

A homoeopathic drug proving of *Chamaeleo dilepis dilepis* with a subsequent comparison of this remedy to those remedies yielding the highest numerical value and total number of rubrics on repertorisation of the proving symptoms

Debora Moore

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I, Debora Nicole Moore, do hereby declare that this mini-dissertation represents my own work in both conception and execution.

Signature of student

Debora Moore

Date of signature

APPROVAL FOR FINAL SUBMISSION

Signature of Supervisor

Dr. C. R. Hopkins

B.Sc. (Agric) (UN); M.Tech. Hom. (TN)

Date of signature

To all of those who have made and continue to make
homoeopathy what it is.

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ABSTRACT

The purpose of this investigation was to determine the effect of *Chamaeleo dilepis dilepis* on healthy volunteers (provers), and to record the signs and symptoms produced, so that it may be prescribed to those suffering from similar symptoms as determined by the Law of Similars. A further aim of the investigation was to compare the materia medica of *Chamaeleo dilepis dilepis* as determined by proving symptoms to those remedies yielding the highest numerical value and total number of rubrics on repertorisation of the proving symptoms of *Chamaeleo dilepis dilepis*.

It was hypothesised that the 30CH potency of *Chamaeleo dilepis dilepis* would produce clearly observable signs and symptoms in healthy provers. It was further hypothesised that a comparison of *Chamaeleo dilepis dilepis* to those remedies yielding the highest numerical value and total number of rubrics on repertorisation of the proving symptoms would elucidate differences and similarities between *Chamaeleo dilepis dilepis* and other homoeopathic remedies to clarify its therapeutic indications. It was hypothesised that in this manner a better understanding of *Chamaeleo dilepis dilepis* and its relationship to other homoeopathic remedies would be gained.

The homoeopathic proving of *Chamaeleo dilepis dilepis* took the form of a randomised, double-blind, placebo controlled trial. The potency used was the 30th centesimal potency or 30CH. The proving population consisted of fifteen subjects who met with the inclusion criteria (Appendix B). A portion of twenty percent of the group (three subjects) were given placebo in a randomised fashion, with the remaining eighty percent (twelve subjects) receiving verum.

Data collection was in the form of a journal kept by each prover, in which their signs and symptoms were recorded daily before, during and after the administration of the remedy, for a total of five weeks. On completion of the

proving, the information from each journal was assessed by the researcher for suitability of symptoms for inclusion in the materia medica of *Chamaeleo dilepis dilepis*. These symptoms were then translated into materia medica and repertory language, and a homoeopathic picture of the remedy formulated. Data from the case histories, physical examinations (Appendix D) and group discussions were also considered.

In a parallel study of similar methodology that was run concurrently, Pistorius (2006) conducted an analysis of the proving symptoms of *Chamaeleo dilepis dilepis* in light of the Doctrine of Signatures. Symptoms included in the materia medica and repertory for *Chamaeleo dilepis dilepis* were taken from the groups of both studies.

During the course of the study provers experienced a wide range of symptoms on mental, emotional and physical spheres. Provers experienced many symptoms on the mental and emotional spheres including strong feelings of severe depression, hopelessness and despair; feeling disconnected from reality, themselves and other people; decreased concentration; feeling withdrawn, antisocial and emotionally cold and hard. There was pronounced anxiety, intense irritability and explosive anger as well as the more characteristic symptoms of difficulty maintaining balance, movement difficulties and delusions of paralysis.

On the physical plane the greatest number of symptoms were produced in the extremities, with pain and stiffness of the limbs; sensations of numbness, tingling and extreme icy coldness; and weakness, heaviness and tiredness of the limbs. The back and neck were also affected in the majority of provers with pain, aching, stiffness, formication and eruptions. Pain and stiffness were most commonly seen in the neck and lumbar regions, neck pain often accompanied by headache. Headaches were also very common throughout the whole proving population and were severe, lasting often for many days at a time. There was

also a lot of vertigo and dizziness. There were a large number of symptoms in the thoracic region with breathing difficulties, chest pain, heart palpitations, increased heart rate and arrhythmia. There was intense coldness felt in the lungs, a feeling of oppression in the chest, fullness of the heart and characteristic sensations of a hollow tube in the throat or passing down through the thoracic cavity. Sleep was widely affected with a great deal of insomnia and disturbed sleep; and generally there was a pronounced sensitivity to and aggravation from the cold and amelioration from warmth and sunlight, as well as an aggravation on waking. There was a great deal of exhaustion, debility and many of the provers felt as if they were getting the 'flu'.

A repertorisation of the ten symptoms seen as representing the essence of *Chamaeleo dilepis dilepis* was performed using the computer programme RADAR (version 9.0) and the remedies that were numerically the highest and appeared in the greatest number of rubrics corresponding to the 'minimum characteristic syndrome' were compared to *Chamaeleo dilepis dilepis*. On further extractions of the repertory it was found that of the class reptilia, *Heloderma* [*Gila monster*] and *Lachesis muta* [*Bushmaster snake*] were the most prominent remedies; *Conium maculatum* [*poison Hemlock*] and *Agaricus muscarius* [*Fly agaric*] from the plant kingdom; and *Phosphorus* and *Hydrogen* from the mineral kingdom.

The investigation supported the hypothesis that *Chamaeleo dilepis dilepis* would produce clearly observable signs and symptoms in healthy volunteers. Further, the subsequent comparison of *Chamaeleo dilepis dilepis* to *Heloderma*, *Lachesis muta*, *Conium maculatum*, *Agaricus muscarius*, *Phosphorus* and *Hydrogen* highlighted the similarities and differences between these remedies and *Chamaeleo dilepis dilepis*.

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DEFINITIONS OF TERMS

LAW OF SIMILARS:

Used synonymously with the term *similia* principle. It is usually expressed as *similia similibus curentur*, from Latin meaning let like be cured by like (Swayne, 2000:193). It is the fundamental principle of homoeopathy, which states that any drug which is capable of producing morbid symptoms in the healthy will remove similar symptoms occurring as an expression of disease (Yasgur, 1997:234).

MATERIA MEDICA:

In homoeopathy, a reference work listing remedies and their therapeutic actions (Yasgur, 1997:167). The description of the nature and therapeutic repertoire of homoeopathic medicines; of the pathology, the symptoms and signs and their modifying factors (modalities), derived from toxicological reports (where appropriate), homoeopathic drug provings and clinical experience of their use (Swayne, 2000:132).

PLACEBO:

An inert compound identical in appearance to material being tested in experimental research, which may or may not be known to the physician or patient, administered to distinguish between drug action and suggestive effect of the material under study (Stedman's Medical Dictionary, 2005:1140).

POTENCY:

The power or strength of homoeopathic remedies, represented as a number attached to the remedy name (Yasgur, 1997:193). 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, 1991:463).

The two most commonly used potency scales are the decimal; where deconcentration is achieved by dilution in a ratio of 1:9 at each deconcentration level; and the centesimal, where deconcentration is comprised by dilution in a ratio of 1:99 (Hopkins, 2001).

PROVERS:

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

PROVING:

From the German '*Prüfung*', meaning test or assay. A 'pathogenetic experiment' (Gaier, 1991:451), it is the process of determining the medicinal/curative properties of a substance. This process involves the administration of substances in homoeopathic potency to healthy human subjects in order to observe and record symptoms (Yasgur, 1997:201).

REPERTORY:

From the Latin '*reperio, -ire, repperi, -tum*' meaning to find out, obtain, devise or procure. In homoeopathy it denotes an indexed catalogue of cross-references to medicines and/or their homoeopathic applications (Gaier, 1991:493). More specifically, it describes the reference book that schematically indexes the symptoms sought to be located in the materia medica (Gaier, 1991:494).

REPERTORISATION:

The technique of using a repertory to identify the homoeopathic medicines whose materia medica corresponds most closely to the clinical picture of the patient and from amongst which the most similar remedy (the *simillimum*) may be chosen (Swayne, 2000:184).

RUBRIC:

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

SUCCUSSION:

The action of vigorously shaking up a liquid dilution of a homoeopathic medicine in its phial or bottle, where each stroke ends with a jolt, usually by pounding the hand engaged in the shaking action against the other palm (Gaier, 1991:532).

TRITURATION:

Dilution of a solid phase by grinding (Swayne, 2000:217). The first stages in preparation and potentisation of homoeopathic medicines from solid and insoluble source material, or fresh plants, by grinding it together with lactose (milk sugar) as a diluent (Swayne, 2000:218).

VERUM:

True, real or genuine (Yasgur, 1997:275). In the context of a homoeopathic drug proving, it refers specifically to the substance that is administered to provers that is medicinally active in contrast to the medically inert placebo.

CHAPTER ONE

1. OVERVIEW

1.1 INTRODUCTION

Homoeopathic drug provings form an integral part of homoeopathic history, philosophy and practical application. Provings are said by many to form the 'Pillars' of homoeopathic medicine (Flick, 1997; Sherr, 1994; Walach, 1997). Hahnemann himself stressed the importance of homoeopathic physicians taking part in provings, both to elicit the full symptom picture of potentially curative substances to be included in the materia medica, and for the personal experience of the physician (Hahnemann, 1996:footnote §119b & §141).

It is easy to understand how in the early days of homoeopathic practice when there were still a minimum of medicines to work with, it would have been considered essential to conduct further provings. It could be argued that in the present time with thousands of remedies at homoeopaths' disposal there isn't the same necessity for the proving of new substances. The counter argument is that homoeopathic medicine would need an almost infinite number of remedies to provide a suitable curative substance for all possible disease states: "*...for each of the infinitely many disease states in nature, for each wasting sickness in the world.*" (Hahnemann, 1996:§145)

There are homoeopathic remedies that have been used repeatedly since they were discovered in Hahnemann's time, that have proven invaluable and without which a less than perfect cure would have been obtained. It can thus be argued that the same could apply to the continued process of proving new substances even today. There may yet be any number of substances that will cure cases that hitherto have only been met with partial success (Sherr, 1994:9).

To date, literally thousands of substances have been proven as homoeopathic remedies. Despite this fact there is still a relative lack of local substances in our materia medica (Wright, 1999). Some homoeopaths subscribe to the idea that a useful remedy should be a local one (Sherr, 1994:49).

In our current homoeopathic materia medica it seems that a greater proportion of remedies come from the plant and mineral kingdoms than from the animal kingdom. Of the reptiles, most seem to come from the snakes, with only two lizards found by the researcher: *Lacerta agilis* – the green lizard and *Heloderma suspectum* – the Gila monster. Sherr states that a reasonable motivation for choice of a particular substance for a proving is that on examination of the materia medica glaring gaps are found, which may be filled by the substance proposed for the proving (Sherr, 1994:49).

Chamaeleons occur almost exclusively in Africa and Madagascar with a very few species in Asia and one in the Mediterranean (Mattison, 1989). In South Africa *Chamaeleo dilepis dilepis* is the most ubiquitous species (Mattison, 1989:141). Morrison (2002) recommends chamaeleon specifically as one of the indigenous substances she would consider it beneficial to prove. It is a new substance that hasn't been previously proven.

The first objective of the study was to conduct a proving of *Chamaeleo dilepis dilepis* to investigate the symptoms produced by healthy volunteers (provers) that are specific to the substance; so as to allow for its administration in homoeopathic potentised form, such that it will prove to be a useful medicinal substance for treating both the people of this country and worldwide.

The value of assessing homoeopathic remedies in terms of their relationship to one another is seen repeatedly throughout the literature and is a technique that has been used extensively by such well-known authors as Candagabe

(1997), Coulter (1989), Kent (2004), and more recently Sankaran (1999), Scholten (1996) and Vermeulen (2000) to name but a few. The understanding of materia medica that has been gained and will continue to be gained from these various writings is invaluable, as it is considered vital that there is an understanding of the relationship between the seemingly indicated remedy and remedies with similar indications in homoeopathic prescribing (Van der Hulst, 2002).

Taking this into consideration it is believed that a greater understanding of the homoeopathic remedy *Chamaeleo dilepis dilepis* will be achieved by comparing the symptomology it produced in the proving to the materia medica of known remedies found to display the highest numerical values and total number of rubrics on repertorisation of the essential proving symptoms.

The second objective of this study was the comparison of the proving symptoms of *Chamaeleo dilepis dilepis* to the remedies found in the manner described above, so as to gain a better understanding of the remedy and its relationship to other remedies. Comparison in this manner will also assist in differentiating this remedy from others in the context of clinical prescribing, as there has yet been no clinical experience of its use.

1.2 THE HYPOTHESES

It was hypothesised that the 30CH potency of *Chamaeleo dilepis dilepis* would produce clearly observable signs and symptoms in healthy volunteers (provers).

It was further hypothesised that a comparison of *Chamaeleo dilepis dilepis* to those remedies in the known materia medica that display the highest numerical value and total number of rubrics on repertorisation of the proving symptoms would elucidate the similarities and differences between the remedies compared. It was proposed that this would assist in clarification of

the therapeutic indications of *Chamaeleo dilepis dilepis*; and enable a fuller understanding of this remedy and its relationship to other remedies to be gained.

1.3 THE DELIMITATIONS

The study did not:

- Attempt to explain the mechanism of action of homoeopathically prepared *Chamaeleo dilepis dilepis* in its production of symptoms in healthy volunteers
- Determine the effects of the substance in any potency other than the 30th centesimal potency
- Seek to perform multicentre trials of the drug

1.4 THE ASSUMPTIONS

- The provers complied with the proper procedures for the duration of the proving as detailed in Appendix E, Instructions to Provers
- The method of preparation of homoeopathic *Chamaeleo dilepis dilepis* by trituration up to the 3CH potency level, and further potentisation in liquid form up to the 30CH level, was the correct method of preparation for this substance
- The provers took the remedy in the dosage, frequency and manner required
- The provers would practice conscientious and accurate self-observation

- The provers would live under ordinary everyday conditions and not deviate from their normal lifestyle or dietary habits immediately prior to, or for the duration of the proving
- The repertorisation of the characteristic symptoms of *Chamaeleo dilepis dilepis* would produce a selection of remedies corresponding to *Chamaeleo dilepis dilepis* such that a subsequent comparative discussion would be possible

CHAPTER TWO

2. REVIEW OF THE RELATED LITERATURE

2.1 PROVINGS

2.1.1 Introduction

Yasgur's *Homeopathic Dictionary* provides the following definition for the term proving:

“A test of the action of a drug upon the healthy body, and a record of the unusual sensations and symptoms produced and or alteration from normal health experienced by the one taking it.” (Yasgur, 1997:201)

The homoeopathic term *proving* comes from the German word *prüfung*, which is the term Samuel Hahnemann used to describe these experiments. Translated into English it more accurately means *examination* or *test* (Dantas, 1996:230). This term provides an exact description of the aim of a proving: various substances are tested to ascertain their ‘pathogenetic’ effect on healthy people and so enable them to be used homoeopathically according to the Law of Similars. The word ‘pathogenetic’ means disease causing and is used by Dantas (1996:231) to describe the manner in which the test substance produces its ‘artificial disease’ in healthy volunteers in the context of a homoeopathic drug proving.

Provings are considered by many to be the only reliable way to fully ascertain the action of any substance that is to be used as a homoeopathic remedy (Dantas, 1996:230; Hahnemann, 1996:§143; Sherr, 1994:7) and according to Cook (1989:93) are the only way of identifying new homoeopathic remedies.

2.1.2 History and Development

Proving goes hand in hand with the very foundation of homoeopathy. This is demonstrated by the fact that Hahnemann discovered the Law of Similars by testing *Cinchona officinalis* [China – Peruvian bark] on himself and observing the effects it produced, which he noted were similar to the well-known symptoms of malaria. This famous experiment from 1790 formed both the basis from which Hahnemann further developed his concept of the Law of Similars – and hence the entire system of homoeopathy – and also the first proving.

Although Hahnemann is credited with developing the homoeopathic application of medicines according to the Law of Similars, he describes in the *Organon of the Medical Art* (Hahnemann, 1996:48) how even though no-one had previously taught the homoeopathic way of cure and that it hadn't been acknowledged, traces of it would be discoverable in all ages. He cites a number of examples of incidental cures that had occurred in this manner, (Hahnemann, 1996:53) and lists a number of practitioners who had written of methods of cure that adhere to the homoeopathic principle and yet didn't develop it into an official methodology (Hahnemann, 1996:55).

As well as being the first person to formalise the principle of *similia similibus curentur* (let likes be cured by likes) he was the first person to formally develop the idea that the only true way to test medicines, to ascertain their total action, is on healthy people. He makes mention (Hahnemann, 1996:footnote §108) of one other person, Albrecht von Haller who in 1771 stated:

'In truth a remedy must first be tried on a healthy body without any foreign admixture.....After observation of the succession of clear effects in a healthy body, one may proceed to trials on a sick one,'.

(Hahnemann, 1996:footnote §108)

He was however the first to prove substances, in order to be able to put them to clinical use according to the principle of similitude (Walach, 1994:129).

Hahnemann stressed repeatedly the importance of conducting provings in a conscientious and accurate manner (Hahnemann, 1996:144-163). He went on to conduct a total of 101 provings during the period of 1805 to 1839 (Dantas, 1996:230), mostly on friends and family.

More recently, Raeside (1972) discusses a total of twenty-two remedies that were proven by himself and his colleagues over the period of 1947 to 1972. This is just one example of provings in London at this time, but the significance lies in the fact that these provings were seemingly conducted in a manner that is in keeping with Hahnemann's recommendations for good provings.

2.1.3 Contemporary Provings

Recent homoeopathic literature discusses various types of provings currently being explored by contemporary homoeopathic communities (Kreisberg, 2000:61).

Sherr (1994) describes two opposing extremes in the types of provings being conducted in recent times. On the one hand there is the highly organised, accurate and thorough proving on a large number of people, the purpose of which is to fully unfold the knowledge of a new remedy in its totality, including physical, mental and emotional symptoms over a considerable period of time (Sherr, 1996:16). The aim of this type of proving is to understand a new remedy as fully and completely as possible and to add it to the materia medica and repertory so that the information is made available for posterity (Sherr, 1994:16). This type of proving is based on Hahnemann's original design and follows his protocol consistently in

application as well as intention (Kreisberg, 2000:63). According to Kreisberg (2000) if done well, it is the 'gold standard for transmitting knowledge of the remedy in homoeopathy.

The other extreme is the informal or partial proving. This may be a proving conducted on oneself or with just a small group of people. The purpose of this kind of proving is to gain direct, personal experience of the remedy and is not usually suitable for publication (Sherr, 1994:16).

In between these two polar opposites are many 'shades of grey': provings that are conducted at seminars, study groups or during classes, enabling homoeopaths to compare their experiences of the proving. 'Seminar provings' have been practised extensively by Jürgen Becker in Germany and adopted by other contemporary teachers (Sherr, 1994:16). The idea of these 'seminar provings' being to uncover the main unconscious theme of the remedy during the proving. This is further enhanced by discussing the experience with the group to air and formulate the central ideas (Sherr, 1994:16).

A somewhat controversial topic with regards to contemporary provings is the topic of 'dream provings'. In this type of proving the prover chooses the dosage form of the remedy: it can be taken internally, slept with, sniffed or kept on the person (Kreisberg, 2000:63). The proving usually only extends over a short period of time, 24-48 hours, and the effects are thought to last for only a week, rarely more and often less (Kreisberg, 2000:63). Dreams are the main focus of the observation, though not to the exclusion of the physical symptoms. In the context of a dream proving, dreams are considered as an access route to deeper aspects of a remedy's nature which is why they are the main focus of the proving (Kreisberg, 2000:63).

This type of proving may be compared to Hahnemannian provings in that provers observe symptoms, take notes of their observations and finally collect, arrange and sometimes publish the collected material (Kreisberg, 2000:63). Marijke Creveld published the results of a dream proving of *Diospyros kaki* [*Kaki tree*] conducted in 2000 (Creveld, 2002). The themes that arose in provers' dreams were discussed and compared to themes that had been previously associated with the tree, to provide a remedy picture for the substance.

While this type of proving may serve to expand an area of a remedy it is very one-sided as the focus is primarily on dreams. It generally does not adhere fully to the criteria for good provings as set out by Hahnemann in the *Organon* (Hahnemann, 1996:152-161). Recently the importance of conducting provings according to a standard set of criteria that define a good, thorough proving has been emphasised by the ICCH (1999:34), Vithoulkas (1980:148-153), De Schepper (2001:32-38) and Sherr (1994:7-10) to mention a few; and is discussed in greater detail in section 2.1.4 that follows.

Sherr, amongst other homoeopaths, believes that with the huge increase in new provings over the last decade, it has become necessary to publicize the details of these provings in order to keep people up to date with the latest developments in homoeopathy (Sherr, 2006). He made an initial attempt with the publication of his book *The Dynamics and Methodology of Homoeopathic Provings* in 1994, in which he printed a list of over 180 provings that had been conducted in the fifteen years prior to publication. Here he has included provings both from his own school, such as *Androctonos* [*Scorpion*], *Chocolate*, *Hydrogen* and *Neon*; and those conducted by other homoeopaths including Jürgen Becker, David Riley, Tinus Smits and Rajan Sankaran to name but a few (Sherr, 1994).

He has subsequently developed an online catalogue, which indexes over 1000 new provings. The aim of this catalogue has been to make the information gathered available to all homoeopaths. Further, he invites anyone that has conducted a proving to add it to this catalogue (Sherr, 2006). He has developed this system as he feels that provings involve a great deal of work on the part of those conducting and participating in them. He has realised that despite this fact most provings are unpublished or unavailable, and sees it as a great shame to lose the information so painstakingly gathered (Sherr, 2006).

Sherr is not alone in his use of the internet as a public platform for new provings. Lou Klein (2006) from the Luminos School of Homoeopathy in New York explains how the school supports and encourages the proving of new remedies and the circulation of this material throughout the homoeopathic community (Klein, 2006). Some of the remedies proven by members of the school include *Musca domestica* [housefly] in 2001, *Hippocampus kuda* [seahorse] in 2003, *Helodrilis Caliginosis* [earthworm], *Loxosceles Reclusa* [Brown Recluse spider], *Carbon Dioxide*, and *Vanilla planifolia* [Vanilla] amongst others (Klein, 2006).

Peter Fraser from The School of Homoeopathy in Devon, England catalogues a number of provings on his website including the following, conducted by his colleague Misha Norland: the *AIDS nosode* in 1995, *Falco peregrinus disciplinatus* [trained Peregrine Falcon] in 1997, *Positronium* [Antimatter] in 1998, *LSD-25* [D-Lysergic Acid Diethylamide] in 1999 and *Cladonia rangiferina* [Reindeer moss] in 2000 (Fraser, 2006).

Norland and Fraser worked together on the following provings: *Latex vulcani* [Vulcanised rubber from a latex condom] in 2001, *Carbo fullerenum* [Carbon 60] in 2002 and *Passer domesticus* [house Sparrow] in 2004. In 2005 Fraser conducted a proving of *Pavo cristatus* [Peacock feather] with members of The Homoeopathic Development and Research Centre in

Nepal (Fraser, 2006). Other provings listed by Fraser (2006) include: *Cygnus bewickii* [*Bewick Swan*] conducted by Penny Stirling in Bristol, 2002; and *Dia-morphoine* [*Heroine*] conducted by Janet Snowdon in 1999/2000) to mention but a few (Fraser, 2006).

The journal *Homoeopathic Links* regularly publishes articles by homoeopaths from all over the world discussing new provings. The following are some of the Hahnemannian provings recently published by them: *Sequoiadendron giganteum* [*Giant Redwood*] conducted by Benedikt Pawlita, Germany 2001 (Pawlita, 2002); a proving of water of the *Cross Spring* in Bath conducted in 2000 by Raymond Sevar from England (Sevar, 2002); *Lapis lazuli* conducted in 2000/01 by the Escola Paulista de Homeopatia, Brazil (Escola Paulista de Homeopatia, 2004); *Rosa canina* [*Wild rose*] conducted in 2002/03 by Andreas Bjørndal and Karine Haukaa at the Norsk Akademi for Naturmedisin, Norway (Haukaa, 2006).

An attempt has been made here to merely highlight the proficiency and variety of provings available in contemporary literature. There are of course many more provings published in the variety of homoeopathic journals, not to mention the huge selection available for download from the internet.

2.1.4 Randomised, controlled trials (RCT) and provings

Kaptchuk (1996:237) draws a comparison between the accuracy of Hahnemann's early proving methodology and that of more modern randomised, controlled, clinical trials (RCT). He examines the value of the techniques of double-blinding and placebo control common to RCT in the context of homoeopathic drug provings. He suggests the possibility that in addition to the intended role of eliminating bias, placebo control may even introduce new unintended bias (Kaptchuk, 1996:240). He presents data from a number of separate studies during which placebo controls and

double-blinding seem to have affected both the physiological and psychological outcomes of the subjects (Kaptchuk, 1996:241).

Dantas (1996:232) describes the importance of a placebo control in the context of provings as the only means to accurately assess the effects of the test substance specifically. Further, he expands on the importance of using a placebo control that has been exposed to identical manufacturing procedures as the verum except that there is no original and specific substance to be mixed and succussed with the vehicle. He suggests that this is the only way that possible pathogenetic effects can be properly associated with the presence of the original substance in the preparation (Dantas, 1996:232).

