

**A homoeopathic drug proving of Sutherlandia
frutescens and a subsequent comparison of the results
to the toxicology of the major chemical constituents of
the plant.**

Colette Kell

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

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

Colette Kell

6/04/04

Date

Approved for final submission

Supervisor: _____

19/04/04

Dr AHA Ross B.Mus(UCT):M.Tech.Hom.(TN)

Date

Durban
April 2004

ACKNOWLEDGEMENTS:

I would like to thank:

My friends and family for all of their tireless support, all of the provers, without whom this would not be possible, and Dr A. Ross for his help and guidance as my research supervisor.

ABSTRACT:

The first objective was to investigate the effect of *Sutherlandia frutescens* 30CH on healthy provers and to record the signs and symptoms produced, so that it could be prescribed according to the Law of Similars, as required by homoeopathy. The second objective was to analyze the symptoms obtained from this proving in a direct comparison to the effects of the major pharmacologically active compounds present in *Sutherlandia frutescens*.

A double blind proving of *Sutherlandia frutescens* 30CH was conducted. Twenty-four provers were selected and randomly divided into two groups, those receiving medicated powders (18 subjects) and those receiving the placebo powders (6 subjects). As an added control measure, the subjects were also ignorant to both the nature of the proving substance and the administered potency. Prior to taking the remedy, each patient provided their own case history and received a physical examination so as to establish each individual's baseline. Each prover was then required to keep a daily journal, in which all symptoms were recorded in accordance with a suggested guide. The researchers then collated the data and translated the symptoms produced into Materia Medica and repertory language. Finally a homoeopathic picture of the remedy emerged in which marked themes exist. These themes and central characteristics of the remedy were then compared to the toxicology of the major chemical constituents of *Sutherlandia frutescens*. Data was analyzed by

qualitative methods as the data was not amenable to standard statistical analysis.

A large number of observable symptoms arose from this proving. 784 were included in to the Materia Medica, and, of these 136 were in Extremities, 109 were in the Mind, 82 were in the Back, 58 were in the Head, 47 were in Sleep, 44 were General symptoms, 42 were in the Stomach and 41 were Female symptoms.

From these findings, it appears that *Sutherlandia frutescens* 30CH had a definite effect on the provers! A profound effect was seen on the mental state, producing definite feelings of isolation and a subsequent aversion to company. Notable effects were seen in the musculoskeletal, head, skin and digestive areas.

This investigation supported the hypothesis that healthy volunteers would produce symptoms if *Sutherlandia frutescens* 30CH was administered to them. There also appears to be some similarity between the effects of the remedy in homoeopathic form and the toxicology of the plant components. This similarity exists mainly in the form of a "Lupus like" syndrome which can be induced by excessive intake of L-canavanine.

There is a strong need for further provings of *Sutherlandia frutescens* in different potencies to increase our understanding of the plant as well as to reinforce what

we have already discovered so that this remedy has the opportunity to become a highly useful, local homoeopathic remedy.

TABLE OF CONTENTS:

	<u>PAGE</u>
ACKNOWLEDGEMENTS	I
ABSTRACT	ii
TABLE OF CONTENTS	v
LIST OF GRAPHS	x
DEFINITIONS OF TERMS	xi
CHAPTER ONE	
1.1 Introduction	1
1.2 The Hypothesis	2
1.3 The Delimitations	2
1.4 The Assumptions	3
CHAPTER TWO	
THE REVIEW OF THE RELATED LITERATURE	
2.1 Introduction	4
2.2 Historical Perspectives	5
2.3 Refinement of Proving Methodologies	6
2.4 Modern Developments	7
2.5 <i>Sutherlandia frutescens</i>	8

2.5.1 Classification	8
2.5.2 Description	8
2.5.3 History of Therapeutic Usage	11
2.6 Summary	11
 CHAPTER THREE	
METHODS AND MATERIALS	
3.1 The Experimental Design	12
3.2 An Outline of the Method	13
3.3 The Proving Substance	
3.3.1 The Potency	15
3.3.2 The Dose and Posology	16
3.3.3 Preparation and Dispensing of the Remedy to be Proved	16
3.4 The Duration	17
3.5 Prover Population and Percentage Placebo	17
3.5.1 Criteria for the Inclusion of a Subject in the Proving	19
3.5.2 Monitoring of the Provers	20
3.5.3 Chronology	21
3.6 Group Discussion	21
3.7 Symptom Collection, Extraction and Evaluation	
3.7.1 Criteria for the Acceptance of a Symptom as a	
Proving Symptom	22
3.8 Collating and Editing	24

3.9 Reporting of the Data	24
3.9.1 The Repertory	24
3.9.2 The Materia Medica	25

CHAPTER FOUR

THE MATERIA MEDICA AND REPERTORY OF *SUTHERLANDIA*

FRUTESCENS

4.1.1 Key	26
4.1.2 Prover List	27
4.2 The Materia Medica	
4.2.1 Mind	28
4.2.2 Head	37
4.2.3 Vertigo	41
4.2.4 Eye	41
4.2.5 Vision	44
4.2.6 Ear	44
4.2.7 Nose	45
4.2.8 Face	50
4.2.9 Mouth	51
4.2.10 Throat	52
4.2.11 Stomach	55
4.2.12 Abdomen	60
4.2.13 Rectum	61

4.2.14 Stool	62
4.2.15 Bladder	62
4.2.16 Female Genitalia/Sex	63
4.2.17 Cough	66
4.2.18 Chest	66
4.2.19 Back and Neck	67
4.2.20 Extremities	71
4.2.21 Sleep	76
4.2.22 Dreams	82
4.2.23 Perspiration	85
4.2.24 Skin	86
4.2.25 Generals	89

4.3 Rubrics

4.3.1 Rubrics of Characteristic Symptoms	134
--	-----

CHAPTER FIVE

DISCUSSION OF PROVING SYMPTOMS WITH COMPARISON TO THE TOXICOLOGY OF <i>SUTHERLANDIA FRUTESCENS</i>	138
---	-----

CHAPTER SIX

DISCUSSION

6.1 The Symptoms	142
6.2 The Abbreviation of the Remedy	142
6.3 Other Considerations	149

CHAPTER SEVEN

CONCLUSIONS AND RECOMMENDATIONS

7.1 Conclusions	150
7.2 Recommendations	
7.2.1 Further Provings in Different Potencies	150
7.2.2 Clinical Information	150
7.2.3 Provings of Related Remedies	151

REFERENCES	152
-------------------	------------

APPENDICES

Appendix A: Suitability for Inclusion in the Proving	
Appendix B: Case History Sheet	
Appendix C: Informed Consent Form	
Appendix D: Instructions to Provers	
Appendix E: Guardian/Parent Consent Form	

LIST OF GRAPHS

<u>GRAPH</u>	<u>TITLE</u>	<u>PAGE NO.</u>
Graph 3.1	Sex Distribution of Provers	18
Graph 3.2	Age Distribution of Provers	19

DEFINTIONS OF TERMS

PROVING- The systematic procedure of testing substances on healthy human beings in order to elucidate the symptoms reflecting the action of the substance (Vithoulkas 1986:96).

TOXICOLOGY- the branch of science concerned with poisons and their effects. (Collins 1999:1022)

PROVERS- ...people of average health (who) take repeated doses of drugs until subjective or objective symptoms of a disturbance appear (Whitmont 1991:15)

PLACEBO- A dummy treatment administered to the 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, placebo took the form of lactose pillules impregnated with 70% ethanol at a rate of 1%v/v.

POTENCY- The stage of altered remedial activity to which a drug has been taken by means of a measured process of deconcentration, with succussion, or by trituration, of the medicinal substance, which is thus brought to a state of diminutive or infinitesimal subdivision (Gaier 1991:432)

THIRTIETH CENTESIMAL POTENCY (30CH)- The thirtieth step of serial deconcentration on a 1:100 scale with succussion at each step, having a theoretical concentration of 1×10^{-60}

LAW OF SIMILARS- "Similia Similibus Curentur", the fundamental law of homoeopathy, formulated by Hahnemann, meaning: Let Likes Be Cured (or Treated) By Likes. (Gaier 1991:123) Any substance, which can produce a

totality of symptoms in a healthy human being can cure that totality of symptoms in a sick human being (Vithoulkas 1986:92).

MATERIA MEDICA- A pharmacological text, a reference book containing a list of medicines and their uses (Hahnemann 1997:325).

CHAPTER ONE

1.1 INTRODUCTION

Cook (1989:93) describes homoeopathic research as being broadly centered on three main areas, the first being the extension of the homoeopathic Materia Medica by proving new drugs, secondly the efficacy of the new drugs and thirdly, how homoeopathy actually works. As any substance able to produce symptoms when administered in homoeopathic form to healthy individuals must have therapeutic properties, it follows that there is a huge potential for new homoeopathic remedies. (Wright 1999:1)

South Africa has a great wealth of indigenous flora and fauna and thus has vast healing potential, and unfortunately, not many appear in our Materia Medica. As the only reliable way to discover a substance's true homoeopathic action on a person is through conducting a proving (Vithoulkas 1986:143), it is of much importance that "South African homoeopaths should commence the systematic proving of substances indigenous to our country." (Wright 1999: 03)

Sutherlandia frutescens was the chosen substance due to the fact that there is currently much research being conducted by Van Wyk regarding the use of the plant as a supportive therapy for HIV positive individuals.

Sutherlandia frutescens contains two main pharmacologically active substances, as well as numerous amino acids. These substances are L-Canavanine and Pinitol (a Saponin). Although the canavanine is said to be non toxic ⁶ and is commonly found in many legumes as well as onions and garlic, there does seem to be a link between high doses of canavanine and the onset or aggravation of Systemic Lupus Erythmatosus (SLE) in susceptible animals ⁴. Prete suggests that this is probably due to the fact that Canavanine affects B-cell functioning, which results in autoimmune phenomena. This then creates a new animal model of auto immunity , a drug induced SLE Syndrome.⁸

1.2 THE HYPOTHESES

The first hypothesis was that *Sutherlandia frutescens* 30CH would produce clearly observable signs and symptoms in healthy provers.

The second hypothesis was that these symptoms would be comparable to the toxicological actions of the major pharmacological compounds present in *Sutherlandia frutescens*.

1.3 THE DELIMITATIONS

The study did not:

- seek to explain the mechanism of action of the homoeopathic preparation in the production of symptoms in healthy individuals.
- determine the effects of potencies or deconcentrations of the plant other than the thirtieth centesimal (30cH).

1.4 THE ASSUMPTIONS

- the remedy used in the study was prepared accurately according to Method 6 (p.36) and Method 8a (p.38) of the German Homoeopathic Pharmacopoeia standard in the Laminar Flow room at Technikon Natal Homoeopharmaceutics Laboratory.
- the provers took the remedy in the dosage, frequency and manner required.
- the provers conscientiously and closely observed themselves for the effects of the drug and subsequently recorded their symptoms in an accurate and honest manner.
- the provers did not deviate from their normal lifestyle and/or dietary habits in a significant manner immediately prior to or for the duration of the proving.

CHAPTER TWO

THE REVIEW OF THE RELATED LITERATURE

2.1 INTRODUCTION

"It is generally stated by homoeopaths that homoeopathy is founded on provings. Even though it is acknowledged that clinical symptoms play a considerable role in materia medica, it is nevertheless held that the bulk of the symptoms described for the various remedies are derived from provings." (Campbell 1984.)

Homoeopathy itself is fundamentally based on the "Law of Similars". The drug indicated in a certain case, when given to a healthy person is capable of producing the symptom complex most nearly approaching that of the diseased patient in question (Gaier 1991:327). The only way in which this symptom complex can be documented is through the use of provings (Vithoulkas 1986:143) and Hahnemann himself stated that there is in fact no surer way of discovering a substance's healing potential (Hahnemann 1997:145). Hence the importance of provings with regard to the continual development of Homoeopathic practice cannot be over estimated.

The original theoretical basis for provings was documented by Samuel Hahnemann, the founder of Homoeopathy, in Aphorisms 161-162 in the

Organon of Medicine, 6th edition and would not stand up to the current standards for scientific methodology (Campbell, 1994), but with many improvements and contributions by homoeopaths such as Vithoulkas (1986) and Sherr (1994) as well as the use of the double blind, placebo controlled method, current provings are both scientific and highly structured.

2.2 HISTORICAL PERSPECTIVE

Galen (b: 129 –200 A.D.), ironically a highly outspoken allopath, was one of the first people to insist on "drug" trials being tested on both the healthy and the sick, hence introducing the concept of provings. It is however more likely that Samuel Hahnemann (1755-1843) used Paracelsus as his inspiration for the "Homoeopathic Proving" (Coulter 1975:442) as he documented the medicinal value of different substances (especially poisons) by noting their effects when ingested by healthy subjects.

It was however Hahnemann who wrote the first detailed format for a proving and subsequently introduced the concept of a new paradigm of medicine. While translating Cullen's *A Treatise on Materia Medica* into German, Hahnemann, a medical doctor who had become disillusioned with traditional medical practice, found that he could not accept Cullen's irrational explanation with regard to the mechanism of action of quinine (Cinchona bark) in the treatment and cure of malaria. He decided to conduct his first informal proving by ingesting large

quantities of the bark and subsequently developed the key symptoms of malaria. These disappeared when the ingestion of Cinchona bark was discontinued (Nagpaul 1987:76). Hahnemann then continued to experiment on himself and later, on volunteers until he had enough information to publish *New Principles for Ascertaining the Curative power of Drugs*, and unveil his new ground breaking theory, The Law of Similars. He had founded Homoeopathy! (Cook 1989:8). Hahnemann quickly gathered followers, including Kent and Hering under whom provings flourished both across Europe and in the United States (Demarque, 1987).

2.3 REFINEMENT OF PROVING METHODOLOGIES

The scientific principles of blinding and later double blinding were introduced by Gerstel when proving *Aconitum napellus* and Bellows when reproving *Atropa belladonna*, respectively (Demarque 1987). The double-blind placebo controlled method became almost standard in recent times as it upholds the scientific method. (Nagpaul 1987; Vithoulkas 1986)

The most scientifically valid method involving a treble-blind (where the observer is also unaware of the nature of the proving substance) was introduced by Raeside (1972) and is used by both Riley (1995a,b) and Sherr (1994). This is however highly impractical and currently almost impossible to implement at the Durban Institute of Technology due to strict research policies involving the structure research proposals.

2.4 MODERN DEVELOPMENTS

Since the 1980s much literature has been devoted to the proving process, notably by Vithoulkas in his *The Science of Homoeopathy* and Sherr in *The Dynamics and Methodology of Homoeopathic Provings*, the first homoeopathic text to focus solely on provings. Sherr's experience including provings of Chocolate, Germanium, Hydrogen, Scorpion as well as many others, make him arguably the modern day proving expert and his suggestions have recently been put into practice by such Homoeopaths as Riley (1995a,b) in his provings of *Geranium robertianum* and *Veronica officinalis*.

