ate lunch – easy satiety again. Feel very full.

13F 00:XX:XX

No appetite.

15F 00:XX:XX

Appetite increased. Craving for greasy chips and starch.

03F 09XX:XX

Appetite much increased – done nothing but eat all day. Excessive hunger.

13F 02:XX:XX

Still feeling very hungry all the time.

13F 03:XX:XX

Starving – ravenously hungry.

13F 04:XX:XX

[On a very hot day with lots of activity in the sun] I did not feel thirsty at all.

Amazing!

06M 00:03:XX

I am thirstless, but my lips are dry and my mouth feels dry and I feel >  
swallowing.

06M 00:XX:XX

THIRSTLESS – my whole body is telling me to drink water but I just don't want  
to. My mouth is dry and so are my lips. Tongue is dry too.

06M 04:XX:XX

My mouth is dry and I am thirstless.

06M XX:XX:XX

Still NO THIRST.

06M XX:XX:XX

Decreased thirst to normal.

13F 00:XX:XX

Not as thirsty as normal.

13F 02:XX:XX

Not as thirsty as usual.

19F XX:XX:XX

Very thirsty for cold drinks, especially in the morning.

17F XX:XX:XX

Feeling nauseous – fleeting nausea, which comes and goes.

17F 01:XX:XX

Mild nausea with increased salivation or waterbrash. A drink of water mildly improved the nausea.

23F 00:01:00

I experienced cramp-like nausea and dizziness.

23F 00:01:15

Feel I should eat for energy, but slightly nauseous with no appetite.

27F 05:XX:XX

Strong burning sensation in my epigastrium. Burning and uncomfortable.

13F 00:XX:XX

I had a burning feeling in my epigastrium, which was fleeting. A sensation of burning rising into the oesophagus.

17F 00:XX:XX

In the evening I had a burning pain in the epigastrium. I was craving sweet things like chocolate and thought eating something might help the pain, but it didn't really. The pain makes me feel a little nauseous.

17F 02:XX:XX

Experiencing a gastritis-type sensation with a burning sensation in my stomach - epigastrium. Also experiencing reflux sensations.

23F 00:01:45

Nausea is going – not so intense, but the gastritis is intense.

23F 00:02:00

Began to burp, which seems to ease the gastritis slightly.

23F 00:02:10

Took second dose and within 5 minutes I experienced the gastritis again, with the giddiness, but not to the extent felt in the morning.

23F 00:00:05

Gastritis quite severe again after the third dose. Slightly relieved by drinking water.

23F 00:00:XX

Stomach feels like its empty – got “acid” in it – a burning sensation.

27F 02:XX:XX

Felt car sick during a short trip > open air.

27F 02:XX:XX

Stomach had that empty, acidic feeling again, but it disappeared on eating.

27F 02:XX:XX

### ABDOMEN

A very brief, sharp stitching pain in right hypogastrium. Very erratic but < when standing up after sitting down for some time. Symptom lasted all day long.

02F 10:XX:XX

Awoke with a highly localised stabbing pain on my right costal margin, midclavicularly.

03F 02:XX:XX

A sharp pain in my left kidney.

06M XX:XX:XX



Felt sharp, stabbing/ piercing pain through my epigastrium to my back.

Excruciating pain, which lasted 1 minute, then was gone.

13F 04:XX:XX

Sharp pain through epigastrium again. Lasted 20 seconds, slightly right of central.

13F 07:XX:XX

Sharp pains through epigastrium from time to time.

13F XX:XX:XX

Every now and then I get a shooting pain, like a stitch, running from my rib cage into my breast under my nipple. It is over in 1 second.

21F XX:XX:XX

Before falling asleep, I had fast, sharp, pin-prick like pains in right ovarian region, which lasted about three minutes. I then experienced the same pains in my right ear. (cf. Ear).

29F 00:XX:XX

Abdomen looks bloated and enlarged – lower abdomen (below umbilicus) with flatulence.

13F 03:XX:XX

Felt very bloated with flatulence.

13F 07:XX:XX

RECTUM

Constipated. Difficulty in passing stool. No pain, just urging.

02F 03:XX:XX

Had breakfast but did not have to run to pass stool immediately as usual  
(Curative symptom).

07M 02:XX:XX

Had breakfast and did not have to pass stool immediately after eating (Curative  
symptom).

07M 03:XX:XX

Did not pass stool entire day – very unusual.

07M 05:XX:XX

Sleep disturbed by urging to pass stool. Was able to pass stool – great relief after  
yesterday's "constipation".

07M 06:XX:XX

Felt like passing stool after eating, but was unable to (i.e. mild urging but on attempting to pass stool nothing happened).

07M 06:XX:XX

Urging to pass stool started again but once again was ineffectual.

07M 06XX:XX

Flatulence, bloating, loose stool and itchy anus.

13F 02:XX:XX

Flatulence during the night.

13F 03:XX:XX

Still feel bloated, full of gas and constipated. Feel I should go to the toilet but cannot.

13F XX:XX:XX

Still bloating with flatulence. The flatus is very offensive.

13F XX:XX:XX

Bowels seem well regulated since taking the remedy (Curative symptom).

15F XX:XX:XX

Developed diarrhoea – very gassy but not much stool – *not eased* by going to the toilet. Not painful or crampy, just very gassy with loud borborygmous sounds and movement of gas inside intestines. Diarrhoea lasted about 4 hours.

23F 00:22:XX

Diarrhoea started again the next night and lasted for 3-4 hours and was of the same pattern.

23F 01:XX:XX

Lower gastrointestinal discomfort with increased flatulence.

26M 00:XX:XX

### STOOL

Stool was very hard, small balls which took about 15 minutes to pass.

02F 03:XX:XX

Lighter coloured and of a softer consistency. Long and thin with a “not finished” sensation afterwards. I went twice in 5 minutes.

13F 03:XX:XX

Stool has been very soft the last few days and I always seem to need to pass stool, 1 – 3 times a day. It has a paler brown / yellow look to it and smells quite putrid. It is passed easily, with no pain or difficulty, or sensation of “not done”.

19F XX:XX:XX

Diarrhoea or soft stool has remained.

19F XX:XX:XX

Had diarrhoea. Cramps which were a cutting pain > bending double. Explosive diarrhoea, not watery, but more mucousy. Yellow-brown and very painful. I felt like I was going to die. This was just a once off incident.

21F 05:XX:XX

Stool runny and burning on defecation.

26M 00:XX:XX

### BLADDER

Noticed that I am urinating much less now and with less volume.

02F 03:XX:XX

Irritating, stabbing pains in bladder, with urging to urinate, but knew I didn't really need to.

07M 02:20:XX

Decreased frequency the whole day even though I am drinking a lot.

13F 06:XX:XX

Urinating more than I drink – woke in the middle of the night to urinate and desperate again when I awoke.

13F XX:XX:XX

#### FEMALE / SEX

I was excessively irritable before my menses but thought it was just due to the proving, I didn't realise my period was coming, it was unexpected. There was much mucus mixed with blood – almost jelly-like. The menses were heavier than normal and I experienced non-specific cramping pains in the lower abdomen on days 1 and 2 (which were the heaviest). The period lasted 6 days, where mine usually lasts 4 days, and days 3 – 6 were just a little dark, brown blood with no mucus as opposed to days 1 and 2 which were very heavy with dark red blood and much mucus.

13F XX:XX:XX

NO libido in the last week or so, no interest in sex at all.