Dantas (1996:234) presents a critical appraisal of Hahnemann's original methodology for provings and provides suggestions as to how the use of a comparative placebo group, blinding of volunteers, the comparison of symptoms from a pre-observation period to those from the proving period, a clear definition of what is considered to be healthy and randomisation may assist in preventing overestimation of the medicinal effects arising in the proving. He suggests that the incorporation of current randomised, controlled trial techniques can lead to identification of fewer, more reliable, idiosyncratic reactions instead of a plethora of common symptoms as reported in uncontrolled provings (Dantas, 1996:235).

Wieland (1997:229) argues that Hahnemann's provings have yielded reliable results as tested by clinical application of his remedies, even though his methodology wouldn't be called reliable measured by today's standards for clinical trials. He also argues that the purpose of RCT, to demonstrate safety and efficacy of a drug compared to placebo in terms of statistical significance, is very different to the purpose of a proving which is to obtain complete, individual symptoms produced by the drug being tested. In

homoeopathy the efficacy of the drug being demonstrated only in its administration to sick people (Wieland, 1997:230).

Sherr (1994:35) compares homoeopathic provings to Phase 1 of clinical drug trials. Phase 1 of clinical trials is the phase during which new drugs are tested on healthy volunteers to examine pharmacokinetics, pharmacodynamics, tolerance, safety and efficacy. He suggests that due to this similarity there is the possibility of conducting 'homoeopathic drug trials', which conform to the biomedical model including such techniques as placebo control, double-blind and crossover (Sherr, 1994:35).

2.1.5 Proving Methodology

The original methodology for provings comes from Hahnemann's *Organon of the Medical Art*. In this document Hahnemann details the exact methodology for what he considered to be the only true way of ascertaining the medicinal action of any substance (Hahnemann, 1996:144). His methodology centred around the following basic guidelines (Hahnemann, 1996:152-161):

- The medicinal substances used should be well-known in terms of purity
- Provers should take no medicinal substances during the proving other than the test substance
- Provers' diet must be simple, nutritious and non-stimulating
- Provers must be reliable, conscientious, able to clearly and accurately record their symptoms and must be in a relatively good state of health
- Provers must be both male and female
- Proving substance should be in the 30CH potency (6th edition)
- All symptoms need to be qualified in terms of the character, location, modalities etc.

- To fully prove a substance multiple tests, with provers of both genders and various constitutions are needed
- Moderate proving doses yield better results and are safer than large doses
- During a proving all ailments and alterations in the prover's conditions should be attributed to the proving substance
- Provers should keep detailed proving journals
- Provers should be interviewed daily by the supervising physician

Many authors consider that since Hahnemann's time, provings have deteriorated in quality (Riley, 1997; Sherr, 1994; Vithoulkas, 1980; Walach, 1997). According to Sherr (1994:9) Hering, Wells and other 19th century homoeopaths conducted great provings, but since Kent's time the quality has gradually diminished. He believes that many of the provings conducted in the 20th century have lacked the refinement of earlier provings. He has found that as a result there are only a few hundred really thorough provings, the rest of the materia medica being composed of partial provings or toxicological reports (Sherr, 1994:9).

It is considered by Walach (1997) that for a long time proving methods and techniques have remained fairly poorly developed, and the International Council for Classical Homoeopathy (ICCH) has found that there is still a great difference in the standard and approach of these experiments (ICCH, 1999:33). It is considered by many that the Hahnemannian method of provings is still the most reliable (De Schepper, 2001; ICCH, 1999; Kreisberg, 2000; Sherr, 1994).

A number of homoeopaths have made a concerted effort to address this apparent unreliability. In 1980 George Vithoulkas published *The Science of Homoeopathy*. In this book he provides detailed guidelines for what he considers to be good, reliable provings.

He outlines a comprehensive list of criteria to distinguish people who would make acceptable provers and makes recommendations as to the preparation they need to undergo prior to the proving, including relocation to a more natural environment to optimise their health (Vithoulikas, 1980:149-150). He believes that provings should always follow a double-blind format and that at least 25% of the proving group should be randomly given placebo (Vithoulikas, 1980:151). He recommends that a number of potencies be used ranging from 1X – 12X, and then the experiment repeated with 30CH and further with 10M or 50M potencies (Vithoulikas, 1980:152) with large periods of time elapsing between the raising of potency levels to be sure each level has been fully exhausted.

The total experiment would require a large number of people (50-100) and occupy about two and a half years of time (Vithoulikas, 1980:148). It can be seen that although this methodology would provide particularly thorough and comprehensive results, because of the large number of people involved, the amount of time needed and the accompanying expenses it may be of questionable practicality. Another factor to consider is that the subjects involved would have to be exceptionally dedicated and it might become difficult to ensure prover compliance.

Jeremy Sherr (1994) has compiled a proving design of very high standard that is widely accepted and commonly used by many homoeopaths (ICCH, 1999). He has followed Hahnemann's basic recommendations for good provings and adds to this from other literature and personal experience gathered through conducting many of his own provings (Sherr, 1994). He published this comprehensive proving design, in which he discusses topics such as potency, the effects of interfering factors, the merits of blinding and placebo, the different roles in a proving, the substance to be tested and its dosage (Sherr, 1994).

In 1997 David Riley published an article in the *British Homoeopathic Journal* with the aim of addressing what he considers to be a lack of consistency in proving methodology and lays out recommendations for a proving protocol (Riley, 1997:225). In this document he includes recommendations for considering the appropriate number of subjects, the importance of inclusion and exclusion criteria, the importance of the quality and knowledge pertaining to the test medication, monitoring of test subjects, ethical concerns and informed consent of subjects (Riley, 1997). He describes how these guidelines are consistent with the homoeopathic drug proving guidelines of the HPUS (Pharmacopoeia of the United States) and the good clinical practice and research guidelines of the EU and FDA. Further, he has conducted over 50 provings using these guidelines (Riley, 1997:225).

Luc de Schepper discusses the importance of conducting provings, and more especially good provings. He expands on Hahnemann's methodology and discusses such factors as selection of provers and the principles of provings including proving substance, potency and duration of provings (de Schepper, 2001:32-38).

The ICCH has developed a list of guidelines that they recommend for all modern provings. It is hoped by the ICCH that the guidelines they have established may provide a 'checklist' of principles and practices in provings worldwide and so form a standard of reliability in modern provings (ICCH, 1999). The methodology suggested by Sherr (1994) as described above, closely concurs with these guidelines and his book is referenced by them as being amongst those works that need to be studied before carrying out a proving (ICCH, 1999:33).

Three areas of contention with regard to proving methodology are those concerning number of provers, potency level of the proving medication and the use of placebo.

Vithoulkas (1980:152) suggests that a thorough proving needs to include 50-100 provers. de Schepper (2001:34) suggests that a proving should ideally be done with at least 50 people of different sexes and a variety of ages to provide a wide range of responses. He concludes that while it may be difficult to assemble as many as 50 provers, there should be at least a dozen.

Sherr (1994:45) provides the argument that as many as 100 provers is too large a number and will lead to an over-proved remedy, possibly overcrowding the materia medica with many common symptoms. His experience suggests that a very thorough proving can be achieved with 15-20 people.

The ICCH recommend an ideal group size of 10-20 proving subjects (ICCH, 1999:34). This recommendation is recently supported by the provings of *Cross Spring water* which was conducted with 13 provers (Sevar, 2002:183); *Vitis vinifera* [white wine – leaves] conducted with 15 people and *Vitis vinifera* [red wine – fruit] conducted with 12 people (Wichmann, 2004:200); and the proving of *Sequoiadendron giganteum* [Giant Redwood] which was conducted with 14 people (Pawlita, 2002:45).

It is recommended by some that to ensure that as many and as much of the more subtle aspects of the remedy are explored, the proving needs to be conducted with as many as two to three different potencies (ICCH, 1999:34). Wieland (1997:233) recommends using 12CH or 30CH potencies. Fuller Royal (1991:123) believes that medicines should be proven in the low (3X-12X), and intermediate (30X-60CH) potencies. The proving of the *Cross Spring water* was conducted with both 6CH and 30CH potencies (Sevar, 2002:183).

However, in the 6th edition of the *Organon of the Medical Art* Hahnemann recommends the use of the 30CH potency only (Hahnemann, 1996:§128). Sherr (1994:56) describes how he has used a wide range of potencies in his various provings and suggests that it is equally as valid to use one single potency as a range of potencies. He presents figures from his proving of *Hydrogen* that confirm that the most mental/emotional symptoms were produced with 30CH (Sherr, 1994:27). He uses experience from this and other provings to suggest that there is no evidence to support the notion that high potencies specifically affect the mind and low potencies the body. Sherr also suggests that it is up to each proving committee to decide on the potency(s) they wish to use (Sherr, 1994:56).

The use of the 30CH potency is further supported by de Schepper (2001:36) who explains how the old masters warn not to use potencies higher than 30CH, to avoid unnecessary aggravations. It is the potency used in the proving of *Vitis vinifera* [white wine] (Wichmann, 2004:200) and in the proving of *Titanium metallicum* [Titanium] (Wichmann, 2004:270) amongst others.

There are arguments both for and against the usefulness of placebo in the setting of homoeopathic drug provings. Walach (1994:130) considers it unnecessary due to the individualised nature of the proving process. While the ICCH highlights the importance of a placebo group in a proving as a means to increase provers' attention and reliability of the information obtained (ICCH, 1999:34). Sherr (1994:37) concludes that the use of placebo may help to distinguish the effects of the remedy from the effects that are unrelated to the remedy.

Vithoulkas (1980:151) suggests a placebo percentage of 25%; the ICCH suggests 10%-30% (ICCH 1999:34); and Sherr (1994:57) uses a placebo group of 10%-20% of the total prover population.

The importance of conducting provings in an accurate and conscientious manner is broadly acknowledged (Hahnemann, 1996; ICCH, 1999; Sherr, 1994; Vithoulkas, 1980). Every effort was made in this study to strictly adhere to currently accepted proving methodologies throughout, as outlined by the ICCH, to ensure the validity of results.

2.2 COMPARATIVE MATERIA MEDICA

Comparative materia medica consists primarily of studying remedies by means of comparison of the symptoms that are common to more than one remedy, thus elucidating the similarity and differences between these remedies.

This is not a concept that is new to homoeopathy. In 1904 Kent described the relationship of various remedies in terms of the symptomatology shared by said remedies (Kent, 2004). For example in describing the complete symptom picture of *Fluoricum acidum* [*Fluoric acid*] he illustrates similarities and differences between it, *Silicea* [*Silica*] and *Pulsatilla pratensis* [*Wind flower*]. He describes how these remedies exist in a relationship of three and are similar as to the nature of some of their symptoms (Kent, 2004:539). He further compares other aspects of *Fluoricum acidum* to *Picric acid* and *Sepia* [*Cuttlefish ink*] illustrating how these three remedies also have some symptoms in common (Kent, 2004:540). In this way he better enables the reader to understand the primary remedy under discussion and differentiate it from other remedies. This is only one example of many that may be found in his *Lectures on Homoeopathic Materia Medica* (Kent, 2004).

Catherine Coulter makes extensive use of comparing various remedies in terms of a common characteristic shared by the remedies (Coulter, 1989). She has gone so far as to publish a supplement to her book *Portraits of Homoeopathic Medicines* in which she focuses specifically on the symptom of

indifference and compares a number of remedies that cover this symptom (Coulter, 1989). Here she explains how the indifference found in the remedy *Phosphorus* may take on the form of unresponsiveness, in *Lycopodium clavatum* [Club moss] of detachment, in *Sulphur* of egocentricity, in *Natrum muriaticum* [Sodium chloride] of self-denial, in *Sepia* of lack of interest, in *Lachesis* [Bushmaster snake] of 'switching off' (Coulter, 1989:1). In this way she develops an understanding of what the symptom of indifference can mean in different contexts and which remedies are applicable in each context.

Rajan Sankaran makes use of a somewhat similar technique when he compares the jealousy represented by *Apis mellifica* [Honeybee], *Lachesis muta* and *Hyoscyamus* [Henbane] (Sankaran, 1999:341). Here he uses the common symptom of jealousy to explain how to differentiate between these remedies in terms of this symptom. He explains why the symptom occurs in each remedy, by understanding the different situations in which the jealousy specific to each remedy would arise. He also makes liberal use of comparative materia medica in his description of remedies in *The Soul of Remedies* (Sankaran, 1997). In this book, on discussing a symptom that is characteristic of a remedy he makes reference to other remedies, in terms of the same symptom. For example in his discussion of the remedy *Lyssinum* [rabid dog's saliva] he describes the feeling of torment that may be represented by this remedy and compares it to *China* [Peruvian bark] that may have a similar feeling of torment, but which in *China* is less intense; *Drosera* [Sundew] has a similar feeling of persecution, but also a feeling of being deceived and cheated which is absent in *Lyssinum* (Sankaran, 1997:122). This serves to provide the reader with a fuller understanding of all remedies thus compared.

In his *Concordant Materia Medica* Vermeulen (2000) includes a section on remedy relationships for almost all of the remedies in the book. Under this section he includes remedies that can be compared to one another in respect

to a particular symptom. For example, he suggests comparing *Acetum acidum*, *Cocculus*, *Ignatia*, *Kali-carb* and *Sulphur* to *Ipecacuanha* in terms of the constant nausea displayed by each (Vermeulen, 2000:832).

Roberts (1993) provides us with a work of comparison whereby remedies are compared four at a time with regard to the same rubrics such as fear, depression, suspicion, selfishness, other mental symptoms, nerves, circulation, sleep, sides and direction affected and so forth. The rubrics were chosen according to the frequency with which they appeared in various provings, especially provings of the polychrest remedies. He believes that it is not enough to understand the remedies so that we recognise in the symptoms of a patient the outline of a remedy; we must know the differences and the similarity so that we can select the *simillimum* i.e. the most similar remedy as opposed to one that is merely similar. (Roberts, 1993)

The importance of this method of comparison lies in the way in which it allows homoeopaths to more accurately prescribe according to the Law of Similars, by allowing homoeopaths to better establish the similarities and differences between a remedy and seemingly similar remedies (Van der Hulst, 2002).

Some authors such as Candegabe (1997) have dedicated whole books to this manner of studying homoeopathic remedies. Candagabe ascertains that comparing remedies helps homoeopaths to be able to familiarise themselves with the similarities and differences between the remedies and 'to know them as living people, in their deepest and most intimate pain' (Candagabe, 1997:xvii). This intimate knowledge of the remedy can then be more effectively applied to the patient for curative purposes.

Candagabe (1997:xvii) refers to the concept of 'minimum characteristic syndrome'. This term describes the small, closely-knit group of symptoms that provides a clear and characteristic definition of a remedy. This small

group of symptoms can be used as the basis for repertorisation; and the remedies that are then found on repertorisation in this manner, are certainly going to have some similarity to the initial remedy considered as being defined by the previously described 'minimum characteristic syndrome'. A comparison can then be made between the remedy initially considered and those found on repertorisation, whereby the essential similarities and differences between them will be elucidated (Candagabe, 1997).

It can also be seen that this process of comparing remedies with one another is an integral part of homoeopathic prescribing, as the selection of any remedy necessarily involves comparing and differentiating it from other similar remedies (Candagabe, 1997: 5). It can even be said that every repertorisation is in fact a study of comparisons: the remedies that are found on repertorisation are compared to each other and to the case at hand (Candagabe, 1997: 5).

An example of this process is given with the remedy *Lycopodium clavatum* [*Club moss*] (Candagabe, 1997:20-67). He considers the 'minimum characteristic syndrome' of this remedy to be:

- Confidence, want of self
- Haughty
- Dictatorial
- Contradict, disposition to
- Anticipation, complaints from
- Conscientious about trifles
- Occupation, ameliorates
- Contradiction, is intolerant of

(Candagabe, 1997:41)

This selection of rubrics is used for repertorisation. He follows this with a comparison of *Lycopodium clavatum* first to the remedies that appear in the

highest number of these rubrics on repertorisation, then to those remedies appearing in progressively fewer and fewer of these rubrics, ignoring those remedies that appear in fewer than three of the above eight rubrics (Candagabe, 1997:42-67). In this discussion he demonstrates the similarities and differences between remedies in consideration of which rubrics they appear in and which they don't.

Having understood the significance of comparative materia medica this approach may be considered even more beneficial when applied to the study of a newly proven remedy that hasn't yet undergone the trial of clinical use, such as is the case in this proving of *Chamaeleo dilepis dilepis*.

2.3 PROVING SUBSTANCE

2.3.1 Classification

Family: CHAMAELEONIDAE
Subfamily: CHAMAELEONINAE
Genus: Chamaeleo
Species: C. dilepis
Subspecies: dilepis

Specimen of *Chamaeleo dilepis dilepis* from which the sample was obtained



PICTURE 1 Right lateral view



PICTURE 2 Superolateral view



PICTURE 3 Left lateral view

2.3.2 Description

2.3.2.1 Habitat and Territory

Chamaeleo dilepis dilepis generally occurs through Zimbabwe, Gauteng, Botswana, Namibia and Kwa-Zulu Natal (Wager, 1983:29). The typical habitat consists of savannah woodland, entering coastal forest in Zululand (Branch, 1988:186).

This species are generally considered to be wanderers, especially the males and are frequently seen crossing roads, probably looking for areas with a plentiful insect supply (Wager, 1983:7). In spring when the rains begin, numerous males move through the veld, probably searching for mates; in summer both sexes are occasionally seen; and in autumn the gravid females are conspicuous (Patterson, 1987:48).

2.3.2.2 General Appearance

Chamaeleo dilepis dilepis is a large chamaeleon, with the females reaching up to 36cm in length (Patterson, 1987:47). The males are smaller than the females and can easily be recognised by a short projection like a spur, one on each hind foot, pointing backwards. There is also a thickening of the tail where it joins the body. (Wager, 1983:8)

The colouration usually varies from a pale yellow through shades of green to brown (Branch, 1988:186). There is typically a distinct seam of small raised scales extending along the centre of the back; while another (the belly crest) runs the length of the belly (Patterson, 1987:47). The belly crest is white and there is usually a pale bar and several white spots on the sides. The interstitial skin of the male throat pouch is usually orange (Branch, 1988:186). They characteristically have occipital flaps that protrude over the neck thereby giving this animal its common name of 'Flap-necked chamaeleon'. These flaps can be raised to deter a potential predator or rival (Branch, 1988:186).

Chamaeleo dilepis dilepis is also known by some as the Common Chamaeleon and has a number of characteristics commonly recognised as typical to the Chamaeleonidae family.

Chamaeleons' eyes are generally tiny and housed in bulging conical turrets that can swivel around so that each eye can independently look up, down, forward and back (Wager, 1983:7). This essentially enables the creature to look in two different directions simultaneously (Mattison, 1989:140).

As an adaptation to its typically arboreal existence the chamaeleon has grasping feet, with two toes on one side and three toes on the opposite side of each foot (Wager, 1983:7). The front feet each have three toes on the inside and two on the outside; while the back feet each have two toes on the inside and three on the outside (Wager, 1983:8). In addition there is a prehensile tail that is at least as long as the body and comprises about half of the total length, which can be wrapped around a twig for extra support (Branch, 1988:186).

Another adaptive feature is that of its lungs, which have branches spreading through the body that allow the body to blow up to a large size on inflation. This happens when attacked, or when it lets go of a branch it can fall to the ground, bouncing without being hurt. The same thing happens rapidly if it falls into the water, allowing it to float or swim to the shore. (Wager, 1983:19)

2.3.2.3 Colour Change

Chamaeleons are able to change colour from light green to dark, blotchy green or with patches of brown, yellow, blue or gold (Wager, 1983:7), depending on the species. This is probably the best known, least understood and most exaggerated characteristic of the chamaeleon (Mattison, 1989:141), with a far more limited repertoire of colours than is commonly attributed to them.

The chamaeleon has little control over its colour changes which are due to light and shade, temperature and emotion. When on a pale background or in weak light it will generally turn pale green, grey or brown; and turn darker colours or blotched on a dark background or in bright light. At night they often turn white or yellow (Wager, 1983:18). When annoyed chamaeleons usually turn black and at mating time the males may frequently change colour, without moving, in the presence of a female (Wager, 1983:18).

The process is thought to be due to the presence of different coloured pigments in various layers of transparent skin which can be expanded or contracted in response to nerve impulses, thus producing different colours (Wager, 1983:31). Colour change is not done instantaneously but may take several minutes, since it is dependent on the release of hormones into the blood stream (Mattison, 1989:141).

2.3.2.4 Camouflage

The chamaeleon's dappled green colour gives it some degree of camouflage. In addition to this it makes a slow backward and forward movement of the body, simulating a leaf moved by a gentle breeze. (Wager, 1983:18)

Its trunk is excessively flattened from side to side, which enhances its camouflage as well as optimising absorption of sunlight (Mattison, 1989:140). When danger approaches it may flatten its body and twist to the back of its perch, making it harder to see. It can also move very quickly through the vegetation and can run fast when on the ground. (Wager, 1983:18)

2.3.2.5 Tongue Mechanism

The chamaeleon's tongue is used in hunting and can be shot out for a distance exceeding that of its own length (Wager, 1983:7).

The tongue mechanism is comprised of a bone, a hollow tube-like structure of soft tissue that attaches the tongue to this bone and the tongue itself that terminates in a soft suction-cup like structure. At rest the bone sits in the bottom of the chamaeleon's mouth. The tongue slides completely over this bone and the tube to which it is attached is concertinaed over the bone. The bone is fastened to a wishbone at its base, such the whole apparatus can be jerked forward and back, shooting out the tongue and drawing it back. (Wager, 1983:19)

Because the 'suction-cup' at the end of the tongue is soft, wet and pliable it wraps around whatever it hits so that it makes airtight contact enabling the chamaeleon to drag its prey off its support. (Wager, 1983:19) The chamaeleon is able to eject its tongue very rapidly and very accurately, making it a very efficient hunting tool. The diet consists of insects, particularly grasshoppers and beetles (Branch, 1988:186).

2.3.2.6 Temperament

The name Chamaeleon comes from the Greek *chamai leon* meaning 'dwarf lion'. They were so named due to the aggressive behaviour they display when threatened (Wager, 1983:7).

When a chamaeleon is annoyed or attacked, it will turn a blotchy-black, blow itself up, dilate its throat, open its mouth displaying the red inside, hiss and suddenly lunge forward (Wager, 1983:7). This ferocious behaviour is more for show and is intended to frighten or surprise the attacker, thus giving the chamaeleon a chance to take cover in the nearest vegetation (Wager, 1983:7).

Chamaeleo dilepis dilepis are considered to be solitary creatures and resent competition for food (Wager, 1983:7). When two of these animals meet there is typically a show of aggression and a fight may ensue, with both of them turning black and attacking with open mouths, and biting or pushing with the head. The battle typically ends suddenly with one giving way and being rapidly pursued by the other. (Wager, 1983:7)

As can be seen they are generally considered to be non-social creatures but may be found in discrete colonies, spacing themselves out by these sort of aggressive displays (Mattison, 1989:141).

2.3.2.7 Reproduction

Mating usually takes place in January or February. At this time the female is often covered in small yellow spots. The male approaches her and if she's not ready she'll keep him off, hissing and lunging (Wager, 1983:8). If there's more than one male present there may be fighting between them, or they may all try to mate with her at once (Wager, 1983:8). Mating may last up to twenty minutes, and there may be three or four matings during the day with the same or other males (Wager, 1983:8).

Chamaeleo dilepis dilepis is an egg-laying species of chamaeleon. The gravid female's abdominal cavity becomes so swollen with eggs that she can no longer feed (Patterson, 1987:48). Egg-laying usually takes place

about 30-50 days after mating, in March every year. The female digs a hole in which to lay her eggs and lays them 8-10 at a time, tightly packing sand around them in between these layers, until a total of up to 60 eggs are laid. After which she proceeds to fill in the hole, which is then camouflaged with grass, small sticks and stones. (Wager, 1983:9) Once the egg-laying is accomplished the female leaves and has nothing more to do with her offspring.

The eggs generally take about 10 -11 months to hatch. After hatching the baby chamaeleons have to dig their way out of the hole and immediately have all of the characteristics of the adults: the manner of walking, the colour changing, swivelling eyes and darting tongue; and are fully capable of hunting within minutes (Wager, 1983:9).

CHAPTER THREE

3. METHODOLOGY AND MATERIALS

EXPERIMENTAL DESIGN

The homoeopathic proving of *Chamaeleo dilepis dilepis* took the form of a randomised, double-blind, placebo controlled trial. The potency used was the 30th centesimal or 30CH potency.

The proving population consisted of 15 subjects who met all the inclusion criteria detailed in point 3.5.2 of this chapter. The proving population consisted of first to fourth year homoeopathy students of the Durban University of Technology and members of the general public. A portion of 20% of the population (3 subjects) were given placebo in a randomised fashion forming the control group, with the remaining 80% (12 subjects) receiving verum as the experimental group. The population consisted of 6 females and 9 males, ages ranging from 18 – 58 years, as detailed in Table 1 of subsection 4.2.2 in Chapter Four of this document.