Other recent provings include *Adamas*, *Androctonus* and *Neon* published by Sherr in *Dynamic Provings, Volume 1* (1997), *Luna* (King & Lawrence 1996), *Bamboo* (Schuster 1996), *Tungsten* (Bond 1997), *Ozone* (Schadde 1997) and *Parthenium hysterophorus* (Maishi et al. 1998).

In 1999 Wright conducted a proving of the venom of *Bitis arietans arietans* (African Puff Adder venom) at Technikon Natal. He has pioneered the way for future provings at this institution (now the Durban Institute of Technology) and opened the door for the development of a South African Materia Medica.

2.5 SUTHERLANDIA FRUTESCENS

CLASSIFICATION

- Group: Fabacea
- Family: Sterculiaceae
- Genus: Sutherlandia
- Species: frutescens
- Common name: Cancer bush

DESCRIPTION

Sutherlandia frutescens is a perennial woody shrub, native to South Africa⁹. It is easily recognizable due to the presence of its large, bright scarlet flowers, deeply divided grey-green leaves and characteristically inflated seed pods⁹.

In Southern Africa, *Sutherlandia frutescens* is found at low and high altitudes and is common on disturbed areas, especially along roadsides. It is found both on the coast or inland (Moshe 1998:86). It is a widely distributed plant, and although growth is preferred in sunny areas, with dryish soils⁹, *Sutherlandia frutescens* shows remarkable regional variation (Gericke, van Wyk, van Oudtshoorn 1997:246).

Sutherlandia Frutescens has been shown to contain two main pharmacologically active compounds: L-Canavanine and pinitol (Moshe 1998:51):

L-Canavanine:

This non-protein amino acid has a remarkably similar structure to arginine, is only toxic when administered in large amounts. Its mechanism of action is through the interruption of protein synthesis². The normal process of protein synthesis involves the esterification of the amino acid (e.g. arginine) to a specific tRNA (e.g. arginyl-tRNA) which then transfers the amino acid to the protein assembly site². Both the activation of arginine and its subsequent linkage to tRNA are directed by the enzyme Arginyl-tRNA². However, due to the structural similarity between arginine and canavanine, both amino acids are substrates for this enzyme². As a consequence, canavanine is transferred to the protein assembly site and erroneously incorporated into the nascent polypeptide chain. The final result is the production of structurally aberrant, canavanyl proteins².

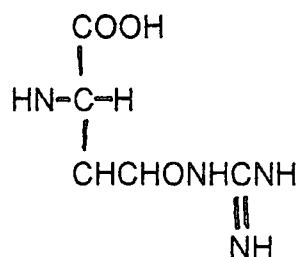
Functionally, Canavanine naturally serves as storage protein in young seeds, as well as a natural insecticide that protects seeds and young foliage through inhibiting reproduction^{1,3,5}. It also inhibits both nitric oxide and urea synthesis³.

Reactions of DNA metabolism can also be disrupted, as shown by the decreased DNA synthesis in herpes simplex after exposure to canavanine.

Canavanine also clearly displays antitumour properties with the ability to inhibit the growth of rat colon cancer (Thomas et al. 1986) and pancreatic cancer cells (Rosenthal et al. 1995). Canavanine treated mice bearing L1210 leukemic cells lived longer than those left untreated (Green et al. 1980). It does however

appear, that the most likely toxic effect of L-canavanine on humans is its ability to induce a "Lupus like state" ⁷.

Structure of L-Canavanine:



Saponins:

These are glycosides that are formed by plants and have the property of forming colloidal aqueous solutions on shaking. Although these are harmless when ingested, they are toxic when administered *in vitro* (outside the body in a test tube)⁵. Most of their effects are beneficial, as they have been shown to decrease cholesterol and seem to act as anticarcinogens and antidiabetic agents ⁵. Pinitol specifically has hypoglycemic and antidiabetic activity (Buckingham, 1994).

Triterpenoids are also present in *Sutherlandia frutescens* and through acting as spindle poisons, are biologically active against various diseases and show anticancer activity (Bruneton, 1995). A triterpenoid glucoside known as SU1

has been isolated. While SU1 is still the subject of ongoing research, it has shown promising biological activities⁸. GABA, an inhibitory neurotransmitter has also been isolated in *Sutherlandia frutescens* leaves in quantities of approximately 14mg/g dry weight⁸.

HISTORY OF THERAPEUTIC USAGE

Sutherlandia frutescens has been used therapeutically, in herbal form, for hundreds of years treating influenza, rheumatism, hemorrhoids, bladder, gastric and uterine ailments and even backache (Gericke, van Wyk, van Oudtshoorn 1997:246). Its calming properties were utilized by the Zulus and the Sotho who used *Sutherlandia frutescens* as a tranquilizer⁸ and it has even been used as a "quality of life " tonic for cancer sufferers⁸.

2.6 SUMMARY

There is a vital need to conduct new provings (especially using local substances) (Wright 1999:11) as this may allow us to cure patients that previously could only be treated by a partial simillimum, as their individual simillimum had not yet been proven.

CHAPTER THREE

MATERIALS AND METHODS

3.1 THE EXPERIMENTAL DESIGN

A double blind proving of *Sutherlandia frutescens* 30CH was conducted.

Twenty-four provers were selected and randomly divided into two groups, those to receive medicated powders and those to receive the placebo powders. The former consisting of 18 (75%) and the latter consisting of 6 (25%). As an added control measure, the subjects were also ignorant of both the nature of the proving substance and the administered potency, as is suggested and used by Sherr (1994) for example. Prior to taking the remedy, each patient provided their own case history and received a physical examination so as to establish each individual's baseline (Vithoulkas 1986:150). Each prover was then required to keep a daily journal, in which all symptoms were recorded in accordance with a suggested guide. The researchers then collated the data and translated the symptoms produced into Materia Medica and repertory language. Finally a homoeopathic picture of the remedy emerged in which marked themes exist. These themes and central characteristics of the remedy were then compared to the toxicology of *Sutherlandia frutescens*. Data was analyzed by qualitative methods as the data was not amenable to standard statistical analysis.

3.2 AN OUTLINE OF THE METHOD

- The proving was conducted by four M.Tech homoeopathy students.
Each researcher conducted individual interviews, in which potential provers were screened for suitability and checked against the inclusion criteria. (Appendix A).
- The provers were randomly divided into four equal groups with each researcher responsible for a group of provers.
- The provers attended a pre-proving training course during which all aspects of the proving were explained to them as well as what was required of them.
- The provers signed a consent form (Appendix C).
- A thorough case history (Appendix B) and physical examination was performed on each prover by the researcher.
- Provers were each assigned a prover code, a list of instructions (Appendix D), a journal, a list of contact telephone numbers, a starting date and medication in the form of powders.
- The provers commenced recording their symptoms at least three times daily in their journal for one week prior to taking their powders (Sherr 1994:60). This established a baseline for the provers.
- The provers commenced taking the powders a maximum of three times a day for two days or until the first symptoms appeared while continuing to record their symptoms.

- If no symptoms were noted after the completion of the medication, the prover ceased to take the substance, but continued to record their symptoms.
- The provers continued to record their symptoms until all proving symptoms abated.
- For the first week, the researcher was in daily contact by telephone with each prover. After this, contact frequency decreased from daily to every two, then three days and then weekly.
- When no symptoms had occurred for three weeks, the proving was considered complete (as the remedy was considered to have run its course).
- A two-week post-proving observation then occurred (to ensure that no late symptoms were overlooked).
- All the journals were then recalled and a case history and physical examination was then repeated with each prover.
- Each group discussion took place with all four researchers present.
- The proving was then unblinded to the researchers so that they could distinguish between placebo and proving groups.
- Extraction and collation of the data then occurred.
- The proving was then written up into Materia Medica and repertory format and published.

- The proving symptoms were then compared to the toxicological symptoms of the plant.
- The total duration of the proving was approximately three months.

3.3 THE PROVING SUBSTANCE

3.3.1 THE POTENCY

Hahnemann maintained in paragraph 128 of the sixth edition of the Organon (Hahnemann 1997:154), that a potency of 30cH was the most valuable potency to use for provings. Kent contested this statement but was however forced to admit the value of the symptoms obtained in his provings using a potency of 30cH (Kent 1990:221) and later approved the use of the 30cH potency in all of his provings. Koppers (1987) discovered through the use of various potencies that 30cH did in fact provide the most striking and comprehensive peculiar symptoms as well as strong mental changes. This statement has been supported by Walach et al. (1995) and Sherr (1994). On this basis, only a potency of 30cH was used in this proving.

It should however be noted that, as suggested by Vithoulkas (1986), a remedy must be proved in a variety of different potencies at different geographical locations before it can be considered "fully proved".

3.3.2 THE DOSE AND POSOLOGY

- One powder was dissolved under the tongue, three times a day for two days.
- No powders were taken after the onset of symptoms (Sherr 1994:53). This is in accordance with the rule of drug non-repetition in pathogenetic experiments, expressed as: There is to be no repetition of the dose until symptoms have run their course and completely abated from the dose already administered (Gaier 1991:267).
- Nothing was taken by mouth for twenty minutes before and after each dose.

3.3.3 PREPARATION AND DISPENSING OF THE REMDY TO BE PROVED

Potencies of *Sutherlandia frutescens* were prepared from a live sample obtained from Robyndale Nursery, according to the methods 6 and 8a, specified in the German Homoeopathic Pharmacopoeia (GHP).

The remedy was dispensed in the form of lactose granules (which had been impregnated at 1% volume/volume with *Sutherlandia frutescens* 30 CH in ethanol 73%) in lactose powder. The placebo was dispensed in the form of lactose granules (indistinguishable from those used for the *Sutherlandia frutescens* 30 CH) in lactose powder.

The dispensing was done in such a manner that the researcher was unaware of which provers received placebo or *Sutherlandia frutescens* 30CH. (See section 3.5)

3.4 THE DURATION

A one-week observation period preceded the commencement of proving of each prover. They continued to record their symptoms until they abated and the proving was considered complete when no symptoms had occurred for three weeks. (Sherr 1994:58)

A two-week post-proving observation period followed (Riley 1995a,b).

The duration of the proving itself was approximately three months.

3.5 PROVER POPULATION AND PLACEBO

In his initial provings, Hahnemann used 64 provers without any person receiving placebo and the reprovings of the same substances served only to reinforce his original work. Sherr (1994) chooses to only allow 15 to 20 provers, with a 10-20% placebo control group, to participate in his provings. This is to prevent over representing the remedy in the repertory, as a result of including an excessive number of symptoms. He maintains that 20 provers provide not only an adequate, but a full picture of the proven remedy. Nagpaul (1987) suggests a proving group of 20-30 individuals with a 25 to 30% to receive placebo.

In this double blind homoeopathic proving, 24 provers were included, 25% of whom (i.e. 6 of the 24 provers) were assigned placebo in a randomized manner so as to act as placebo controls. This was done by the Homoeopathic Day Clinic's Laboratory Assistant, who then kept the list until the proving was completed. the remaining 18 provers received potentised *Sutherlandia*

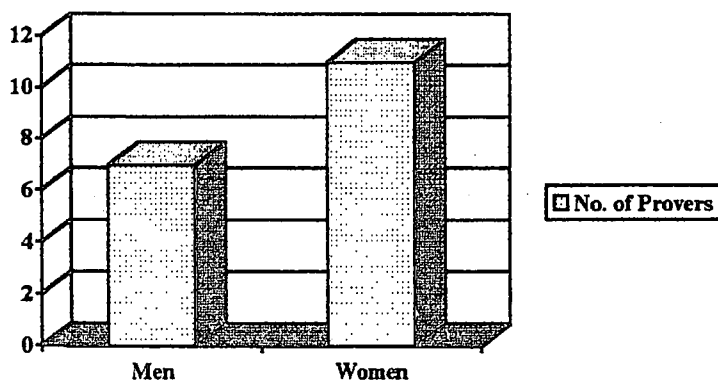
frutescens. This falls within Sherr's suggestion of 15 to 20 provers (Sherr 1994:45).

Of these 18 provers 11 (61%) were female and 7(39%) were male, giving a slightly weighted sex distribution. (See Graph 3.1). Hahnemann (1997:154) stated that testing on both males and females is necessary to ensure that gender related alterations are also observed.

The age distribution of the provers is illustrated in Graph 3.2.

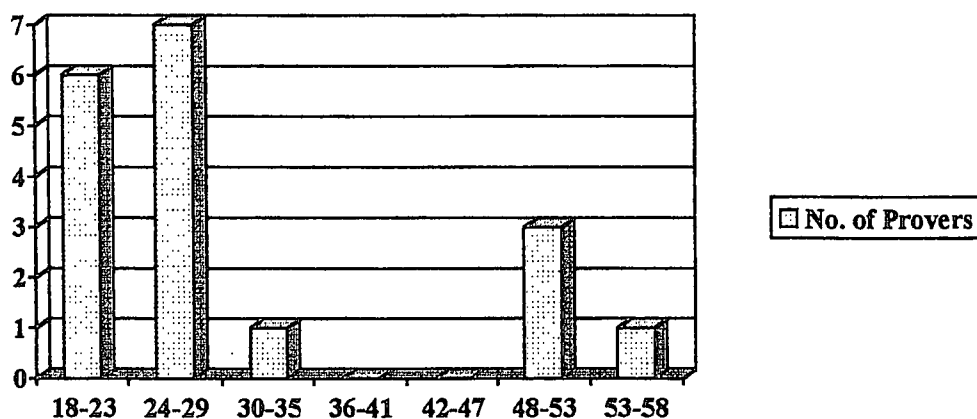
GRAPH 3.1

SEX DISTRIBUTION OF PROVERS



GRAPH 3.2

AGE DISTRIBUTION OF THE PROVERS



3.5.1 CRITERIA FOR THE INCLUSION OF A SUBJECT IN THE PROVING

The subject:

- was between the ages of 21-60
- was neither on, nor in need of any medication (chemical, homoeopathic or otherwise) (Walach *et al.* 1995:219; Riley 1995a:45,b:144).
- had not been on the birth control pill or hormone replacement therapy (HRT) in the six months prior to the proving (Koppers 1987:81; Sherr 1994:44; Riley 1995a:45,b:144).