19F XX:XX:XX

Leukorrhoea has an ammonia smell, very sharp. Noticed pinkish stain on panties and copious fluid. Had to change underwear three times.

19F 04:XX:XX

Felt no sexual arousal or even embarrassment when watching some pornography with a friend of my brother's. I felt absolutely nothing at all.

19F 06:XX:XX

Right nipple very sore with a white head that looked like an abscess. The pain is a very sharp pain, which is localised to the area and is much worse to touch. I opened it up and white pus came out and the pain disappeared immediately. The symptom did not return.

21F 05:XX:XX

Throughout the proving I have had an aversion to sex, but on having intercourse I found myself to be hypersensitive. One touch sent shivers into me.

21F XX:XX:XX

## RESPIRATION

Very tight chest with cough – difficulty breathing.

06M XX:XX:XX

## COUGH

Cough occasionally without expectoration. Slightly > swallowing.

06M XX:XX:XX

I feel a tickling in my chest (behind the sternum) which causes me to cough.

06M XX:XX:XX

No longer coughing up and expectorating dry white mucus as I usually do  
(curative symptom).

07M XX:XX:XX

Slight “tickle” in throat. Coughing once or twice to clear it.

29F 00:XX:XX

Still have slight cough and post nasal drip. Feels like there is mucus near the top  
of my throat, not thick or runny. Causes me to cough once or twice to clear it.

29F 01:XX:XX



Cough persisting – coughing twice clears throat – irritating and scratchy.

29F 02:XX:XX

### CHEST

Chest feels congested especially the region behind the sternum – above the manubrium.

06M XX:XX:XX

Very tight chest, must really cough hard which produces no expectoration.

Difficulty breathing.

06M XX:XX:XX

Chest feels sore on coughing and tight in the morning on waking.

< on waking, morning and night.

06M XX:XX:XX

Realised that chest no longer feels congested as it used to previously. [curative symptom].

07M XX:XX:XX

I was aware of palpitations and an elevation in my pulse rate.

23F 00:01:00

I had a sensation inside my chest as if I had been coughing or running. It was burning and painful in the middle but I had no cough.

23F 00:01:00

Chest felt very and almost bruised. Rib cage was sore, especially on the right hand side. I had pain over the right side, very severe and taking my breath away. Sudden, sharp and almost 'angina-like' pains but on the right hand side.

< breathing in too deeply

< exhaling too deeply

< lying on back.

Felt as if something was quickly gripping my heart (right side, though). Very sharp pain, sudden and short, but frequent.

Went to bed with chest pains > sleeping on right hand side.

29F 07:XX:XX

### BACK AND NECK

I feel a sharp gnawing pain in my back (the region of my left kidney and anterior and posterior superior iliac spines). The pain runs down my left leg to my knee.

< pressure and sitting.

06M XX:XX:XX

Sharp throbbing pain on left side of lower back. Intermittent, like an ovary-type pain, but at the back.

13F 09:XX:XX

Aching pain in my neck. It wasn't too bad if I kept my head still.

< any direction of movement of neck, however, extension of the neck was the worst. On massage of the neck , the pain extended to my trapezius muscles.

Also < at night when it was cold.

30F XX:XX:XX

I have a pain in my neck and shoulder < right hand side. It is stiff and tender > hot bath or hot compress.

06M XX:XX:XX

Neck stiffness: sore and tense, especially on the right hand side. Knots and spasm < turning head to right – sharp pain.

13F 08:XX:XX

Muscles feel stiff and knotted under left scapula.

13F 08:XX:XX

Almost every morning I awake with a stiff neck, not > movement. The stiffness goes away after about an hour < right hand side.

21F XX:XX:XX

### EXTREMITIES

Had 'growing-like' pains in right shin for about 1 ½ hours. Pains came and went, all of a similar intensity. Each lasted a duration of 2/3 minutes.

02F 01:XX:XX

Awoke with the same shin pain again and on walking, a similar pain in right hip. Also had a persistent pain in knee joint, of a similar quality < sitting down with knee bent. Knee pain was continuous throughout the day.

02F 02:XX:XX

My left index finger joint is sore, dull pain only on bending the finger backwards. The pain goes up my hand, but not as far as the wrist.

19F 01:XX:XX

Feet feel very sore. Skin of soles is burning, blood pulsating > cold applications and rubbing.

27F 00:XX:XX

Feet itching and burning, especially toes. Burn after rubbing to warm them up.

27F 03:XX:XX

My arms feel very weak and tired, so do my legs.

06M 00:00:15

Slight weakness in my arms and legs.

06M 04:XX:XX

Limbs feel weak and tired. I feel as if I'm walking on air with every step I take.

06M XX:XX:XX

I had a strange feeling of shakiness and jitteriness in my legs and arms as if I was about to faint.

23F 00:01:00

Still feeling shaky – same intensity.

23 F 00:14:00

I had a heavy sensation in my legs and hip bones.

17F 00:XX:XX

Hands: cuticles peeling – swollen, red, shiny and raw < smallest finger on right hand.

13F 08:XX:XX

Hangnails.

13F XX:XX:XX

I observed that my reflexes and movements were not as well co-ordinated as usual, especially when driving. When negotiating turns in the road, my movements are slightly jerky and have to be adjusted as I progress through the turn instead of the usual smooth movement.

14M 00:XX:XX

Extremities go numb extremely easily and quickly. It is felt more in my left arm from pressure on the ulnar nerve. Also the left hand side thumb and forefingers are going numb very easily.

14M 03:XX:XX

I awoke feeling lame or very numb on the entire right hand side of my body, arms and legs. I could not lie on my right hand side as my right arm kept going numb and even if I turned onto my back, my arm was numb. I felt that my whole right hand side did not want to function properly and it was nor > for anything.

21F 13:XX:XX

My feet felt cold. My toes (left) felt numb. I warmed them by rubbing and the feeling in the first three digits returned. The last two had to be rubbed and warmed for about 15 minutes before any feeling returned. They were also completely white.

30F XX:XX:XX

Driving in the car, my left leg went completely "dead" – 'pins and needles' feeling. The feeling returned after I got out and walked around a lot.

30F XX:XX:XX

### SLEEP

Awoke after dreams in early morning and battled to get back to sleep.

02F XX:XX:XX

Awoke at 4AM feeling I should get up. Felt I had slept enough (but went back to sleep).

13F 06:XX:XX

Slept in the afternoon – don't usually enjoy this.

03F XX:XX:XX

Felt very drained and passed out on couch for about 20 minutes. Had a very deep sleep and even dreamt. Felt very groggy on waking.

07M 02:08:XX

Felt extremely drained again (like in the morning). Fell asleep on the couch again for about 45 minutes. Awoke extremely groggy.

07M 02:16XX

Ate lunch and felt tired again. Fell asleep for about 30 minutes. Felt drowsy on waking and slowly returned to normal.

07M 03:XX:XX

Ate an early supper and felt tired again after eating. Slept about 1 hour in a very uncomfortable position, but managed to have a deep sleep despite the discomfort.

07M 03:XX:XX

Fell asleep unusually early and had a very good sleep with vivid dreams.

07M 03:XX:XX

Tried to stay up late but fell asleep early – felt extremely tired and drained.

07M 04:XX:XX



Fell asleep mid-morning – fully clothed and air conditioner wasn't working but I managed to have a deep sleep.

07M 05:XX:XX

Sleep disturbed and very restless.