Provers received either placebo or verum according to a randomisation list that was drawn up by the research supervisor, Dr. C.R. Hopkins. The verum and placebo were both dispensed in the form of a set of powders that looked identical. An independent party was responsible for dispensing the powders, thus ensuring that neither the provers nor the researchers knew who had received verum and who had received placebo. In this way blinding was achieved. Further, the provers were unaware of what substance was being proved or even what potency it was being proved in.

A proving population of 15 subjects, similarly divided into control and experimental groups, was used in a proving of *Chamaeleo dilepis dilepis* being conducted in parallel by Liesl Pistorius, using the same methodology

(Pistorius, 2006). Symptoms considered for inclusion in the Materia Medica and Repertory for this substance were taken from both of these population groups.

Data collection was in the form of a journal kept by each prover, in which symptoms were recorded daily. At the end of the study these data were extracted, edited and collated.

THE PRINCIPLE INVESTIGATORS

As stated, this study was conducted concurrently with a similar proving of *Chamaeleo dilepis dilepis*. The two proving supervisors were Masters in Technology: Homoeopathy students, namely Debora Moore and Liesl Pistorius. In terms of the study being a homoeopathic drug proving the researchers are referred to as the proving supervisors, as they were directly responsible for supervision of the proving population for the duration of the study. The research supervisor (also considered to be the proving co-ordinator) was Dr. C. R. Hopkins.

OUTLINE OF THE EXPERIMENTAL METHOD

The methodology used in this study follows the guidelines recommended by Sherr (1994) and the ICCH (ICCH,1999), as discussed in section 2.1.4 of Chapter Two of this document.

- Provers were recruited from homoeopathic students and members of the general public. People interested in being proving volunteers were given a Proving Information Sheet (Appendix F)
- Posters (Appendix A) were displayed on the homoeopathic notice board and other appropriate notice boards at the Durban University of Technology
- An initial interview was scheduled with each recruited prover to determine whether they were suitable according to the inclusion and exclusion criteria. They were asked to complete the form titled Suitability for

Inclusion (Appendix B) and if they hadn't already received a Proving Information Sheet were given one at this point to read before committing to the proving and were given an opportunity to ask any questions they may have had

- A date was then scheduled for the pre-proving consultation and physical examination. This took place on an individual basis between the researcher and each of the proving subjects. At this consultation provers were asked to sign the Informed Consent Form (Appendix C)
- During the pre-proving consultation a thorough case history was taken by the researcher and a physical examination was performed; following the outline given in the Case History Sheet (Appendix D)
- At the consultation each prover was given the following:
 - Their personal prover code
 - A blank lined A5 book (the journal) in which to record symptoms
 - A starting date
 - The Instructions to Provers Sheet (Appendix E)

A starting date and convenient daily contact time was scheduled for each prover

- The powders were then dispensed and subsequently collected by each prover
- The provers commenced the proving in a staggered manner in small groups of between two and six people over a total period of eight weeks. Each prover could only commence such as was convenient for them, which resulted in this manner of staggering.
- The groups were organised as was convenient for individual provers, in such a way as to maintain personal contact with the provers, while still maintaining some degree of cohesion throughout the proving
- On the designated date each prover started recording their 'normal symptoms' in their journal, at least three times a day or as often as 'symptoms' occurred. This was to establish a 'baseline' for each person's normal state of health and to get them accustomed to self observation.

This continued for one week before the first dose was taken (ICCH, 1999:35; Sherr, 1994:60)

- At the end of this week the researcher then contacted the provers to assess the journal for accuracy of symptom recording and compliance
- One week after the commencement of the pre-proving journal keeping, each prover took the first dose of medication and recorded any symptoms that occurred. If symptoms arose then the prover took no more doses of medication, unless the sensations were very mild in which case one more dose could be taken (Sherr, 1994:61). This process was closely monitored by the researcher
- If no symptoms arose then the provers continued taking their doses three times a day for a maximum of two days and a total of six doses. Again, as soon as any symptoms arose the prover immediately ceased taking medication and took no further doses
- Provers continued to record their symptoms daily for a total of four weeks or until symptoms subsided
- During the first week of the proving the researcher was in daily telephonic communication with each prover to discuss the symptoms
- For the remainder of the four weeks the researcher contacted provers by telephone every second day in the second week; every third day in the third week and once a week in the fourth week
- The prover had to continue recording symptoms until all proving symptoms disappeared
- After these four weeks a further one week was allowed for general observation, in case any further symptoms arose during this time
- At the end of the observation period the journals were collected from each prover and a date for the post-proving group meeting was allocated
- This meeting took place only once all of the journals had been collected, so as not to conflict with the need to retain secrecy during the proving (Sherr, 1994:66)

- The proving was then un-blinded to the researcher so that the verum and placebo groups could be distinguished from one another before symptom extraction began
- Extraction of symptoms and collation of the data followed. This collation was done manually by the researcher and no computer database software was used
- The data thus organised was then written up into materia medica and repertory format and published. No formal statistics were required in this study

THE PROVING SUBSTANCE

Potency

The 30CH potency, due to its common use and validity throughout the literature was considered the potency of choice when conducting the homoeopathic drug proving of *Chamaeleo dilepis dileps*. This is also in accordance with Hahnemann's recommendation in the 6th edition of the *Organon of the Medical Art* (Hahnemann, 1996:154). Sherr suggests that it is up to each proving committee to decide on the potency(s) they wish to use (Sherr, 1994:56). The 30CH potency only, was therefore used in this proving.

Preparation, collection and dispensing of the proving substance

The chamaeleon used to obtain the tissue sample for preparation of the homoeopathic medicine for this proving was provided by local herpetologist and veterinary surgeon Dr. Angelo Lambiris, who specialises in reptile surgery. He obtained a young female chamaeleon from a personal acquaintance, Gill de Bruin. The chamaeleon was a sub-adult of unknown age, though Dr. Lambiris estimated her age at between three and five years. She was wild-caught and had been in captivity for an estimated eight months to a year at the time of sample collection, and Dr. Lambiris determined that she was in excellent health.

The main concern in obtaining the necessary sample of *Chamaeleo dilepis dilepis* was to cause minimal discomfort to the animal, while still maintaining purity of the sample. To this end Dr. Lambiris suggested clipping a very small section from the end of her tail. He explained that this could be considered analogous to the common practice of marking chamaeleons for marking-recapture studies, by a method of toe-clipping, with which he has had extensive personal experience (Lambiris, 2005). Further, he suggested that taking the sample from the tail end would be even less likely to cause any discomfort, pain or impairment of function (Lambiris 2005).

The chamaeleon was transported to Dr. Lambiris' surgery in Hillcrest, Kwa-Zulu Natal. There she was kept in a glass enclosure containing branches with plentiful foliage to assist in keeping her calm. Both researches involved in the parallel provings of the substance were present. After an appropriate period allowed for the chamaeleon to settle, the chamaeleon was removed from the enclosure by Dr. Lambiris who then placed her on his hand without restraint and with a very sharp pair of small sterilised surgical scissors clipped a segment of the tail of a mass of 0.002g. The chamaeleon neither flinched, moved or showed any other signs of discomfort or distress.

The fresh sample was immediately triturated with inert lactose powder in a ratio of 1:99 up until the potency level of 3CH triturate as per Method 6 of the *German Homoeopathic Pharmacopoeia* (GHP), fifth supplement (1991) to the first edition (1978). The 3CH triturate was then transported to the Durban University of Technology by the researchers, who proceeded to convert it to a liquid potency as per Method 8a of the GHP, and further potentise it in liquid form up until the 30CH potency. An independent party then used this liquid potency to impregnate lactose granules at 1% volume:volume by triple impregnation as per Method 10 of the GHP. Ten of these granules were then added to each set of inert lactose powders

designated for verum, which were administered to the provers in the experimental group.

The placebo was manufactured similarly to the verum, following the above steps. The exceptions being that plain inert lactose powder was used in the trituration process; and the 3CH triturate of lactose was added to alcohol to convert to the liquid form instead of the potentised *Chamaeleo dilepis dilepis* triturate. This placebo mixture was succused and diluted similarly to the liquid potencies of verum and this was then used to impregnate granules, which were added to lactose powders for administration to the control group.

In this way the pure effect of the proving substance was tested because the placebo was exposed to the same manufacturing process as the verum.

Further, it can be seen that the placebo and verum were identical in appearance, so ensuring the double blind nature of the experiment as neither provers nor researchers were able to tell verum from placebo. The stages of impregnation and dispensing of both placebo and verum were performed by an independent party.

Dosage and Posology

The provers took one powder sublingually, a maximum of three times a day for two days. They were instructed not to take any further doses after the onset of symptoms (Sherr, 1994:53).

Each dose was taken on an empty stomach with nil per mouth for half an hour prior to the dose being taken.

PROVING POPULATION

Number of provers and percentage placebo

In determining the number of provers to be used and percentage placebo to be included in this study, the researcher took cognisance of Sherr's recommendation of a proving population of 15-20 people with a placebo group of 10-20% (Sherr, 1994:57); and the ICCH's recommendation of a population of 10-20 people with a placebo group of 10%-30% (ICCH 1999:34) of the total population.

In keeping with the above, a population of 15 provers was used in this study, with a placebo group comprising 20% of the total. In this way the study was conducted with an experimental group consisting of 12 people, comprising 80% of the total and a placebo group of 3 people, comprising 20% of the total.

The proving population participating in Pistorius' parallel study was similarly divided (Pistorius, 2006), resulting in a total of 24 people in the combined experimental group and a total of 6 subjects in the combined control group.

Distribution of age, sex and ethnicity

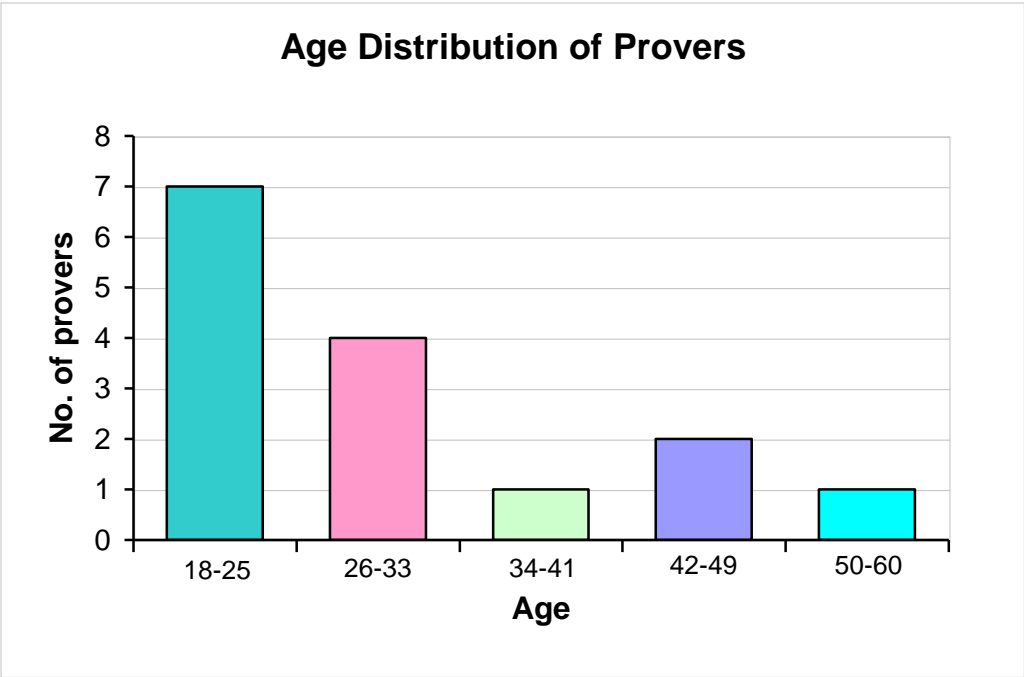
The distribution of age, sex and ethnicity of the proving population of this study was as follows:

Age – Seven provers were in the 18-25 year age group, four in the 26-33 year age group, one in the 34-41 year age group, two in the 42-49 year age group and one in the 50-60 year age group

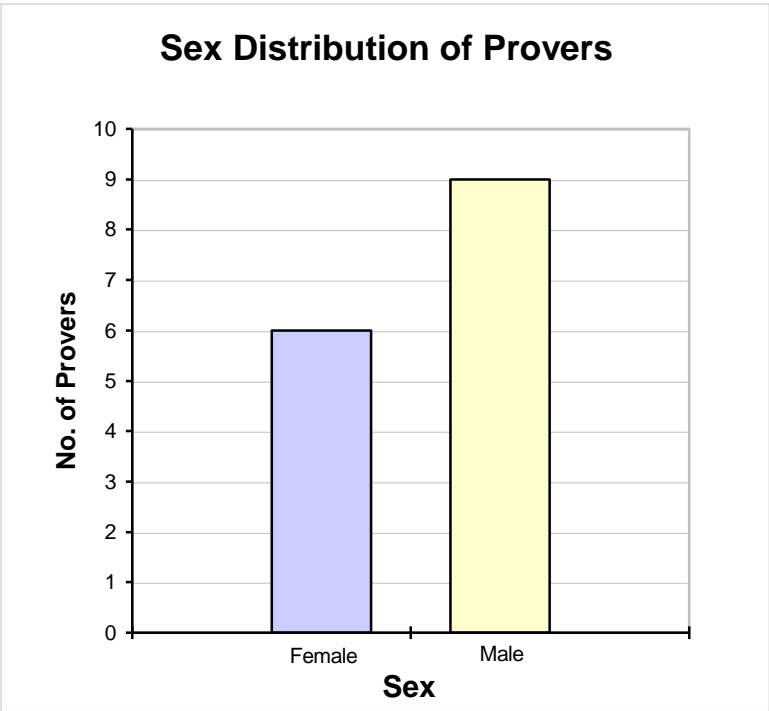
Sex – Nine provers were males and six were females

Ethnicity – Twelve provers were European, two were Asian and one was African

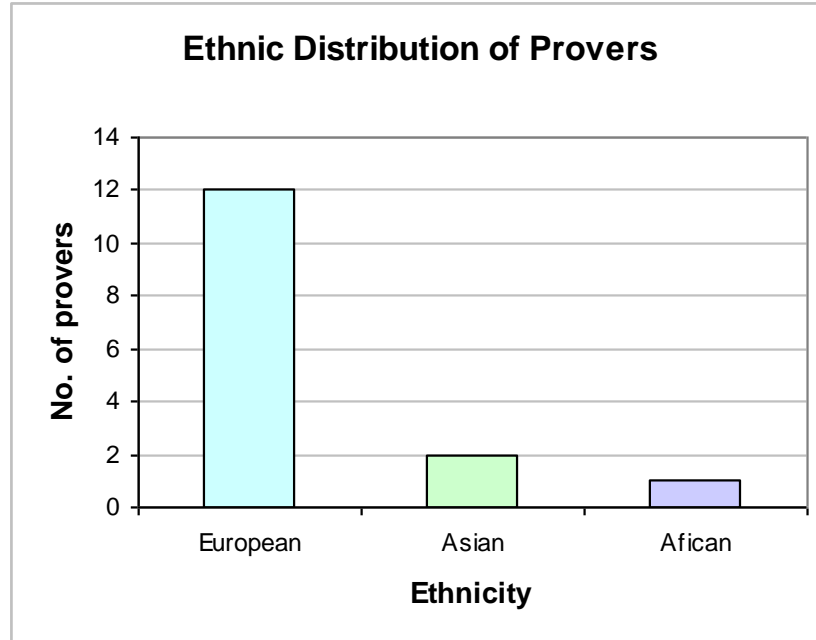
GRAPH 1



GRAPH 2



GRAPH 3



Inclusion and exclusion criteria

All people chosen to participate in this study had to meet with the following criteria:

- Were between the ages of 18 and 60 years
- Were not on or in need of any medication: chemical, homoeopathic or other (Sherr, 1994:44)
- Were not on the birth control pill or hormone replacement therapy for six months prior to commencement of the proving (Sherr, 1994:44; Wieland, 1997:233; Wright 1999)
- Were not pregnant or nursing (Sherr, 1994:30; Wieland, 1997:233)
- Had not had surgery in the previous six weeks (Wright, 1999)
- Had not had surgical or medical procedures planned for the duration of the proving period
- Did not use recreational drugs such as cannabis, LSD or MDMA (Sherr, 1994; Wright, 1999)
- The consumption of stimulants (alcohol, coffee, tea, cigarettes) had to be in moderation (Sherr, 1994:30). Moderation was considered to be consumption of not more than:
 - Two measures of alcohol per day
 - Ten cigarettes per day
 - Three cups of coffee or tea per day
- Had to be in what is considered for them to be a general state of good health (Sherr, 1994; Wieland, 1997:233)
- Had to be willing to follow the proper procedures for the duration of the proving (Sherr, 1994:30)
- Had to be able to maintain his / her normal lifestyle and usual daily routine as closely as possible and have no major lifestyle changes (e.g. moving house, marriage or divorce) planned during the proving period. Any lifestyle changes had to have taken place at least three weeks before commencing with the proving (Sherr, 1994:30)

Monitoring of the provers

During the first week of the proving the researcher was in daily telephonic communication with each prover to discuss the symptoms as they arose. Over the first two days this contact also served as an opportunity for the researcher to ascertain when the substance had begun to act.

For the remainder of the four weeks the researcher contacted provers by telephone every second day in the second week; every third day in the third week and once a week in the fourth week. This contact allowed the researcher to monitor prover compliance and monitor proving symptoms thus ensuring prover safety and to reassure or antidote provers if necessary.

Data collection by provers

The proving data were collected by means of a journal kept by each prover. Provers were asked to record symptoms as they occurred, to minimise inaccuracy that might be caused by prolonged time lapse between symptom occurrence and recording.

The provers were asked to comply with the following format for recording symptoms:

- That notes were made for each symptom and any concomitants, locality, times, sensation and duration (Sherr, 1994:60)
- That each symptom was written on a new line, leaving space for remarks (Sherr, 1994:60).
- That each day a new page was started, marking the day and date clearly (Sherr, 1994:60)
- That the notes were not verbose, and only definite facts were recorded (Sherr, 1994:62)
- That the symptoms were designated into categories of
 - New symptom (NS) – never before experienced

- Old symptom (OS) – occurred more than a year ago
- Altered symptom (AS) – a normal symptom changed during the proving
- Recent symptom (RS) – experienced within the last year
- Cured symptom (CS) – old or recent symptoms that have stopped
- That the above were noted in red pen alongside the relevant symptom (Sherr, 1994:62)
- That the time of occurrence of each symptom was recorded with the symptom
- That each symptom was recorded chronologically according to the day, number of hours and minutes since the proving began in the format of DD:HH:MM:
 - DD being the number of days since the proving began (first dose taken)
 - HH the number of hours
 - MM the number of minutes

such that 05:04:30 would be 5 days 4 hours and 30 minutes since the proving began (Sherr 1994:73). After 24 hours the minutes became unimportant and were represented by XX. After a few days hours became likewise redundant and were marked by XX. So the example above could be recorded as 05:XX:XX

Group discussion

A group discussion was held once all provers had completed their allocated time for proving participation.

This group meeting served to accomplish the following (Sherr, 1994:66):

- To begin to amalgamate the separate provings into a totality, in which the separate symptoms of each prover are to be considered as if they had all occurred in one person

- To clarify issues and enable the group to validate or discard doubtful symptoms
- To help to trigger provers' memories for symptoms that they were unsure about
- To help provers with any personal difficulties that may have arisen, by the process of sharing the common experience of the proving

Ethical considerations

- The methodology of the study was approved by the Durban University of Technology Faculty of Health Sciences Ethics Committee prior to commencement, to protect the welfare and safety of the subjects.
- Subjects freely volunteered to participate in the study and no coercion was used to encourage them to partake.
- The research involved no more than minimal risk to the subjects, of which they were made aware prior to participation.
- Subjects were free to withdraw from the study at any point and were previously made aware of this fact.
- Confidentiality was maintained throughout the study.
- A proving information sheet (Appendix F) and an instruction letter (Appendix E) providing clear, simple instructions pertaining to the proving and explaining the methodology was given to each subject.
- Informed consent was given by each subject signing an informed consent form (Appendix C)

SYMPTOM EXTRACTION AND EVALUATION

Extraction of symptoms

Symptoms were extracted from each journal, collated and converted to materia medica and repertory language (Sherr, 1994:67). Prover's reports were written in the first person and symptoms were written in plain, clear and grammatically correct English (Sherr, 1994:67). Simple language and

the basic expressions of the prover were retained in the prover's own words (Sherr, 1994:68). Contemporary terminology that may not be understood in the future was avoided or explained (Sherr, 1994:68).

Data from the pre-proving consultation were taken into consideration when extracting the symptoms as this provided a baseline control for individual provers and served to confirm the validity of symptoms experienced during the proving period. Data from the telephone conversations during prover monitoring, observations from independent parties and data from the group meeting were also considered. Symptoms were carefully assessed and validated or discarded (Sherr, 1994:68) according to the criteria detailed in point 3.6.2 below.

Criteria for accepting proving symptoms

Inclusion criteria

- New symptoms, unfamiliar to the prover (ICCH, 1999:36)
- Usual or current symptoms that are intensified to a marked degree (ICCH, 1999:36)
- Current symptoms that have been modified or altered (with clear description of current and modified components) (ICCH, 1999:36)
- Old symptoms that have not occurred for at least one year (note time of last appearance) (ICCH, 1999:36)
- Present symptoms that have disappeared during the proving (curative action) (ICCH, 1999:36)
- The time of day at which the symptom occurred should only be included if there is repetition of such times in one or more provers (ICCH, 1999:36)
- If a symptom is in doubt, include it in brackets. If another prover experiences the same symptom it could be valid, otherwise it must be excluded (ICCH, 1999:36)

- Modalities (something which makes a symptom better or worse) (Riley, 1997:227)
- Concomitants (something occurring in conjunction with a symptom) (Riley, 1997:227)
- Timing of the symptom (periodicity, specificity of timing) (Riley, 1997:227)
- Localisation (sides, extension) (Riley, 1997:227)
- Unique descriptions of a symptom (descriptive adjectives) (Riley, 1997:227)
- Intensity of the symptom
- A symptom occurred after taking the medication on at least two occasions during the homoeopathic drug proving
- A symptom experienced when the proving started and which disappeared or is significantly ameliorated after the administration of the proving medication, is classified as a cured symptom (Riley, 1997:227)
- All symptoms occurring in more than one subject (Riley, 1997:227)
- If the prover is under the general influence of the remedy then all new symptoms are proving symptoms (Sherr, 1994: 70)

Exclusion criteria

- Symptoms were not included if they occurred in recent history i.e. in one year or less (Sherr, 1994:70)
- Symptoms that were usual or current for the prover were excluded (Sherr, 1994:70)
- If there was any serious doubt as to the validity of the symptom it was excluded (Sherr, 1994:70)

Collating and editing of the data

This is the process of uniting all the information obtained from each prover and putting it together 'as if one person' (Sherr, 1994:75). In editing it is considered important that the proving is comprehensible and easy to read. The language of the provers was maintained but cumbersome sentences and unnecessary details were omitted (Sherr, 1994:77).

Both researchers collated the data from their independent provers into the relevant subdivisions e.g. mind, generals, abdomen. Identical and similar symptoms from different provers appear separately and consecutively under the various headings relating to area (Sherr, 1994:77). Any symptoms pertaining to a particular section that were repeated in one prover were recorded once with the relevant intensity taken into consideration (Sherr, 1994:77). The researchers then collated the data from the groups into the relevant subdivisions with the purpose of creating a comprehensive materia medica for *Chamaleo dilepis dilepis*.

COMPARATIVE MATERIA MEDICA

On completion of collation and editing of symptoms a group of symptoms were selected that were seen to form the essence of the remedy, the 'minimum characteristic syndrome'. This is said to be comprised of five to ten symptoms that are fundamental to the dynamic of the remedy (Candagabe, 1997). The symptoms that comprise the minimum characteristic syndrome were repertorised and only the remedies that shared at least fifty percent of these essential symptoms were considered for comparison (Candagabe, 1997). The symptoms were repertorised using the computer programme RADAR (version 9.0) and the remedies that were numerically the highest and covered the most symptoms corresponding to the 'minimum characteristic syndrome' were compared to *Chamaeleo dilepis dilepis*, highlighting the similarities and differences that exist.

REPORTING THE DATA

The data collected from this study were recorded in two different standard homoeopathic formats, namely the Materia Medica and Repertory. It is hoped that this will ensure that *Chamaeleo dilepis dilepis* may successfully be employed in clinical homoeopathic practice.

Repertory

Symptoms, or rubrics, were taken from the symptoms that the provers reported and the appropriately corresponding existing rubric found. Clear symptoms produced by *Chamaeleo dilepis dilepis* 30CH not found in existing rubrics necessitated the creation of some new rubrics. The repertory the researcher used for this purpose was the *Synthesis: Repertorium Homeopathicum Syntheticum* – edition 8.1 (Schroyens, 2001). The remedy was then added under the appropriate rubric.