- was not pregnant or nursing (Sherr 1994:44; Riley 1995a:45, b :144).
- had not had surgery in the last 6 weeks (Riley 1995a:45, b :144).
- was not a user of recreational drugs such as Cannabis or LSD (Sherr 1994:44; Walach et al. 1995:219).
- did not consume more than 2 measures of alcohol, 3 cups of caffeine-containing beverages or herb teas or 10 cigarettes per day (Koppers 1987:81; Sherr 1994:44; Walach et al. 1995:219).
- was in a general state of good health as judged by the researcher and the subject her/himself (Koppers 1987:81; Riley 1995a:45,b:144).
- had no gross physical or mental pathology determined at case history and on physical examination (Sherr 1994:44).
- did not suffer from hypersensitivity diseases such as asthma, hay fever, allergies or food sensitivities (Vithoulkas 1986:150).
- was willing to follow the proper procedures for the duration of the proving.

3.5.2 MONITORING OF THE PROVERS

The researcher was in daily contact by telephone with each of the provers during the initial stages of the proving. As the symptoms began to wane, contact frequency decreased to every two, three and then seven days (Sherr 1994:58). This ensured that the researcher could ascertain when the substance had begun to act so that he could instruct the prover to stop taking the remedy. This contact also ensured that no symptoms would be neglected and that an antidote could immediately be administered if any extreme aggravation took place.

3.5.3 CHRONOLOGY

The provers were required to write down when each symptom appeared, using the time elapsed since the beginning of the proving as a reference point.(Hahnemann 1992:116).

The format of DD:HH:MM was used, where DD indicated the number of days since the beginning of the proving (i.e. day 1 was 00), HH indicated the number of hours and MM the minutes. After 24 hours, the minutes became redundant and were represented by an XX. After 2 days, the hours were considered redundant and were also represented by an XX. In instances where the time was insignificant or unclear, XX:XX:XX was used. The 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. (Sherr 1994:73).

3.6 GROUP DISCUSSION

After all the journals had been collected, a group discussion was held in which both researchers and provers attended. Sherr (1994:04) feels that this is a valuable source of information. He maintains that group discussions add a deep and dynamic dimension to the proving experience and that without them, many valuable symptoms would be lost. Group discussion clarifies issues, themes and feelings while aiding the researcher in validating or discarding doubtful symptoms (Sherr 1994:6).

3.7 SYMPTOM COLLECTION, EXTRACTION AND EVALUATION

At this stage, the provers' written diaries were converted into Materia Medica format. Symptoms were studied, validated or rejected according to the criteria detailed below by the researcher, then edited into a proving format that was coherent, logical and non repetitive (Sherr 1994:67).

3.7.1 CRITERIA FOR THE ACCEPTANCE OF A SYMPTOM AS A PROVING SYMPTOM

The following criteria, used as a whole, rather than each separately have been suggested by Sherr (1994) and were hence used in the proving of *Sutherlandia frutescens*. When integrated, these criteria result in a qualitative analysis of the proving. This is necessary as present day use of quantitative analysis is still in formative stages (Walach 1997:129).

- The symptom did not appear in a prover in the placebo group.
- The symptom occurred shortly after taking the medication (Riley 1995a:45, b:144).
- The intensity of the symptom (Nagpaul 1987:76; Sherr 1994:71; Riley 1995a:45, b:144).
- The duration of the symptom (Nagpaul 1987:76; Riley 1995a:45, b:144).
- The number of subjects experiencing a symptom (Riley 1995a:45, b:144).

- The modalities and concomitants associated with a symptom (Riley 1995a:45, b:144).
- The symptom was strange, rare or peculiar, either in general or for that prover (Riley 1995a:45, b:144).
- The cure of a pre-existing chronic symptom (Sherr 1994:71; Riley 1995a:45, b:144).
- If a prover is under the influence of the proving substance (as can be seen by a general appearance of symptoms), then all other new symptoms are proving symptoms (Hahnemann 1992:158; Sherr 1994:70).
- 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 for 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, which occur to more than one prover (Hahnemann 1992:158; Sherr 1994:71).
- The symptom occurred a long time previously (especially 5 or more years ago) and there is no explainable reason for its recurrence at the time of the proving (Hahnemann 1992:158; Sherr 1994:70).

3.8 COLLATING AND EDITING

All the separate proving symptoms were brought together to form a totality of symptoms as well as the remedy picture. The process began with separating all the symptoms experienced by each prover into their relevant subdivisions (e.g. head, stomach) and then sorting each subdivision according to prover numbers. Repeated and similar symptoms appeared separately and consecutively and were sorted in accordance with:

- the prover
- the sequence of development of the symptom
- the time of appearance of the symptom (Wright 1999:24).

The result is an ordered account of the symptom complex produced by

3.9.2 THE MATERIA MEDICA

The final symptom complex was written up in Materia Medica format, closely adhering to the format of **Synthesis - Edition 7** (1997).

Symptoms were entered under the following main headings:

- | | |
|-------------------|-------------------------|
| - mind | - rectum |
| - vertigo | - stool |
| - head | - bladder |
| - eye | - urine |
| - vision | - male genitalia/ sex |
| - ear | - female genitalia/ sex |
| - hearing | - larynx and trachea |
| - nose | - respiration |
| - face | - chest |
| - mouth | - back and neck |
| - teeth | - extremities |
| - throat | - sleep |
| - external throat | - dreams |
| - stomach | - generals |
| - abdomen | |

CHAPTER FOUR

THE RESULTS

THE MATERIA MEDICA AND REPERTORY OF *SUTHERLANDIA FRUTESCENS*

4.1.1 KEY

The symptoms are grouped by Materia Medica section and are referenced in the following format:

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

Rubrics are listed in the order in which they would be found in Synthesis ed.7 (1997), and are presented in the following format:

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

A capital 'N' is appended to new rubrics, i.e. additions to the repertory - in the form of rubrics - which are suggested as a result of this proving. These rubrics are also underlined.

Grade three (3) rubrics are displayed in bold print.

Grade two (2) rubrics are displayed in italics.

Grade one (1) rubrics are displayed in plain type.

New rubrics are underlined.

A separate list of grade three and grade two rubrics is presented.

4.1.2 PROVER LIST

PROVER NUMBER	AGE	SEX
1	21	M
2	26	F
3	24	F
5	31	M
7	25	F
9	24	M
10	56	F
11	19	F
12	50	F
13	24	M
14	25	F
15	20	F
17	24	F
18	19	M
20	21	M
21	21	F
22	52	F
23	50	M

4.2 MATERIA MEDICA

4.2.1 MIND

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

03F 00:XX:XX

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

03F 01:XX:XX

Forgetful, decreased memory, unfocussed, not concentrating.

03F 01:XX:XX

Feeling oversensitive and sad. Over reacting to things, taking things personally.

Averse to company, don't want to go out and see people (unusual). Getting upset easily. Alternating with happiness. Pondering and thoughtful.

03F 02:XX:XX

Feel irritable over nothing, angry and resentful.

03F 04:XX:XX

Feel sad, gloomy, oversensitive and overreacting. Cried about 10 times today.

Bad day everything going wrong. Short tempered and irritable.

03F 06:XX:XX

Still feel terrible, jaw is agony. Very irritable.

Sobbing, weepy, verging on being hysterical (someone just drove into me).

Feel despondent nothing going my way.

03F 06:16:30

Feeling positive.

07F 03:XX:XX

Calm and relaxed feelings.

07F 16:XX:XX

Cheerful mood.

07F 18:XX:XX

Depressed on waking.

10F 20:XX:XX

Sensation of horrible, foreboding feeling.

11F 06:XX:XX

Depressed.

11F 13:XX:XX

Fear that house will be burgled.

11F 17:XX:XX

Woke feeling very claustrophobic.

12F 00:XX:XX

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

18M 02:06:45

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

18M 02:07:00

Happy mood but very very tired.

20M 00:XX:XX

Very happy.

20M 01:XX:XX

Very happy.

20M 02:XX:XX

Very happy again.

20M 03:XX:XX

Happy mood, very relaxed and in high spirits.

20M 04:XX:XX

Sad because I wasn't with my girlfriend for her birthday.

20M 05:XX:XX

Happy mood.

20M 06:XX:XX

Good mood but got stressed as I drove home from Johannesburg (very bad weather).

20M 08:XX:XX

Good mood, very happy.

20M 09:XX:XX

Good mood, very happy.

20M 10:XX:XX

Happy mood.

20M 12:XX:XX

Happy mood.

20M 13:XX:XX

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

21F 04:XX:XX

Anxious a little this evening- daughter traveling to P.E. tonight.

22F 00:XX:XX

Mood has been happy all day.

22F 01:XX:XX

Generally a happy day.

22F 02:XX:XX

Went for a walk this afternoon- felt really good afterwards.

22F 03:XX:XX

Mood was generally good.

22F 03:XX:XX

Slightly irritable for a short while mid-afternoon.

22F 03:XX:XX

Excited as daughter should be back this afternoon.

22F 04:XX:XX

Felt good after walk.

22F 04:XX:XX

Happy mood today.

22F 06:XX:XX

Went for a walk this afternoon and felt good afterwards.

22F 07:XX:XX

When busy today I never noticed any symptoms.

22F 08:XX:XX

Disappointed to miss walk.

22F 08:XX:XX

Walked on the beach this afternoon- felt good.

22F 10:XX:XX

On going to sleep I decided to only rink fluids tomorrow because I am feeling so full.

22F 11:XX:XX

Walked at lunch time- felt good afterwards.

22F 12:XX:XX

Went for a walk this morning and felt good afterwards.

22F 13:XX:XX

Woke up feeling a little sad because it's my sons 21st birthday and he is overseas and we can't be with him.

22F 14:XX:XX

Relaxed mood today (rainy).

23M 00:XX:XX

Happy to see mother in law.

23M 01:XX:XX

Morning "flatness" gone with walk.

23M 02:XX:XX

Starting to get bored with lack of activity.

23M 04:XX:XX

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

23M 05:XX:XX

Mixed emotions about "absent friends", sons birthday.

23M 05:XX:XX

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

23M 06:XX:XX

Feels good to be home.

23M 06:XX:XX

Feels good to mow the lawn.

23M 07:XX:XX

Great time in the pool- very physical.

23M 08:XX:XX

Bored, need mental and physical exercise.

23M 12:XX:XX

Motivated to exercise.

23M 12:XX:XX

Angry with co-worker's "blunders".

23M 14:XX:XX

Feel great after walking.

23M 14:XX:XX

Hectic day- feels great- good day.

23M 15:XX:XX

4.2.2 HEAD:

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

01M 00:14:XX

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

01M 00:06:30

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

01M 00:14:30

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

01M 00:XX:XX

Dull aching headache. Frontal. Feel tired.

03F 01:XX:XX

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

03F 01:XX:XX

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

03F 02:11:30

Headaches have almost disappeared. They were: throbbing, gradually increasing in intensity at the base. > rubbing <exertion.

07F XX:XX:XX

Itching scalp > voluptuous scratching.

09M 12:XX:XX

Pain on waking.

10F 01:XX:XX

Pain at midday.

10F 02:XX:XX

Dull, aching pain in sinuses.

11F 07:XX:XX

Scalp itching.

11F 10:XX:XX

SE of fullness

12F 01:XX:XX

Woke up with very odd head pain , experienced in back lower right quadrant only . Intermittent pain. Relieved by applying very hard pressure to area, almost by banging on head with my hand. Sensitive or light touch made it worse. Pain gets gradually better through the day, less in the evening.

13M 05:XX:XX

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

14F 01:XX:XX

Splitting headache from driving in the sun.

20M 00:XX:XX

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

20M 01:22:30

Sinus headache (slight).

20M 02:XX:XX

Sinus headache the whole day.

20M 03:XX:XX

Slight sinus headache.

20M 06:XX:XX

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

21F 11:XX:XX

Slight headache on right side this morning.

22F 02:XX:XX

Had a slight headache after watching a movie this afternoon.

22F 13:XX:XX

Itchy scalp and right arm for short period this evening.

22F 14:XX:XX

Slight dull headache this afternoon, lasted approximately an hour.

22F 15:XX:XX

4.2.3 VERTIGO

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

17F 04:XX:XX

4.2.4 EYES

Pain behind the eyes.

09M 16:XX:XX

Pain, burning.

10F 22:XX:XX

Tired.

10F 22:XX:XX

Pain in right eye on waking.

11F 12:XX:XX

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

17F 01:XX:XX

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

17F 02:XX:XX

Eyes are dry.

17F 03:XX:XX

Eyes are puffy.

17F 06:XX:XX

Left inner canthus tender as if a styne were forming.

17F 12:XX:XX

My eyes are paining.

21F 00:XX:XX

Pain around eyes in the morning.

21F 11:XX:XX

Itchy eyes.

22F 00:XX:XX

Eyes were a bit itchy this morning.

22F 01:XX:XX

Eyes a little itchy this morning.

22F 03:XX:XX

Eyes slightly itchy when I woke up.

22F 04:XX:XX

Eyes itchy when I woke up.

22F 05:XX:XX

Eyes a little itchy this evening.

22F 11:XX:XX

Itchy eyes when I woke up.

22F 13:XX:XX

Eyes a bit itchy.

22F 16:XX:XX

4.2.5 VISION

Vision blurred when head is turned and slight nausea .Can't seem to focus.

18M 00:13:XX

4.2.6 EAR

Pain in left ear.

10F 19:XX:XX

Ears feel tight as if something's around them.

17F 00:01:XX

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

20F 01:XX:XX

Itch in left ear.

20F 02:XX:XX

4.2.7 NOSE

Sneezing in the morning.

07F 06:XX:XX

Sneezing in the morning.

09M 00:XX:XX

Nose running in the morning.

09M 00:XX:XX

Hayfever.

09M 04:XX:XX

Sneezing frequently, in the morning.

10F 02:XX:XX

Sensation of heaviness in sinuses.

10F 05:XX:XX

Stopped up.

10F 20:XX:XX

Sneezing frequently, in the morning.

11F 05:XX:XX

Running.

11F 05:XX:XX

Stopped up.

11F 07:XX:XX

Sneezing throughout the day.

12F 00:XX:XX

Running.

12F 00:XX:XX

Nose feels burning like it is on fire.

14F 01:XX:XX

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

14F 05:XX:XX

Nose dry and burning.

14F 06:XX:XX

Nose stuffy. Sneezing often. Feel like an allergic reaction to something in the air.

Feeling of allergic rhinitis coming on.

17F 00:01:XX

Nose itchy.

17F 01:XX:XX

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

17F 02:XX:XX

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

17F 04:XX:XX

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

17F 07:XX:XX

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

17F 12:XX:XX

Slight occurrence of mucous, but not runny.

20M 01:XX:XX

Nose slightly blocked.

20M 07:XX:XX

I was sneezing in the morning.

21F 12:XX:XX

Nose very blocked and feeling warmish to me.

22F 00:XX:XX

Sneezing a lot.

22F 00:18:00

Disturbed sleep due to sneezing and blocked nose.