15F 00:XX:XX

Sleep restless – busy with dreams.

15F 07:XX:XX

Last night was nasty! Couldn't fall asleep, then when I did, I woke up many times.

I had lots of disturbing dreams.

19F 04:XX:XX

Disturbed sleep, very restless due to intense perspiration and irritating noises of the fan squeaking.

21F 05:XX:XX

Very restless and disturbed sleep due to feelings of numbness and profuse sweating all night.

21F 13:XX:XX

Not deep sleep. Waking at irregular intervals.

29F 02:XX:XX

### DREAMS

#### LOVE INTEREST – MARRIAGE / BOYFRIEND / GIRLFRIEND

Very vivid dream. Awoke feeling anxious and rather disturbed with a tight feeling in my chest. A weird dream.

I was to marry my ex-boyfriend, everyone was invited and it was to be a big event. I did not want to marry him but could not stop it from happening. I felt trapped, as if my life was over and I have not had the chance to live it. In the end I managed to tell all involved that the wedding was off – it was the right thing to do, but they did not believe me (or want to). They made me feel guilty for calling everything off. I woke up then and battled to fall back to sleep. (3AM)

02F 01:XX:XX

Dreamt I was in India. Entire dream very vivid, bright and clear colours, could hear the sounds, smell the sea etc. Dreamt I was standing on a road that ran alongside the beach. Cars were driving past, people were going on with their lives etc. A woman was standing next to me ( I could see her face clearly, but she was a stranger). She was talking constantly, but I cannot recall what exactly she was saying, but somehow I knew it was general, everyday stuff. I also knew

that I was married to this woman. We began walking along the road and she was still talking. I then had a very strange feeling – as if I had just “popped” into someone else’s life and everything was strange. However, I still felt comfortable and relaxed, with a sense of belonging.

07M 02:08:XX

Fell asleep unusually early and had a very good sleep, with 2 very vivid dreams. Both dreams were bright, clear, and colourful, with distinct sounds/voices/smells. Dream 1 was about a woman and me. I cannot identify the woman or the details. Dream 2 was about my ex-girlfriend.

07M 03:XX:XX

Dreamt about ex-girlfriend again tonight, but dream was not very vivid and I cannot recall the details. Also dreamt about current girlfriend. The dream was very vivid and unusual. I dreamt she was in a very strange and dangerous situation. [This was a personal dream and the details were not revealed.] { a strange incident occurred where the prover mentioned this dream to his girlfriend and she revealed that the exact thing that he had dreamed had in fact occurred the following day}.

07M 04:XX:XX

## DANGER / NIGHTMARES

Could not remember details of dream (unusual as I usually do) but felt the same as the last dream. Anxious and disturbed. I woke up just before 4 AM and battled to fall back to sleep again. Tossed and turned a lot.

02F 02:XX:XX

Cannot remember dream, but I know it was a nightmare. Relieved to wake up and realise it was only a dream. Battled to fall asleep again (3:15 AM).

02F 05:XX:XX

Had another nightmare – cannot remember. Annoyed that I cannot remember as I usually can.

02F 07:XX:XX

Another nightmare. (4:30 AM)

02F 08XX:XX

Dream started out pleasant. I was swimming with a boy I used to like in high school. A shark suddenly bit my body in half. I then became the boy in my dream and watched as my upper torso just floated in the water. I was afraid, shocked

and terrified that the shark might come back to eat me. I felt very helpless. I  
awoke at this point, anxious, as I do have a phobia about sharks.

02F 10:XX:XX

One thing that I have noted is that all the nightmares I've had, even though I  
cannot remember half of them, start out as pleasant dreams about usual daily  
activities, which then become frightening due to some unexpected and  
unpredictable reason. I am always relieved to wake up and afraid to dream  
again. I also battle to fall back to sleep and the dreams usually seem to occur in  
the early morning from 3 – 5 AM.

02F XX:XX:XX

Dreamt that my gardener and I saw a navy blue long snake in the rafters of our  
house. When he tried to nudge it so that it could fall onto the ground, it fell and  
curled around my neck. I tried to remain calm and tried to catch it by the head  
and pull it off. I was scared that it would bite my neck. I cannot remember if it did  
bite me as I woke up.

06M XX:XX:XX

Weird and disturbing dreams. I can't remember exactly what but there were weird  
people doing weird things to get weird things!

13F 01:XX:XX

I dreamt I was teaching a dog to swim, I was playing with it ( a sandy-brown coloured dog) around the pool first to try and get it used to the water and someone threw it in. it was fine but I was a little worried as its face was under the water so I jumped in to help it.

17F XX:XX:XX

Lots of disturbing dreams, which I couldn't remember. Left with a vague feeling of unease.

19F 04:XX:XX

Dreamt about taking boyfriend's father's yacht out to sea. The moorings were so close together we had to manoeuvre the yacht out of the harbour through many other yachts and strangely cars too. The water was still when we left the harbour but as soon as we hit the ocean the wind started and I felt scared, but in control. The waves were very big but we managed to bring the yacht back into the harbour, which was also now in turmoil and back into the mooring. The strange thing was that when all this danger was over a car crashed into another car. The dream made me feel strangely satisfied that because we relied on fate and ourselves we were brought back safely. I was scared, but at the same time calm because I knew everything would be alright.

21F 10:XX:XX

Two men (drug addicts), quite poor financially, were sitting in a big bath (like a Jacuzzi). They were trying to get a "high" from putting neat methylated spirits into the hot water and steaming their faces with the fumes. The one man had done this a lot and his face was already very badly scarred (burned – looked like his skin had been burned from his mid-neck region up to and including his face). I wondered to myself why on earth he would want to do this to himself again. They both proceeded to get "high" and the next thing I knew was that I was in their house and it felt dirty and *unclean* (in every way). The worst of the two men seemed to have fallen in love with me ( to my horror) and I eventually found my way out of the house, into my car and drove to my work. My Mom was there and I explained the story and knew that it was a matter of time before he found me. I thought that he would kill me because I did not love him, so I told my mom that I loved her and phoned my brother and told him that I loved him too. I don't remember much more, but I felt like I was constantly trying to escape from those two drug addicts or hide from them.

29F 00:XX:XX

### HELPLESSNESS / INSECURITY

Dreams about the proving and succussing the remedy but I think I wasn't doing it properly. Also dreamt about my own research and that it went wrong - I wasn't doing it properly. Dreamt a lot about Tech and homoeopaths.

These dreams mimicked my emotional state of self doubt and low self confidence.

13F 03:XX:XX

Went out after work after telling my boyfriend I was tired and didn't want to see him. Went to a pub and saw some other friends of mine (also boys). My boyfriend turned up and I was scared and hiding from him. There was also an old boyfriend in the dream. Feelings from this dream were of being scared, helpless and insecure, like my mental state at present.

13F 10:XX:XX

I had a dream that as a part of my job I had to draw stick people in black pen in a book. The people didn't have faces and we were not supposed to give them any, although in the beginning I had given them eyes. Later on someone would colour in his or her dresses blue and flowers yellow. Some of my drawings looked a little messy and squashed onto the pages. I felt bad that my drawings looked so slapdash.

17F XX:XX:XX

I dreamt of being lost in tall grass. We were all running up a steep mountain side and I got lost in tall grass. Everyone else was running and I was lost and helpless.