In addition to placing the remedy in the appropriate rubrics, it was graded according to the level of importance that rubric demonstrated in the proving. For this study the symptoms were graded according to frequency with which symptoms appeared. This was the method used by Kent and is also the one recommended by Sherr (1994:85) as being less subjective than grading by intensity of symptoms.

Materia medica

The symptoms that have been included from the proving of *Chamaeleo dilepis dilepis* are presented in a typical materia medica format. These symptoms are listed under sections that are common to most materia medicae and correspond to the sections of the *Synthesis: Repertorium Homeopathicum Syntheticum* – edition 8.1 (Schroyens, 2001). These sections are as follows:

Mind	Stomach	Cough
Vertigo	Abdomen	Expectoration
Head	Rectum	Chest
Eye	Stool	Back
Vision	Bladder	Extremities
Ear	Kidneys	Sleep
Hearing	Prostate	Dreams
Nose	Urethra	Chill
Face	Urine	Fever
Mouth	Male Genitalia / Sex	Skin
Teeth	Female Genitalia / Sex	Generals
Throat	Larynx	
External throat	Respiration	

CHAPTER FOUR

4. THE RESULTS

4.1. INTRODUCTION

The proving symptoms of *Chamaeleo dilepis dilepis* that were extracted from the proving journals, edited and collated are presented in this chapter under the two subsections of Materia Medica and Repertory. In the first subsection of Materia Medica (subsection 4.2) the symptoms are presented in the provers' words as extracted from their journals, and are arranged according to recognised sections of the materia medica. In the second subsection of Repertory (subsection 4.3) the symptoms have been converted from the provers' words into repertory language and format, and grouped in the sections typical to the *Synthesis 8.1* repertory (Schroyens, 2001).

4.2. MATERIA MEDICA

4.2.1. KEY

The symptoms are referenced as follows:

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

- The time reference indicates the number of days, hours and minutes since the first dose was taken. After 24 hours the minutes are considered unimportant and represented by XX. After a few days the same applies to the hours.
- Where the time is unclear it is represented by XX:XX:XX
- Symptoms denoted with * are symptoms that were conveyed either at the post-proving group meeting or in a one-on-one interview with the prover
- Symptoms from the journals of placebo provers were not considered
- Where the symbols < and > are recorded these are taken to mean aggravation from and amelioration from respectively. These symbols were only used when recorded as such by the provers

4.2.2. PROVER LISTS

The symptoms that comprise the materia medica and repertory of *Chamaeleo dilepis dilepis* were taken from two groups of provers. The first was the group of provers that was supervised by this researcher for the purpose of this study. The second was the group of provers participating in the parallel proving of the same substance conducted concurrently by Liesl Pistorius (Pistorius, 2006).

In both groups provers that were on placebo are indicated by a P, and those on verum are indicated by a V, in the appropriate column.

TABLE 1: GROUP 1 – Debora Moore

PROVER NUMBER	AGE	SEX	PLACEBO / VERUM
16	18	F	V
17	22	F	P
18	24	M	V
19	27	M	P
20	24	M	V
21	27	M	V
22	19	F	V
23	58	M	V
24	20	M	V
25	22	M	V
26	44	M	V
27	30	F	P
28	46	F	V
29	36	F	V
30	27	M	V

TABLE 2: GROUP 2 – Liesl Pistorius

PROVER NUMBER	AGE	SEX	PLACEBO / VERUM
01	35	F	V
02	28	F	V
03	26	M	V
04	56	F	V
05	22	F	P
06	23	F	V
07	60	M	V
08	16	F	P
09	27	M	P
10	23	M	V
11	28	M	V
12	48	F	V
13	21	M	V
14	21	M	V
15	23	M	V

4.2.3. SYMPTOMS of *Chamaeleo dilepis dilepis*

4.2.3.1. MIND

Disconnected, disorientated, spaced-out

Feel slightly out of sync on waking, doesn't feel like a Monday

28F 03:XX:XX

I woke up disorientated, wasn't sure where I was

06F 01:XX:XX

Headache worse, feel tired, disorientated – seem to be slurring my speech
and can't think straight

28F 10:XX:XX

Headache started again around mid-morning – feel light-headed and
disorientated again

28F 11:XX:XX

Impressions are rushing in and retreating, feeling slightly disorientated

01F 00:00:05

Feeling spaced, disorientated in homoeopharm lecture. Difficult to focus –
can't access meaning of what is being said. Can't integrate visual and
auditory input – stare at lecturer and overheads and what is said just passes
me by

01F 02:22:15

Feeling a bit spacey – relaxed

26M 01:12:30

Friends immediately noticed I “looked different” – pale and spacey

02F 04:XX:XX

Feeling spaced out and disconnected

01F 00:00:01

Feel slightly disconnected – spaced out – as though body and mind do not work sharply together

07M 00:04:10

Feel spaced out – somewhat disconnected

07M 02:XX:XX

Listening to lecture as from afar

01F 00:01:XX

Sensory impressions disconnected, I’m feeling disconnected. Taking a moment longer to process any sensory input

01F 00:01:XX

Feels as if everything is moving past me very smoothly, like I am on another plane or dimension (but also semi-here)

01F 00:02:00

While writing – looking at the book without necessarily placing it in a normal spatial relationship e.g. below me on the table – it’s just in front of me

01F 03:08:XX

Feel disjointed or disconnected from reality

02F 02:05:XX

Feeling very incompetent and scattered

02F 21:XX:XX

Disequilibrium in head

07M 00:04:XX

Feel lack of physical / mental coordination

07M 02:XX:XX

Disconnected and separate from others

Got (project) partner to help me looking for stuff, which is better than just me doing it. Want to work separately from him though

18M 03:XX:XX

Feel very separate from other people

18M 12:XX:XX

Feel the most separated from my sister ever. I almost don't even want to look at her

18M XX:XX:XX

Little awkward around my uncle and aunt. Difficult just to be and act naturally. Feel very separated

18M 25:XX:XX

Feel like a slightly bemused observer of what's happening, able to see people's motivations and actions without the need to become emotionally involved

01F 00:11:XX

I can look at other people's problems and issues clearly, without feeling any need to get emotionally involved. Feel no personal guilt or even implication

01F 03:06:XX

Thoughts of cars driving too fast and not obeying the road rules – going through stop streets and driving over lanes. Mayhem but organised – it all seems to be working, but I was a passenger or observer and was anxious for everyone although they seemed to be quite calm and unfazed about it

02F 02:17:30

Slight excitement of seeing old faces. It was nice to see old faces. Some seem a little distant, though I have a slight concern that that initial click I had with everyone has somehow been lost

14M 12:XX:XX

Decreased concentration, unable to focus

Couldn't concentrate fully and was still feeling extremely cold

16F 04:XX:XX

Could not pay attention in class

16F 05:XX:XX

Very tired. Battled to concentrate on my studies today

29F 07:13:00

Finding it hard to think – just want to go to bed

06F 05:XX:XX

Difficulty in concentration and focussing

01F 04:XX:XX

Getting bored very quickly and switching off concentration

02F 04:08:XX

So difficult to stay focused

02F 21:XX:XX

Feeling of procrastination midday. Unable to complete tasks, accompanied by mild irritation, > sleep

03M 15:XX:XX

Laziness of mind and difficulty concentrating < food, > ice cold water

03M 20:XX:XX

Dullness in head

07M 00:04:XX

Feel lack of focus

07M 02:XX:XX

Woke up feeling unfocused on the left side of my head

07M 04:XX:XX

Bit slow – not focused

10M 05:XX:XX

Forgetfulness

Woke up and forgot to do my daily Bible reading on rushing off to church

20M 06:01:00

Forgetfulness, more so in the morning after waking

20M 12:XX:XX

Set my alarm, but forgot to turn it on
02F 03:00:XX

Forgot about diagnostics today
02F 05:XX:XX

In the car to varsity, realised I forgot to take my vitamins
14M 11:XX:XX

Withdrawn, antisocial, distant

Woke up feeling worried about me and S, feel a little distant
18M 07:XX:XX

Been feeling quite distant from her (girlfriend) and other people
18M 11:XX:XX

Been feeling really low all day. Very distant from everyone
18M 11:XX:XX

Still feeling distant and low
18M 12:XX:XX

Have been feeling very inward
18M 02:XX:XX

Notice that I have been quite withdrawn regarding things
18M XX:XX:XX

Feel very separated and in my head
18M 25:XX:XX

Really bad day with self-image – saw myself in a mirror and got a fright. So out of proportion – like a home-made house. Withdrew completely

02F 04:XX:XX

I am feeling withdrawn from everyone else

15M 00:00:XX

Feeling a little difficult with interacting with many people. Very much in my head

18M 29:XX:XX

Been feeling like I have great difficulty in talking to “normal” people

18M XX:XX:XX

Find it hard to talk to the people here (work) about anything other than chemistry or soccer

18M 10:XX:XX

Don't feel like talking much

06F 01:XX:XX

I don't feel like talking much and am quite unresponsive and don't feel guilty about it, usually I try and make an effort. Today I don't really care

06F 02:XX:XX

Don't feel like talking a lot

11M 03:XX:XX

Don't have the urge to go out for beers with mates

11M 04:XX:XX

I don't feel like being around people

15M 00:00:XX

I don't want to be alone, but I also don't want people talking to me

15M 02:XX:XX

I couldn't be around people anymore, so I decided to lock myself in my room and get some sleep

15M 07:XX:XX

Emotionally cold, hard

Little analytical with S (girlfriend), kinda hard on her

18M 01:XX:XX

Been feeling very inward and quite hard with everyone

18M 02:XX:XX

Cold towards prac partner though. Don't want to have much contact with him

18M 14:XX:XX

I almost don't even want to look at her. Very cold approach. Being very measured with S, maybe a little unemotional

18M XX:XX:XX

I seemed to be less emotional in the evening when taking the powders

30M 00:XX:XX

Feel like a slightly bemused observer of what's happening, able to see people's motivations and actions without the need to become emotionally involved

01F 00:11:XX

I can look at other people's problems and issues clearly, without feeling any need to get emotionally involved

01F 03:06:XX

I don't feel like talking much and am quite unresponsive and don't feel guilty about it

06F 02:XX:XX

Poor self-image

Been feeling a little insecure, sometimes like I have great difficulty in talking to "normal" people

18M XX:XX:XX

Little awkward around my uncle and aunt. Difficult just to be and act naturally

18M 25:XX:XX

Really bad day with self-image – saw myself in a mirror and got a fright. So out of proportion – like a home-made house. Withdrew completely

02F 04:XX:XX

I don't like the person I am and not sure what to do about it

02F 18:XX:XX

Feel fat and disgusting. It repulses me

02F 10:XX:XX

Feel very overweight

10M 03:XX:XX

My body feels overweight and ugly

10M 24:XX:XX

I'm still feeling a bit uncomfortable about varsity somehow, as if I'm worried that people don't like me there anymore

14M 13:XX:XX

It is almost as if I feel dejected / defected

14M 18:XX:XX

Control

Felt a little irritated but did not "display" visible symptoms and just kept quiet

18M 07:XX:XX

Feel a little less explosive than I did earlier in the week, maybe slightly more in control

18M 10:XX:XX

Upset with S but don't want to say so directly

18M 11:XX:XX

Feeling really imprisoned by expectations placed on me. Just want to be independent. Sick of having to answer to others and do what they want and not what I want. They stifle spontaneity, which I crave

02F 17:XX:XX

I'm feeling scattered and really resent being forced to do anything. Feel restricted, bored, controlled. Very frustrated

02F 18:XX:XX

I have to be careful. I have to control my irritability

06F 03:XX:XX

Dark depression, negativity and hopelessness

Woke up very early and felt extremely miserable. Dragged myself around getting ready for tech

16F 04:XX:XX

Felt depressed

16F 05:XX:XX

Feeling kind of hopeless about things, kind of depressed, cause I don't feel there is any way to sort things out

18M 11:XX:XX

Been feeling really low all day

18M 11:XX:XX

Feeling slightly hopeless about everything

18M 12:XX:XX

During the day from lunch time onwards felt somewhat depressed and hopeless, a little irritable also

20M 01:XX:XX

Low level depression back

23M 04:XX:XX

Not feeling like my normal self... a little depressed like something is wrong
and I don't know what it is

26M 07:XX:XX

Feeling depressed – Effect of work pressures and everything going wrong

26M 08:XX:XX

Feel depressed, quiet

28F 06:XX:XX

Tired this evening, still feel slightly down and quiet

28F 07:XX:XX

Emotionally I'm feeling very down. Feel like crying and just quitting this
course

29F 16:XX:XX

Emotionally feel like I'm in a black hole – not enthusiastic about much – very
negative, destructive and full of self-hatred.

02F 14:XX:XX

I feel like I'm on a spiral and am gripped by fear and can't see the positive

02F 14:XX:XX

Had one of the darkest days of my life. Not sure what's going on, but
despair set in

02F 14:XX:XX

* Emotional, crying, worst day of my life

28F 10:XX:XX

I'm in a really bad place emotionally. Could cry at any second, but almost beyond that – to a stage of nothing. Hate where I'm at. Hate what I've become. I want some fun, laughter and light heartedness. I want to feel like I belong, but that's so far from now. I can't see a light and am SO miserable
02F 14:XX:XX

I'm not in a good place emotionally – very “bland” and it's rarely that I laugh
01F 18:XX:XX

Very tired today and concerned about my emotional state – a whole lot of nothing. Like an empty vessel. There's no more spark – it's as though “the tribe has spoken” and my flame has been snuffed out. I need to change it and get back to what I was as I'm merely going through the motions now and not getting excited or passionate about anything
02F 18:XX:XX

Emotional blankness persisting. Met up with friends and struggled to pretend that I am happy
02F 19:XX:XX

Feel very negative. Not happy or excited about anything
02F 19:XX:XX

Feel depressed – don't feel like talking much
06F 01:XX:XX

Feel depressed and exhausted, cried at the smallest things
06F 01:XX:XX

Woke up slightly depressed and irritable
06F 07:XX:XX

Feeling very negative – even depressed

07M 00:XX:XX

Feeling very depressed for no apparent reason

07M 08:XX:XX

Quite negative mood

07M 10:XX:XX

This cold seems to gnaw at me, as if pushing me into a depression

14M 02:04:XX

Feeling very depressed the whole day

15M 03:XX:XX

Sadness and crying

Notice that I am less aggressive than last week, now more sad and melancholy

18M 12:XX:XX

* Emotional, crying, worst day of my life

28F 10:XX:XX

Emotionally I'm feeling very down. Feel like crying and just quitting this course

29F 16:XX:XX

Great sadness as if a death of someone I knew, like alone, quiet grief

01F 00:01:00

Weepy, crying

01F 01:00:30

I'm not happy. Get quite tearful when given consolation or talking about it.

Today has definitely been the worst day

02F 12:XX:XX

Cried at the smallest things that shouldn't bother me. Once I started crying I couldn't stop. Eventually I felt better –came home and lay down

06F 01:XX:XX

Watching a TV programme about orphaned baby animals. I felt very sad for them, almost as if I despaired for them

14M 15:XX:XX

Watching a programme where a father is talking to his son in a hospital. It's very tender and it makes me feel very sad

14M 20:XX:XX

Despondent and demotivated

Came home and slept – very cold – had a hot bath

Don't want to do anything

28F 10:XX:XX

Did not feel inspired or motivated to do exercise. Feel despondent

02F 01:23:XX

Tired and demotivated, so got into bed early and read my book

02F 05:XX:XX

Felt tired and demotivated so watched TV for an hour – what a waste of time!

02F 06:XX:XX

Feel very demotivated and negative

02F 19:XX:XX

No motivation to do anything, especially exercise

10M 03:XX:XX

Exhaustion

Felt dazed and dizzy. Couldn't stay awake at all

16F 04:XX:XX

Feeling of extreme tiredness throughout the mind

03M 00:01:XX

Feeling of mental exhaustion (between 4pm and 8pm)

03M 03:XX:XX

Tiredness of body and mind

03M 10:XX:XX

Overtiredness of mind and body > sleep

03M 16:XX:XX

Tiredness of mind and body > lying down.

03M 25:XX:XX

Mental lethargy

03M 28:XX:XX

The thought of eating and food exhausts me

06F 02:XX:XX

Anxiety

Little desperate this afternoon, kind of clutchy... Uptight and anxious

18M 26:XX:XX

By midday, back to feeling of anxiety and stress

23M 02:XX:XX

Anxiety on waking > sunlight

03M 08:XX:XX

Anxiety on waking > sunlight with excessive yawning

03M 12:XX:XX

Anxiety of mind > warm food

03M 24:XX:XX

Feeling of intense anxiety in morning as if something is about to happen

03M 26:XX:XX

Feeling anxious as if something is about to happen

11M 08:XX:XX

Feeling of slight anxiety accompanied by agitation, > warm soup

03M 29:XX:XX

Mild anxiety accompanied with tiredness of mind

03M 30:XX:XX

I'm starting to feel a bit nervous

06F 01:XX:XX

Slightly jittery – nervous bodily feeling

07M 02:XX:XX

Feeling anxious

11M 00:00:XX

Competitive, aggressive

Felt slightly light-headed and a little bit too competitive with respect to my partner in the project (at work)

18M 00:XX:XX

I would not like to back down, and be “nice” to her. Don't think I have ever dealt with her like this

18M XX:XX:XX

Been thinking about last night, I was so angry and jealous of my sister

02F 03:05:10

Irritable, ‘snapping’

Felt a little irritated but did not “display” visible symptoms and just kept quiet

18M 07:XX:XX

Tired and very cross

18M 12:XX:XX

During the day from lunch time onwards felt somewhat depressed and hopeless, a little irritable also

20M 01:XX:XX

Felt fairly irritable this evening

28F 01:14:30

Feel quite irritable this afternoon

28F 06:XX:XX

Got home and was very irritable!

02F 02:11:XX

No food was kept for me and it made me feel very irritated

02F 06:XX:XX

Tired and irritated

02F 10:XX:XX

Irritable and frustrated

02F 10:XX:XX

Feeling of hyperirritability, made worse by any noise (between 3pm and 7pm)

03M 00:XX:XX

Extreme irritability on waking

03M 02:XX:XX

Woke up feeling irritable

06F 08:XX:XX

Irritability with excessive sensitivity to noise

03M 05:XX:XX

Moderate irritation

03M 12:XX:XX

Feeling a bit irritable

06F 00:XX:XX

I'm quite irritable and also quite confrontational. I have to be careful. I have to control my irritability

06F 03:XX:XX

Mellow but irritable

11M 04:XX:XX

Day feels long – still irritable and tired

11M 05:XX:XX

I tend to snap easily and get irritated quickly

02F 18:XX:XX

I am feeling very irritable and snap at everyone around

15M 02:XX:XX

I'm getting irritated by little things and I'm snapping at everyone around me

15M 07:XX:XX

Violent anger, expressive anger

Been quite short with my project partner, got cross and needed to leave

18M 03:XX:XX

Been feeling violently angry with people recently. Partner really upsets me

18M 03:XX:XX

Angry, violent feelings

02F 10:XX:XX

Felt very cross with S 'cause she always takes her frustrations out on me

18M 04:XX:XX

Seem to be getting very expressively cross in the last while

18M 05:XX:XX

Very large fight with my sister F. Said a lot of very hectic things to her.

Notice that we keep on fighting a number of times after taking substance (testing). Was very direct with my feelings

18M 06:XX:XX

Been very patient with people today even though I wanted to throw punches.

18M 09:XX:XX

Feel a little less explosive than I did earlier in the week, maybe slightly more in control

18M 10:XX:XX

Had a very big fight with my sister. We are bordering on having a personality clash. We fight more and more about wants and needs. Feeling like she is always trying to bulldozer me. Starting to fight about "you did" "I did" "you never", all very "I" related things

18M 15:XX:XX

I am either at someone's throat or keeping my head down, very little middle ground

18M XX:XX:XX

Observation made by his business partner: He has had a short fuse lately,
'loses it' much more easily

23M XX:XX:XX

* Almost told my boss to 'go and jump'. Just felt like resigning

28F XX:XX:XX

Been thinking about last night, I was so angry and jealous of my sister. I
was so cross I couldn't talk to her

02F 03:05:10

Getting very angry with other staff members lately – need anger
management

10M 15:XX:XX

I was thinking of someone who angered me greatly and thinking of venting
my rage. It made me a little warmer

14M 02:11:XX

Heightened sensitivity

Mood very sensitive – little things affect me

28F 08:XX:XX

All external sensations increased, feeling slightly overwhelmed

01F 00:00:01

Impressions are rushing in and out, feeling disorientated

01F 00:00:05

Sensory impressions come and go, rushing in and retreating

01F 04:XX:XX

Sounds are overwhelming

01F 00:00:01

Sounds are intensified

01F 00:00:XX

Sounds seem very loud again

01F 00:23:45

Extreme hypersensitivity to noise

03M 02:07:XX

Hypersensitivity to noise accompanied by slight irritability

03M 06:XX:XX

Hyperirritability of senses to loud noises > being alone

03M 09:XX:XX

Hypersensitivity of mind before sleep, especially to any noise

03M 24:XX:XX

Overexcited, overactive mind

Could not fall off to sleep. Felt excited in normal routine. Too enlivened to sleep

16F 00:XX:XX

Thoughts rushing in mind unable to stop thinking over work done in day

20M 06:XX:XX

Still very excited and full of life. Felt lighter

16F 01:XX:XX

Over-excitability on waking accompanied by hurried speech
03M 23:XX:XX

Quite excited and very energetic in the morning
10M 06:XX:XX

Lightness and floating

Felt slightly light-headed
18M 00:XX:XX

Took second portion of sample. Again felt slightly light-headed but also very enthusiastic about varsity project
18M 00:XX:XX

Feeling much better, still light-headed when I stand up
25M 00:01:13

Feel very tired in early afternoon, light-headed
28F 08:XX:XX

Headache started again around mid-morning – feel light-headed and disorientated again
28F 11:XX:XX

Feel like I'm going to faint – light-headed
01F 00:01:00

Feel light headed
02F 02:06:20

Feeling of light headedness accompanied by thirst for cold water
03M 00:12:30

Feeling of light headedness accompanied by mental and physical
exhaustion
03M 03:XX:XX

Feeling of light-headedness > open air
03M 06:XX:XX

Feelings of lethargy and light headedness
03M 12:XX:XX

Head feeling a bit light
11M 00:XX:XX

When driving feels like I'm in a spacecraft (like a Luke Skywalker flying
craft) and it slips through the space debris untouched. It feels like I'm
floating in space and the ground below, cars around and air above are
opening up in front of the car, slipping by and closing behind, allowing me to
pass through
01F 01:01:XX

Floating sensation and feeling of light-headedness
03M 00:12:30

I seem to be falling into space
11M 12:XX:XX

Happy, enthusiastic, optimistic

Again felt slightly light-headed but also very enthusiastic about varsity project

18M 00:XX:XX

For most of the day I have felt filled with joy and peace. Eager to study. Feeling quite sociable and friendly. Feeling secure in myself

20M 02:XX:XX

Feel brighter in myself – not as moody or sad

28F 12:XX:XX

Feeling brighter emotionally. More energised

28F 13:XX:XX

Feel quite optimistic today

01F 03:06:XX

Feel a bit overly optimistic, maybe “voortvarend” (foolhardy), like nothing gets in my way

01F 03:08:XX

Feeling of openness and contentment of mind

03M 17:XX:XX

Teased my mum about losing her temper, where I'm usually too nervous to do that

04F 01:XX:XX

Feeling good and positive

04F 04:XX:XX

Woke up around 2am – could not fall asleep for about 1 ½ hours. Felt very positive – no negativity – great insights. Unusual for this time of the night
07M 03:XX:XX

Feeling happy, relaxed, chilled
12F 04:XX:XX

Although this condition makes me miserable, I can only try to have a positive outlook on it to help the emotional/mental well-being
14M 02:14:XX

I'm in a comfortable state of mind
14M 04:05:XX

Feeling happy
15M 06:XX:XX

Calm and relaxed

Feel quite relaxed and much happier than last night
18M 05:XX:XX

For most of the day I have felt filled with joy and peace. Eager to study. Feeling quite sociable and friendly. Feeling secure in myself
20M 02:XX:XX

It would seem that a calmness has developed that I haven't felt for +- 2 years. Quite a pleasant feeling!
23M 00:00:00

Second dose taken. Calmness continues
23M 00:04:30

A quiet evening and still not feeling the continuous pressures so dominant
over the past 18 months

23M 00:12:00

* Feeling calmer than usual, not as stressed

24M XX:XX:XX

Feeling a bit spacey – relaxed

26M 01:12:30

Very relaxed during the day

10M 07:XX:XX

Felt mellow all day – calm sensation

11M 02:XX:XX

Feeling lackadaisical

11M 03:XX:XX

Felt a bit lazy throughout the day

11M 07:XX:XX

I'm feeling relaxed

12F 02:07:XX

My husband and I discussed the proving and he said I appear to be more
chilled; relaxed

12F 03:XX:XX

Feeling happy, relaxed, chilled

12F 04:XX:XX

I'm sitting talking to a girl and I am surprised at how calm I am as I talk to her