22F 00:XX:XX

Blocked nose feeling much better in the afternoon.

22F 01:XX:XX

Lots of sneezing at 9 am.

22F 02:09:00

Slight sneezing early in the morning.

22F 03:XX:XX

Slight sneezing in the morning.

22F 04:XX:XX

Sneezed a bit on waking.

22F 05:XX:XX

Bit of sneezing when I woke up.

22F 06:XX:XX

Sneezing this evening.

22F 11:XX:XX

Sneezing this morning.

22F 13:XX:XX

Sneezing this morning.

22F 15:XX:XX

4.2.8 FACE

Tender, painful, ugly pimples on my face.

17F 00:XX:XX

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

17F 00:01:30

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

17F 01:XX:XX

Top lip, right side numb.

17F 03:XX:XX

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

17F 16:XX:XX

Pimple under left eye (in sensitive region).

20M 02:XX:XX

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

Very sensitive pimples.

20M 03:XX:XX

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

20M 08:XX:XX

Pimples on face gone after 5 days.

20M 08:XX:XX

4.2.9 MOUTH

Stale taste in mouth even after gargling.

14F 01:XX:XX

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

15F XX:XX:XX

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

17F 00:01:30

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

17F 01:XX:XX

Top lip, right side numb.

17F 03:XX:XX

Mouth very dry.

17F 08:XX:XX

Itchy gums. Little itchy bumps on my pallet.

17F 12:XX:XX

Horrible "dirty" taste in mouth.

22F 05:XX:XX

4.2.10 THROAT

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

01M 00:13:XX

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

01M 02:XX:XX

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

01M 01:XX:XX

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

01M 02:XX:XX

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

03F 01:XX:XX

Feels slightly scratchy.

07F 08:XX:XX

Pain: SE of razors slicing.

10F XX:XX:XX

Pain, scratching.

11F 18:XX:XX

Pain: SE of razors slicing

11F 08:XX:XX

Pain: scratchy on left side.

12F 00:10:XX

Pain: SE of burning.

12F 00:XX:XX

4.2.11 STOMACH

Burny feeling in stomach, better for eating.

03F 00:XX:XX

Not as thirsty as normal.

03F 00:XX:XX

Appetite decreased. Easy satiety.

03F 00:XX:XX

Woke thirsty and unrefreshed.

03F 01:XX:XX

Not hungry for breakfast (unusual).

03F 01:07:XX

Burning tummy. Better eating. Hungry.

03F 01:10:30

After lunch noticed decreased appetite.

03F 01:XX:XX

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

03F 01:XX:XX

Heartburn, uneasy acidy feeling, not as severe as yesterday, but at the same time.

03F 02:XX:XX

Easy satiety at lunch.

03F 02:XX:XX

Easy satiety.

03F 03:XX:XX

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

Uneasy burning in stomach > eating. Heartburn from stomach rises to esophagus. Nauseous. Varying appt.

03F 03:XX:XX

Decreased thirst.

03F 03:XX:XX

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

05M 00:XX:XX

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

05M 00:XX:XX

Sensation of being queasy.

09M 13:XX:XX

Huge appetite. Seemed unquenchable.

09 21:XX:XX

Lack of appetite.

11F 02:XX:XX

Increased appetite.

11F 06:XX:XX

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

14F 12:XX:XX

Slight nausea and blurred vision with turning my head.

18M 00:13:XX

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

18M 01:XX:XX

Was quite thirsty the whole day and nothing quenched it.

20M 01:XX:XX

Appetite very good (I can eat a horse). I have only now realized that throughout this proving I have been eating like a pig.

20M 07:XX:XX

Appetite still big.

20M 08:XX:XX

Still eating like a pig.

20M 09:XX:XX

Ate constantly the whole day.

20M 10:XX:XX

Still eating ravenously.

20M 11:XX:XX

Good appetite.

20M 13:XX:XX

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

21F 11:XX:XX

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

22F 10:XX:XX

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

22F 11:XX:XX

Very thirsty after my morning walk.

22F 14:XX:XX

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

22F 15:XX:XX

4.2.12 ABDOMEN:

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

05M 01:XX:XX

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

05M 02:XX:XX

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

14F 12:XX:XX

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

18M 01:XX:XX

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

21F 00:XX:XX

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

21F 02:XX:XX

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

22F 11:XX:XX

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

22F 11:XX:XX

4.2.13 RECTUM:

Stool loose and unformed during menses.

14F 15:XX:XX

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

18M 02:XX:XX

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

22F 01:XX:XX

Feeling of constipation although tummy worked twice today.

22F 05:XX:XX

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

22F 11:XX:XX

4.2.14 STOOL:

Stool loose and unformed during menses.

14F 15:XX:XX

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

18M 02:XX:XX

4.2.15 BLADDER:

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

03F 00:XX:XX

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

03F 01:XX:XX

Woke at 5 am needed to urinate.

03F 02:XX:XX

Still increased urination.

03F 03:XX:XX

4.2.16 FEMALE:

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

14F 13:XX:XX

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

14F 14:XX:XX

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

14F 15:XX:XX

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

14F 16:XX:XX

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

14F 46:XX:XX

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

14F 47:XX:XX

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

14F 48:XX:XX

(day 4) No flow , cycle has changed .

14F 49:XX:XX

(day 5) Spotting of dark blood .

14F 50:XX:XX

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

17F 06:XX:XX

Old itching thrush has returned.

17F XX:XX:XX

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

It is two weeks early

21F 03:XX:XX

Prolonged period

Spotting 8th - 12th (four days)

Normal period 12th - 15th (three days)

Spotting 15th - 23rd (6 days)

Normal period 23rd - 27th (four days)

Period two weeks early.

22F 13:XX:XX

4.2.17 COUGH:

Phlegm.

11F 10:XX:XX

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

18M 02:07:15

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

22F 02:XX:XX

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

22F 03:XX:XX

Slight cough this morning.

22F 12:XX:XX

4.2.18 CHEST:

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

22F 03:XX:XX

Same short of breath feeling in chest this evening when going to bed.

22F 04:XX:XX

4.2.19 BACK:

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

01M 00:06:30

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

01M 00:14:30

Skin of back of neck and upper back : tingling sensation, which is better for movement and increases in intensity when still/inactive (lying, standing, sitting).

Tingling sensation appears on skin randomly and mildly on all parts of the body especially extremities.

01M 00:XX:XX

Pain between shoulder blades especially on the right, a sharp shooting pain.

Can locate the pain with my finger, very localized.

Soreness of neck.

14F 00:XX:XX

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

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

14F 01:XX:XX

Neck stiffness, need to crack neck to release pressure.

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

14F 02:XX:XX

Nagging lower back pain especially on the right .

14F 03:XX:XX

Pain in right side of neck. Pain on right side of back, very painful and tender to touch. Nagging pain between shoulder blades .

14F 06:XX:XX

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

14F 08:XX:XX

Lower back pain better for massage and pressure .

Neck stiffness , SCM feel tight .

14F 09:XX:XX

Neck stiff , SCM and trapezius muscles feel sore .

Mid-back pain on right , muscles feel chordy .

14F 10:XX:XX

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

14F 27:XX:XX

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

15F 00:XX:XX

Neck tight.

17F 00:03:XX

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

17F 04:XX:XX

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

Pain is localized .

18M 02:09:XX

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

18M 02:14:XX

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

20M 01:XX:XX

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

21F 00:XX:XX

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

21F 01:XX:XX

Still coughing slightly - a bit of discomfort over upper right back area (where my scar is) when I cough.

22F 02:XX:XX

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

22F 03:XX:XX

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

22F 16:XX:XX

4.2.20 EXTREMITIES:

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

01M 00:14:30

Skin of back of neck and upper back : tingling sensation, which is better for movement and increases in intensity when still/inactive (lying, standing, sitting).

Tingling sensation appears on skin randomly and mildly on all parts of the body especially extremities.

01M 00:XX:XX

Doing aerobics - cramp in R foot, went up into calf on the inside. Also very unco-ordinated. (unusual).

03F 01:XX:XX

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

07F 03:XX:XX

Cramping of right inner thigh.

09M 10:XX:XX

Pain in the inner side of the left elbow.

09M 25:XX:XX

Pain over right Pisiform bone <pressure (healed symptom).

10F XX:XX:XX

Pain in shoulder (bruised sensation).

11F 04:XX:XX

Slight rash between right thumb and index finger.

12F 03:XX:XX

Muscles feel sore especially thighs.

14F 00:XX:XX

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

Left ankle pain .

14F 01:XX:XX

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

14F 03:XX:XX

Legs feel heavy.

14F 05:XX:XX

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

15F 01:XX:XX

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

15F 04:21:XX

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

20M 05:13:30

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

20M 06:05:30

Stiffness in right hip area after sitting.

22F 02:XX:XX

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

22F 04:XX:XX

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

22F 04:XX:XX

Right hip feeling stiff again this evening- after lying on the couch then getting
up to go to bed.

22F 04:XX:XX

Have blisters at the back of my right foot.

22F 05:XX:XX

Have an itchy rash on back of left upper arm.

Lots of red raised little bumps next to each other.

22F 05:XX:XX

Right big toe sore again this evening.

22F 05:XX:XX

Left upper arm rash is still itchy.

22F 06:XX:XX

Right big toe sore again this evening.

22F 06:XX:XX

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

22F 07:XX:XX

Right big toe sore again this evening.

22F 10:XX:XX

Stiffness in right hip again this morning - not last long.

22F 13:XX:XX

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

22F 14:XX:XX

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

22F 15:XX:XX

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

22F 16:XX:XX

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

23M 03:XX:XX

Stiffness from exercising day before- good to feel stiff.

23M 13:XX:XX

4.2.21 SLEEP:

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

03F 01:XX:XX

Woke at 5am, needed to urinate.

03F 02:05:XX

Slept late

08F 01:XX:XX

Restful, easier to get up in the morning.

09M 01:XX:XX

Battled to get to sleep, had restless legs.

09M 17:XX:XX

Restless, tossed and turned very violently.

09M 18:XX:XX

Difficulty waking

10F 05:XX:XX

Restless

10F 16:XX:XX

Early waking.

11F 02:XX:XX

Sleepiness.

11F 06:20:XX

Sleeplessness due to: cough.

11F 12:XX:XX

Sleeplessness due to: Itching scalp.

11F 12:XX:XX

Difficulty waking.

11F 12:XX:XX

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

14F 02:XX:XX

Sleep very restless .

14F 03:XX:XX

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

14F 05:XX:XX

Body feels sore , restless sleep .

14F 06:XX:XX

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

14F 08:XX:XX

Can't sleep due to too much back pain. Very restless sleep. Tossing and turning all night - wake with bedcovers and clothes all over. Very restless legs in bed.

Very hot, constant need to cool down, continually replace pillows for colder ones. Muscles feel tired and aching with great desire to stretch the whole night.

14F 09:XX:XX

Wake surprisingly unrefreshed.

17F 01:XX:XX

Slept solidly.-

20M 00:XX:XX

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

20M 01:XX:XX

Slept well (many dreams)

20M 02:XX:XX

Slept like a log

20M 03:XX:XX

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

20M 04:XX:XX

Slept well with many dreams

20M 04:XX:XX

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

20M 05:14:00

Slept peacefully

20M 07:XX:XX

Good sleep

20M 08:12:00

Slept well

20M 10:XX:XX

Sleep good.

20M 12:XX:XX

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

21F 01:XX:XX

Disturbed sleep due to sneezing and blocked nose

22F 00:XX:XX

Slept well last night and dreamt just before waking

22F 01:XX:XX

Good sleep - dreamt again just before waking

22F 02:XX:XX

Slept well

22F 03:XX:XX

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

22F 03:XX:XX

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

22F 04:XX:XX

Same short of breath feeling in chest this evening when going to bed.

22F 04:XX:XX

Had a good sleep

22F 04:XX:XX

Sleeping well with many dreams

22F 08:XX:XX

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

22F 12:XX:XX

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

22F 15:XX:XX

Slept well(unusual)

23M 02:XX:XX

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

23M 04:XX:XX

4.2.22 DREAMS:

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

03F 02:XX:XX

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

09M 07:XX:XX

Dreamt about pepper steak pies.

09M 15:XX:XX

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

09M 20:XX:XX

Of the dead, but alive in dream - family

10F 05:XX:XX

Scattered in time (backwards and forwards)

10F 09:XX:XX

Of the dead, but alive in dream - pets

10F 13:XX:XX

Of contact lens in mouth and accidentally biting it

11F 09:XX:XX

Of hurting her tooth

11F 10:XX:XX

Of yellow nails

11F 10:XX:XX

Of an old friend, now wearing her pajamas

11F 17:XX:XX

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

17F 02:XX:XX

Many dreams throughout proving

20M XX:XX:XX

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

22F 01:XX:XX

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

22F 02:XX:XX

Many dreams

22F 06:XX:XX

Woke up screaming. Dreamt I was with my mother somewhere and an unknown person was hiding from us, but we knew they were there. I was very frightened.

Took a while to go back to sleep.

4.2.23 PERSPIRATION:

Profuse.

09M 02:XX:XX

Sticky.

09M 10:XX:XX

Resulting in itching.

09M 24:XX:XX

4.2.24 SKIN:

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

03F 02:XX:XX

Feet still dry , but no longer peeling.

03F 03:XX:XX

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

07F 03:XX:XX

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

07F XX:XX:XX

Itching scalp > voluptuous scratching.

09M 12:XX:XX

Red, raised, itching eruptions

11F 20:XX:XX

Intense itching of scalp, prevents sleep and "drives her crazy" >scratching

11F XX:XX:XX

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

17F 02:XX:XX

Skin is not healing well.

17F 05:XX:XX

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

Hard skin has formed over the warts.

17F 16:XX:XX

Pimple under left eye (in sensitive region).

20M 02:XX:XX

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

Very sensitive pimples.

20M 03:XX:XX

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

20M 08:XX:XX

Pimples on face gone after 5 days.

20M 08:XX:XX

Sun burnt today but have no pain

20M 13:XX:XX

Very itchy mosquito bites

22F 01:XX:XX

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

burnt).

22F 04:XX:XX

Itchy rash. Lots of red raised little bumps next to each other.

22F 05:XX:XX

Blisters on back of right foot.

22F 05:XX:XX

Rash remained but itch left.

22F 07:XX:XX

Itchy again for short while and then stopped but rash remained.

22F 07:XX:XX

4.2.25 GENERALS:

ENERGY:

Dull aching headache, frontal and feel tired.

03F 01:10:XX

Uncoordinated while doing aerobics.

03F 01:XX:XX

Overly tired.

03F 01:XX:XX

Low energy, tired.

03F 03:XX:XX

Feeling quite energetic.