21F 02:XX:XX



Had a dream of being in a group of people who were split into two groups. We were running on a mountain or hill and it seemed to be a game of hide and seek. We had to draw large, white squares on the mountain side. We had to run and find a space to draw the squares, but when my group was allowed to run and draw the squares, all the spaces had been taken up by the other group who had drawn squares in the places we wanted to draw them. I felt frustrated and I didn't know what to do anymore to be able to excel. To be able to achieve things is usually very important to me.

21F 04:XX:XX

Weird dream again – seem to be remembering dreams very clearly.

In the dream I have to say a speech. I have prepared well and feel semi-confident. My name was not called out when I expected it to be. Slight relief – maybe they have forgotten that I need to talk. My name is called out last on the list. My boyfriend is there and I am hoping to do well so that he'll be impressed. Get up on stage and my speech changed to very small print which is very difficult to read and the topic is completely different to what I had prepared i.e. my notes have changed. Also, I find that I haven't sorted out the order of my speech and while everyone is waiting, I am frantically trying to sort my speech into order. Finally, after about 5 minutes – half the audience is asleep or restless, I start to talk off the cuff. I get quite a good response.

29F 02:XX:XX

Dreamt that I was having my hair done – I wanted a new look. I need a change –  
I want to feel like a new person. Main theme was that I am unhappy with my  
appearance, a need to look different.

29F 03:XX:XX

### ALIENS

Dreamt of aliens converting humans and planning to take over the world. It was  
all going to begin after a rugby match where they were going to start a war.

03F 04:XX:XX

I had a dream that I married an alien and it was a female, but this didn't seem to  
worry me at all. There were all these long curvy silver things that the alien could  
not make straight, but normal people could.

17F 02:XX:XX

### VIOLENCE / ARGUMENTS

Dreamt of beating up a man, I could not see the face. Felt released in the dream.

15F 04:XX:XX

Having an argument with a man in a shop. Wanted to strike him but could not.

Dream left very confused thoughts of violence (mimicking my mental state at present).

15F 06:XX:XX

Arguments with a few businessmen in a boardroom. I seem to win and show them they are wrong.

15F 08:XX:XX

### RESTLESS DREAMING

Slept like the dead and had many dreams, but I can't remember any. (I feel I had an active night).

13F 02:XX:XX

Restless dreams, but cannot remember exact details.

15F 03:XX:XX

### MISCELLANEOUS

Very vivid dream – dreamt of friends I haven't seen for a while and having to look after a bunch of children who then took acid (LSD) and we had to keep them in

one room in order to keep them under control.

03F 05:XX:XX

Dreamt that I was urinating blood, which is quite notable as I never dream.

14M 03:XX:XX

Dreams: sexual; religious and of menses.

15F 00:XX:XX

### SKIN

Itchy legs > scratching. Stinging itch, almost like fleabites. Itch goes away for a short while after scratching, but reappears soon after, usually in a different place.

02F 03:XX:XX

Arms and chest are also itching now, same fleabite sensation as before.

02F 03:XX:XX

Lying in bed, itching arms and legs.

02F 03:XX:XX

Awoke from sleep, felt as if fleas were biting my back.

03F 00:XX:XX

Intense, gnawing itching in gluteal region < right hand side > scratching which only gives temporary relief.

07M 00:XX:XX

Intense, deep itching in right palm – itching in the deep layers of skin (could not reach it). Itching also present but less intense on anterior surface of right deltoid, on right scapula and medial aspect of right thigh.

07M 02:12:XX

Mild itching on right eyebrow.

07M 02:XX:XX

Itching on left shoulder and forearm – very mild, not nearly as intense as on right.

07M 02:XX:XX

Back extremely itchy < right

> lying on back i.e. > hard pressure

> scratching (however the itch returns immediately the scratching ceases)

07M 03:XX:XX

Hands, legs and vertex of head very itchy. Bilateral itching of distal parts of both extremities < left hand side.

Intense itching driving me crazy.

07M 06:XX:XX

Left hand, both legs and head very itchy, not even > scratching.

Noticed that the itching is < heat / warmth and > cold air

07M 06:XX:XX

Itch on right shoulder and gluteal region returned.

07M 07:XX:XX

{All itching of prover 07 was of a very deep quality that could not be reached with superficial scratching and no eruptions or discolouration of the skin was noted.}

For about 4 weeks after I stopped the powders I noticed a formication-type sensation on the tip of my right earlobe. Felt like rubbing it as if wiping away an ant, with no effect on the sensation. This came on at any time, with no < or > factors noted.

14M XX:XX:XX

Itchy feeling on inner thighs. No rash noted, but skin is very itchy. Much better for scratching and cool applications. The coolness feels good but does not remove the itch.

19F 03:XX:XX

My rash on my legs and middle finger on my left hand began to itch intensely. It was itching > scratching and oozing a clear, sticky, yellow liquid (much intensified symptom). This itch is much < sugar, coffee and chocolate.

21F 06:XX:XX

The rash on my middle finger is gone and my legs are no longer itchy! (Cured symptom).

21F XX:XX:XX

Extremely ITCHY!! Ankles, bilaterally; back of neck and wrists are the worst. Lasted about an hour and a half. No rash found and nothing helps the itch – not scratching/hot/cold/water/cream. No amelioration at all.

26M 00:02:00

Hyperaesthesia of skin of left buttock and left hypogastrium < slightest touch, even the touch of clothes.

02F 08:XX:XX

Hyperaesthesia on left side.

02F 09:XX:XX

Still have hyperaesthesia on skin of left buttock and left hypogastrium. It is a continuous feeling of rawness < any touch, especially light touch of clothing.

02F 10:XX:XX

Hyperaesthesia on left buttock and left hypogastrium remains constant.

02F 11:XX:XX

Hyperaesthesia remains the same.

02F 12XX:XX

Hyperaesthesia < left hypogastrium. Even < walking.

02F 13:XX:XX

Hot, tingling sensation of prickly heat down the nape of the neck and occiput.

Feels hot but cold and clammy to touch < tilting head backwards.

13F 00:XX:XX

Tiny needle-pricking sensations were running down both my legs from my hips to my toes every time warm water was poured onto my chest while bathing. (I repeated this a few times to make sure of the symptom and its correlation with pouring water onto my chest.)

21F 08:XX:XX



When looking at my nails I noticed a fungal infection on my left ring finger. I was horrified and cut all my nails very short.

21F 09:XX:XX

## GENERALS

### FOOD AND DRINK

Prefer sweet things to savoury, sour / salty.

02F 02:XX:XX

Craving fruit and sweet things.

17F XX:XX:XX

Craving for greasy chips and starch.

03F XX:XX:XX

Sudden dislike of, and aggravation from cold water.

06M XX:XX:XX

Craving tobacco – haven't smoked in months, just feel like a cigarette but didn't have one.

13F 01:XX:XX

Craving junk food – especially Nik Naks (a cheesy-type of crisp)!

13F XX:XX:XX

Craving Butternut Soup.

15F XX:XX:XX

Normal chocolate craving has decreased – strange, haven't had a chocolate craving in 2 weeks.

19F XX:XX:XX

Craving for chocolates.

21F XX:XX:XX

### TEMPERATURE

I was bathing my 4 dogs in the hot, blazing sun and I wasn't hot and didn't perspire like I normally do.

06M 00:03:XX

Temperature sensitivity has changed. I was not affected by hot and humid weather whilst everybody else was suffering. I am usually the first to complain about the heat.

07M 02:XX:XX

All symptoms > open air.