14M 18:XX:XX

Movement alterations

Walking with funny small steps, like I'm autistic or something

01F 00:02:XX

Leaning against walls when standing

01F 00:02:XX

Still walking funny, falling forwards with small paces. Not well co-ordinated

01F 00:04:15

Trip a lot, my left foot especially seems to stick to the ground every so often

01F 00:04:15

Feel bodily jittery and slightly lame

07M 00:00:30

Slightly jittery – nervous bodily feeling

07M 02:XX:XX

Feel a little jittery – bodily

07M 07:XX:XX

- Balance

Unstable on my feet. Keep overbalancing

02F 02:05:XX

Balance slightly unstable

07M 00:00:40

Slight spell of about 15 seconds of balance disorientation

07M 04:XX:XX

Paralysis

Had a frightening experience. Was semi-conscious – felt like I was dreaming. There seemed to be someone in my room, but couldn't see distinct features of the person. They touched my leg to see if I was awake and I was paralyzed and could only move my eyes

06F 01:XX:XX

Dreamt I was lying on the couch (my favourite place) and I was paralysed. Couldn't even open my eyes – tried to call my daughter and she didn't respond. Couldn't sit up or move off the couch, so managed to fall on to the floor. Couldn't cry out to my daughter, who I thought was in the lounge. Suddenly I got all my senses back and she was not in the lounge anyway

04F 00:XX:XX

Unconsciousness

Been zoning out quite often today – a few little petit mals where I suddenly realise I haven't said anything for a while and am not sure what I was saying previously

02F 13:XX:XX

Had a few petit mals today and couldn't remember what I'd been saying previously. It's because I've been so tired and so down from all the emotional stuff I've been feeling. My sister said my eyes rolled back in, so mum put me to bed

02F 15:XX:XX

Had about 10 fits today. Really not a good day. Very aware of it, so would rather not talk so nobody else notices it, but my eyes roll back, even with my petit mals, so they do notice it if they're watching. It bugs me as I forget where I was in the conversation and so then either repeat myself or just end a conversation mid-sentence. I can feel my brains taking longer to kick in as well. It's like trying to get a rusty windmill going again – it needs a hell of a lot of momentum to start it off. I lose my vision briefly too – just a void, but my memory lapses bother me

02F 16:XX:XX

I lay down on the couch, but it felt like I blanked out, because usually it takes a while for me to drift off to sleep and this time I didn't remember falling asleep and I woke up disorientated, wasn't sure where I was

06F 01:XX:XX

I'm starting to feel a bit nervous. I'm worried that I'm going to blank out or collapse

06F 01:XX:XX

Right and wrong

Been feeling strongly that proper direct communication between people, with truthful content should occur and any small lie is not acceptable

18M 06:XX:XX

Feeling quite direct with people, and if honesty with room for human "spin" or interpretation is allowed, if people get upset so be it

18M 06:XX:XX

Been thinking lots about what's "fair" and "right". There maybe is none

18M 15:XX:XX

I dreamt my husband and I went for a walk with a friend of mine, up on a hill.
In full view they were kissing, so her husband and I kissed as well
01F 05:XX:XX

I dreamt we were writing a diagnostics multiple choice test and we had
access to a printed model answer sheet, which we openly used
01F 05:XX:XX

Cheated last night in a competition, felt bad all day and apologised to all
concerned. I cant believe I was so dishonest. Feel very guilty
02F 02:11:XX

Heaviness

Feeling heavy, aching and frustrated
02F 10:XX:XX

Feeling heavy
06F 00:XX:XX

Feel extremely heavy and exhausted
06F 01:XX:XX

Mood changes

Been a bit of a rollercoaster ride the past little while, bit of emotional ups
and downs
18M 13:XX:XX

I am either at someone's throat or keeping my head down, very little middle
ground
18M XX:XX:XX

Mood swings deluxe today. Not happy at all
02F 17:XX:XX

Feeling a bit moody
11M 12:XX:XX

Sunlight and warmth ameliorate

Clear skies and sunshine... The weather seems to have made me feel
much better
18M 27:XX:XX

Anxiety on waking > sunlight
03M 08:XX:XX

Anxiety on waking > sunlight with excessive yawning
03M 12:XX:XX

Anxiety of mind > warm food
03M 24:XX:XX

Feeling of slight anxiety accompanied by agitation, > warm soup.
03M 29:XX:XX

Aggravation on waking

Woke up feeling worried about me and S, feel a little distant
18M 07:XX:XX

Forgetfulness, more so in the morning after waking
20M 12:XX:XX

Feel slightly out of sync on waking, doesn't feel like a Monday
28F 03:XX:XX

Anxiety on waking > sunlight
03M 08:XX:XX

Extreme irritability on waking
03M 02:XX:XX

I woke up disorientated, wasn't sure where I was
06F 01:XX:XX

Woke up slightly depressed and irritable
06F 07:XX:XX

Woke up feeling irritable
06F 08:XX:XX

4.2.3.2. VERTIGO

Felt dazed and dizzy
16F 04:XX:XX

Felt extremely dizzy and sleepy
16F 05:XX:XX

Headache started again around mid-morning – feel light-headed and
disorientated again
28F 11:XX:XX

I'm dizzy from fatigue
29F 12:XX:XX

Feeling dizzy

01F 00:00:01

Feel like I'm going to faint – light-headed

01F 00:01:00

Feel like I'm going to faint

01F 02:06:20

Two moments of vertigo while eating – just lost my sense of direction momentarily

01F 03:08:XX

Mild vertigo on rising > cold water

03M 16:XX:XX

Slight vertigo on standing up fast, < standing up

03M 23:XX:XX

Moderate vertigo on waking > washing face

03M 30:XX:XX

Looked at the burglar guards and it looked as if they were moving. I couldn't look for too long, thought I'd be dizzy all day – but was fine

04F 02:XX:XX

Dizziness in head

07M 00:00:30

Slight dizziness

07M 00:04:10

Woke up feeling a little dizzy, with a slight spell of about 15 seconds of balance disorientation

07M 04:XX:XX

Feel a little dizzy in the head

07:XX:XX

Dizzy spells during exercise

11M 05:XX:XX

Feeling a bit dizzy

13M 00:00:XX

4.2.3.3. HEAD

PAIN

My 2'O clock headache didn't come today (curative)

16F 00:XX:XX

Woke up early but had a terrible headache

16F 02:XX:XX

My head was really paining

16F 04:XX:XX

Had a headache at about 4:00 p.m. then went away at about 6:00

25M 05:05:00

Slight headache but the type that will be gone soon

25M 09:XX:XX

Headache, nose blocked, very tired
26M 10:14:10

Headache
26M16:XX:XX

Headache, sore throat
26M 17:XX:XX

Headache, blocked nose
26M 18:XX:XX

Headache, body fine
26M 20:XX:XX

Neck very stiff and have a headache
28F 06:XX:XX

Headache worse, feel tired, disorientated – seem to be slurring my speech
and can't think straight
28F 10:XX:XX

Headache started again around mid-morning – feel light-headed and
disorientated again
28F 11:XX:XX

Slight headache and chest pains
28F 11:XX:XX

Headache comes and goes but not as bad as before
28F 12:XX:XX

Have **HUGE** headache

29F 03:06:00

Woke up with headache

Still quite tired

29F 03:10:00

Slight headache

30M 00:01:30

Headache more prominent

30M 00:02:00

Lingering headache

30M 00:03:13

Slight headache.

10M 00:00:XX

Headache now-and-again

10M 18:XX:XX

Slight headache in the afternoon

10M 22:XX:XX

My head is aching > hot shower

02F 08:XX:XX

Slight pain in left ear / head area in morning

07M 03:XX:XX

Pressure in whole head – slight headache

07M 07:XX:XX

Felt an uncomfortable feeling in my head, like a headache as I bent down

14M 07:XX:XX

I have a little bit of a headache coming on – it is probably because I didn't sleep it off when I was tired

14M 12:XX:XX

I am starting to have a headache on the side as if someone just keeps knocking my head with a hammer or something

15M 01:00:25

The headaches are milder than before – they only last for three minutes

15M 02:XX:XX

Location

- Right sided

Small headache above right eye – didn't last long

28F 03:XX:XX

Slight pain in right temple, short-lived

01F 00:00:01

Headache right forehead and temple extending to right side of nose in the middle (from top to bottom) with nausea > eating, with slight post nasal blockage > walking in open air

01F 06:XX:XX

Whopping headache, predominantly right-sided now with numbness on the right side of the tongue

02F 04:08:30

There is an intense stabbing pain on my right occipito-temporal area

02F 12:XX:XX

Mild headache at top right of head – a dull ache > forgetting about it

12F 29:XX:XX

Again a dull headache at top right of head

12F 30:XX:XX

- Occipital

Head was throbbing especially occipital and temporal ends

16F 04:XX:XX

* Jaw and temples pain – all through to back – occiput

16F 05:XX:XX

A headache that lasted for less than 5 minutes, at the region of C1 (vertebra) and base of the skull. Sharp pain that I experienced when I was moving my head

21M 02:XX:XX

From about 06:00 – 07:00 am I experienced headaches from the occipital region towards the forehead. Cutting type of a headache

21M 07:XX:XX

Headache that runs from the left back of head to the front side

26M 20:XX:XX

Neck stiff and slight headache – back lower head

28F 02:09:00

From about 06:00 – 07:00 am I experienced headaches from the occipital region towards the forehead. Cutting type of a headache

21M 07:XX:XX

Sharp shooting pain up right occipital region, behind ear

02F 09:XX:XX

There is an intense stabbing pain on my right occipito-temporal area

02F 12:XX:XX

Tension headache extending from occiput down to the neck

03M 02:XX:XX

Mild headache in occipital region > heat of sun

03M 05:XX:XX

Occipital headache > cold ice application, < coffee

03M 07:XX:XX

Tension headache in occipital region. Starting from occiput to back of neck,
< cold water, > rest

03M 11:XX:XX

Moderate tension headache throughout the day extending from occiput to back > rest and lying on left side

03M 21:XX:XX

Slight tension headache in occipital region < fizzy drink, > warm food
03M 25:XX:XX

Have a slight headache at the back of my head and on the sides – a sharp
compressing pain
06F 00:00:XX

- Temporal

Head was throbbing especially occipital and temporal ends
16F 04:XX:XX

* Jaw and temples pain – all through to back – occiput.
Headache is a bit better for warmth, now extending to temples and jaws
16F 05:XX:XX

Headache in forehead and temples better for pressure at 19:00. Dull pain
20 M 09:XX:XX

Woke up with a really terrible headache on both sides of the head
25M 07:XX:XX

Headache that runs from the left back of head to the front side
26M 20:XX:XX

Slight pain in right temple, short-lived
01F 00:00:01

Slight headache, more left fronto-temporal
01F 00:01:00

Fronto-temporal headache – stitching bilateral pain all over
01F 04:00:30

Headache moved to left around eye and forehead, also temples – dull,
heavy, tired feeling
01F 04:03:XX

Headache right forehead and temple extending to right side of nose in the
middle (from top to bottom) with nausea > eating, with slight post nasal
blockage > walking in open air.
01F 06:XX:XX

Dull pressure headache in temporal region – as if in a vice > pressure.
(Lasted for 2 days)
02F 03:10:30

There is an intense stabbing pain on my right occipito-temporal area
02F 12:XX:XX

Sharp headache from temple to temple > pressure
02F 17:XX:XX

Woke up with a slight temporal headache
06F 01:XX:XX

- Frontal

Headache in forehead and temples better for pressure at 19:00. Dull pain
20 M 09:XX:XX

Headache that runs from the left back of head to the front side
26M 20:XX:XX

Slight headache, more left fronto-temporal

01F 00:01:00

Fronto-temporal headache – stitching bilateral pain all over

01F 04:00:30

Headache moved to left around eye and forehead, also temples – dull, heavy, tired feeling

01F 04:03:XX

Headache right forehead and temple extending to right side of nose in the middle (from top to bottom) with nausea > eating, with slight post nasal blockage > walking in open air

01F 06:XX:XX

Slight sinus-kind feeling in forehead. Not painful – uncomfortable

07M 08:XX:XX

Dull ache at front of head / top > drinking water

12F 06:XX:XX

- Around the eyes

Headache which had sits behind the eyes and responds to (worse for) sharp eye/head movement or shaking of the head

24M 01:XX:XX

Headache has intensified

24M 01:XX:XX

Headache above left eye. Feeling uncomfortable

26M 08:13:17

Small headache above right eye – didn't last long
28F 03:XX:XX

Headache moved to left around eye and forehead, also temples – dull,
heavy, tired feeling
01F 04:03:XX

Headache stayed the whole day and through the night. Left-sided, into
eyeball and nose on the side in the middle
01F 04:05:XX

Headache seems to be focussing in the right eyeball
02F 04:07:XX

Headache behind my eyes < bending forward with a full sensation and slight
thumping
02F 07:XX:XX

Photophobia with headache in the back of my eyes as if a needle has
pierced them
02F 09:XX:XX

Slight headache at night, behind left eye
11M 01:XX:XX

Slight headache behind my eyes – at the front of my head towards the top
12F 01:06:XX

Dull ache behind the eyes > drinking water
12F 06:XX:XX

I have a major headache – it seems to emanate from behind my eyes. It is the most intense it has been

14M 03:10:XX

I have a major headache on the left side of my head – causing my left eye to twitch uncontrollably

15M 07:XX:XX

Felt a headache on the left side of my head – it made my left eye burn. The headache lasted for about 3 minutes. My eye kept burning for about 30 minutes

15M 04:12:XX

Sensations

- Throbbing

Head was throbbing

16F 04:XX:XX

Headache behind my eyes < bending forward with a full sensation and slight thumping

02F 07:XX:XX

My head is starting to pound as if I'm suffering from a hangover

15M 07:XX:XX

- Band-like, vice-like

Headache on and off – like a band around the head

28F 04:XX:XX

Have had a headache off and on today – like a tight band around my head

28F 07:XX:XX

Feel like I have a clamp around my head

28F 10:XX:XX

* Headache feels like an iron vice around my head, squeezing it

28F XX:XX:XX

Dull pressure headache in temporal region – as if in a vice > pressure.

(Lasted for 2 days)

02F 03:10:30

- Cutting

Cutting type of a headache

21M 07:XX:XX

Sharp pain that I experienced when I was moving my head

21M 02:XX:XX

Modalities

- Amelioration

Had my head covered all the time as that made my headache less

16F 05:XX:XX

* Headache is a bit better for warmth, now extending to temples and jaws

16F 05:XX:XX

My head is aching > hot shower

02F 08:XX:XX

Mild headache in occipital region > heat of sun

03M 05:XX:XX

Headache in forehead and temples better for pressure at 19:00
20M 09:XX:XX

Dull pressure headache in temporal region – as if in a vice > pressure.
(Lasted for 2 days)
02F 03:10:30

Sharp headache from temple to temple > pressure
02F 17:XX:XX

Headache right forehead and temple extending to right side of nose in the
middle (from top to bottom) with nausea > eating, with slight post nasal
blockage > walking in open air
01F 06:XX:XX

Slight tension headache in occipital region < fizzy drink, > warm food
03M 25:XX:XX

Dull ache at front of head / top > drinking water
12F 06:XX:XX

Dull ache behind the eyes > drinking water
12F 06:XX:XX

Tension headache in occipital region. Starting from occiput to back of neck,
> rest
03M 11:XX:XX

Moderate tension headache throughout the day extending from occiput to
back > rest and lying on left side
03M 21:XX:XX

- Aggravation

Sharp pain that I experienced when I was moving my head

21M 02:XX:XX

Headache which had sits behind the eyes and responds to (worse for) sharp eye/head movement or shaking of the head

24M 01:XX:XX

Headache behind my eyes < bending forward with a full sensation and slight thumping

02F 07:XX:XX

Felt an uncomfortable feeling in my head, like a headache as I bent down

14M 07:XX:XX

Tension headache in occipital region. Starting from occiput to back of neck, < cold water

03M 11:XX:XX

SENSATIONS

Pins and needles sensation in my left temporal region

02F 00:05:55

Numb sensation at top, back of my head in a circular region

02F 03:02:40

Feel pulsations in my head

02F 02:05:XX

I've been lying down for a while, but I can't sleep – at one stage my head seemed to quiver or shake, but internally, around the eyes

14M 02:05:XX

Dull

Dullness and disequilibrium in head

07M 00:04:XX

My head feels dull from the effects of the headache

14M 03:14:XX

Woke up feeling a little unfocused on the left side of my head

07M 04:XX:XX

Fuzzy

There seems to be a fuzziness to my head

14M 01:XX:XX

My head still feels fuzzy

14M 02:XX:XX

I feel fuzzy and hot in my head, especially my ears and eyes

14M 14:XX:XX

Block

My head feels like a block

14M 02:04:XX

My head feels like a block. I feel like I will get a headache

14M 02:07:XX

Blockiness of the head, not fuzziness, but blockiness of the head feels to me like headache would come

14M 02:02:XX

The blockiness in my head will make it hard for me to fall asleep

14M 02:14:XX

Heavy and full

Head feels full and heavy

02F 04:10:40

Head fullness still there, like an overfilled water bomb, about to explode, < motion

02F 04:12:XX

My head feels full

02F 07:XX:XX

My head feels congested as if my brain is swollen > resting my head on something

06F 05:XX:XX

My head is heavy

14M 07:XX:XX

Light

Felt slightly light-headed

18M 00:XX:XX

Feel very tired in early afternoon, light-headed

28F 08:XX:XX

Headache started again around mid-morning – feel light-headed and disorientated again

28F 11:XX:XX

Feel light headed

02F 02:06:20

Feeling of light-headedness accompanied by thirst for cold water

03M 00:12:30

Feeling of light-headedness accompanied by mental and physical exhaustion

03M 03:XX:XX

Feeling of light-headedness > open air

03M 06:XX:XX

Head feeling a bit light

11M 00:XX:XX

Slightly light-headed at noon

11M 02:XX:XX

4.2.3.4. EYES

Pain

Eyes a bit sore – very dry

26M 11:XX:XX

Eyes red and sore on waking

03M 10:XX:XX

As I woke up this morning I had a stitching pain in my right eye
06F 01:XX:XX

Slight sore eyes with burning
10M 04:XX:XX

Sore, red eyes now-and-again
10M 18:XX:XX

I have noticed my eyes have been quite sore with a burning feeling
10M 25:XX:XX

Sore eyes make me feel like I'm getting a cold
10M 28:XX:XX

My eyes sting a little
14M 02:04:XX

I have a slight discomfort around my left eye
14M 02:06:XX

- Burning

Started feeling tired – eyes burning – want to sleep
29F 00:02:25

My eyes are burning
02F 07:XX:XX

Slight sore eyes with burning
10M 04:XX:XX

Very red and burning eyes

10M 05:XX:XX

Eyes a bit burning

10M 09:XX:XX

Eyes slightly burning

10M 13:XX:XX

I feel fuzzy and hot in my eyes

14M 14:XX:XX

Felt a headache on the left side of my head – it made my left eye burn. The headache lasted for about 3 minutes. My eye kept burning for about 30 minutes

15M 04:12:XX

Dry

Eyes a bit sore – very dry

26M 11:XX:XX

Dry red eyes on waking, > fresh air

03M 31:XX:XX

Eyes feel dried up

03M 10:XX:XX

Tired

...eyes are a little tired

18M 09:XX:XX

Tired eyes

01F 00:01:00

Eyes so tired I can hardly keep them open

02F 02:06:20

Eyes are as if tired and lazy > dark room

03M 13:XX:XX

Eyes extremely tired on waking as if not slept

03M 16:XX:XX

Feeling tiredness behind my eyes

12F 07:XX:XX

My eyes are tired

14M 02:07:XX

Woke up in the middle of the night and my eyes felt a little tired

14M 03:XX:XX

I'm feeling a certain tiredness in my eyes

14M 11:XX:XX

Redness

Inner lower lid of eye red – the part or rim visible on the outside

01F 00:23:XX

Dilated veins in conjunctiva in lower third of eyes on both sides

01F 00:23:XX

Dilated veins in conjunctiva at 12, 2, 4, 8 and 10 o'clock in both eyes
01F 02:00:XX

Watery red eyes
03M 11:XX:XX

Dry red eyes on waking, > fresh air
03M 31:XX:XX

Very red eyes
10M 05:XX:XX

Watering

Margins of eye red and eyes watering
01F 00:02:00

Watery red eyes
03M 11:XX:XX

Eyes watery and sensitive to light
03M 13:XX:XX

Watering of eyes on waking > open space
03M 17:XX:XX

Excessive watering of eyes > fresh cold air
03M 31:XX:XX

Eyes watering a bit – salty
11M 03:XX:XX

Eyes watering a bit

11M 05:XX:XX

My eyes are weepy

14M 01:XX:XX

My eyes are still weeping

14M 02:01:XX

Photophobia

Eyes sensitive to light

26M 18:XX:XX

Eyes very sensitive to light

26M 19:XX:XX

Photophobia with headache in the back of my eyes as if a needle has pierced them

02F 09:XX:XX

Eyes watery and sensitive to light

03M 13:XX:XX

Appearance

Observation by lecturer: His eyes were staring; he would just look at one thing and stare fixedly

21M XX:XX:XX

Eyes look glazed

01F 00:02:00

Eyes glassy again

01F 02:00:XX

Had a few petit mals today and my sister said my eyes rolled back in

02F 15:XX:XX

Had about 10 fits today. Very aware of it, so would rather not talk, so nobody else notices it, but my eyes roll back, even with my petit mals, so they do notice it if they're watching

02F 16:XX:XX

Pupils

Pupils dilated

01F 00:02:00

My left pupil dilated and the right constricted

02F 04:XX:XX

Twitching

I've been lying down for a while, but I can't sleep – at one stage my head seemed to quiver or shake, but internally, around the eyes

14M 02:05:XX

I have a major headache on the left side of my head – causing my left eye to twitch uncontrollably

15M 07:XX:XX

Eyelids

Left eye puffy

28F 03:XX:XX

Eyelids heavy

02F 03:03:XX

Eyelids feel like they've been filled with water and just want to bulge. So uncomfortable – full and hazy vision

02F 11:XX:XX

Extreme tiredness on waking accompanied by heaviness of eyelids

03M 02:XX:XX

4.2.3.5. VISION

Have problem with eyes, finding it difficult to focus up close, at normal reading distance. Very odd

26M 19:XX:XX

Eye focus at reading distance getting better

26M 26:XX:XX

Eyelids feel like they've been filled with water and just want to bulge. So uncomfortable – full and hazy vision

02F 11:XX:XX

4.2.3.6. EAR

Pain

Mild fullness and pain on right Eustachian tube area

02F 01:06:15

Sharp shooting pain up right occipital region, behind ear

02F 09:XX:XX

Slight pain in left ear / head area in morning

07M 03:XX:XX

Sensations

Fluttering in left ear, as if pulsations at a very rapid rate. As if vessel literally pulsating, so it blocks the sound to everything except the pulsations

02F 02:09:30

Can feel my pulse inside my ear – just inside the Eustachian tube on the right. Just a little flutter – a strange sensation

02F 06:XX:XX

Ringing and buzzing sensation in ears

03M 05:XX:XX

Ringing like sensation in ears accompanied by tingling of fingers of right hand

03M 09:XX:XX

Slight buzzing sensation in left ear

03M 19:XX:XX

Ears are cold

14M 02:10:XX

4.2.3.7. NOSE

Pain and sensations

* Burning sensation in nose, sides of the nose above alae – worse going outside

16F 05:XX:XX

My nose feels rough and burny on the inside. The smell of mucous is strong
in my nostrils

14M 02:05:XX

My nasal passages, though rough and sore are drier now

14M 02:06:XX

My nose irritates me, because it's so dry on the inside. It is as if with all the
sniffing there is friction going on in there

14M 02:10:XX

My nose is breathing easier, although still sore from yesterday

14M 03:00:XX

Aversion to odours

03M 29:XX:XX

Coryza

Runny nose

22F 00:00:15

Nose was a bit runny

25M 02:XX:XX

Nose is a bit runny and my lips feel dry

25M 03:03:43

Starting to sneeze and nose dribbling clear fluid. Not quite running

02F 10:XX:XX

Nose stopped running while sleeping.

02F 11:XX:XX

Left nostril streaming – clear, bland

02F 11:XX:XX

Nose alternates which nostril is congested, which one runs

02F 11:XX:XX

My nose stopped running when lying down, again!