07F 03:XX:XX

Feeling lethargic.

09M 06:XX:XX

Recovering from exercise more quickly than usual.

09M XX:XX:XX

Very excitable and full of energy.

17F 05:XX:XX

Energy level very high

20M 01:XX:XX

High energy levels

20M 03:XX:XX

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

20M 04:XX:XX

I feel very tired- for no reason.

21F 00:XX:XX

I felt a bit tired in the afternoon.

21F 02:XX:XX

I felt a bit tired this morning.

21F 07:XX:XX

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

21F 09:XX:XX

HEAT:

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

03F 00:XX:XX

Sleep restless, too hot .

14F 05:XX:XX

Bed feels too hot, need cool sheets.

14F 08:XX:XX

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

14F 09:XX:XX

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

14F XX:XX:XX

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

15F 00:08:XX

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

18M 02:06:45

Hot flushes return .

18M 02:07:40

Hot flushes return .

18M 02:08:15

Feel very hot today.

22F 01:XX:XX

Hot and thirsty this morning.

22F 02:XX:XX

APPETITE:

Had an unusual craving for ice-cold coca cola .

13M 05:XX:XX

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

14F 01:XX:XX

Desire chicken !

14F 02:XX:XX

Craving Chinese food .

14F 05:XX:XX

Craving spicy chicken .

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

14F 06:XX:XX

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

17F 00:XX:XX

Need to drink constantly, feel very thirsty.

17F 08:XX:XX

WEATHER:

Driving in the sun gave me a splitting headache

20M 00:XX:XX

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

20M 04:XX:XX

Relaxed mood because of rainy weather.

23M 00:XX:XX

OTHERS:

Weight gain.

07F XX:XX:XX

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

20M 11:XX:XX

Stiffness from exercising day before- good to feel stiff.

23M 13:XX:XX

4.1 RUBRICS

MIND:

Mind, absentminded. 1. S. 1.

Mind, absorbed. 1. S. 1.

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

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

Mind, anger. 1. S. 8.

Mind, anger, easily 1. S. 9.

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

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

Mind, brooding. 1. S. 27.

Mind, cheerful. 1. S. 30.

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

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

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

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

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

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

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

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

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

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

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

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

Mind, delusions, criticized. 1. S. 58.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mind, detached. 1. S. 91.

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

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

Mind, despair. 1. S. 89.

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

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

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

Mind, dullness. 1. S. 95.

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

Mind, excitement. 1. S. 101.

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

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

Mind, fear, happen, something will, horrible; something. 1. S. 112.

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

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

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

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

Mind, forebodings. 1. S. 199.

Mind, forgetful. 1. S. 119.

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

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

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

Mind, homesickness. 1. S. 127.

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

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

Mind, impatience. 1. S. 132.

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

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

Mind, indignation. 1. S. 136.

Mind, introspection. 1. S. 140.

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

Mind, irritability. 1. S. 141.

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

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

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

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

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

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

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

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

Mind, restlessness. 1. S. 182.

Mind, sadness. 2. S. 187.

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

Mind, sadness, aversion to company, desire for solitude. 2. S. 190.

Mind, sensitive. 1. S. 194.

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

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

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

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

Mind, slowness. 1. S. 202.

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

Mind, spaced out feeling, skull and frontal lobe, between. 1. S. 202. N

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

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

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

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

Mind, stupefaction. 1. S. 208.

Mind, taciturn. 1. S. 214.

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

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

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

Mind, weeping. 3. S. 228.

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

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

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

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

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

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

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

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

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

VERTIGO:

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

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

HEAD:

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

Head, congestion. 2. S. 250.

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

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

Head, fullness. 2. S. 259.

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

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

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

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

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

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

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

Head, pain. 3. S. 274.

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

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

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

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

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

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

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

Head, pain, exertion, body, etc of. 1. S. 283.

Head, pain, exertion, eyes, of the. 1. S. 283.

Head, pain, forehead, eyes, above, forenoon. 1. S. 302.

Head, pain, forehead, eyes, above, morning. 1. S. 302.

Head, pain, forehead, eyes, above. 1. S. 301.

Head, pain, forehead, eyes, behind. 1. S. 303.

Head, pain, forehead, frontal eminence. 1. S. 300.

Head, pain, forehead in, extending to, occiput 1. S. 300.

Head, pain, forehead in. 1. S. 296.

Head, pain, intermittent pains. 1. S. 284.

Head, pain, lying amel. 1. S. 285.

Head, pain, night, midnight before, 22h. 1. S. 277.

Head, pain, night. 1. S. 277.

Head, pain, noon. 1. S. 276.

Head, pain, occiput, pressure amel. 1. S. 305.

Head, pain, occiput, right. 1. S. 304. N.

Head, pain, occiput, touch agg. 1. S. 306.

Head, pain, occiput, waking on. 1. S. 306. N.

Head, pain, occiput. 1. S. 303.

Head, pain, pressure external, amel, hard amel, hitting head hard amel. 2. S.

288. N.

Head, pain, pressure external, amel. 1. S. 288.

Head, pain, sides, forenoon. 1. S. 308.

Head, pain, sides, morning. 1. S. 308.

Head, pain, sides, right, morning. 1. S. 308. N.

Head, pain, sides, right. 1. S. 308.

Head, pain, sides. 1. S. 307.

Head, pain, sitting amel. 1. S. 290.

Head, pain, touch, agg, light touch agg. 1. S. 292. N.

Head, pain, waking on. 1. S. 276.

Head, pain, bursting. 1. S. 318.

Head, prickling. 1. S. 363.

Head, tingling, lying agg 1. S. 372. N.

Head, tingling, motion amel. 1. S. 372. N.

Head, tingling, Occiput. 1. S. 372.

Head, tingling, sitting agg. 1. S. 372. N.

Head, tingling, spots 1 S372 N

Head, tingling, standing agg. 1. S. 372. N.

Head, tingling. 1. S. 372.

EYE:

Eye, pain. 2. S. 391.

Eye, pain, burning. 1. S. 396.

Eye, tired sensation. 1. S. 412.

Eye, pain, right. 1. S. 392.

Eye, pain, morning, waking. 1. S. 392.

Eye, heaviness Lids. 1. S. 383.

Eye, closing the eyes, desire to. 1. S. 376.

Eye, closing the eyes, desire to, stinging pain on. 1. S. 376. N.

Eye, strain. 1. S. 410.

Eye, dryness. 1. S. 380.

Eye, swelling. 1. S. 411.

Eye, swelling, lids. 1. S. 411.

Eye, styes, canthi, inner. 1. S. 410.

Eye, pain, morning. 1. S. 392.

Eye, itching. 1. S. 387.

Eye, itching, morning. 1. S. 388.

Eye, itching, morning, waking on 1. S. 388. N

Eye, Itching, evening. 1. S. 388.

VISION:

Vision, blurred. 1. S. 417.

Vision, blurred, accompanied by, nausea, turning head on. 1. S. 417. N.

Vision, blurred, afternoon. 1. S. 417.

Vision, blurred, turning head. 1. S. 417. N.

EAR:

Ear, contraction, sensation of. 1. S. 434.

Ear, itching. 1. S. 439.

Ear, itching, meatus. 1. S. 439.

Ear, itching, meatus, left. 1. S. 439.

Ear, itching, meatus, night. 1. S. 439.

Ear, pain. 1. S. 449.

Ear, pain, left. 1. S. 450.

NOSE:

Nose, burning sensation, as if on fire. 1. S. 471 N.

Nose, coryza. 1. S. 472.

Nose, coryza, morning. 1. S. 473.

Nose, discharge, crust, sensation of, septum on. 1. S. 478 N.

Nose, dryness, inside. 1. S. 482.

Nose, hayfever. 1. S. 486.

Nose, foreign body, sensation of a. 1. S. 486.

Nose, formication. 1. S. 486.

Nose, heaviness, sinuses. 1. S. 487.

Nose, movement, sensation of, insects moving inside. 1. S. 487 N.

Nose, itching. 1. S. 487.

Nose, itching, inside, left. 1. S. 488.

Nose, itching, rubs. 1. S. 487.

Nose, obstruction. 1. S. 488.

Nose, obstruction, alternating sides. 1. S. 488.

Nose, sneezing. 3. S. 498.

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

Nose, sneezing, morning, waking, on. 1. S. 499.

Nose, sneezing, evening. 1. S. 499.

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

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

Nose, snuffles. 1. S. 500.

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

Nose, warm. 1. S. 502.

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

FACE:

Face, eruptions. 1. S. 514.

Face, eruptions, cheek. 1. S. 514.

Face, eruptions, cheek, left. 2. S. 514.

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

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

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

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

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

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

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

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

Face, eruptions, vesicles, sensation of, nostrils around, compelled to scratch and

rub. 1. S. 522 N.

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

Face, expression, dazed. 1. S. 523.

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

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

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

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

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

Face, sensitive. 1. S. 544.

MOUTH:

Mouth, dryness. 1. S. 566.

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

Mouth, itching. 1. S. 572

Mouth, itching, gums. 1. S. 572

Mouth, itching, palate. 1. S. 573

Mouth, numbness. 1. S. 575.

Mouth, numbness, tongue. 1. S. 575.

Mouth, taste, bad. 1. S. 593.

Mouth, taste, bad, menses during. 1. S. 594.

Mouth, taste, putrid. 1. S. 597.

Mouth, taste, putrid, menses during. 1. S. 597.

Mouth, taste, stale. 1. S. 599 N.

TEETH:

Teeth, biting, lip. 1. S. 603.

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

THROAT:

Throat, dryness. 1. S. 624.

Throat, dryness, accompanied by, roughness. 1. S. 624.

Throat, dryness, drinking does not ameliorate. 1. S. 624.

Throat, pain, drinking, ameliorates. 1. S. 632.

Throat, pain, drinks, cold, ameliorates. 1. S. 632.

Throat, pain, burning. 1. S. 634.

Throat, roughness. 1. S. 640.

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

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

STOMACH:

Stomach, heat. 2. S. 637.

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

Stomach, acidity. 1. S. 653.

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

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

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

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

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

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

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

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

654.

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

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

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

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

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

Stomach, heartburn. 1. S. 672.

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

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

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

Stomach, heaviness. 1. S. 673.

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

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

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

Stomach, nausea. 2. S. 678.

Stomach, nausea, morning. 1. S. 678.

Stomach, nausea, morning, waking on. 1. S. 679.

Stomach, nausea, eye symptoms, with. 1. S. 681.

Stomach, nausea, inability to vomit. 1. S. 682.

Stomach, nausea, pain, during. 1. S. 683.

Stomach, nausea, pain during, abdomen, in. 1. S. 683.

Stomach, pain. 2. S. 685.

Stomach, pain, eating ameliorates. 1. S. 686.

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

Stomach, pain, burning, eating ameliorates. 1. S. 691.

Stomach, pain burning, extending to esophagus, up the. 1. S. 691.

Stomach, pain burning, extending to, upward. 1. S. 691.

Stomach, thirst. 2. S. 703.

Stomach, thirst, morning. 1. S. 703.

Stomach, thirst, unquenchable. 1. S. 705.

Stomach, thirst, unquenchable, walking after. 1. S. 705.

Stomach, thirstless. 2. S. 705.

ABDOMEN:

Abdomen, distension. 2. S. 721.

Abdomen, distension, afternoon. 1. S. 721.

Abdomen, distension, afternoon, eating, after. 1. S. 721.

Abdomen, distension, eating after. 1. S. 722.

Abdomen, distension, painful. 1. S. 722.

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

Abdomen, fullness, sensation of, afternoon. 1. S. 726.

Abdomen, fullness, sensation of, eating, after. 1. S. 727.

Abdomen, fullness, sensation of, night. 1. S. 727.

Abdomen, fullness, sensation of, lying, while. 1. S. 727.

Abdomen, heaviness. 1. S. 729.

Abdomen, pain. 2. S. 733.

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

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

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

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

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

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

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

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

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

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

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

RECTUM:

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

Rectum, diarrhea. 1. S. 792.

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

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

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

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

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

STOOL:

Stool, thin. 1. S. 827.

Stool, watery. 1. S. 827.

BLADDER:

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

URINE:

Urine, copious. 1. S. 872.

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

FEMALE:

Female, itching , vulva. 1. S. 914.

Female, itching. 1. S. 913.

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

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

S. 940. N.

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

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

Menses, black. 1. S. 923.

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

Menses, clotted. 1. S. 923.

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

Menses, copious. 1. S. 924.

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

Menses, dark. 1. S. 925.

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

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

Menses, hot. 2. S. 926.

Menses, irregular. 2. S. 926.

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

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

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

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

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

Menses, membranous. 1. S. 927.

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

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

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

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

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

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

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

Menses, painful. 2. S. 928.

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

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

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

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

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

Menses, protracted. 1. S. 929.

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

Menses, scanty. 1. S. 929.

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

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

RESPIRATION:

Respiration, difficult. 1. S. 973.

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

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

COUGH:

Cough, dry. 1. S. 992.

Cough, hacking. 1. S. 996.

Cough, morning. 1. S. 985.

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

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

CHEST:

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

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

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

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

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

BACK:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Back, Itching. 1. S. 1101.

Back, pain. 3. S. 1103.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Back, Pain, dull, lumbar region, bending agg. 1. S. 1134. N.

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

Back, pain, dull, lumbar region, pressure agg. 1. S. 1134. N.

Back, pain, dull, lumbar region. 1. S. 1134.

Back, pain, dull. 1. S. 1134.

Back, pain, extending to, arms. 1. S. 1107.

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

Back , pain, lumbar region, afternoon. 1. S. 1114.

Back , pain, lumbar region, bending agg. 1. S. 1114. N.

Back , pain, lumbar region, dull. 1. S. 1114. N.

Back , pain, lumbar region, evening. 1. S. 1114.

Back , pain, lumbar region, morning. 1. S. 1113.

Back , pain, lumbar region, pressure agg. 1. S. 115. N.

Back , pain, lumbar region, pressure amel. 1. S. 1115.

Back , pain, lumbar region, right. 1. S. 1113.

Back , pain, lumbar region, rubbing amel. 1. S. 1115.

Back , pain, lumbar region, sitting , long after. 1. S. 1115.

Back , pain, lumbar region, touch agg. 1. S. 1116. N.

Back , pain, lumbar region, unbearable. 1. S. 1116. N.

Back , pain , pressure agg. 1. S. 1105 N.

Back , pain, pressure amel. 1. S. 1105.

Back , pain , right , extending to left. 1. S. 1103. N.

Back , pain, rubbing amel. 1. S. 1106.

Back , pain, sitting , long after. 1. S. 1106.

Back , pain, sleep during. 1. S. 1106.

Back , pain, sore, cervical region. 1. S. 1139.