06M XX:XX:XX

Chilly > hot bath.

06M XX:XX:XX

Awoke feeling very cold (it is very hot weather) and had to turn the fan off.

13F 03:XX:XX

Went to a shop today and it was so cold I had to walk out, and at work I was cold all day, especially on the upper body.

19F 01:XX:XX

I have noticed over the last little while that I have become very sensitive to cold.

19F 04:XX:XX

### PERSPIRATION

Marked decrease in perspiration.

06M XX:XX:XX

Perspiration on forehead. Feel hot but cold to touch.

13F 06:XX:XX

Sweating on forehead – beads of sweat.

13F 07:XX:XX

I was absolutely drenched in sweat and hated the whole night. I woke up about 20 times and I was hot and sticky and irritable. It was an oily sweat and was only ameliorated by a warm shower.

21F 05:XX:XX

### FEVER AND CHILL

I have a slight temperature.

06M XX:XX:XX

Feeling cold with chills (weather very hot) – as if I am getting sick.

13F 07:XX:XX

Woke up feeling cold and feverish.

13F 08:XX:XX

Feeling hot and cold. Hot and sweaty with chills and shivering and perspiration on forehead.

13F 08:XX:XX

Sweating on forehead, shivering and chills with irritability.

13F 08:XX:XX

Feeling slightly feverish on waking.

Felt feverish all day. No strange sweats. Hot, dry heat, slightly flushed face, and hot forehead.

29F 02:XX:XX

Woke up feeling feverish i.e. hot forehead and just not 100%.

29F 03:XX:XX

I feel unusually cold – shivering – can't get warm.

30F 04:XX:XX

This evening, my head felt hot and burning ( although to someone else it felt normal). I had to lie down. There felt like an intense heat where my head touched the pillow, however, the lower half of my body felt cold.

30F 04:XX:XX

I awoke during the night and noticed that my T-shirt was damp and I felt my body, my chest and upper back were clammy. When I awoke in the morning, my shirt was still damp.

30F 07:XX:XX

## ENERGY

Still wide awake at 24h00. Noticed increased energy levels from 20h00. Urge to tidy up the flat late into the night.

02F 03:XX:XX

Good energy all day. Felt motivated and was productive with tech work and started a herb garden.

03F 00:XX:XX

I gave my 4 dogs a bath and even cleaned my fish tank and didn't feel exhausted. This is strange because I am usually so exhausted after doing these chores.

06M 00:03:00

Tired mid-afternoon – not usual.

03F 07:XX:XX

I feel drowsy and sleepy. I tried to take a small nap, but couldn't fall off to sleep. My mind is now suddenly wide awake and I feel full of energy.

06M 00:00:15

I feel weak and tired, especially my limbs.

06M XX:XX:XX

Felt very drained and passed out on the couch for 20 minutes.

07M 02:08:XX

Felt extremely drained again and fell asleep again.

07M 02:16:XX

Felt very tired and drained after eating breakfast, but did not get a chance to sleep. Felt very drained and slightly dizzy.

07M 03:XX:XX

Ate lunch and felt tired again, slept.

07M 03:XX:XX

Ate an early supper and felt tired again after eating, slept again.

07M 03:XX:XX

Went out in the evening but felt very tired by 10:30 PM and wanted to go to sleep but I held out till 12:30 AM. (this is very unusual as I can usually stay out and be active until much later).

07M 05:XX:XX

Tired in the afternoon with decreased energy.

13F 00:XX:XX

Tired in the morning after taking 4<sup>th</sup> powder.

13F 01:XX:XX

Tired with decreased energy. Suddenly feeling tired.

13F 02:XX:XX

Decreased energy in the morning with sudden tiredness.

13F 06:XX:XX

Feeling drained and tired.

13F 07:XX:XX

Exhausted and drained all day.

13F XX:XX:XX

In the dry heat I got tired really quickly and my concentration span was shorter.

14M 00:XX:XX

Very tired. Tired sensation in the head.

15F 01:XX:XX



Very, very tired, not relieved by rest. My limbs and brain feel tired.

15F 02:XX:XX

Feeling very exhausted – early to sleep.

21F XX:XX:XX

I feel very sleepy, drained of energy, heavy, dead, (early afternoon) and want to lie down and sleep.

27F 05:XX:XX

No inclination to play hockey and to run out, my energy feels drained.

27F 05:XX:XX

Feel like snoozing (midday). Want to charge my batteries.

27F 06:XX:XX

Not feeling energetic – want to lie on the couch and watch movies.