02F 12:XX:XX

Sneezing accompanied by watery red eyes and thin watery clear mucous from the nose

03M 11:XX:XX

Moderate attack of rhinitis on waking

03M 17:XX:XX

Runny nose during night – thin watery mucous discharge < cold drinks, > bathing

03M 20:XX:XX

Mild to moderate coryza on waking < open air, > warm drinks

03M 21:XX:XX

Sudden acute attack of hayfever accompanied by excessive secretion of thin mucous from nose, > fresh air

03M 29:XX:XX

Runny nose – think it's a cold

10M 00:00:XX

Runny nose

10M 01:XX:XX

Serious runny nose - blowing my nose all the time

10M 02:XX:XX

Runny nose with very congested sinuses

10M 03:XX:XX

Woke up in the night – my nose was blocked and running respectively

14M 01:XX:XX

I have been sneezing and sniffing a bit this morning

14M 00:01:XX

Some mucous in my one nostril was very fluid, but my nose on a whole is blocked

14M 02:01:XX

I am still sniffing

14M 02:07:XX

Still sniffing a bit

14M 06:XX:XX

Discharge

* Scanty, watery discharge

16F 05:XX:XX

Nasal discharge clear

02F 11:XX:XX

Left nostril streaming – clear, bland

02F 11:XX:XX

Thin watery clear mucous from the nose

03M 11:XX:XX

Nasal discharge like egg white

01F 07:XX:XX

Blew my nose and saw grey flecks

02F 01:00:XX

Excessive secretion of thin mucous from nose, > fresh air

03M 29:XX:XX

Congestion

Headache, nose blocked, very tired

26M 10:14:10

Headache, blocked nose

26M 18:XX:XX

Woke up with stuffy nose and puffy face

28F 03:XX:XX

Woke with slight post-nasal drip and nose blockage

01F 05:XX:XX

Nose alternates which nostril is congested, which one runs
02F 11:XX:XX

Slight congestion of nose with thick mucous on waking
03M 01:00:XX

Finding it difficult to breath through my nose at night
06F 07:XX:XX

Runny nose with very congested sinuses
10M 03:XX:XX

Seriously congested sinuses
10M 27:XX:XX

Noticed throughout the day that my nose has been blocked as if a cold is
coming on
14M 01:XX:XX

Woke up in the night – my nose was blocked and running respectively
14M 01:XX:XX

Some mucous in my one nostril was very fluid, but my nose on a whole is
blocked
14M 02:01:XX

The nose feels so hard on inside – the mucous in my nostrils, although not
voluminous. It blocks my nasal canals, whilst it is quite watery
14M 02:04:XX

4.2.3.8. FACE

Pain

Pain that is dull on the left side of the face. The pain woke me up at 03:00. Normally I wake up at 08:00. The pain on the left side of my face extends from the lower part near the neck and up to the temple

21M 05:XX:XX

Developed slight toothache or sinus pain, right side of face

28F 11:XX:XX

- Jaws

* Jaw and temples pain – all through to back – occiput.

Headache is a bit better for warmth, now extending to temples and jaws

16F 05:XX:XX

Started to feel pain in my lower jaw at the site of the wisdom tooth or where the wisdom tooth is supposed to grow. Worse when opening the mouth or chewing food. Left side of the face was becoming numb. Noticed the pain at about 12h00. Became better after long talking. Sharp, aching pain that is slowly progressing. Worse when I went to sleep than when it started. Feel worse when drinking water. Felt as if I want to continuously touch it with my finger

21M 04:XX:XX

Jaw feels stiff and sore

30M 00:02:48

- Sinuses

Developed slight toothache or sinus pain, right side of face

28F 11:XX:XX

Irritating sinusitis of maxillary sinuses on waking as if being sandpapered >
rest

03M 20:XX:XX

Slight sinus-kind feeling in forehead. Not painful – uncomfortable

07M 08:XX:XX

Swollen glands

Submandibular gland swollen, more so on right

20M 00:11:20

Submandibular glands swollen.

01F 00:03:00

Glands swollen below chin.

07M 00:00:30

Sensations

Left side of the face was becoming numb

21M 04:XX:XX

Tired, fixed feeling in facial muscles, like you've put a mask on and it's dried
off

01F 04:00:XX

Woke up with stuffy nose and puffy face

28F 03:XX:XX

Feel really heavy, bloated and puffy, especially my face (face puffy, but
body heavy

02F 03:XX:XX

Tingling in maxillary bones

01F 00:00:XX

Intense burning, only in my face – lasts 5 minutes, with no sweating

01F 02:11:XX

Burning, tingling all over my face, <sweat

02F 00:04:30

Face hot to touch

02F 07:XX:XX

Face still burning

02F 07:XX:XX

When hot all I want is to be cooled – fanning or cold water – but only on my face

02F 13:XX:XX

Eruptions

Finding some pimples on face, chin and cheek

12F 05:XX:XX

Getting pimples on my forehead

12F 11:XX:XX

4.2.3.9. MOUTH

Pain and sensations

Pain at the root of the tongue

21M 04:XX:XX

Slightly sore in soft palate

07M 04:XX:XX

The inside of my mouth feels very smooth

01F 00:02:XX

Inflammation

Severe pain on the left lower site of the wisdom tooth, (gum) inflamed when I woke up

21M 04:XX:XX

Gum still swollen on the site of the wisdom tooth. I was able to eat, could open my mouth slightly wider

21M 08:XX:XX

Tongue

Pain at the root of the tongue

21M 04:XX:XX

Bowel motion, then my tongue went numbish

02F 00:05:30

Dry sensation of the tongue

02F 00:05:55

Fullness and pain from side of my tongue down to my neck

02F 01:06:15

Tongue feels slightly numb on the right back portion, on the side

02F 01:06:XX

Tip of tongue went numb after a small bite

02F 03:04:30

Tongue tip numb after eating

02F 04:13:30

Numb right side posterior of my tongue

02F 05:XX:XX

My tongue feels a little rough, as if I ate something too hot. I felt this throughout the day and it hasn't changed for better or for worse

14M 05:XX:XX

Taste

Offensive taste in my mouth, despite brushing teeth lots

02F 10:XX:XX

Got a funny taste in my mouth – milky / phlegmy taste

10M 00:00:XX

Salivation

Quite a bit of salivation as soon as remedy taken

20M 00:00:00

Been drooling a fair amount while sleeping lately

02F 04:23:XX

Strong craving for sweets accompanied by moderate salivation

03M 11:XX:XX

Excessive salivation in mouth, < strong smelling foods
03M 20:XX:XX

Increased salivation < salty food, > cold water
03M 31:XX:XX

Dryness

Nose is a bit runny and my lips feel dry
25M 03:03:43

Lips dry
02F 07:XX:XX

Lips very dry from mouth breathing
02F 11:XX:XX

Dry sensation of the tongue
02F 00:05:55

Mouth is very dry
02F 01:08:00

Dry mouth with excessive thirst for ice water
03M 07:XX:XX

My mouth is like cardboard right now
15M 07:XX:XX

Speech

Slurring my speech
28F 10:XX:XX

4.2.3.10. TEETH

Pain

Started to feel pain in my lower jaw at the site of the wisdom tooth. Worse when opening the mouth or chewing food. Left side of the face was becoming numb. Become better after long talking. Sharp, aching pain that is slowly progressing. Worse when I went to sleep than when it started. Feel worse when drinking water. Felt as if I want to continuously touch it with my finger

21M 04:XX:XX

Severe pain on the left lower site of the wisdom tooth. Gum inflamed when I woke up. Sharp, throbbing pain, worse when sleeping on the opposite side better when lying on the pain site. Could not put 2 fingers in my mouth (couldn't open mouth wide enough). Painful swallowing saliva, chewing, talking

21M 04:XX:XX

The pain in the site of wisdom tooth was only coming up if I opened my mouth, chewing, beginning to speak. It was feeling very (much) better after drinking any hot liquid, but not that any cold liquid made it worse

21M 06:XX:XX

Woke up at about 02:00 am with pain in the mouth. Still the aching pain at the site of the wisdom tooth

21M 07:XX:XX

Developed mild toothache for about half an hour

28F 05:XX:XX

Developed slight toothache or sinus pain

28F 11:XX:XX

Not sure if it's toothache or sinusitis – tooth slightly sensitive but not really painful

28F 12:XX:XX

Cold water made my lower right incisor sore

02F 00:08:XX

Teeth very sensitive to cold water as if they were to crack

03M 26:XX:XX

My toothache I had prior to the proving is really starting to act up < cold

13M 00:XX:XX

The toothache is getting worse

13M 01:XX:XX

4.2.3.11. THROAT

Pain

Sore throat after dinner 21:00 better for drinking cold juice

20M 08:XX:XX

Sore throat anterior aspect, better swallowing thick liquids, desire fresh fruit or juice

20M 14:XX:XX

Sore throat

26M 15:XX:XX

Sore throat. Feeling very under the weather

26M 16:XX:XX

Throat feels a little sore

28F 05:XX:XX

Throat still feels sore though glands are down

28F 07:XX:XX

Headache, sore throat

26M 17:XX:XX

My throat feels like razor blades each time I swallow saliva

02F 09:XX:XX

My throat is sore on waking

06F 07:XX:XX

Slightly sore throat – soft palate

07M 04:XX:XX

Noticing a sore throat

12F 12:02:XX

Throat still sore

12F 12:08:XX

Inflammation

* Anterior fauces red and inflamed

16F 05:XX:XX

Swollen left tonsil

21M 07:XX:XX

Mucus

Mucus not as much that night (curative)

16F 00:XX:XX

* Coughing up white mucus, feel it in the back of my throat and then it just goes down again

16F 05:XX:XX

Phlegmy throat

22F 00:00:15

Constant desire to clear my throat

02F 09:XX:XX

I have slight discomfort from phlegm layering the back of my throat

14M 02:00:XX

My throat feels dry and I can feel bits of phlegm at the back of it

14M 03:00:XX

Sensations

- Scratchy

Throat getting more gritty

26M 16:XX:XX

Throat seems scratchy – glands a little swollen

28F 06:XX:XX

Feel as though I'm getting a cold now with a scratchy throat

02F 07:XX:XX

My throat is still scratchy

02F 07:XX:XX

Dry throat as if scratchy < yogurt, > water

03M 13:XX:XX

Dry scratchy throat with craving for cold water

03M 28:XX:XX

Scratchy throat

10M 02:XX:XX

-Dryness

Woke up – dry throat, with thirst for small sip of water

20M 01:XX:XX

Woke up with dry throat, with sensation of lump in anterior throat

20M 04:00:00

Woke up +- 08:00 thirsty, dry throat. For a small amount of water

20M 05:01:00

Excessive thirst for cold water due to extremely dry throat

03M 06:XX:XX

Dry throat with excessive thirst for ice water

03M 07:XX:XX

Dry throat as if scratchy < yogurt, > water

03M 13:XX:XX

Dry throat on waking with craving for savoury things
03M 19:XX:XX

Dry scratchy throat with craving for cold water
03M 28:XX:XX

- Itching & tingling

Had an itchy feeling at the back of my throat
16F 04:XX:XX

Itchy throat
26M 03:04:00

Itchy throat
30M 00:01:30

Itchy throat, nose a bit blocked
26M 10:XX:XX

* Tingling feeling in throat, as if something is stuck there, right down the throat, the whole throat. Sensation of nothingness in throat, just tingling feeling, worse coughing
16F 05:XX:XX

- Hollow tube, nothing, empty

* Sensation of nothingness in throat
16F 05:XX:XX

Throat – feeling of tube, as if
20M 00:01:21

Feeling as if throat hollowed. Cool anteriorly
20M 00:12:00

Sensation of throat larger than normal
20M 02:01:50

- Lump

Sensation of a lump in anterior throat
20M 00:01:21

Woke up with dry throat, with sensation of lump in anterior throat
20M 04:00:00

Sensation as if lump in anterior throat
20M 05:10:30

4.2.3.12. EXTERNAL THROAT

Swollen cervical glands

* Tonsillar node enlarged and tender
16F 05:XX:XX

Throat seems scratchy – glands a little swollen
28F 06:XX:XX

Throat still feels sore though glands are down
28F 07:XX:XX

Cervical glands swollen, especially tender on the left
02F 11:XX:XX

4.2.3.13. STOMACH

Appetite - increased

Change in appetite – eating more than usual

16F 00:XX:XX

Ate unusually more today

16F 03:XX:XX

Very hungry this morning

26M 01:12:00

Very hungry – appetite good

26M 03:03:30

Hungry – 2 rolls with honey!!

28F 02:07:00

Feel almost like pre-menstrual hungry!!!

28F 03:XX:XX

So hungry, eating seems to make me more hungry

02F 02:07:45

Sensation of being hungry, but worse, > eating then < shortly afterwards

02F 04:10:XX

Increased appetite during supper

03M 17:XX:XX

Extreme ravenous hunger on waking

03M 22:XX:XX

Strong appetite in evening with extreme hunger

03M 23:XX:XX

Quite hungry – did not eat well all day – mainly junk food

10M 00:XX:XX

Quite hungry

10M 02:XX:XX

Feeling hungry

10M 11:XX:XX

Feeling hungry

13M 01:XX:XX

Appetite - decreased

Skipped breakfast

16F 01:XX:XX

Change in appetite, eating less. Don't want to look at rich food, feeling
nauseous

16F 02:XX:XX

Could hardly eat

16F 04:XX:XX

Couldn't eat at all

16F 05:XX:XX

* Headache with sharp pain, continuous, causing decrease in appetite

Decreased appetite, don't want to eat at all

16F 05:XX:XX

Appetite during the day gone again!

23M 02:XX:XX

Very tired – no appetite

26M 07:00:00

I have no appetite but made myself eat

02F 07:XX:XX

Aversion to food on waking

03M 24:XX:XX

I don't have a very good appetite today, don't feel like eating. The thought of eating and food exhausts me

06F 01:XX:XX

I haven't eaten anything

15M 07:XX:XX

I am finally managing to put something in my mouth to eat

15M 08:XX:XX

Thirst – increased

... and each time I woke up, I was terribly thirsty

29F 00:22:30

Extreme thirst for water throughout the day

03M 00:XX:XX

Thirst for cold water

03M 00:XX:XX

Moderate thirst for cold drinks on waking

03M 04:XX:XX

Thirst for cold water throughout the day

03M 01:XX:XX

Excessive thirst for ice water

03M 07:XX:XX

Extreme thirst during night < cold sweet drinks > water

03M 07:XX:XX

Extreme thirst during night > ice cold water

03M 12:XX:XX

Excessive thirst for ice cold water

03M 27:XX:XX

Excessive thirst for cold drinks on waking

03M 29:XX:XX

Seemed to be thirsty – just had tea, but still thirsty

04F 00:XX:XX

Feeling thirsty. Had lots of liquids

11M 03:XX:XX

Thirsty – drinking water

12F 06:XX:XX

I'm dehydrating more than usual. I've drank 4litres of water in half the day

15M 02:XX:XX

I'm constantly drinking water

15M 07:XX:XX

Thirst – decreased

* Decreased thirst, haven't drunk any water today

16F 05:XX:XX

Not been thirsty have had to make myself drink I want to drink thick liquids like a smoothy not thin and watery

20M 05:01:00

Gaseous

After 5 min (after taking 1st dose) started burping a lot! A lot of gas. After that settled down about 10 minutes later started feeling very nauseous

16F 00:00:05

Took the second powder around 4p.m.. The same symptoms appeared again very gaseous feeling

16F 00:XX:XX

Gassy feeling. Burping a lot

22F 00:00:15

Groaning of stomach as if bubbles inside with feeling of bloatedness

03M 11:XX:XX

Nausea

After that settled down about 10 minutes later started feeling very nauseous

16F 00:00:05

Nauseous feeling that afternoon

16F 00:XX:XX

Don't want to look at rich food, feeling nauseous

16F 02:XX:XX

Felt nauseous

22F 00:00:15

Only symptom of nausea remained

22F 01:XX:XX

Slight nausea after taking 3rd powder. Ate after half an hour and it was fine again

24M 00:XX:XX

Nausea is back

24 M 02:XX:XX

Craving for savoury food accompanied by slight nausea

03M 05:XX:XX

Aversion to salty food with slight nausea > rest

03M 18:XX:XX

Aversion to tobacco smoke almost causing feeling of nausea

03M 22:XX:XX

Slight nausea after eating > cold water

03M 25:XX:XX

Feeling nauseous

12F 17:XX:XX

Had a sip of my beer and felt like throwing up

15M 00:XX:XX

I tried eating, but I couldn't. The food smelt funny. It was tasteless. I ended up throwing up

15M 07:XX:XX

Sensations

Stomach as if butterflies in it > coffee, <rest

03M 14:XX:XX

Sensation of emptiness of stomach at suppertime

03M 24:XX:XX

Tummy felt somewhat warm

11M 00:XX:XX

Slight heartburn

11M 05:XX:XX

Sensation of over-fullness and bloating of stomach

03M 02:XX:XX

Feeling of bloatedness in stomach as if too full < water and cold drinks

03M 07:XX:XX

Groaning of stomach as if bubbles inside with feeling of bloatedness
03M 11:XX:XX

4.2.3.14. ABDOMEN

Pain

Dull pain in the whole abdomen, in the background, > after eating
Constant gnawing pain that is in the background

21M 00:XX:XX

Pain in the whole abdomen after taking the remedy. Dull gnawing pain in the background. Constant gnawing sensation for about 5 minutes – 10 minutes.
Started after eating

21M 01:XX:XX

Abdominal pain soon after taking remedy. Gnawing, dull pain in the whole abdomen. Was little better after I had breakfast 30 minutes after, but continued thereafter

21M 02:XX:XX

Dull gnawing kind of pain in the abdomen. It becomes a little better after eating but also it continues. Defecation doesn't make it better

21M 03:XX:XX

Got a sharp stitch on right side +- 1min

26M 01:00:30

Cramps in stomach

28F 07:XX:XX

Slight cramps

10M 03:XX:XX

My abdomen is really tender slightly inferior and to the right of my umbilicus
02F 12:XX:XX

There is a pain like a hot rod stuck under my ribs into my liver which causes
me to double up
02F 12:XX:XX

Abdomen still sore like yesterday
02F 13:XX:XX

Slight pain in abdominal region < rubbing, > lying down
03M 23:XX:XX

Gnawing epigastric pain
02F 04:10:XX

Epigastric pain, worse for deep inspiration and spreading to liver region
02F 05:02:XX

Pulsating epigastric searing pain, as if hot rod piercing the stomach
02F 09:XX:XX

Bloated

Feeling bloated
26M 01:00:30

Feeling bloated, a bit flat
26M 06:13:50

I'm feeling bloated and flatulent
02F 05:XX:XX

Sensation of over-fullness and bloating of stomach

03M 02:XX:XX

Feeling of bloatedness in stomach as if too full < water and cold drinks

03M 07:XX:XX

Groaning of stomach as if bubbles inside with feeling of bloatedness

03M 11:XX:XX

Discomfort

Uncomfortable in the abdomen area

26M 07:01:00

Tummy area still uncomfortable

26M 08:23:00

Had colon discomfort today

29F 15:XX:XX

My colon has been a bit blocked and uncomfortable this afternoon

29F 29:XX:XX

Normal bowel movement but with gurgling in abdomen afterwards

02F 09:XX:XX

Eruptions

The rash is still itchy and is now on some other parts of my body, like my stomach and my lower back

15M 03:03:XX

4.2.3.15. RECTUM

Bowel movement

Two loose bowel movements this morning

02F 10:XX:XX

Noticed a tendency to constipation since starting the proving, but still have the urge to go in the morning

01F 03:21XX

Bowel motion, then my tongue went numbish

02F 00:05:30

Bowel movement with intense cramping afterwards, forcing me to bend double

02F 04:01:XX

Increased bowel movements today

02F 04:XX:XX

Three bowel movements today

02F 18:XX:XX

My bowel movements feel more regular than usual

06F 01:XX:XX

Eruptions

Found a boil on left, between anus and vagina – no head on boil

28F 03:12:30

Am aware of boil but it's not too sore

28F 04:XX:XX

4.2.3.16. STOOL

Stool very loose – yellow clay colour

28F 07:XX:XX

Stool slightly loose and clay coloured

28F 08:XX:XX

Had such a loose stool that wouldn't flush

02F 20:XX:XX

Loose fatty stool again with lots of wind – flatus no odour, but the stool was very offensive and only flushed after 4 attempts

02F 21:XX:XX

Stool much less in volume

01F 03:21:30

Dark bowel movement

02F 08:XX:XX

4.2.3.17. BLADDER

Have drunk 2.5 litres water, but haven't needed to go to the loo. Have only been twice today which is very unusual for me

02F 01:11:XX

Increased urination, but have not drunk much

02F 07:XX:XX

Urinated four times during the night

02F 07:XX:XX

Increased urination today (far more than what I drank)

02F 08:XX:XX

Excessive urination in afternoon as if drunken too much water

03M 15:XX:XX

Excessive urination in morning

03M 23:XX:XX

4.2.3.18. KIDNEYS

* Pain works out back, over kidneys and just above bum

28F 13:XX:XX

There is intense shooting, aching pains in my left kidney region

02F 12:XX:XX

4.2.3.19. RESPIRATION

Need to take slow deliberate breaths

01F 02:22:XX

Breathless from going up 1 flight of stairs, also from opening garage door

01F 03:21:45

Breathing in through my mouth was like the air had to go over a grate, not smooth at all. It was easy enough to get it in, but almost rattled at the back of my throat

02F 01:00:XX

Same weird breathing when inhaling as if the air had to go over a grate and rattles at the back of my throat

02F 03:00:XX

My breathing has not been smooth

14M 02:XX:XX

Breathing difficult and laboured

02F 05:XX:XX

Laboured breathing, it feels as if I need more air, but < deep inspiration

02F 06:XX:XX

Slight tight chest

10M 02:XX:XX

While I was sleeping I experienced a weird pain in my chest area – more towards the right hand side of my chest. It was sharp jabs that lasted for about 3 minutes or so. It was like someone had been throwing needles onto my chest, but from the inside. My breathing turned very heavy for the duration of this sensation

15M 01:XX:XX

4.2.3.20. COUGH

Started getting this terrible phlegmy cough

16F 04:XX:XX

* Cough in throat, once start can't stop. Coughing up white mucus, feel it in the back of my throat and then it just goes down again. Cough throughout the day. Cough feels like a wet throat. Everything just feels heavy, want to cough but don't have the energy to cough. Pain in chest on coughing, is a sore pain

16F 05:XX:XX

Have a little cough, but nothing serious

18M 02:XX:XX

Dry cough started at about 20h00 and continued through the night

23M 05:XX:XX

Cough stopped at about 03h00

23M 06:XX:XX

Cough started after dark again and continued all night

23M 06:XX:XX

Cough back again! +- 20h00

23M 07:XX:XX

Cough stopped at 03h30

23M 08:XX:XX

4.2.3.21. CHEST

Pain

Pain in chest on coughing, is a sore pain

16F 05:XX:XX

Extremely sharp pain developed in left armpit, between the tendons. OW!

Movement is hard breathing hurts

24M 03:XX:XX

Pain (armpit) left with sleep

24M 04:XX:XX

Having slight chest pains (*right side, pectoral)

28F 09:XX:XX

Slight headache and chest pains

28F 11:XX:XX

Pain in lower part of sternum, central – aching (like you get when you’ve cried a lot)

01F 00:01:00

Lateral chest pain, on right

02F 00:05:45

Lateral chest pain moved to subcostal region

02F 00:05:55

Crushing pain on right sternal angle, mid-clavicular line with numbness and tingling down right arm

02F 06:XX:XX

Pain in my chest – right sternal angle (right side of sternum). Only lasted a few seconds, but so painful it made me catch my breath

02F 17:XX:XX

While I was sleeping I experienced a weird pain in my chest area – more towards the right hand side of my chest. It was sharp jabs that lasted for about 3 minutes or so. It was like someone had been throwing needles onto my chest, but from the inside. My breathing turned very heavy for the duration of this sensation

15M 01:XX:XX

Sensations

Sensation of hollow tube inside, down from thoracic outlet, centrally

01F 00:02:10

Hollow feeling inside – midchest to abdomen

01F 01:01:XX

Cold feeling in chest like alcohol evaporating, spreading to beneath the ribs

01F 00:02:XX

Oppressed feeling in central chest, like there is no room

01F 02:22:XX

Central heaviness or oppression in sternal region

02F 02:06:20

My chest feels compressed just over my sternum

02F 07:XX:XX

Heart

Aware of heart beating in chest, pulse accelerated while standing

01F 00:03:XX

Palpitations on the left with slight breathlessness >sitting forward

02F 00:03:45

Palpitations as if blood is thick and sluggish

02F 00:05:XX

Am aware of my heart beating, near sternal angle and going up to thyroid gland area on the left

02F 02:05:00

Sensation heart is out of rhythm

02F 02:06:XX

Sensation of fullness in my heart region, making breathing difficult, < trying to take deep breath

02F 02:11:XX

Blood feels like its getting stuck in my aorta so it builds up, then suddenly forces through – very uncomfortable

02F 02:XX:XX

Sensation of thick blood in aorta, causing a feeling of not enough breath in me

02F 03:02:50

Heart still doing its thing. Pulse 88 (normally in 50's)

02F 03:03:00

Beating of my heart as if my blood is mashed potato, therefore difficult to force through

02F 04:13:30

Can feel my apex beat very obviously

02F 04:13:XX

While I was driving I had an intense, severe, lancinating pain in my heart and my arm went numb. I slowed down as it was difficult to hold my steering wheel, but it went quite quickly

02F 05:XX:XX

Pulse 142, with severe pain in my heart – stabbing and radiating down my right arm with numbness and prickling.