Back , pain, sore. 1. S. 1138.

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

Back , pain, spine, stitching, accompanied by, epigastrium, aching pain in. 1.

S. 1121. N.

Back, pain, spine, stitching. 1. S. 1121. N.

Back, pain, spine, turning agg. 1. S. 1121. N.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1153 N.

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

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

Back, stiffness. 1. S. 1152.

EXTREMITIES:

Extremities, cramps. 2. S. 1177.

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

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

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

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

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

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

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

Extremities, cramps, thigh. 1. S. 1180.

Extremities, cramps, thigh, right. 1. S. 1180.

Extremities, cramps, thigh, inner side. 1. S. 1180.

Extremities, cramps, leg, calf. 1. S. 1181.

Extremities, cramps, leg, calf, right. 1. S. 1181.

Extremities, cramps, leg, calf, dancing. 1. S. 1181.

Extremities, cramps, leg, calf, exertion, after. 1. S. 1181.

Extremities, cramps, ankle. 1. S. 1182.

Extremities, cramps, ankle, extending to, calf. 1. S. 1182.

Extremities, cramps, foot. 1. S. 1182.

Extremities, eruptions. 2. S. 1191.

Extremities, eruptions, blisters. 1. S. 1191.

Extremities, eruptions, rash. 1. S. 1192.

Extremities, eruptions, elevations. 1. S. 1191.

Extremities, eruptions, itching. 1. S. 1191.

Extremities, eruptions, red. 1. S. 1192.

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

Extremities, eruptions, upper limbs, elevations. 1. S. 1192.

Extremities, eruptions, upper limbs, rash. 1. S. 1192.

Extremities, eruptions, upper limbs, itching. 1. S. 1193.

Extremities, eruptions, upper limbs, rash. 1. S. 1193.

Extremities, eruptions, upper limbs red. 1. S. 1193.

Extremities, eruptions, upper arm. 1. S. 1194.

Extremities, eruptions, upper arm, itching. 1. S. 1194.

Extremities, eruptions, upper arm, rash. 1. S. 1195.

Extremities, eruptions, hand. 1. S. 1196.

Extremities, eruptions, hand, rash. 1. S. 1197.

Extremities, eruptions, hand, between index finger and thumb. 1. S.
1199.

Extremities, eruptions, foot. 1. S. 1204.

Extremities, eruptions, foot, back of. 1. S. 1205.

Extremities, heaviness. 1. S. 1215.

Extremities, heaviness, lower limbs. 1. S. 1216.

Extremities, heaviness, legs. 1. S. 1218.

Extremities, itching. 2. S. 1221.

Extremities, itching, evening. 1. S. 1221.

Extremities, itching, afternoon. 1. S. 1221.

Extremities, itching, left. 1. S. 1221.

Extremities, itching, upper limbs. 1. S. 1221.

Extremities, itching, upper arms. 1. S. 1222.

Extremities, itching, lower limbs. 1. S. 1225.

Extremities, itching, lower limbs, afternoon. 1. S. 1225.

Extremities, itching, lower limbs, evening. 1. S. 1225.

Extremities, itching, upper limbs, afternoon. 1. S. 1225.

Extremities, pain. 3. S. 1244.

Extremities, pain, afternoon. 1. S. 1244.

Extremities, pain, pressure aggravates. 1. S. 1245.

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

Extremities, pain, joints, afternoon. 1. S. 1248.

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

Extremities, pain, upper limbs, left. 1. S. 1249.

Extremities, pain, upper limbs, right. 1. S. 1249.

Extremities, pain, upper limbs, extending to, downward. 1. S.
1250.

Extremities, pain, upper limbs, pressure aggravates. 1. S. 1250.

Extremities, pain, shoulder. 1. S. 1251.

Extremities, pain, shoulder, right. 1. S. 1252.

Extremities, pain, shoulder, extending to, arm. 1. S. 1253.

Extremities, pain, shoulder, pressure ameliorates. 1. S. 1253.

Extremities, pain, upper arm. 1. S. 1253.

Extremities, pain, upper arm, bone. 1. S. 1254.

Extremities, pain, elbow. 1. S. 1255.

Extremities, pain, elbow, left. 1. S. 1255.

Extremities, pain, elbow. 1. S. 1255.

Extremities, pain, elbow, left. 1. S. 1255.

Extremities, pain, elbow, bend of, stretching arm, on. 1. S. 1256.

Extremities, pain, hand. 1. S. 1257.

Extremities, pain, hand, right. 1. S. 1257.

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

Extremities, pain, lower limbs, afternoon. 1. S. 1261.

Extremities, pain, hip. 1. S. 1265.

Extremities, pain, hip, right. 1. S. 1265.

Extremities, pain, hip, lying, after. 1. S. 1266.

Extremities, pain, hip, standing. 1. S. 1266.

Extremities, pain, thigh. 1. S. 1267.

Extremities, pain, knee. 1. S. 1268.

Extremities, pain, knee, right. 1. S. 1269.

Extremities, pain, knee, afternoon. 1. S. 1269.

Extremities, pain, ankle. 1. S. 1273.

Extremities, pain, ankle, left. 1. S. 1273.

Extremities, pain, toes. 1. S. 1276.

Extremities, pain, toes, right. 1. S. 1276.

Extremities, pain, toes, evening. 1. S. 1276.

Extremities, pain, toes, first. 1. S. 1276.

Extremities, pain, toes, first, right. 1. S. 1276.

Extremities, pain, toes, first, evening. 1. S. 1276.

Extremities, pain, aching. 1. S. 1277.

Extremities, pain, aching, elbow. 1. S. 1278.

Extremities, pain, cramping. 1. S. 1290.

Extremities, pain, cramping, lower limbs. 1. S. 1290.

Extremities, pain, cramping, leg. 1. S. 1290.

Extremities, pain, cramping, calf. 1. S. 1290.

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

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

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

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

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

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

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

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

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

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

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

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

Extremities, stiffness. 2. S. 1373.

Extremities, stiffness, right. 1. S. 1373

Extremities, stiffness, morning. 1. S. 1373.

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

Extremities, stiffness, joints. 1. S. 1374

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

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

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

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

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

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

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

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

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

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

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

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

Extremities, swelling. 1. S. 1378.

Extremities, swelling, joints. 1. S. 1378.

Extremities, swelling, ankle. 1. S. 1382.

Extremities, swelling, ankle, evening. 1. S. 1382.

Extremities, swelling, ankle, malleoli, around. 1. S. 1382.

Extremities, tension. 1. S. 1383.

Extremities, tension, shoulder. 1. S. 1384.

Extremities, tingling. 1. S. 1388.

Extremities, tingling, upper limbs. 1. S. 1388.

SLEEP:

Sleep, bad. 1. S. 1411.

Sleep, bad, after sleepiness in evening. 1. S. 1411.

Sleep, deep. 2. S. 1412.

Sleep, deep, morning. 1. S. 1412.

Sleep, disturbed. 1. S. 1413.

Sleep, disturbed, dreams, by. 1. S. 1413.

Sleep, disturbed, nightmare, by. 1. S. 1413.

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

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

Sleep, suffocation, by. 1. S. 1414.

Sleep, prolonged. 1. S. 1422.

Sleep, exhausting. 1. S. 1416.

Sleep, exhausting, deep with dreams. 1. S. 1416.

Sleep, falling, difficult. 1. S. 1417.

Sleep, falling, early. 1. S. 1417.

Sleep, interrupted. 1. S. 1418.

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

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

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

Sleep, need of sleep, great. 1. S. 1419.

Sleep, restless, bed, driving out of bed from heat. 1. S. 1423.

Sleep, restless, from bodily restlessness. 1. S. 1423.

Sleep, restlessness, dreams, from. 1. S. 1423.

Sleep, restlessness, with pain. 1. S. 1423.

Sleep, sleepiness. 1. S. 1424.

Sleep, sleepiness, waking, on. 1. S. 1426.

Sleep, sleepiness, evening. 1. S. 1427.

Sleep, sleepiness - 20h. 1. S. 1427.

Sleep, sleeplessness. 2. S. 1432.

Sleep, sleeplessness, accompanied by sleepiness, daytime. 1. S. 1435

Sleep, sleeplessness, bed, feels too hot. 1. S. 1436

Sleep, sleeplessness, congestion from. 1. S. 1436

Sleep, sleeplessness, coryza, from. 1. S. 1437.

Sleep, sleeplessness, cough, from. 1. S. 1437.

Sleep, sleeplessness, heat, during. 1. S. 1438.

Sleep, sleeplessness, itching, from. 1. S. 1438.

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

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

Sleep, sleeplessness, pains from, body sore, whole. 1. S. 1439.

Sleep, sleeplessness, respiration, with difficult. 1. S. 1440.

Sleep, sleeplessness, restlessness, from. 1. S. 1440.

Sleep, sleeplessness, with urging to urinate. 1. S. 1442.

Sleep, unrefreshing. 1. S. 1443.

Sleep, unrefreshing, rising indisposed to. 1. S. 1443.

Sleep, waking, dreams, by. 1. S. 1444

Sleep, waking, early, too. 1. S. 1445

Sleep, waking, late, too. 1. S. 1446

DREAMS:

Dreams, frightful. 1. S. 1464

Dreams, frightful, waking him. 1. S. 1464

Dreams, rousing, the patient. 1. S. 1472.

Dreams, absurd. 1. S. 1453.

Dreams, animals. 1. S. 1454.

Dreams, cars. 1. S. 1457.

Dreams, disconnected. 1. S. 1460.

Dreams, confused. 1. S. 1458.

Dreams, danger. 1. S. 1459.

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

Dreams, dead, relatives. 1. S. 1459.

Dreams, dead, woman coming back to life. 1. S. 1459.

Dreams, dancing. 1. S. 1459.

Dreams, people, crowds. 1. S. 1470.

Dreams, exertion, of physical. 1. S. 1462.

Dreams, exciting. 1. S. 1462.

Dreams, many. 2. S. 1467.

Dreams, lost, cannot find way home. 1. S. 1467. N.

Dreams, new scenes, of. 1. S. 1469.

Dreams, nightmares. 1. S. 1469.

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

Dreams, family, own. 1. S. 1463.

Dreams, remembered. 1. S. 1471.

Dreams, restless. 1. S. 1471.

Dreams, seeing again an old schoolmate. 1. S. 1472.

Dreams, sick people. 1. S. 1473.

Dreams, strange. 1. S. 1474.

Dreams, teeth, of. 1. S. 1474.

Dreams, vivid. 1. S. 1476.

Dreams, youth, time of. 1. S. 1477.

PERSPIRATION:

Perspiration, evening. 1. S. 1512.

Perspiration, night. 1. S. 1512.

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

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

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

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

Perspiration, profuse. 2. S. 1517.

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

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

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

Perspiration, sticky. 1. S. 1519.

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

SKIN:

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

Skin, dry. 1. S. 1526

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Skin, gooseflesh. 1. S. 1542.

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

Skin, itching. 3. S. 1544.

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

Skin, prickling. 2. S. 1548.

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

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

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

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

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

GENERALS:

Generals, morning. 2. S. 1557.

Generals, evening, ameliorates. 1. S. 1559.

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

Generals, air, indoor air, aggravates. 1. S. 1562

Generals, air, open air, amel. 1. S. 1563.

Generals, air, open air, desire for. 1. S. 1563

Generals, change, position, desire for. 1. S. 1572.

Generals, cold, hot and cold. 1. S. 1577.

Generals, pain, cramping, muscles. 1. S. 1589.

Generals, eating, after amel. 1. S. 1593.

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

Generals, food and drink, chicken, desire for. 1. S. 1605.

Generals, food and drink, coca cola, desire for. 1. S. 1605. N.

Generals, food and drink, cold drink, cold water, desire. 1. S. 1606.

Generals, food and drink, food, aversion to. 1. S. 1608.

Generals, food and drink, fried food, desire. 1. S. 1609.

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

Generals, food and drink, soda pop drinks, desire. 1. S. 1614.

Generals, food and drink, spices, desire. 1. S. 1615.

Generals, food and drink, sweets, aversion, to. 1. S. 1615.

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

Generals, heat, flushes of, air, amel, in open. 1. S. 1620.

Generals, heat, flushes of, bed, in. 1. S. 1620.

Generals, heat, flushes of, sleep, during. 1. S. 1621.

Generals, hunger, agg. 1. S. 1624.

Generals, inflammation, glands, of. 1. S. 1626.

Generals, inflammation, sinuses of. 1. S. 1627.

Generals, influenza. 1. S. 1627.

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

Generals, lassitude. 1. S. 1630.

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

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

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

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

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

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

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

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

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

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

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

Generals, restlessness. 1. S. 1674. Generals, room, full of people agg. 1. S.
1675.

Generals, weariness. 1. S. 1711.

4.3.2 RUBRICS OF CHARACTERISTIC SYMPTOMS

Rubrics included here are those of second and third degrees only, for ease of reference.

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

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

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

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

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

Mind, sadness. 2. S. 187.

Mind, sadness, aversion to company, desire for solitude. 2. S. 190.

Mind, weeping. 3. S. 228.

Head, congestion. 2. S. 250.

Head, fullness. 2. S. 259.

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

Head, pain. 3. S. 274.

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

Eye, pain. 2. S. 391.

Nose, sneezing. 3. S. 498.

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

Throat, pain. 2. S. 631.

Throat, scratching. 2. S. 641.

Stomach, heat. 2. S. 637.

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

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

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

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

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

Stomach, nausea. 2. S. 678.

Stomach, pain. 2. S. 685.

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

Stomach, thirst. 2. S. 703.

Stomach, thirst less. 2. S. 705.

Abdomen, distension. 2. S. 721.

Abdomen, pain. 2. S. 733.

Menses, hot. 2. S. 926.

Menses, irregular. 2. S. 926.

Menses, painfull. 2. S. 928.

Back, pain. 3. S. 1103.

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

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

Extremities, cramps. 2. S. 1177.

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

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

Extremities, eruptions. 2. S. 1191.

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

Extremities, itching. 2. S. 1221.

Extremities, pain. 3. S. 1244.

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

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

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

Extremities, stiffness. 2. S. 1373.

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

Sleep, deep. 2. S. 1412.

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

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

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

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

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

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

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

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

Dreams, many. 2. S. 1467.

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

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

Perspiration, profuse. 2. S. 1517.

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

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

Skin, itching. 3. S. 1544.

Skin, prickling. 2. S. 1548.

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

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

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

Generals, morning. 2. S. 1557.