27F 08:XX:XX

## RUBRICS

### MIND

Mind, Anger, easily 1 S9

Mind, Anger, trifles at 1 S11

Mind, Awkward, drops things 1 S25

Mind, Awkward, strikes against things 1 S25

Mind, Company, aversion to 1 S33

Mind, Company, aversion to, desire for solitude 1 S34

Mind, Concentration, active 1 S36

Mind, Concentration, difficult 1 S36

Mind, Concentration, difficult, studying (=reading) 1 S36

*Mind, Confidence, want of self-confidence 2 S37*

Mind, Delusions, appreciated, she is not 1 S52

Mind, Delusions, body, ugly, body looks 1 S55

Mind, Fastidious 1 S106

*Mind, Forsaken feeling 2 S120*

Mind, Forsaken feeling, isolation, sensation of 1 S120

Mind, Impatience 1 S132

Mind, Indifference, apathy 1 S134

Mind, Indifference, everything to 1 S135

Mind, Indifference, work, with aversion to 1 S136

Mind, Insecurity, mental 1 S140

Mind, Irresolution, indecision 1 S140

**Mind, Irritability 3 S141**

Mind, Irritability, alone, wishes to be alone 1 S142

Mind, Irritability, children towards 1 S143

*Mind, Irritability, easily 2 S143*

Mind, Irritability, music during 1 S144

Mind, Irritability, taciturn 1 S145

*Mind, Irritability, trifles, from 2 S145*

Mind, Mistakes, speaking in 1 S164

Mind, Mistakes, speaking in, words, wrong words using 1 S164

Mind, Mistakes, time in 1 S164

Mind, Mistakes, time in, confounds days of the week 1 S164

Mind, Mistakes, writing in 1 S164

Mind, Rest, cannot rest when things are not in the proper place 1 S182

*Mind, Sadness, 2 S187*

Mind, Sadness, bad news, after 1 S190

Mind, Sadness, company, aversion to company, desire for solitude 1 S190

Mind, Sadness, taciturn 1 S193

*Mind, Sensitive 2 S194*

Mind, Speech, hasty 1 S203

Mind, Speech, wandering 1 S204

Mind, Tranquillity 1 S221

Mind, Weeping 1 S228

### VERTIGO

Vertigo, Vertigo 1 S235

Vertigo, Morning, rising on 1 S235

Vertigo, Morning, waking on 1 S235

Vertigo, Closing eyes, on 1 S237

Vertigo, Floating, as if 1 S239

Vertigo, Nausea, with 1 S241

## HEAD

Head, Fullness 1 S259

Head, Fullness, vertigo, during 1 S260

Head, Heat, forehead 1 S265

Head, Heaviness, 1 S265

Head, Heaviness, pressed forward, head, like a weight on 1 S267

Head, Heaviness, forehead 1 S268

Head, Heaviness, forehead, frontal sinuses 1 S268

Head, Pain, jar, any jar, from 1 S284

Head, Pain, motion, agg 1 S286

Head, Pain, pressure, external, amel 1 S288

Head, Pain, rising, after 1 S289

Head, Pain, stooping, from 1 S291

Head, Pain, forehead 1 S296

Head, Pain, forehead, lying, amel 1 S298

Head, Pain, forehead, shaking the head 1 S299

Head, Pain, forehead, stooping, from 1 S299

Head, Pain, forehead, eyes, above 1 S301

Head, Pain, occiput, coughing, on 1 S304

Head, Pain, occiput, intermitting 1 S305 N

Head, Pain, sides, left 1 S308

Head, Pain, sides, right 1 S308

Head, Pain, temples, intermitting 1 S311

Head, Pain, temples and forehead 1 S312

Head, Pain, temples and forehead, extending to, eye 1 S312 N

Head, Pain, bursting, forehead 1 S320

Head, Pain, bursting, forehead, extending to, ears 1 S320 N

*Head, Pain, dull pain 2 S326*

Head, Pain, dull pain, occiput 1 S326

Head, Pain, pressing 1 S330

Head, Perspiration, forehead 1 S362

Head, Perspiration, forehead, cold, heat, during 1 S362

## EYE & VISION

Eyes, agglutination, morning 1 S375

Eyes, Dullness 1 S380

Eyes, Enlargement, sensation of 1 S380

Eyes, Heaviness 1 S383

Eyes, Itching 1 S387

Eyes, Itching, rubbing, amel, then agg 1 S388 N

Eyes, Itching, lids, margin 1 S388

Eyes, Pain, light 1 S394

Eyes, Pain, pressure, amel 1 S394

Eyes, Pain, stooping, on 1 S395

Eyes, Pain, foreign body, as from a 1 S400

Eyes, Photophobia, light, sunlight 1 S407

Eyes, Sunken 1 S411

Vision, Blurred 1 S417

## EAR

Ear, Itching, meatus 1 S439

Ear, Pain, aching, right 1 S454

Ear, Pain, lancinating, behind the ear 1 S457

Ear, Pain, piercing 1 S457

## NOSE

Nose, Catarrh, post nasal 1 S472

Nose, Coryza, discharge, with 1 S474

Nose, Hayfever 1 S486

Nose, Sneezing, heat, after 1 S499 N

Nose, Sneezing, paroxysmal 1 S500

Nose, Sneezing, violent 1 S500

## FACE

Face, Discolouration, bluish, eyes, around, circles 1 S507

Face, Pain, pressing, malar bones 1 S539

Face, Formication 1 S524



## MOUTH

Mouth, Dryness, lips 1 S567

Mouth, Dryness, thirstless 1 S567

Mouth, Pain, burnt, as if, palate 1 S579

Mouth, Salivation, accompanied by, nausea 1 S587

Mouth, Taste, bitter, sweet things taste 1 S595

## THROAT

Throat, Coldness, sensation of, peppermint as from 1 S622

Throat, Itching 1 S628

Throat, Pain, drinks, cold 1 S632

Throat, Pain, rawness 1 S636

Throat, Pain, sore 1 S637

Throat, Swallowing, difficult 1 S642

Throat, Swallowing, difficult, liquids 1 S642

## STOMACH

*Stomach, Appetite, diminished 2 S653*

Stomach, Appetite, easy satiety 1 S653

Stomach, Appetite, increased 1 S654

Stomach, Appetite, ravenous 1 S655

Stomach, Appetite, wanting, accompanied by, nausea 1 S656 N

Stomach, Nausea, air, open, in, amel 1 S680

Stomach, Nausea, intermittent 1 S682

*Stomach, Pain, burning 2 S690*

Stomach, Pain, burning, eructations, amel 1 S691

Stomach, Pain, burning, drinks, cold, amel 1 S691

Stomach, Pain, burning, eating, amel 1 S691

Stomach, Pain, corrosive 1 S692

*Stomach, Thirstlessness 2 S705*

Stomach, Thirstlessness, heat, during 1 S705

## ABDOMEN

Abdomen, Distension, flatus, with 1 S722

Abdomen, Pain, flatus, passing 1 S736

Abdomen, Pain, paroxysmal 1 S737

Abdomen, Pain, cutting, bending double, amel 1 S758

*Abdomen, Pain, stitching 2 S771*

Abdomen, Pain, stitching, extending to, back 1 S772

Abdomen, Pain, stitching, extending to, upwards 1 S772

Abdomen, Pain, stitching, paroxysmal 1 S772

Abdomen, Pain, stitching, Hypogastrium 1 S774

Abdomen, Pain, stitching, Inguinal region, right 1 S774

Abdomen, Pain, stitching, sides, right 1 S776