02F 05:02:XX

Pulse 60. With laboured breathing, it feels as if I need more air, but < deep inspiration

02F 06:XX:XX

Can feel my heart beating hard, my whole chest seems to pulsate with it. < lying on the left side. Blood feels hot

02F 08:XX:XX

Heart taking strain and beating out of rhythm often

02F 10:XX:XX

Palpitations infrequently, especially after climbing stairs

02F 11:XX:XX

Heart palpitations came back from 8-10 pm

02F 19:XX:XX

Palpitations throughout the day, intermittently – no pattern

02F 20:XX:XX

Lymph nodes

My left axillary nodes are up and very tender

02F 12:XX:XX

Perspiration

Sweat during sleep. Wet chest area

07M 08:XX:XX

4.2.3.22. BACK**PAIN****Neck**

Back and neck are sore

18 M 05:XX:XX

Have a terrible pain in my neck if I move my head in either direction. Very painful. Happened very suddenly

25M 08:11:XX

Neck seems a bit better. Can turn it but still a little sore

25M 09:04:XX

Muscular tension in upper back, across shoulders and neck

28F 01:14:30

Still have a tense neck

28F 09:XX:XX

Pain in left trapezius muscle at back and left cervical region at about C5 on the side, in the groove between the two muscles. It is a sharp pain that comes and goes

01F 01:07:XX

My neck and lower back are aching and stiff
02F 09:XX:XX

Slight neck pain
10M 12:XX:XX

Back

Back is sore
18M 02:XX:XX

Back and neck are sore
18M 05:XX:XX

Back is still a little sore and stiff
18M 06:XX:XX

Back is still sore
18M 07:XX:XX

Lots of knots in my back!! Neck stiff
28F 03:XX:XX

Left back pain – deep, pulsating and aching, < motion
02F 02:07:45

My back, knees, head, wrists, ankles are all aching > hot shower
02F 08:XX:XX

Really sore back as if it's been bent the wrong way and too far!
02F 11:XX:XX

Back painful in strips going along C3 dermatome – mainly left, sometimes right

02F 11:XX:XX

I have pains shooting from my left hip up towards my lower thoracic vertebrae

02F 12:XX:XX

Back pain < bending head forward – sore right down to my knees!

02F 16:XX:XX

Back sore now again that I'm back in bed – pulling, stiff, tense

02F 17:XX:XX

Back sore during spinning < leaning forward, > sitting erect

02F 21:XX:XX

Back aching in afternoon, > sitting and sipping on cold drink

03M 17:XX:XX

- Upper back, shoulders

Muscular tension in upper back, across shoulders and neck

28F 01:14:30

Shoulders painful, neck stiff

28F 11:XX:XX

Shoulders sore and lower back became painful later in day

28F 12:XX:XX

- Lower back

Shoulders sore and lower back became painful later in day

28F 12:XX:XX

Still having lower back pain. * Pain works out of back, over kidneys and just above bum

28F 13:XX:XX

Sore muscles and lower back

30M 00:02:00

Lower back pain > physical motion

02F 00:08:XX

Drawing pain in lower back (like PMS)

02F 02:17:30

My neck and lower back are aching and stiff

02F 09:XX:XX

Lower back pain – dull, aching > lying on abdomen with left leg bent

02F 10:XX:XX

Lower mid back feels broken again. So difficult to get comfortable lying down

02F 12:XX:XX

Coccyx

Coccyx area hurt while running

02F 20:XX:XX

STIFFNESS

Neck

Neck still stiff

28F 02:XX:XX

Neck stiff and slight headache – back lower head

28F 02:09:00

Stiff neck underneath skull

30M 00:02:00

Still feeling the stiff neck under the back of my skull

30M 03:XX:XX

Lots of knots in my back!! Neck stiff

28F 03:XX:XX

Neck very stiff

28F 04:XX:XX

Neck very stiff and have a headache

28F 06:XX:XX

Neck still stiff

28F 08:XX:XX

Shoulders painful, neck stiff

28F 11:XX:XX

My neck and lower back are aching and stiff.

02F 09:XX:XX

Neck stiffness on waking

03M 04:XX:XX

Mild stiffness in neck > cold application

03M 09:XX:XX

Stiffness of neck in morning > cold application

03M 27:XX:XX

Stiffness of neck muscles on waking

03M 31:XX:XX

Back

My whole back is really stiff though – so sore if I bend my neck forward –
can feel it pulling all the way down to my coccyx

02F 15:XX:XX

Back stiff – feels tight

02F 17:XX:XX

Stiffness of back as if muscles strained > cold application

03M 24:XX:XX

Stiffness of back < movement, > rest

03M 30:XX:XX

- Upper back, shoulders

Shoulders a bit stiff

26M 25:XX:XX

Stiffness in muscles medial to left scapula

01F 01:07:XX

- Lower back

My neck and lower back are aching and stiff

02F 09:XX:XX

SENSATIONS

Pins and needles sensation from base of spine, radiating up and out

02F 05:XX:XX

My back is stinging

02F 12:XX:XX

ERUPTIONS

I've noticed a couple of pimples on the back of my neck – more to the right hand side. They are very itchy

15M 02:11:XX

The rash at the back of my neck is getting worse – it is now constantly itching towards a burning effect

15M 03:XX:XX

The rash is still itchy and is now on some other parts of my body, like my stomach and my lower back

15M 03:03:XX

PERSPIRATION

Feel feverish with sweating on my spine

02F 04:XX:XX

4.2.3.23. EXTREMITIES

PAIN

Sore muscles and lower back

30M 00:02:00

Joints were noticeably stiff and sore

30M 00:06:13

Aching, shooting pain in joints

02F 07:XX:XX

Joints are sore – like I imagine gout would be – feels full and obstructed

02F 11:XX:XX

Upper limb

- Left

Cold tingling pain in left arm > holding on to arm, > rubbing

01F 00:01:XX

Numb and tingling pain in left arm, in shoulder, biceps and pronator > holding arm across body, > rubbing and massaging

01F 02:00:XX

Pain and discomfort proximal to elbow on ulnar side of left arm

02F 02:05:XX

- Right

Pain down right arm to ring and baby finger with tingling

02F 00:05:45

Lower limb

Legs are so sore – don't know what to do with them – pain is extending into my calves (lateral aspects). > Hot water bath. I then felt like Deep Heat had been rubbed all over, so my legs were icy, but burning

02F 15:XX:XX

My legs hurt and are worse lying down

02F 15:XX:XX

- Knee

Pain in my right knee in the core. Started making walking difficult

24M 08:XX:XX

Knee pain

24M 10:XX:XX

Excruciating pain in right knee with every motion, like my nerves had been severed. Only lasted a short while, then similar pain in my right ovary and finally on the sole of my right foot

02F 02:11:30

My bones are sore, especially my knees and ankles

02F 07:XX:XX

My knees and ankles are aching > hot shower

02F 08:XX:XX

- Leg

Left calf muscle very achey and crampy (till 12:00)

26M 04:01:30

Pain is extending into my calves (lateral aspects)

02F 15:XX:XX

Periodical cramping in right calf muscle < cold application, > rubbing

03M 18:XX:XX

- Ankle

My bones are sore, especially my knees and ankles

02F 07:XX:XX

My knees and ankles are aching > hot shower

02F 08:XX:XX

Ankle sore after running – felt weak and strained

02F 20:XX:XX

- Feet

Feet sore on plantar surface as if standing too long > sitting, massage

03M 16:XX:XX

STIFFNESS

Feeling stiff

30M 00:02:00

Slight stiffness of extremities > stretching

03M 11:XX:XX

Moderate stiffness of muscles > stretching

03M 13:XX:XX

Extremities stiff throughout midmorning and midday, > stretching and lying down

03M 19:XX:XX

Lower limb

- Knee

Left knee a bit stiff

26M 24:XX:XX

- Leg

Mild stiffness of left calf muscle

03M 25:XX:XX

SENSATIONS

Cold

- Upper limbs

Hands cold

02F 07:XX:XX

Hands icy

02F 07:XX:XX

Cold perspiration all over my arms

02F 04:XX:XX

Cold tingling pain in left arm > holding on to arm, > rubbing

01F 00:01:XX

- Lower limbs

Cold feet

01F 00:01:00

Feet are like ice blocks

01F 01:00:30

Toes are freezing cold, like a slush puppy

02F 00:06:20

- Upper & lower together

Feet and hands cold

01F 00:01:XX

Coldness in hands and feet, feel like the coldness you experience when alcohol evaporates from your skin

01F 00:02:XX

My feet and hands are cold

14M 02:02:XX

Coldness spreading up legs and in fingers as well. Coldness predominantly on right side

02F 00:06:XX

Tingling , prickling, pulsating

- Upper limbs

Tingling, numbness, weakness in left shoulder and arm (C4, C5, C6 distribution)

01F 00:01:XX

Pounding sensation going down right arm, with tingling in baby and ring fingers

02F 03:03:XX

Crushing pain on right sternal angle, mid-clavicular line with numbness and tingling down right arm

02F 06:XX:XX

Fingers tingling

02F 00:05:55

After taking first dose my fingers felt tingly and the joints in my fingers felt a bit stiff

06F 00:00:XX

Ringling like sensation in ears accompanied by tingling of fingers of right hand

03M 09:XX:XX

Pulsating in fingertips

02F 02:05:XX

- Lower limbs

My shins are prickling

02F 00:08:XX

Mild tingly sensation of toes, almost pins and needle like

03M 01:08:XX

Weakness

- Upper limb

Tingling, numbness, weakness in left shoulder and arm (C4, C5, C6 distribution)

01F 00:01:XX

Left arm weaker than right

01F 01:01:XX

Weakness and heaviness in left hand (ulnar distribution)

01F 00:01:XX

- Lower limbs

Legs weak on walking

01F 00:02:00

Legs feel as if they will just give way due to weakness when walking

01F 00:04:XX

Legs still very weak, shaky

01F 00:08:XX

Legs still weak at least when I woke up

01F 00:23:XX

Legs still feeling weak

01:06:XX

Heaviness and tiredness

Tiredness of extremities

03M 06:XX:XX

Heaviness of extremities

03M 01:02:XX

Slight heaviness of extremities accompanied by stiffness in legs > exertion,
< rest

03M 31:XX:XX

- Upper limbs

Weakness and heaviness in left hand (ulnar distribution)

01F 00:01:XX

- Lower limbs

Legs very tired – feet feel like they are broken

26M 24:XX:XX

Heaviness of legs > rest.

03M 08:XX:XX

Mild tiredness of legs

03M 28:XX:XX

Numbness

Feeling of relaxation of extremities

03M 17:XX:XX

Slight numbness of extremities, as if tired

03M 22:XX:XX

- Upper limb

Tingling, numbness, weakness in left shoulder and arm (C4, C5, C6
distribution)

01F 00:01:XX

Lame feeling in left arm > holding it to body with the other arm

01F 02:22:XX

Crushing pain on right sternal angle, mid-clavicular line with numbness and tingling down right arm

02F 06:XX:XX

Fingers feel weird and numbish

02F 00:06:XX

- Lower limb

I have a numb sensation down my left leg, especially in my thigh and pains shooting from my left hip up towards my lower thoracic vertebrae

02F 12:XX:XX

My left thigh is still numb

02F 12:XX:XX

My thighs are both so numb – they're sore – a deep aching > rubbing

02F 15:XX:XX

Toes went numb on right foot, just my lateral three

02F 03:00:XX

Jittery, jelly, shaky

- Lower limbs

Legs still feel jittery, in lower part of quadriceps, above knee

01F 00:04:15

Legs still very weak, shaky

01F 00:08:XX

Legs still shaky

01F 00:11:XX

Legs like jelly

01F 00:23:XX

Legs like jelly again

01F 02:00:XX

Legs like jelly still

01F 02:03:30

Legs absolutely like jelly, just want to give way. No strength in them

01F 02:06:20

MOVEMENT

Walking with funny small steps, like I'm autistic or something

01F 00:02:XX

Trip a lot – my left foot seems to stick to the ground every so often

01F 00:04:XX

Unstable on my feet, keep overbalancing

02F 02:05:XX

SKIN

Eruptions

Two skin lesions – left arm and peri-axillar. Red, about 5mm with small pustules and vesicles – very itchy

01F 02:11:XX

I noticed that the large skin tag on my inner leg was really bulbous or swollen, as if there was a big build-up of blood

14M 14:XX:XX

The rash has gone down to my left leg, but is still itchy

15M 05:XX:XX

Itching

Skin slightly itchy on extremities > scratching

03M 28:XX:XX

Constant itchy feeling of anterior part of arms > washing.

03M 12:XX:XX

Feeling uncomfortable, as if my legs were almost chafing

14M 15:XX:XX

4.2.3.24. SLEEP

Difficulty falling asleep

Could not fall off to sleep. Felt excited in normal routine.

Too enlivened to sleep. Only fell off to sleep the next morning

16F 00:XX:XX

Difficulty falling asleep. Thoughts rushing in mind unable to stop thinking over work done in day. (Coffea like symptoms)

20M 06:XX:XX

Woke up during the night, tired but unable to sleep

20M 07:XX:XX

Could not get to sleep last night. When I did I woke up all the time.

Woke up very early too

25M 09:XX:XX

Went to bed at 9:30 pm last night, because I was really tired. Woke-up at 3 am this morning, thinking it was time to get up. Tried to go back to sleep, but **no** luck

29F 01:21:15

Woke up at 3am this morning. Couldn't sleep

29F 02:22:00

Difficult sleeping

03M 27:XX:XX

Difficult falling asleep

07M 00:XX:XX

Could not fall asleep – lay awake for about 1 ½ hours

07M 10:XX:XX

Woke up in the middle of the night. Took a while to fall asleep

14M 01:XX:XX

I've been lying down for a while, but I can't sleep

14M 02:05:XX

I am still unable to fall asleep – I'm feeling restless again. Only fell asleep at 04:30am

15M 06:XX:XX

I decided to lock myself in my room and get some sleep. Of course that didn't happen. I just kept tossing and turning on my bed

15M 07:XX:XX

Sleeping badly

Slept very badly, well maybe just woke up a lot. Quite uncomfortable in bed

18M 01:XX:XX

Didn't sleep well

20M 08:XX:XX

Finding sleep much deeper. Not fighting the world during sleep. Waking up more refreshed (curative)

23M 01:11:30

Broken sleep but feeling OK

23M 11:XX:XX

Did not sleep well

26M 07:00:00

Did not sleep well. Feeling very tired

26M 10:00:00

Did not sleep well, did not want to get up

26M 17:XX:XX

Slept very broken

26M 19:XX:XX

Slept well although very restless

26M 21:XX:XX

I slept **very** badly. My sleep seemed very “shallow”

29F 23:XX:XX

Disturbed sleep

02F 01:17:XX

Slept really badly and had nightmares

02F 06:XX:XX

Slept really badly – lots of tossing and turning

02F 10:XX:XX

Can't take it anymore – had such a shocking night, so eventually got up at
4am

02F 15:XX:XX

Didn't sleep well last night

06F 01:XX:XX

I didn't sleep too well

06F 05:XX:XX

Slept really badly, kept waking up

12F 17:XX:XX

Unrefreshing sleep

Had afternoon nap 2:30 – 3:30 p.m. Not fully refreshed afterwards

20M 07:XX:XX

Woke up tired as usual, which didn't seem to happen with the powders
(curative)

23M 03:XX:XX

Restless, tossing and turning

Restless sleep – lots of tossing and turning

02F 10:XX:XX

Another restless night

02F 11:XX:XX

Woke up after a disturbed night again – so much tossing and turning

02F 12:XX:XX

Another bad night – woke up at 2am, then tossed and turned from then

02F 16:XX:XX

Restless sleep with intense thirst for water

03M 01:XX:XX

Restless sleep with tossing and turning and craving for water

03M 02:XX:XX

Restless sleep > lying on back

03M 04:XX:XX

Restless sleep > lying on left side. Restlessness < 11pm – 1am

03M 06:XX:XX

Restless sleep > lying on left side

03M 07:XX:XX

Sleep restless with intervals of awakening at night

03M 13:XX:XX

Restless sleep > lying on back

03M 17:XX:XX

Restless sleep, awaken 1am

03M 26:XX:XX

I decided to lock myself in my room and get some sleep. Of course that didn't happen. I just kept tossing and turning on my bed

15M 07:XX:XX

Waking up in the night

Slept very badly, well maybe just woke up a lot. Quite uncomfortable in bed

18M 01:XX:XX

Maybe slept for six hours but woke up quite a bit

18M 03:XX:XX

Could not get to sleep last night. When I did I woke up all the time.

Woke up very early too

25M 09:XX:XX

Woke up a lot last night which is not normal

25M 14:XX:XX

Woke up a lot again last night

25M 15:XX:XX

Slept reasonably well, only woke a few times

02F 17:XX:XX

Woke up twice in the night for no apparent reason

12F 01:XX:XX

Slept really badly, kept waking up

12F 17:XX:XX

Woke up during the night

14M 00:XX:XX

Woke up in the middle of the night. Took a while to fall asleep

14M 01:XX:XX

Woke up in the middle of the night to go to the bathroom and my eyes felt a little tired

14M 03:XX:XX

Woke up in the middle of the night for the bathroom

14M 04:XX:XX

1 a.m.

Woke up at 1am and have been feeling 'vrot' since then

02F 08:XX:XX

Restless sleep, awaken 1am

03M 26:XX:XX

Woke up at 1 am feeling restless. I tried every trick in the book to fall back to sleep, but I only managed to fall asleep again at 03:30am

15M 04:XX:XX

Just woke up at 1am and can't sleep anymore

15M 05:XX:XX

2am

Lay awake from 2-3am

01F 03:21:30

Another bad night – woke up at 2am, then tossed and turned from then. Went and tried other beds at home, hoping I would find a better one, but nothing worked

02F 16:XX:XX

Awaken 2am for ice water

03M 21:XX:XX

Awaken from sleep at 2am as if from noise

03M 28:XX:XX

Difficulty sleeping, waking at 2am – 4am, > lying on back

03M 30:XX:XX

Woke up around 2am – could not fall asleep for about 1 ½ hours

07M 03:XX:XX

3 a.m.

The pain woke me up at 03:00. Normally I wake up at 08:00

21M 05:XX:XX

Went to bed at 9:30 pm last night, because I was really tired. Woke-up at 3 am this morning, thinking it was time to get up. Tried to go back to sleep, but **no** luck

29F 01:21:15

Woke up at 3am this morning. Couldn't sleep

29F 02:22:00

Slept badly last night, woke at 3am and that was it for me – simply awake, not stressed about test today

01F 09:XX:XX

Woke up at 3am, couldn't go back to sleep

04F 02:XX:XX

Again woke at 3am, too scared to go back to sleep, in case I overslept

04F 03:XX:XX

Woke at 3am and couldn't get back to sleep

12F 10:XX:XX

Woke at 3am

12F 12:XX:XX

Woke up at 3am for no apparent reason

12F 23:XX:XX

Woke at 3:45am

12F 24:XX:XX

4am

Woke up at 4am last night, lay awake until after 6am, slept again until 8am

01F 01:22:XX

Woke up at 4am for no apparent reason

12F 00:XX:XX

Woke up at 4am

12F 09:XX:XX

5am

Woke at 5am feeling fine

01F 02:19:XX

Woke up at 1am again and then at 5am

02F 09:XX:XX

Woke up at 5am and felt refreshed from sleep as apposed to waking up tired

14M 07:XX:XX

Waking up early after lack of sleep

Woke up early, which is very unusual considering what time I slept

16F 01:XX:XX

Could not get to sleep last night. When I did I woke up all the time.

Woke up very early too

25M 09:XX:XX

Woke up at 6:30 even though I was still tired

29F 07:00:15

Woke at 5am feeling fine

01F 02:19:XX

Early waking in the morning with a feeling of full alertness

03M 15:XX:XX

Woke up at 5am and felt refreshed from sleep as apposed to waking up tired

14M 07:XX:XX

Woke up quite refreshed, despite going to sleep only after 12 o' clock

14M 11:XX:XX

Feeling very sleepy

Fell asleep immediately – deep sleep

16F 01:XX:XX

Fell asleep almost immediately after the movie had ended

16F 03:XX:XX

* Slept the whole day yesterday, just want to close my eyes and sleep. I wake up feeling the same, but I just want to sleep more

Sleep with a deep sleep – don't remember anything when I wake up

16F 05:XX:XX

Could not wake up very easily

18M 04:XX:XX

Did not sleep well. Feeling very tired

26M 10:00:00

Went to bed at 9:30 pm last night, because I was really tired
29F 01:21:15

Extreme tiredness on waking
03M 09:XX:XX

Woke up not feeling totally refreshed, although I slept through
12F 06:XX:XX

Sensations on waking

Anxiety on waking > sunlight with excessive yawning
03M 12:XX:XX

Feel slightly out of sync on waking, doesn't feel like a Monday
28F 03:XX:XX

Usually it takes a while for me to drift off to sleep and this time I didn't remember falling asleep and I woke up disorientated, wasn't sure where I was
06F 01:XX:XX

4.2.3.25. DREAMS

Vivid dreams

Remember having very vivid dreams, which are close to situations happening in "real" life
18M 03:XX:XX

Very vivid dreams. Difficult to determine reality from dream sequences
18M 04:XX:XX

2 very vivid dreams – not unpleasant but very realistic – involved people I know in ordinary experiences

28F 06:XX:XX

Many dreams

Slept well – lots of dreams

26M 01:12:00

Slept OK. Lots of dreams – overactive mind!!

26M 09:23:30

Had **a lot** of dreams last night. Dreamt about my studies, body parts (Anatomy and Physiology). A baby died from dehydration, and each time I woke up, I was terribly thirsty

29F 00:22:30

Had a few dreams, but I cannot remember them very well

29F 01:21:15

Slept well, although I dreamt **A LOT** about Anatomy, of course

29F 12:XX:XX

Had a restless night. Dreamt a lot about studies

29F 14:XX:XX

Had so many horrible dreams last night

29F 22:XX:XX

I slept much better last night, compared to the night before. I still dreamt a lot though. Can't remember much about my dreams, but I do remember dreaming a lot

29F 24:XX:XX

I slept fine, except for dreaming a lot again

29F 25:XX:XX

Still dreaming a lot though

29F 26:XX:XX

Unremembered dreams

Had a few dreams, but I cannot remember them very well

29F 01:21:15

I slept much better last night, compared to the night before. I still dreamt a lot though. Can't remember much about my dreams, but I do remember dreaming a lot

29F 24:XX:XX

Can't remember dreams

04F 04:XX:XX

Can't remember dreams

06F 05:XX:XX

Had a few dreams again last night, but can't remember them – try hard to remember, feel it's almost coming, then it disappears

02F 13:XX:XX

Dreamt, but can't remember

02F 14:XX:XX

Old friends, acquaintances

Had dreams about my sister's old boyfriend

18M 03:XX:XX

Can't remember details from the dreams though. I do remember old friends and my parents being in the dream

29F 25:XX:XX

Someone phoned and asked for my ex-bosses in Switzerland

02F 15:XX:XX

Dreamt I went to work for my old boss in Switzerland and there were all sorts of people living there as well and I didn't understand how they all fitted in. So confusing!

02F 20:XX:XX

I had one of those dreams again where the background keeps changing. I was driving a blue Golf Velocity. My ex-girlfriend was crossing the street – she was wearing a green silk wrap skirt and two layered boob tops. I just knocked her down. When I get out, she stands up and cleans herself up. All of a sudden all her friends are there and they shout and scream at me. Without saying a word I get back into the car and drive off. The next thing she's sitting on the passenger seat talking to me as if nothing happened.

15M 04:XX:XX

Strangers

Dreamt I went to work for my old boss in Switzerland and there were all sorts of people living there as well and I didn't understand how they all fitted in. So confusing!