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

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

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

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

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

CHAPTER FIVE

THE RELATIONSHIP BETWEEN THE TOXICOLOGY AND THE PROVING SYMPTOMS OF SUTHERLANDIA FRUTESCENS

The main toxic effect of *Sutherlandia frutescens* is the ability to induce a "Lupus like state" ⁷. In such a state the main areas likely to be affected would be the skin, kidneys, joints, heart and serous membranes (although the eyes, musculoskeletal, neurological and blood systems may feature prominently)⁷. It is interesting to note that areas of affection of the toxicology and the proving are not at all dissimilar.

SKIN:

In Lupus, the dermatological system is very often affected, producing much photosensitivity and rashes. This rash may take the form of the trademark "butterfly rash" across the bridge of the nose or resemble urticaria ⁷. There may also be red spots on the skin ¹⁰. The patients in the proving had numerous skin symptoms including much itching (of old scars, warts and rashes) as well as marked sensitivity to the sun. There were also many eruptions, with or without an itch, including pimples, blisters and rashes. The skin is clearly a common area of affection for the toxicology as well as proving symptoms, with regarded to both the site and nature of the symptoms.

MUSCULOSKELETAL:

This will be further divided into joints and muscle:

JOINTS:

The joints, especially synovial joints, are commonly affected in Lupus with patients displaying such symptoms as arthralgia and frank arthritis⁷. Proving joint symptoms were noticed in the shoulder, elbow, knee and ankle (all synovial joints) with one patient complaining of stiffness of the hip joint that was worsened on rising.

MUSCLES:

90% of SLE patients will present with fatigue, myalgia and arthralgia⁷. The fatigue is easily noticed in the proving symptoms, with complaints such as heaviness and stiffness of the limbs. The pain was marked in the form of cramps and dull aches, especially noted in the limbs as well as neck and back area (the back being one of the most profoundly affected areas.)⁷. These can all be seen as the results of a weakened body due to a debilitated disease state.

EYES:

Lupus may result in ophthalmic conditions such as iridocyclitis and anterior uveitis⁷. Both of these would result in irritation of the eye and hence may be linked to the proving symptoms of red, itching eyes.

KIDNEYS:

Lupus may result in proteinuria, also known as lupus nephritis ¹⁰. This could be linked to the increase in thirst experienced by many provers.

CIRCULATORY SYSTEM:

The two main affections of the circulatory system, likely to be seen in Lupus are anaemia and the presence of vascular migraine headaches ⁷. The symptoms of anaemia itself were noticed throughout the proving with headaches, tiredness and shortness of breath.

NEUROLOGICAL:

SLE occasionally produces a neuropsychiatric disturbance that may result in seizures ⁷. It has also been noted that there is a sense of depression, anxiety and feelings of isolation that are associated with SLE ¹⁰. This may be due to the fact that the cause of the disease is unknown which may lead the patient to believe that they are responsible for their condition.

The proving definitely indicated these feelings with loneliness, isolation and missing others. The missing of others came through in reality as well as in dreams of the dead (family or pets). Numbness and tingling are also a common feature of SLE ¹⁰ and both of these symptoms were strongly noted by provers.

DIGESTIVE SYSTEM

Lupus can have many effects on the liver. These include enlargement, jaundice, ascites and rarely the Budd-Chiari Syndrome (due to a blood clot in the portal

veins), which may lead to liver failure ¹¹. This correlates with the numerous symptoms of bloating and burning.

ABDOMEN

SLE can result in abdominal pain and bloating ¹⁰, both of which were documented during the proving.

GENERALS

Energy: energy levels varied throughout the proving, but showed a definite improvement after exercise whereas SLE tends to produce fatigue and exhaustion ⁷.

Appetite: The appetite of the provers did show a general increase, but more notably, there was a dramatic increase in thirst that could be related to the lupus nephritis ¹⁰.

Temperature: Provers noted flushes of heat, which could relate to the low grade fever experienced by many SLE patients ⁷.

Weather: As photophobia is one of the key symptoms of SLE ⁷, it is interesting to note the definite aggravation the provers experienced from the sun.

Dryness: Serous membranes are profoundly affected in SLE ⁷ which relates to the general dryness in the proving.

CHAPTER SIX

GENERAL DISCUSSION

In order for *Sutherlandia frutescens* to be used effectively in a homoeopathic form, it was necessary to conduct a proving in which clear symptoms were produced in healthy individuals. The results were successful and recorded in detail with regard to concomitants, location, aetiology, modalities and specific sensations wherever possible. The toxicology of the plant was then analyzed and compared to the symptoms that were produced.

A significant number of clear symptoms arose from the proving. 784 symptoms were included in the Materia Medica and, of these, 109 were in the mind, 44 were general symptoms, 82 were in the back, 136 were in the extremities and 58 were in the head. These were the areas quantitatively most affected by *Sutherlandia frutescens* 30 CH.

When the symptom picture was complete, it became evident that there is a relationship between the proving symptoms and the toxicology of the plant. This is particularly evident when one looks at the systems most effected in the proving and those systems affected by Systemic Lupus Erythmatosis.

6.1 THE SYMPTOMS

As an overview, *Sutherlandia frutescens* appears to have had a profound effect on the skin, digestive, musculoskeletal and mental areas.

MIND:

Three main themes emerged from this proving:

The desire to be alone/ need for space: Provers found that they were highly emotional when they were confined within a small area or around others. These emotions were expressed either in the form of anger or tears. There was a definite aversion to company and feelings of separation with a desire to be alone.

Loneliness: This was juxtaposed alongside the desire to be alone. The feeling was mainly felt by mothers, missing their children.

Need to be busy: Many provers felt happier after exercise and stated that it distracted them from their problems. There is a strong mental amelioration after exertion and when otherwise occupied. Sleep, a time when one has the least distraction, did not afford the provers great relief as dreams disturbed their sleep.

HEAD:

Pain was the main feature which almost every prover experienced. The quality of the pain varied from dull to a sinus headache. There was also marked itching of the scalp.

EYE:

There were sensations of heaviness, dryness and itching.

EAR:

Pain was experienced, predominately left sided, as well as itching.

NOSE:

Much sneezing was produced, especially in the morning. The nose had a tendency towards being blocked or "stopped up".

FACE:

The skin on the face proved to be highly sensitive and produced pimples (left side) that were painful.

MOUTH:

There was much dryness as well as a stale/dirty taste.

THROAT:

Dryness was produced. Pain was also experienced which was described as either scratching or slicing.

STOMACH:

Both thirst and appetite increased greatly. Burning and heartburn were also experienced.

ABDOMEN:

There was much discomfort with cramping and bloating.

STOOL:

Stools were noted to be looser than usual.

BLADDER:

Urinary frequency was increased.

FEMALE:

The menstrual cycle was late and produced much cramping and pain. The blood itself was dark and hot.

COUGH:

A dry hacking cough was experienced.

CHEST:

There was a sensation of oppression on the chest resulting in shortness of breath.

BACK:

This proved to be one of the most affected areas. There was severe pain and stiffness in both the neck and back. Both seemed to be predominately on the

right side although some of the back pain was felt in a small, localised spot. The pain seemed to generally be better for massage.

EXTREMITIES:

There was much stiffness and heaviness, particularly of the lower limbs and the right hip. Cramping seemed to mainly affect the right side of the lower limb, particularly foot and thigh. Pain was experienced in the shoulder, elbow, hip, knee, ankles and right hallux. This pain was often sharp and sudden. The upper limbs were affected with itching eruptions.

SLEEP:

Sleep was very much disturbed, by many factors but the most prominent being itching. Sleep was very restless, although, if deep, the prover experienced difficulty waking.

DREAMS:

Three main themes emerged:

The need to be alone: This was evidenced in many ways: the need for space, fear of being pursued and the feeling that another unseen person was present. This theme was also strongly represented with regard to the mental sphere.

Of the dead: These took the form of pets and relatives, but interestingly in the dreams, the person was aware that the subject had died, but was now alive.

This brings in a theme of life after death/ reincarnation.

Of teeth: Three separate dreams involved teeth. One involved biting a contact lens, another hurt her tooth and finally, in one dream the individual's crowns were falling out. This could represent a feeling of aging or degradation.

PERSPIRATION:

Perspiration was definitely increased but with an absence of odour. This perspiring often resulted in itching.

SKIN:

There was a definite relation to sensations on the skin, e.g. unaware of being sun burnt as well as prominent tingling and prickling sensations. Itching was very pronounced, often better for scratching. Many eruptions were produced varying from rashes to pimples.

GENERALS:

Energy: Both poles were represented with lassitude and increased energy, interestingly, increasing after exertion.

Appetite: Showed an increase although there were no particularly clear cravings or aversions. Thirst was markedly increased.

Temperature: Flushes of heat proved to be common as well as strong feelings of being heated and burning when in bed. The presence of heat is also seen in the numerous descriptions of "hot" menstrual blood.

Weather: There was definite aggravation from the sun with unfelt sunburn and initiation of headaches. However the rain proved to be a very calming factor resulting in peacefulness and relaxation. The rain seemed to be associated with positive connotations.

Dryness: This was evident in almost every system from the eyes to the skin, and even to the increased thirst.

Burning: Many of the sensations that were experienced involved heat or burning. Pains were described as burning in the eyes and stomach. Especially notable was the absence of feeling the pain of sunburn.

6.2 THE ABBREVIATION OF THE REMEDY

The researchers unanimously agreed to put forward the suggested the abbreviation of Suth-f, be used, in accordance with the binary system described in Synthesis ed.7 (1997). There are many different species of Sutherlandia (e.g. *Sutherlandia tomentosa* and *Sutherlandia microphylla*) that are yet to be proven and it is suggested that they could be given extended abbreviations (i.e. Suth-t and Suth-m respectively).

6.3 OTHER CONSIDERATIONS

Fortunately, this research was conducted through Technikon Natal, and as a result, many of the provers did have a prior knowledge of the principles of homoeopathy and were subsequently aware of the detail required when describing each symptom. It would therefore be preferable if homoeopathic provings conducted in the future include as many provers with a background in homoeopathy as possible.

Although impossible at present it is recommended that it be made possible to conduct treble-blind research - as introduced by Raeside (1972:203) - at the Durban Institute of Technology in the future. It would be a difficult task but would definitely benefit provings by eliminating any bias introduced by the researchers.

CHAPTER SEVEN

CONCLUSIONS AND RECOMMENDATIONS

7.1 CONCLUSION

There is a definite need to conduct further provings of *Sutherlandia frutescens* to gain a greater knowledge and understanding of the remedy. It has huge potential to become a highly useful local remedy, especially for highly debilitating disease states, such as AIDS and TB, both all of which are rampant in South Africa ^{6,12}. Although its effectiveness remains to be seen and will only become evident through case studies.

7.2 RECOMMENDATIONS

7.2.1 FURTHER PROVINGS IN DIFFERENT POTENCIES

Further provings in different potencies would be useful as it would provide a fuller picture of the remedy. It would also be interesting to note the relative susceptibilities that different individuals have to different potencies. It is definitely necessary to conduct a proving in a lower potency as in severely debilitated states, the individual's vital force may be too weak to cope with a 30cH. Hematological studies should also be conducted, primarily to note any changes in white blood cell count although thrombocytes and erythrocyte changes would also be of interest.

7.2.2 CLINICAL INFORMATION

Much information about Homoeopathic remedies comes from repeated clinical use of the remedy. With use and publication of the results, our knowledge of *Sutherlandia frutescens* will be verified and expanded.

7.2.3 PROVINGS OF RELATED REMEDIES

Wright (1999:113) suggested that South African Homoeopaths should look to the indigenous flora and fauna for use as subjects of provings. Hence it is suggested that different indigenous substrates be proven, as well as other members of the *Sutherlandia* family (e.g. *Sutherlandia microphylla*).

REFERENCES

Bruneton, I. 1995. Pharmacognosy, Phytochemistry, Medicinal Plants. p. 692.
Intercept, Hampshire.

Buckingham, J. 1994. Dictionary of Natural Products, vol. 3, p 3296. Chapman &
Hall, London.

Campbell, A. C. H., 1984. Three modern provings: Amica, Bryonia and
Pulsatilla. The British Homoeopathic Journal, 73 (4) : 226-228.

Collins. 1999. Concise Dictionary & Thesaurus. HarperCollins Publishers. ISBN
0 00 470844-X.

Cook, T. M. 1989. Homoeopathic Medicine Today. New Canaan: Keats
Publishing. 218p.

Coulter, H.L. 1975. Divided Legacy: A History of the Schism in Medical Thought,
Vol.1 The Patterns Emerge: Hippocrates to Paracelsus. Washington:
Wehawken Book Co. 537p.

Demarque, D. 1987. The Development of Proving Methods Since Hahnemann.
The British Homoeopathic Journal. 76: 71-75.

Gaier, H.C. 1991. Thorsons Encyclopaedic Dictionary of Homoeopathy: The definitive reference to all aspects of homoeopathy. London: Thorsons. 601p. ISBN 0 7225 1823 4.

Gericke, N. van wyk, B.E., van Oudtshoorn, B. 1997. Medicinal Plants of South Africa. Briza Publications. Pretoria. p.246.

German Homoeopathic Pharmacopoeia (GHP). 1993. 5th Supplement, 1991, to the 1st edition, 1978. Stuttgart: Deutscher Apotheker Verlag.

Green, M.H., Brooks, T.L., Mendelson, J. & Howell, S.B. 1980 Antitumoractivity of L-canavanine against L1210 murine leukemia. Cancer Research. 40:535-537.

Hahnemann, S. 1992b. Organon of Medicine. 6th ed. London: Gollancz. 270p. ISBN 0-575-03880-2.

Hahnemann, S. 1996. Organon of the Medical Art. 6th ed. Edited and annotated by Wenda Brewster O' Reilly. Birdcage Books. Washington. 407p. ISBN1- 889613-01-0.

Kent, J.T. 1990. Lectures on Homoeopathic Philosophy. Sittingbourne: Homoeopathic Book Service. 306p. ISBN 1-869975-05-7.

Koppers, A. 1987. Testing Drugs. Personal Experiences. The British Homoeopathic Journal. 76: 81-84.

Moshe, D. 1998. A Biosystematic Study of the Genus Sutherlandia Br. R. (Fabacea, Galegeae). Rand Afrikaans University.

Nagpaul, V.M. 1987. Provings - planning and protocol. The British Homoeopathic Journal, 76:76-80.

Prete,P, Can J, Physiol Pharmacol, 63(7), 1985)

Raeseide, J.R. 1972. Fifteen years of drug proving in London. The British Homeopathic Journal, 51:203-205.

Riley, D. S. 1995a. Provings: Geranium robertianum. The New England Journal of Homoeopathy, 4:45-55.

Riley, D.S. 1995b. Proving report - Veronica officinalis. The British Homoeopathic Journal, 84:144-148.