## RECTUM

Rectum, Constipation, difficult stool 1 S790

Rectum, Constipation, ineffectual urging and straining 1 S791

Rectum, Flatus, night 1 S802

Rectum, Flatus, offensive 1 S802

Rectum, Itching, stool, after 1 S808

Rectum, Pain, burning, stool, during 1 S811

## **STOOL**

Stool, Clay-coloured 1 S821

Stool, Frequent 1 S822

Stool, Forcible 1 S822

Stool, Hard 1 S823

Stool, Light coloured 1 S824

Stool, Long, narrow 1 S824

Stool, Mucous, yellow 1 S824

Stool, Soft 1 S826

Stool, Thin 1 S827

## **BLADDER**

Bladder, Pain, stitching, urination, urging to 1 S835

Bladder, urination, frequent 1 S842

Bladder, Urination, seldom 1 S846

## **FEMALE GENITALIA/SEX**

Female, Coition, enjoyment, increased 1 S908

Female, Leukorrhoea, offensive 1 S918

Female, Leukorrhoea, offensive, ammonia, like 1 S918

Female, Sexual desire, increased, contact of parts, by least 1 S949

Female, Sexual desire, wanting 1 S949

Female, Menses, bloody mucous 1 S923

Female, Menses copious 1 S924

Female, Menses, early too 1 S925

### RESPIRATION

Respiration, Asthmatic 1 S970

Respiration, Difficult 1 S973

Respiration, Difficult, cough, with 1 S975

### COUGH

Cough, Asthmatic 1 S988

Cough, Irritation, air passages, from irritation in 1 S999

Cough, Mucous, larynx 1 S1002

Cough, Tickling, chest 1 S1011

Cough, Tickling, throat-pit, in 1 S1012

## **CHEST**

Chest, Constriction 1 S1029

Chest, Pain, cough, during 1 S1047

Chest, Pain, burning, coughing, had been, as if 1 S1058 N

Chest, Pain, cramping 1 S1059

Chest, Pain, cutting 1 S1060

Chest, Pain, cutting, sides, right 1 S1061

Chest, Pain, griping, right 1 S1063

Chest, Palpitation of heart 1 S1080

## **BACK AND NECK**

Back, Pain, extending to, lower extremities 1 S1107

Back, Pain, cervical region 1 S1108

Back, Pain, aching, cervical region 1 S1122

Back, Pain, stitching, Lumbar region 1 S1145

*Back, Stiffness, cervical region 2 S1153*

Back, Stiffness, cervical region, right 1 S1153

Back, Stiffness, cervical region, morning, waking, on 1 S1153

Back, Stiffness, cervical region, turning head, on 1 S1153

Back, Stiffness, cervical region, turning head, right 1 S1153

Back, Stiffness, dorsal region 1 S1153

## EXTREMITIES

Extremities, Heaviness, lower limbs 1 S1216

Extremities, Jerking 1 S1229

Extremities, Nails, hangnails 1 S1235

*Extremities, Numbness 2 S1236*

Extremities, Numbness, lying, while, on them 1 S1237

Extremities, Numbness, upper limbs, left 1 S1237

Extremities, Numbness, leg, left 1 S1242

Extremities, Numbness, foot, toes 1 S1244

Extremities, Pain, fingers, joints 1 S1259

Extremities, Pain, aching, lower limbs 1 S1279

Extremities, Pain, aching, tibia 1 S1281

Extremities, Pain, burning, foot, sole 1 S1289

Extremities, Pain, burning, foot, sole, rubbing, amel 1 S1289

Extremities, Pain, burning, foot, sole, cold, amel 1 S1289 N

*Extremities, Pain, burning, foot, itching, with 1 S1289 N*

Extremities, Tingling, lower limbs, hot water poured onto chest, when 1 S 1389 N

*Extremities, Weakness 2 S1403*

## SLEEP

Sleep, Comatose 1 S1411

Sleep, Deep, daytime 1 S1412

*Sleep, Disturbed, dreams, by 2 S1413*

Sleep, Disturbed, noise, by the slightest 1 S1414

Sleep, Disturbed, perspiration, by 1 S1414

Sleep, Falling, early 1 S1417

Sleep, Light 1 S1419

*Sleep, Restless 2 S1422*

Sleep, Waking, dreams, by 1 S1444

Sleep, Waking, early, too 1 S1445

Sleep, Waking, frequent 1 S1445

## DREAMS

Dreams, Anxious 1 S1454

*Dreams, Danger 2 S1459*

Dreams, Fights 1 S1463

*Dreams, Helpless, feeling 2 S1465*



*Dreams, Nightmares 2 S1469*

Dreams, People 1 S1469

Dreams, Prophetic 1 S1471

Dreams, Pursued, being 1 S1471

Dreams, Snakes 1 S1473

Dreams, Unpleasant 1 S1475

Dreams, Urinating 1 S1475

Dreams, Violence 1 S1475

Dreams, Vivid 1 S1476

### CHILL

Chill, Shaking 1 S1490

Chill, Trembling and shivering 1 S1493

### FEVER

Fever, Alternating with chills 1 S1497

Fever, Body, upper part 1 S1498

Fever, Body, upper part, cold lower part, with 1 S1498 N

Fever, Chilliness, with 1 S 1500

Fever, Dry heat 1 S1501

Fever, Perspiration, absent 1 S1504

Fever, Perspiration, heat, with 1 S1504

Fever, Shivering, with 1 S1505

### PERSPIRATION

Perspiration, Hot 1 S1515

Perspiration, Oily 1 S1517

Perspiration, Profuse, night 1 S1518

Perspiration, Sticky 1 S1519

### SKIN

**Skin, Itching 3 S1544**

Skin, Itching, biting 1 S1544

Skin, Itching, cold, air in, amel 1 S1545

Skin, Itching, eruptions, without 1 S1545

Skin, Itching, fleabites, like 1 S1545

Skin, Itching, scratching, amel 1 S1545

Skin, Itching, wandering 1 S1546

Skin, Itching, violent 1 S1546

Skin, Formication 1 S1542

Skin, Prickling 1 S1548

*Skin, Sensitiveness 2 S1548*

Skin, Sensitiveness, left side 1 S1548

Skin, Sensitiveness, touch, agg 1 S1548 N

## GENERALS

Generals, Air, open air, amel 1 S1563

*Generals, Cold, agg 2 S1575*

Generals, Cold, becoming cold 1 S1576

Generals, Cold, take cold, tendency to 1 S1577

Generals, Food, butternut soup, desire 1 S1604 N

Generals, Food, chocolate, desire 1 S1605

Generals, Food, cold drink, cold water, agg 1 S1606

Generals, Food, cold drink, cold water, aversion 1 S1606

Generals, Food, fat, desire 1 S1608

Generals, Food, fruit, desire 1 S1609

Generals, Food, sweets, desire 1 S1616

*Generals, Lassitude 2 S1630*

Generals, Pulse, frequent 1 S1667

Generals, Strength, sensation of 1 S1684

*Generals, Weakness 2 S1701*

Generals, Weakness, sudden 1 S1709

*Generals, Weariness 2 S1711*

Generals, Weariness, eating, after 1 S1712

Generals, Tobacco, desire for tobacco, smoking 1 S1691

## RUBRICS OF CHARACTERISTIC SYMPTOMS

Below is a list of rubrics of the second and third degrees only in order to summarise the most characteristic symptoms, which were revealed in this proving.