Rosenthal, G.A., Swaffar, D.S. & ANG, C.Y. 1995. Inhibition of the growth of human pancreatic cancer cells by the arginine metabolite L-canavanine. Cancer research. 55:4486

Schroyens, F. 1997. Synthesis: Repertorium Homoeopathicum Syntheticum.
7th edition. London: Homoeopathic Book Publishers. 1781p. ISBN
0952274434.

Sherr, J. 1994. The Dynamics and Methodology of Homoeopathic Provings.
West Malvern: Dynamis Books. 131p. ISBN 0 9524633 0 x.

Sherr, J. 1997. Dynamic Provings. Volume 1. Malvern: Dynamis Books.
442p. ISBN 1-901147-02-9.

Taylor, E. et al. 1988. Dorland's Illustrated Medical Dictionary. 27th ed.
Philadelphia: W.B. Saunders Co. 1888p.

Thomas, D.A., Rosenthal, G.A., Gold, D.V. & Dickey, K. 1986. Growth inhibition
of a rat colon tumor by canavanine. Cancer Research. 46:2898-2903.

Vitoulkas, G. 1986. The Science of Homoeopathy. London: Thorsons. 331p.
ISBN 0 7225 1310 0.

Walach, A., Ernst-Heiber, E. and Heiber, S. 1995. Effects of Belladonna 30CH
and 12CH in healthy volunteers. The British Homoeopathic Journal. 84:180-
181.

Walach, H. 1997. The Pillar of Homoeopathy. Homoeopathic drug provings in a scientific framework. The British Homoeopathic Journal. 86:216-224.

Whitmont, E.C. 1991. Psyche and Substance: Essays on Homoeopathy in the Light of Jungian Psychology. Berkeley: North Atlantic Books. 238p. ISBN 1-55643-106-6.

Wright, C. 1999. A Homoeopathic Drug Proving of the Venom of Bitis arietans arietans. M.Tech.Hom. thesis, Technikon Natal, Durban.

INTERNET REFERENCES

- 1 www.35k.sympatico.co/riverien/nutribits.htm (accessed 01/03/2001)
- 2 www.Uky.edu/gause/link/01.htm (accessed 01/03/2001)
- 3 Brown, Dan. www.ansci.cornall.edu/faculty/brown.html
(accessed 03/03/2001)
- 4 www.personalhealthzone.com/alfalfa.html (accessed 01/03/2001)
- 5 Peary, W and Peavy, W. www.living-foods.com/articles/sproutmyths.html
(accessed 03/03/2001)
- 6 www.thebody.com (accessed 30/07/2002)
- 7 www.cerebel.com/lupus/overview.html. (accessed 19/04/02)
- 8 www.suthherlandia.org.html (accessed 21/07/02)
- 9 www.lind.org.zw/people/herbs/sant.htm (accessed 21/07/02)
- 10 www.nlm.nih.gov/medlineplus. (accessed 19/07/02)
- 11 <http://lupus.about.com/cs/complications> (accessed 19/07/02)
- 12 <http://news.bbc.co.uk/1/hi/world/afroca/201048.stm> (accessed 30/07/2002)

APPENDIX A

Suitability for Inclusion in the Proving

All information will be treated as strictly confidential

SURNAME:

FIRST NAMES:

SEX: M / F

TELEPHONE NUMBER:

PLEASE CIRCLE THE APPROPRIATE ANSWER:

- | | |
|--|----------|
| • Are you between the ages of 18 and 60 years? | YES / NO |
| • Are you on or in need of any medication? | |
| - Chemical/allopathic | YES / NO |
| - Homoeopathic | YES / NO |
| - Other | YES / NO |
| • Have you been on the birth control pill or hormone replacement therapy in the last 6 months? | YES / NO |
| • Are you pregnant or nursing? | YES / NO |
| • Have you had surgery in the last six weeks? | YES / NO |
| • Do you use recreational drugs such as cannabis, LSD or MDMA (ecstasy) ? | YES / NO |
| • Do you consume more than: | |
| - two measures of alcohol per day? | YES / NO |
| (1 measure = 1 tot/ 1 beer/ ½ glass of wine) | |
| - 10 cigarettes per day? | YES / NO |
| - 3 cups of coffee or tea per day? | YES / NO |
| • Do you consider yourself to be in a general state of good health? | YES / NO |
| • If you are between the ages of 18 and 21 years do you have consent from a parent/ guardian to participate in this proving? | YES / NO |
| • Are you willing to follow the proper procedures for the duration of the proving? | YES / NO |

This appendix has been adapted from Wright, C. 1999. A Homoeopathic Drug Proving of Bitis arietans arietans., M. Tech. Hom. dissertation, Technikon Natal, Durban.

APPENDIX B

Case History Sheet

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

Prover number:

Name:

Sex:

Date of birth:

Age:

Marital status:

Children:

Occupation:

Past medical history:

Please list previous health problems and their approximate dates:

Do you have a history of any of the following?

Cancer

Asthma

HIV

Pneumonia /Chronic bronchitis

Parasitic infections

Tuberculosis

Glandular fever

Tendency to suppuration/boils

Bleeding disorders

Smoking

Eczema/skin conditions

Oedema/swelling

Warts

Haemorrhoids

Surgical history:

Please list any past surgical procedures and the approximate dates.
(Tonsils, warts, moles, appendix)

Allergies:

Vaccinations:

Medication (including supplements):

Estimation of daily consumption of:

Alcohol:

Cigarettes:

Family history:

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

Cardiovascular disease
Cerebrovascular disease
Diabetes mellitus
Tuberculosis
Mental disease
Cancer
Epilepsy
Bleeding disorders

Please list any other medical conditions within your family:

Energy:

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

Sleep:

Quantity:

Quality:

Position:

Dreams:

Time modalities:

Weather modalities:

Temperature modalities:

Perspiration:

Appetite:

Cravings:

Aversions:

Aggravations:

Thirst:

Bowel habits:

Urination:

Description of menstrual cycle and menses:

Mind:

Head:

Eyes:

Ears:

Nose and sinuses:

Mouth, tongue, teeth:

Throat:

Respiratory system:

Cardiovascular system:

Digestive system (stomach,abdomen,rectum,anus):

Urinary system:

Genitalia and sexuality:

Musculoskeletal system:

Extremities:

Upper:

Lower:

Skin:

Hair and nails:

Other:

The Physical examination:

Physical description:

Frame/build:

Hair colour:

Eye colour:

Complexion:

Skin texture:

Weight:

Height:

Pulse rate:

Respiratory rate:

Temperature:

Blood pressure:

Findings on physical examination:

Jaundice:

Anaemia:

Cyanosis:

Clubbing:

Oedema:

Lymphadenopathy:

Hydration:

Specific system exams:

APPENDIX C

INFORMED CONSENT FORM

(TO BE COMPLETED IN DUPLICATE BY THE PROVER)

TITLE OF RESEARCH PROJECT:

A Homoeopathic Drug Proving

NAME OF SUPERVISOR:

Dr. AHA Ross B.Mus. (UCT): M. Tech. Hom. (TN)

NAME OF RESEARCH STUDENTS

Heather Webster, Colette Kell, Lisa Low, Nicolette van der Hulst

DATE:

PLEASE CIRCLE THE APPROPRIATE ANSWER:

1. Have you read the research information sheet? YES / NO
2. Have you had an opportunity to ask questions regarding this proving? YES / NO
3. Have you received satisfactory answers to your questions? YES / NO
4. Have you had an opportunity to discuss the proving? YES / NO
5. Who have you spoken to? _____
6. Have you received enough information about this proving? YES / NO
7. Do you understand the implications of your involvement in this proving? YES / NO
8. Do you understand that you are free to withdraw from this proving? YES / NO
 - A) At any time
 - B) Without having to give a reason for withdrawing, and
 - C) Without affecting your future health care
9. Do you agree to voluntarily participate in this study? YES / NO

10. Selection criteria: To participate in this proving you must meet all the inclusion criteria. They are as follows:

You must be between the ages of 18 and 60 years of age.

Must not need any medication, including chemical, allopathic, homoeopathic or other.

Must not be on or have been on the contraceptive pill or hormone replacement therapy in the last 6 months.

Must not be pregnant or breastfeeding.

Must not have had surgery in the last 6 weeks.

Must not use recreational drugs such as cannabis, LSD, MDMA (ecstasy).

Must not consume more than two measures of alcohol per day (1 measure = 1 tot / 1 beer/ ½ glass wine).

Must not smoke more than 10 cigarettes a day.

Must not consume more than 3 cups of coffee or tea a day.

Must be in a general state of good health.

If you are between the ages of 18 and 21 years you must have consent from a guardian/parent to participate in the proving.

Must be willing to follow the proper procedures for the duration of the proving.
Have you completed Appendix A which outlines in detail all the above
stated inclusion criteria?

YES / NO

11. Discomfort may be experienced as a result of participating in the proving.
12. Benefits to provers: It is postulated that each proving undertaken strengthens the body's vital force (Hahnemann, 1997:208). Provers learn and develop the skill of observation and gain homoeopathic knowledge through direct involvement in a proving. A prover may be cured of certain ailments if the remedy is his / her similimum.
13. There is no expense to the prover for participating in the proving and no remuneration is offered to the prover.
14. Every prover is given the name and telephone numbers of the research student and the supervisor of the proving if problems or questions arise

Name:	Home Telephone :	Cellular number:	Homoeopathic	
Clinic				
Dr. Ashley Ross (supervisor)		3092349	082 4586 440	2042514
Heather Webster 2668138			2042041	
Nicolette van der Hulst 7005402			2042041	
Colette Kell		082 879 3885	2042041	
Lisa Low		083 6528 772	2042041	

If you have answered "No" to any of the above, please obtain the information before signing.

If the prover is between 18 and 21 years of age, written consent from a guardian/parent is required for the prover to participate in the proposed procedure.

I _____ (guardian/ parent) hereby give consent for the proposed procedure to be performed on _____ (prover) as part of the above mentioned research project.

I _____ hereby give consent for the proposed procedure to be performed on me as part of the above mentioned research project.

PROVER: Name _____ SIGNATURE _____

WITNESS: Name _____ SIGNATURE _____

RESEARCH STUDENT: Name _____ SIGNATURE _____

GUARDIAN/ PARENT: Name _____ SIGNATURE _____

APPENDIX D

Instructions to Provers

Dear Prover

Thank you very much for taking part in this proving. I am sure that you will benefit from this experience in many ways.

Before the proving:

Ensure that you have the following:

- The correct journal
- Read and understood these instructions
- Had a case history taken and a physical examination performed
- Signed the informed consent form
- Attended the pre - proving training course

Your proving supervisor (Heather Webster, Colette Kell, Lisa Low or Nicolette van der Hulst) will contact you with the date that you are required to commence the pre proving observation period and the date that you are required to start taking the remedy. You will also agree on a daily contact time for the supervisor to contact you.

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

Beginning the proving:

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

Taking the remedy:

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

The remedy should be taken on an empty stomach and with a clean mouth. Neither food nor drink should be taken for a half hour before and after taking the remedy. The remedy should not be taken for more than 3 doses a day for two days (6 powders maximum).

In the event that you experience symptoms or those around you observe any proving symptoms **do not take any further doses of the remedy.** This is very important. By proving symptoms we mean:

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

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

Lifestyle during the Proving:

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

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

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

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

Confidentiality:

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

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

Contact with your Supervisor:

Your supervisor will telephone you to inform you to begin your 1 week observation period and then daily from the day that you begin to take the remedy. This will later decrease to 2 or 3 times a week and then to once a week, as soon as you and the supervisor agree that there is no longer a need for such close contact. This will serve to check on your progress, ensure that you are recording the best quality symptoms possible and to judge when you need to cease taking the remedy.

If you have any problems during the proving, please do not hesitate to call your supervisor.

Recording of Symptoms:

When you commence the proving note down carefully any symptoms that arise, whether they are old or new, and the time of the day or night at which they occurred. **This should be done as vigilantly and frequently as possible so that the details will be fresh in your memory.** Make a note even if nothing happens.

Please start each day on a new page with the date noted at the top of each page. Also note which day of the proving it is. The day that you took the first dose is day zero.

Write neatly on alternate lines, in order to facilitate the extraction process, which is the next stage of the proving. Try to keep the journal with you at all times. Please be as precise as possible. Note in an accurate, detailed but brief manner your symptoms in your own language.

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

Location: Try to be accurate in your anatomical descriptions. Simple, clear diagrams may help here. Be attentive to which side of the body is affected.

Sensation: Describe this as carefully and as thoroughly as possible e.g. burning, shooting, stitching, throbbing, and dull, etc

Modality: A modality describes how a symptom is effected by different situations/stimuli. Better (>) or worse (<) from weather, food, smells, dark, lying, standing, light, people, etc. Try different things out and record any changes.

Time: Note the time of onset of the symptoms, and when they cease or are altered. Is it generally > or < at a particular time of day, and is this unusual for you.

Intensity: Briefly describe the sensation and the effect on you.

Aetiology: Did anything seem to cause or to set off the symptom and does it do this repeatedly.

Concomitants: Do any symptoms appear together or always seem to accompany each other or do some symptoms seem to alternate with each other?

This is easily remembered as:

C - concomitants

L - location

A - aetiology

M - modality

I - intensity

T - time

S - sensation

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

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

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

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

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

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

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

(NS) - New symptom

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

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

(US) - An **unusual symptom** for you.

If you have any doubts discuss them with your supervisor.

Please remember that detailed observation and concise, legible recording is crucial to the proving. One reads in the Organon of Medicine paragraph 126: "The person who is proving the medicine must be pre-eminently trustworthy and conscientious.. and be able to express and describe his sensations in accurate terms" (Hahnemann, 1997:200).

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

Adapted from Jeremy Sherr - The Dynamics and Methodology of Homoeopathic Provings, second edition. 1994.

I, _____,

agree to participate in the proving outlined in Appendix D, and acknowledge that I have read and understand the instructions in Appendix D regarding the proving.

Prover: _____

Signature: _____

Witness: _____

Signature: _____

Researcher: _____

Signature: _____

Date: _____

I, _____,

agree to participate in the proving outlined in Appendix D, and
acknowledge that I have read and understand the instructions in
Appendix D regarding the proving.

Prover: _____

Signature: _____

Witness: _____

Signature: _____

Researcher: _____

Signature: _____

Date: _____

Appendix E

If you have met all the inclusion criteria and are between 18 and 21 years of age written consent from a guardian needs to be obtained to participate in the proving.

I _____ (guardian/ parent) give permission
for _____ (prover) to participate in the
homoeopathic
proving conducted by H. Webster, C. Kell, N. van der Hulst, and L. Low at
Technikon
Natal.

Name: _____ Signature: _____ Date: _____

(guardian)

Name: _____ Signature: _____ Date: _____

(witness)