**Mind, Irritability 3 S141**

**Skin, Itching 3 S1544**

*Mind, Confidence, want of self-confidence 2 S37*

*Mind, Forsaken feeling 2 S120*

*Mind, Irritability, easily 2 S143*

*Mind, Irritability, trifles, from 2 S145*

*Mind, Sadness, 2 S187*

*Mind, Sensitive 2 S194*

*Head, Pain, dull pain 2 S326*

*Stomach, Appetite, diminished 2 S653*

*Stomach, Pain, burning 2 S690*

*Stomach, Thirstlessness 2 S705*

*Abdomen, Pain, stitching 2 S771*

*Back, Stiffness, cervical region 2 S1153*

*Extremities, Numbness 2 S1236*

*Extremities, Weakness 2 S1403*

*Dreams, Danger 2 S1459*

*Dreams, Helpless, feeling 2 S1465*

*Dreams, Nightmares 2 S1469*

*Skin, Sensitiveness 2 S1548*

*Generals, Cold, agg 2 S1575*

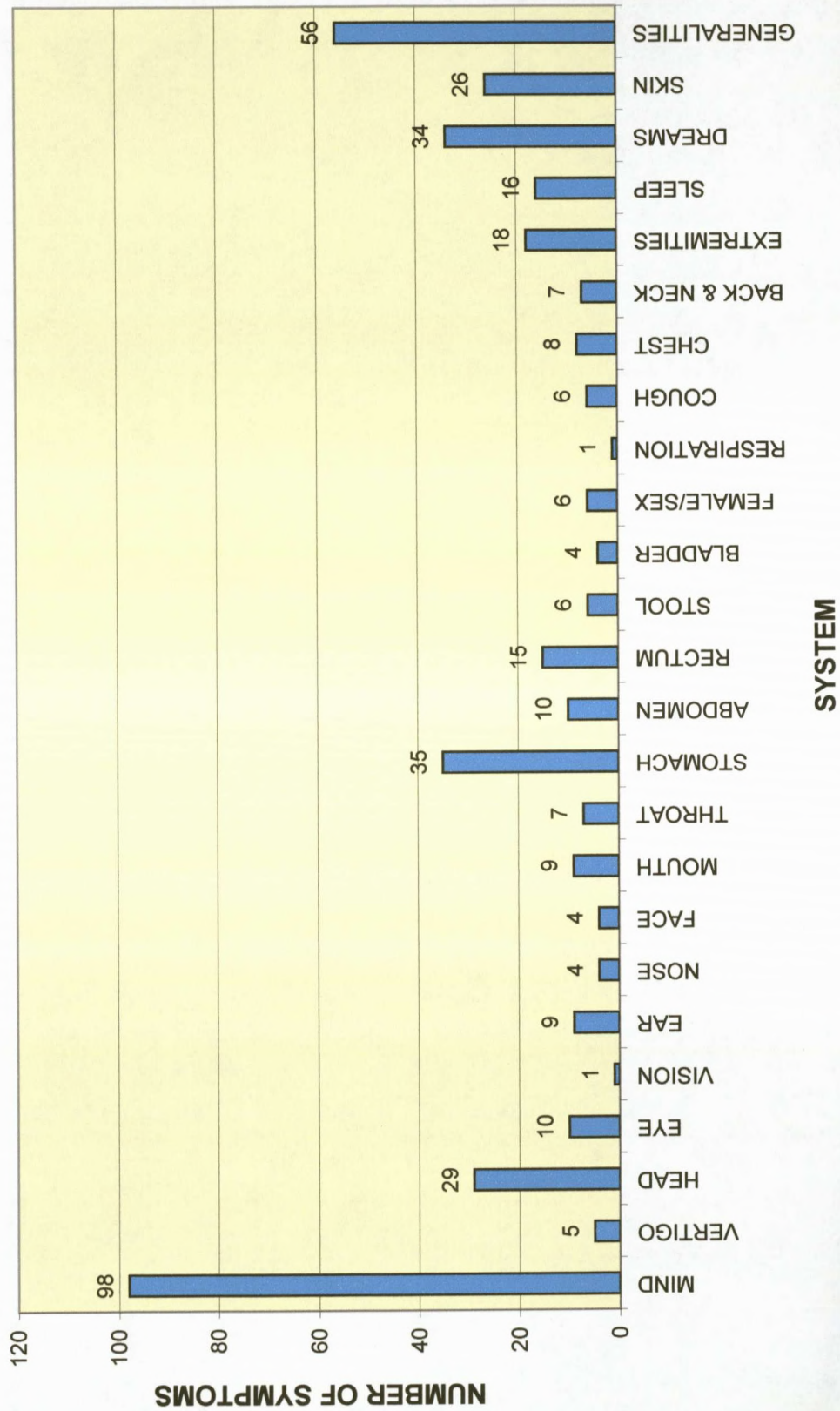
*Generals, Lassitude 2 S1630*

*Generals, Weakness 2 S1701*

*Generals, Weariness 2 S1711*

# APPENDIX F:

GRAPH OF SYMPTOM INCIDENCE



## APPENDIX G:

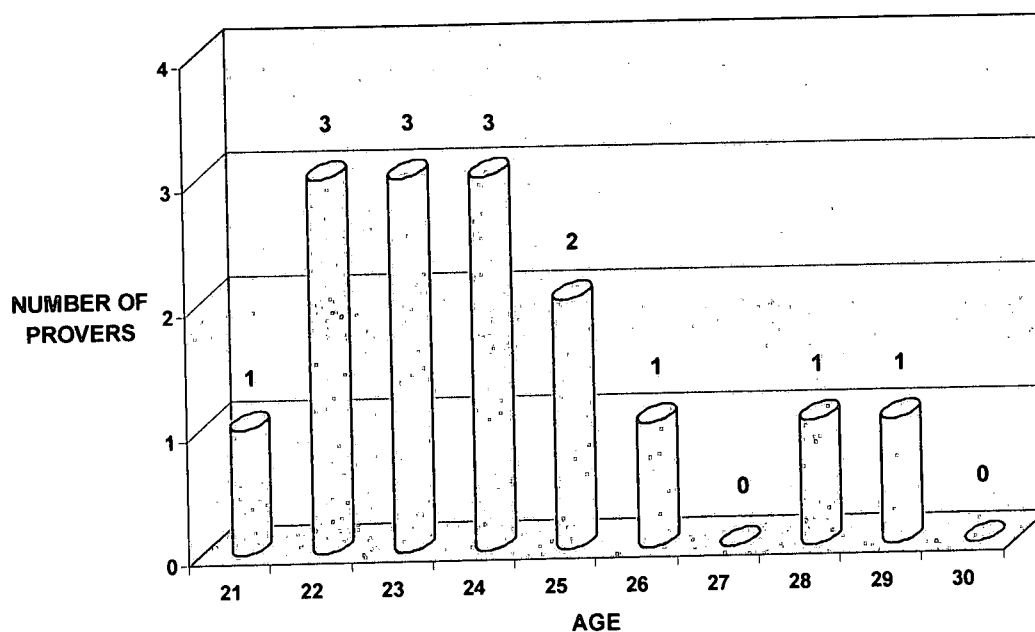
<u>RUBRIC</u>	<u>SIZE</u>	<u>INTENSITY</u>
1 MIND - IRRITABILITY	434	3
2 MIND - IRRITABILITY - easily	18	2
3 MIND - CONFIDENCE -want of self-confidence	94	2
4 MIND - FORSAKEN feeling	63	2
5 MIND - CONCENTRATION - difficult	281	1
6 MIND - INDIFFERENCE, apathy - everything, to	87	1
7 HEAD - PAIN - dull pain	117	2
8 HEAD - FULLNESS	165	1
9 STOMACH - APPETITE - diminished	126	2
10 STOMACH - PAIN - stitching	218	2
11 STOMACH - THIRSTLESS	103	2
12 ABDOMEN - PAIN - stitching	119	2
13 BACK - STIFFNESS - cervical region	177	2
14 EXTREMITIES - NUMBNESS	126	2
15 EXTREMITIES - WEAKNESS	187	2
16 SLEEP - RESTLESS	387	2
17 SLEEP - DISTURBED - dreams, by	173	2
18 FEVER - ALTERNATING with - chills	112	1
19 SKIN - ITCHING	203	3
20 SKIN - SENSITIVENESS	108	2
21 GENERALS - COLD - agg	227	2
22 GENERALS - LASSITUDE	265	2
23 GENERALS - WEAKNESS	678	2



REPERTORISATION - APPENDIX G (CONTD...)																										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
lyc	puls	sil	nux-v	sulph	merc	calc	chin	rhust	phos	sep	ars	kali-c	lach	nat-m	carb-v	alum	con	ph-ac	apis	caust	graph	bell	bry	nat-c	agar	psor
130	130	129	127	125	124	123	123	123	122	122	121	120	118	116	115	110	110	110	109	108	108	107	106	106	105	103
1	3	3	3	3	2	3	2	3	3	3	3	3	2	3	3	3	2	3	3	3	3	3	3	3	2	2
2	-	-	-	-	1	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	2
3	2	2	3	2	1	1	2	2	1	-	1	2	1	2	1	1	-	2	-	1	1	1	1	1	-	1
4	-	3	-	-	2	1	1	1	-	1	-	1	2	-	1	1	-	-	-	-	-	-	-	2	-	3
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9	2	1	1	1	1	1	1	1	1	1	-	1	3	1	1	-	2	-	2	1	2	1	1	1	1	-
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16	3	3	3	3	1	2	3	3	1	2	3	2	2	2	2	2	1	1	2	2	2	1	1	1	1	1
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23	2	2	3	2	3	3	3	3	3	3	3	3	3	3	1	2	3	3	3	2	3	2	2	2	1	3

**GRAPH 2**

**AGE GRAPH**



**3.5.1 Criteria for the inclusion of a subject in the proving:**

It was ensured that each subject:

- was between the ages of 18 and 65.
- was in a general state of good health as judged by the researcher and the subject him/herself.
- had no gross physical or mental pathology determined at case history and on physical examination.
- was neither on, nor in need of any medication (chemical, homoeopathic, herbal or otherwise).