02F 20:XX:XX

We were at some holiday home and then at one stage I was on the loo and everybody started walking through the bathroom. I was flabbergasted, then just tried to blend in when I realised I couldn't get them all out. Fortunately I was wearing a long skirt so I could blend in

02F 01:XX:XX

This was a longer dream, but all I can remember that I was on the loo and some guy came in to throw his loo paper into my loo. He saw me, but just threw it, hoping for it to find it's way into the bowl. So disgusting

02F 04:XX:XX

I am having weird dreams. I'm with people I have never met and the background keeps changing to different places

15M 00:XX:XX

Disease

A baby died from dehydration, and each time I woke up, I was terribly thirsty

29F 00:22:30

Three of our school kids were admitted to hospital, the conditions were appalling. The one girl was made to sleep on a "mattress" that was 3cm thick, on the floor and it was about 60cm by 1m

02F 01:XX:XX

Dreamt about my gran – we went to a wonderful restaurant, but she ate two mouthfuls and spent the rest of the time in the bathroom with gastro and LOUD eructations. So loud it disturbed our conversations. I was so embarrassed, so woke myself up

02F 04:XX:XX

Started dreaming about Dunn's disease – it was an assignment we were given in Diagnostics to research

02F 06:XX:XX

Had nightmares about living in a third world place and there were so many sick people – really sick and there was nothing I could do to help them! I kept waking myself up to try and get rid of the dream, but it kept coming back so eventually I just got out of bed

02F 07:XX:XX

A customer came into the health shop yesterday and wanted something for his sick maid. He suspects HIV and was talking about how inhumane it is and how difficult it is when someone close to you is affected...so sad to see a big strong man so vulnerable. The pics we've seen in Diagnostics of cutaneous HIV lesions were also all over my dream

02F 07:XX:XX

Dreamt that our head kitchen lady decided to work as a cleaner as our cleaner is sick and so the chef decided that it is more important that the house is clean

02F 03:XX:XX

Dreamt I had a necrotising ulcer on my lip which just wouldn't heal

02F 09:XX:XX

Dreamt doctors diagnosed me with restless leg syndrome
02F 15:XX:XX

Paralysed

Dreamt I was lying on the couch (my favourite place) and I was paralysed.
Couldn't even open my eyes – tried to call my daughter and she didn't
respond. Couldn't sit up or move off the couch, so managed to fall on to the
floor. Couldn't cry out to my daughter, who I thought was in the lounge.
Suddenly I got all my senses back and she was not in the lounge anyway
04F 00:XX:XX

Had a frightening experience. Was semi-conscious – felt like I was
dreaming. There seemed to be someone in my room, but couldn't see
distinct features of the person. They touched my leg to see if I was awake
and I was paralyzed and could only move my eyes
06F 01:XX:XX

Frightful dreams

Dreams – nightmare – fearful. Unable to remember dreams
20M 07:XX:XX

A baby died from dehydration, and each time I woke up, I was terribly thirsty
29F 00:22:30

Had so many horrible dreams last night.
Dreamt that a rocket landed and exploded on a school. I ran to help them,
and most of the injured children were very young. Some were dying. I
remember being in tears about it
29F 22:XX:XX

Had nightmares about living in a third world place and there were so many sick people – really sick and there was nothing I could do to help them! I kept waking myself up to try and get rid of the dream, but it kept coming back so eventually I just got out of bed

02F 07:XX:XX

Woke up after disturbing dream

07M 08:XX:XX

Had a bad dream

12F 17:XX:XX

Had a bad, disturbing dream

12F 25:XX:XX

Helplessness

Dreamt that a rocket landed and exploded on a school. I ran to help them, and most of the injured children were very young. Some were dying. I remember being in tears about it

29F 22:XX:XX

Three of our school kids were admitted to hospital, the conditions were appalling. The one girl was made to sleep on a “mattress” that was 3cm thick, on the floor and it was about 60cm by 1m. The child was grade 10 and too big for something that small. It made me really sad that I couldn’t do anything to help

02F 01:XX:XX

Had nightmares about living in a third world place and there were so many sick people – really sick and there was nothing I could do to help them! I

kept waking myself up to try and get rid of the dream, but it kept coming back so eventually I just got out of bed

02F 07:XX:XX

A customer came into the health shop yesterday and wanted something for his sick maid. He suspects HIV and was talking about how inhumane it is and how difficult it is when someone close to you is affected...so sad to see a big strong man so vulnerable. The pics we've seen in Diagnostics of cutaneous HIV lesions were also all over my dream

02F 07:XX:XX

Children – danger, injured

A baby died from dehydration, and each time I woke up, I was terribly thirsty

29F 00:22:30

Had so many horrible dreams last night.

Dreamt that a rocket landed and exploded on a school. I ran to help them, and most of the injured children were very young. Some were dying. I remember being in tears about it

29F 22:XX:XX

Three of our school kids were admitted to hospital, the conditions were appalling. The one girl was made to sleep on a "mattress" that was 3cm thick, on the floor and it was about 60cm by 1m. The child was grade 10 and too big for something that small. It made me really sad that I couldn't do anything to help

02F 01:XX:XX

Dreamt of a fire drill at school. It was disastrous. No staff to help, kids loud and uncooperative

02F 11:XX:XX

Driving around in a bus in Australia with no water and no loo, but we dropped kids off at the ends of some roads, out of cell phone range, so they could wait for their parents. Luckily it is safe in Australia

02F 11:XX:XX

Adventurous dreams, travelling, exploring

Adventurous dreams

20M 01:XX:XX

More travelling and exploring a new, foreign country. We then had to move to the next place and so had to pack again and do all our washing. I found someone's burger in amongst my clothes – it was in a Tupperware dish. I started my menses, but didn't have any tampons, so asked the others if I could use some until I managed to buy more. One girl said I could, but made such a fuss about not having many left and then continued packing and didn't give any to me. I waited and still nothing, so I went back to get my wallet and saw her tampons on the top of her bag and helped myself to one. She walked in just afterwards and I felt so guilty, because I felt like I had stolen something

02F 04:XX:XX

Driving around in a bus in Australia with no water and no loo, but we dropped kids off at the ends of some roads, out of cell phone range, so they could wait for their parents. Luckily it is safe in Australia

02F 11:XX:XX

Cleaning out our old home and discovered another whole building we hadn't come across before

02F 11:XX:XX

Changing backgrounds and blending in

We were at some holiday home and then at one stage I was on the loo and everybody started walking through the bathroom. I was flabbergasted, then just tried to blend in when I realised I couldn't get them all out. Fortunately I was wearing a long skirt so I could blend in

02F 01:XX:XX

I am having weird dreams. I'm with people I have never met and the background keeps changing to different places

15M 00:XX:XX

I had one of those dreams again where the background keeps changing. I was driving a blue Golf Velocity. My ex-girlfriend was crossing the street – she was wearing a green silk wrap skirt and two layered boob tops. I just knocked her down. When I get out, she stands up and cleans herself up. All of a sudden all her friends are there and they shout and scream at me. Without saying a word I get back into the car and drive off. The next thing she's sitting on the passenger seat talking to me as if nothing happened

15M 04:XX:XX

I had the same dream as last night

15M 05:XX:XX

Colours

I was driving a blue Golf Velocity. My ex-girlfriend was crossing the street – she was wearing a green silk wrap skirt and two layered boob tops. I just knocked her down. When I get out, she stands up and cleans herself up. All of a sudden all her friends are there and they shout and scream at me. Without saying a word I get back into the car and drive off. The next thing she's sitting on the passenger seat talking to me as if nothing happened

15M 04:XX:XX

I had a dream about tennis, but can't remember much except that it was on a clay court and we were watching a big match – not Wimbledon as there was no purple / green and it was clay

02F 05:XX:XX

Dreamt a friend of my granddad's got married in a bright green suit with a pink shirt – he looked like a watermelon!

02F 15:XX:XX

Cheating

My husband and I went for a walk with a friend of mine, up on a hill. In full view they were kissing, so her husband and I kissed as well

01F 05:XX:XX

We were writing a diagnostics multiple choice test and we had access to a printed model answer sheet, which we openly used

01F 05:XX:XX

I started my menses, but didn't have any tampons, so asked the others if I could use some until I managed to buy more. One girl said I could, but made such a fuss about not having many left and then continued packing and didn't give any to me. I waited and still nothing, so I went back to get my wallet and saw her tampons on the top of her bag and helped myself to one. She walked in just afterwards and I felt so guilty, because I felt like I had stolen something

02F 04:XX:XX

Toilets – embarrassed, disgust

I was lost again, walking around PMB trying to find places. We were at some holiday home and then at one stage I was on the loo and everybody started walking through the bathroom. I was flabbergasted, then just tried to

blend in when I realised I couldn't get them all out. Fortunately I was wearing a long skirt so I could blend in

02F 01:XX:XX

This was a longer dream, but all I can remember that I was on the loo and some guy came in to throw his loo paper into my loo. He saw me, but just threw it, hoping for it to find it's way into the bowl. So disgusting

02F 04:XX:XX

Dreamt about my gran – we went to a wonderful restaurant, but she ate two mouthfuls and spent the rest of the time in the bathroom with gastro and LOUD eructations. So loud it disturbed our conversations. I was so embarrassed, so woke myself up

02F 04:XX:XX

Water

Something to do with swimming in our old pool. Someone had pushed a friends little son in and he was crying as it was so cold. We decided to find out exactly how cold it was and went swimming as well

02F 04:XX:XX

Dream about sunny day at the ocean

03M 00:XX:XX

Dreams of lakes and the ocean and fish

03M 03:XX:XX

Dreams of rivers and rainstorms

03M 07:XX:XX

Dreams of ocean and seaside

03M 08:XX:XX

Dreams of rain in the evening

03M 09:XX:XX

Dreams of water sports and ocean

03M 14:XX:XX

Dreams of rivers

03M 27:XX:XX

Dreams of water

03M 28:XX:XX

Oh, dreamt of a sinking ship

02F 14:XX:XX

Sports

I had a dream about tennis, but can't remember much except that it was on a clay court and we were watching a big match – not Wimbledon as there was no purple / green and it was clay

02F 05:XX:XX

Dreams of water sports and ocean

03M 14:XX:XX

Dreamt we played hockey against a foreign team and the referee was shocking. We thrashed them but our form wasn't good at all – we were the better team by far, but we fell apart as far as teamwork and structure went

02F 09:XX:XX

Dreams of skydiving

03M 19:XX:XX

Dreams of overexertion of body. Excessive exercise

03M 23:XX:XX

4.2.3.26. CHILL

Sweating and cold at the same time

02F 00:07:30

My temperature keeps spiking, so sweat literally drips off me, then within seconds I have a fleece on and am icy cold

02F 12:XX:XX

4.2.3.27. FEVER

Had a fever (39,5°C)

16F 04:XX:XX

Not sure if I'm hot or cold – too hot for a jersey and too cold without.

Sweating, but hairs on my arms stand up if I push my sleeves up – too cold

02F 05:06:XX

Fever up and down

02F 10:XX:XX

Fever went high again at night – woke up sweating

02F 11:XX:XX

My temperature keeps spiking, so sweat literally drips off me, then within seconds I have a fleece on and am icy cold

02F 12:XX:XX

My fevers are fluctuating still. When hot all I want is to be cooled – fanning
or cold water – but only on my face

02F 13:XX:XX

Hot and cold

* Hot flushes, fever but still feel chilled. Face feels hot but feel cold to touch,
feel hot inside. Feel hot inside and cold outside, better for wrapping warmly
Feel hot inside all the time, but cold and shivery at the same time

16F 05:XX:XX

Woke up at 1 am boiling inside, but my skin was cold

02F 07:XX:XX

Feel feverish with sweating on my spine and cold perspiration all over my
arms

02F 04:XX:XX

Sweating and cold at the same time, mainly sweating on the left

02F 07:XX:XX

Feel really feverish with my skin hypersensitive to movement or a breeze

02F 07:XX:XX

Temperature hasn't stabilised from freezing to really hot and sweating

02F 11:XX:XX

4.2.3.28. PERSPIRATION

Body feels clammy (perspiration)

26M 20:XX:XX

Sweating mainly on the left

02F 07:XX:XX

I am sweating like mad, only axillary sweat. I have to keep my arms close, but that just makes me hotter

02F 08:XX:XX

Had breakfast and sweated so much. It as running down my face, arms, back, everywhere

02F 10:XX:XX

Fever went high again at night – woke up sweating

02F 11:XX:XX

Temperature hasn't stabilised from freezing to really hot and sweating

02F 11:XX:XX

My temperature keeps spiking, so sweat literally drips off me, then within seconds I have a fleece on and am icy cold

02F 12:XX:XX

Mild to moderate perspiration of thorax during sleep

03M 21:XX:XX

Sweat during sleep. Wet chest area

07M 08:XX:XX

4.2.3.29. SKIN

Itching

Skin is occasionally very itchy in places. More so than normal and I never noticed this before

24M 04:XX:XX

Two skin lesions – left arm and peri-axillar. Red, about 5mm with small pustules and vesicles – very itchy

01F 02:11:XX

Lesion on arm started to itch a lot for about ½ hour

01F 03:06:XX

I have a big red patch on my left, lateral part of my scapula that's itching, burning and slightly raised

02F 07:XX:XX

Red patch on left scapula VERY itchy and stinging

02F 09:XX:XX

Pustules obvious on rash on scapula

02F 11:XX:XX

Skin starting to itch a bit, especially over skin lesion

02F 13:XX:XX

I've noticed a couple of pimples on the back of my neck – more to the right hand side. They are very itchy

15M 02:11:XX

The rash at the back of my neck is getting worse – it is now constantly itching towards a burning effect

15M 03:XX:XX

The rash is still itchy and is now on some other parts of my body, like my stomach and my lower back

15M 03:03:XX

The rash has gone down to my left leg, but is still itchy

15M 05:XX:XX

Skin slightly itchy on extremities > scratching

03M 28:XX:XX

Eruptions

- Boil

Found a boil on left, between anus and vagina – no head on boil

28F 03:12:30

Am aware of boil but it's not too sore

28F 04:XX:XX

- Skin tag

I noticed that the large skin tag on my inner leg was really bulbous or swollen, as if there was a big build-up of blood

14M 14:XX:XX

My skin tag is still dark red

14M 15:XX:XX

My skin tag is not as swollen, but is still dark red

14M 15:XX:XX

I see the swelling of the skin tag has gone down. It is also a lighter shade of pink

14M 16:XX:XX

Sensitive

Skin sensitive to touch, breeze etc.

02F 07:05:40

Hot but my skin is too sensitive, so don't want to take my jersey off

02F 07:XX:XX

Feel really feverish with my skin hypersensitive to movement or a breeze

02F 07:XX:XX

Skin still cold and hypersensitive

02F 08:XX:XX

Skin sensitive

02F 10:XX:XX

My skin is so supersensitive – like millions of needles waiting to pierce and hurts if there's any motion or a breeze

02F 11:XX:XX

Skin still so supersensitive > firm pressure

02F 11:XX:XX

My skin is the most sensitive – like a bed of knives – not just nails or needles anymore

02F 12:XX:XX

Cold

* Feel hot inside and cold outside, better for wrapping warmly

16F 05:XX:XX

Woke up at 1 am boiling inside, but my skin was cold

02F 07:XX:XX

Skin still cold and hypersensitive

02F 08:XX:XX

Very cold, sitting in the sun to get warm

01F 01:00:30

Dry

Skin VERY dry, especially on ulnar palmar surface

02F 22:XX:XX

My skin has been feeling very dry

10M 27:XX:XX

4.2.3.30. GENERALS

Decreased energy, feeling tired

Started feeling very tired

16F 02:XX:XX

Wasn't feeling as energetic as the previous day. Felt groggy and tired

16F 02:XX:XX

Was feeling extremely cold and lethargic

16F 03:XX:XX

Felt extremely weak

16F 04:XX:XX

Felt dazed and dizzy. Couldn't stay awake at all

16F 04:XX:XX

Felt extremely dizzy and sleepy

16F 05:XX:XX

* Sleepy all the time. Slept the whole day yesterday, just want to close my eyes and sleep. I wake up feeling the same, but I just want to sleep more I don't feel like talking now, don't want to move, feel heavy Everything just feels heavy, want to cough but don't have the energy to cough

16F 05:XX:XX

Woke up very tired. Very tired all morning

20M 07:XX:XX

Lethargic

22F 00:00:15

Woke up tired as usual, which didn't seem to happen with the powders (curative)

23M 03:XX:XX

Went to be very early last night but woke up feeling very tired this morning

25M 03:XX:XX

Feeling bloated and a bit flat

26M 06:13:30

Still feel like battery is only $\frac{3}{4}$ charged

26M 06:16:30

Very tired – no appetite

26M 07:00:00

Did not sleep well. Feeling very tired

26M 10:00:00

Feeling sluggish

26M 10:02:00

Headache, nose blocked, very tired

26M 10:14:10

Feeling a bit flat... work load been a bit heavy

26M 11:XX:XX

Body very tired... just want to relax

26M 19:XX:XX

Don't want to do anything

28F 10:XX:XX

Feel very tired – would like to nap

28F 02:XX:XX

Feel very tired in early afternoon, lightheaded
28F 08:XX:XX

Feeling a little lethargic
28F 09:XX:XX

Slept OK but felt very tired
28F 10:XX:XX

Slept OK but woke up feeling tired and lethargic
28F 11:XX:XX

Very tired
28F 11:XX:XX

Started feeling tired – eyes burning – want to sleep
29F 00:02:25

Still feeling a bit tired
29F 00:04:30

Very tired at the moment
29F 03:06:00

I'm dizzy from fatigue
29F 12:XX:XX

Tired and achey
30M 00:03:13

Pretty tired and buggered

30M 00:09:30

Just want to lie down and rest and close my eyes

01F 00:03:03

Tired, want to lie down and rest

01F 02:03:30

Absolutely tired

01F 02:06:20

I'm tired and just want to rest

02F 01:00:30

Very tired at work and meant to meet up with friend later, but not sure if I have the energy

02F 06:XX:XX

I've slept so much and I'm still exhausted

02F 12:XX:XX

I'm so tired. I can barely keep my eyes open. Wish I could just hop into bed

02F 13:XX:XX

Wake up tired

02F 14:XX:XX

Was so tired I nearly fell asleep while my friend was talking to me

02F 17:XX:XX

So tired, it's odd. Slept late and had an afternoon nap
02F 20:XX:XX

Feeling of extreme tiredness throughout the body
03M 00:01:XX

Feeling of extreme tiredness, as if just woken up, accompanied by
heaviness of extremities
03M 01:02:XX

Extreme tiredness on waking accompanied by heaviness of eyelids
03M 02:XX:XX

Feeling of physical exhaustion
03M 03:XX:XX

Excessive fatigue and tiredness
03M 04:XX:XX

Extreme tiredness on waking
03M 09:XX:XX

Tiredness of body and mind
03M 10:XX:XX

Extreme tiredness as if just woken up at midday
03M 11:XX:XX

Feelings of lethargy and light headedness
03M 12:XX:XX

Feeling of tiredness and lethargy accompanied by strong aversion to
cooked food

03M 14:XX:XX

Overtiredness of mind and body > sleep

03M 16:XX:XX

Feeling of overtiredness on waking

03M 21:XX:XX

Feeling of lethargy and overtiredness in afternoon < warm room

03M 22:XX:XX

Tiredness of body and mind > rest, < exertion

03M 28:XX:XX

Really tired – had a quick nap for 10 minutes and felt fine

04F 01:XX:XX

Feeling heavy and tired

06F 00:XX:XX

This morning I felt tired and it was difficult to get out of bed

06F 02:XX:XX

Tried to blow up a balloon and I felt like fainting, had no energy and it was
too much effort

06F 02:XX:XX

Feeling tired today

06F 05:XX:XX

Feeling very weak

10M 03:XX:XX

Tired

10M 05:XX:XX

Tired in the afternoon

10M 06:XX:XX

Feeling tired

11M 05:XX:XX

Feeling tired

12F 00:06:XX

Feeling tired today

12F 03:XX:XX

Still feeling tired – battle to get going

12F 04:XX:XX

Really feeling tired

12F 05:XX:XX

Feeling tired – looking tired

12F 10:XX:XX

My body feels tired

12F 14:XX:XX

Feeling fatigued today

12F 03:XX:XX

Feeling tired

13M 01:XX:XX

I'm feeling tired now

14M 00:08:XX

I'm feeling slightly lethargic

14M 04:XX:XX

Felt a bit tired today, but though I felt close to falling asleep, I overcome it

14M 05:XX:XX

Had a big meal from Kentucky Fried Chicken and I think I've been made tired from it

14M 07:XX:XX

Food tires me

14M 11:XX:XX

Feeling a little tired, though I try to get over it. I don't want it to get me down.

The tiredness is bugging me after all this time

14M 12:XX:XX

I'm also quite tired

14M 14:XX:XX

Feeling very drained sleepy and depressed

15M 03:XX:XX

Lost all the energy I had earlier

15M 06:XX:XX

Feeling very tired

15M 07:XX:XX

Feeling even more tired than before and I really need to sleep – I catch myself dozing off to sleep

15M 07:XX:XX

Increased energy

A lot of energy, again very unusual for the morning

16F 01:XX:XX

Feel fairly energised and well rested

28F 01:XX:XX

I feel like I have more energy in the evening

06F 01:XX:XX

Feel enervated

07M 07:XX:XX

Very energetic in the morning

10M 06:XX:XX

Very energetic

10M 08:XX:XX

Lots of energy

10M 10:XX:XX

A bit energetic
11M 22:XX:XX

Have energy, although I'm feeling relaxed
12F 02:07:XX

I noticed I had a subtle energy increase today. I didn't fall asleep and was able to gain composure
14M 00:07:XX

Feeling alright – in fact I have a bit of energy
14M 06:XX:XX

Still feeling awake and usually I am tired at this time
14M 06:XX:XX

Feeling energetic
15M 06:XX:XX

Heavy

* Sleepy all the time. Slept the whole day yesterday, just want to close my eyes and sleep. I wake up feeling the same, but I just want to sleep more
I don't feel like talking now, don't want to move, feel heavy
Everything just feels heavy, want to cough but don't have the energy to cough
16F 05:XX:XX

Feeling of extreme tiredness, as if just woken up, accompanied by heaviness of extremities
03M 01:02:XX

Feel really heavy, bloated and puffy

02F 03:XX:XX

Feel heavy and weak

02F 00:03:XX

Feeling heavy and tired

06F 00:XX:XX

Numbness

Feeling of gentle numbness throughout the body

03M 00:01:XX

Feel bodily jittery and slightly lame

07M 00:00:30

Feeling cold and aggravation from cold

Was feeling extremely cold and lethargic

16F 03:XX:XX

Couldn't concentrate fully and was still feeling extremely cold

16F 04:XX:XX

Still felt very cold and slept with 4 blankets

16F 04:XX:XX

* Generally feel better when I'm outside than when I'm inside, but must wrap up warm

16F 05:XX:XX

At about 18:00 – 18:30 my body felt cold and it was more in the bones. It felt like I am having chills. It was after 1 hour after I was in the computer lab where the temperature was 21°C, which would not affect me normally
21M 05:XX:XX

Nose is a bit runny and my lips feel dry. Probably because of the weather. It's very cold today
25M 03:03:43

Early bath at 5pm – feel a little better but feel cold
28F 02:09:00

Slept OK but felt the cold
28F 03:XX:XX

Came home and slept – very cold – had a hot bath
Don't want to do anything
28F 10:XX:XX

Feeling cold
01F 00:01:00

Aching from the cold
01F 00:01:XX

Very cold, sitting in the sun to get warm
01F 01:00:30

Coldness predominantly on right side
02F 00:06:20

Went to bed and was freezing

02F 07:XX:XX

This cold seems to gnaw at me, as if pushing me into a depression

14M 02:04:XX

I'm a bit chilly – I cover myself with a blanket, while my father doesn't have to

14M 04:XX:XX

Muscle pain, general pain, stiffness

My stomach didn't pain as it usually does when I have my period.

Everything else was paining too much for me to notice!

16F 04:XX:XX

Body a bit stiff

26M 17:XX:XX

Feeling stiff

30M 00:02:00

Tired and achey

30M 00:03:13

Joints were noticeably stiff and sore

30M 00:06:13

Woke up at 1 am and have been feeling 'vrot' since then. My back, knees, head, wrists, ankles are all aching > hot shower

02F 08:XX:XX

My body really hurts

02F 15:XX:XX

'Flu'-like symptoms

Still feeling uncomfortable. Like light flu symptoms

26M 10:06:00

Feel flu coming

26M 14:XX:XX

Not feeling well, very fluey

26M 14:XX:XX

Feel terrible as if flu is starting

26M 15:XX:XX

Sore throat. Feeling very under the weather

26M 16:XX:XX

Feel as though I'm getting a cold

02F 06:XX:XX

Feel as though I'm getting a cold now with a headache behind my eyes < bending forward with a full sensation and slight thumping. My bones are sore too especially my knees and ankles as well as my spine. My throat is scratchy and my chest feels compressed just over my sternum

02F 07:XX:XX

I think I'm getting a cold

10M 02:XX:XX

Felt very sick – think I got a cold

10M 03:XX:XX

I feel as if a cold is coming on

14M 01:XX:XX

Food and drinks

- Fatty food, rich food

Only felt like eating take-aways and rich foods

16F 00:XX:XX

Again only wanted to eat out, craving pizza

16F 01:XX:XX

Craving for fatty foods – boerewors roll

20M 06:XX:XX

Craving for fatty foods

03M 15:XX:XX

Strong craving for fatty foods e.g. pork at suppertime

03M 19:XX:XX

Strong craving for fatty foods at suppertime

03M 22:XX:XX

Craving for fatty foods i.e. pork

03M 23:XX:XX

Moderate craving for fatty food

03M 31:XX:XX

Craving for cheese sauce

03M 17:XX:XX

Excessive craving for cream on waking

03M 22:XX:XX

Also craving cheese and butter

06F 02:XX:XX

Change in appetite, eating less

Don't want to look at rich food, feeling nauseous

16F 02:XX:XX

- Sweet

Breakfast couldn't get sweet enough, put nearly a tablespoon of sugar in my porridge

02F 07:XX:XX

Strong craving for sweets accompanied by moderate salivation

03M 11:XX:XX

Excessive craving for sweets on waking

03M 22:XX:XX

Strong craving for liquorice sweets

03M 25:XX:XX

Strong craving for sweet foods in the morning

03M 26:XX:XX

Craving sweets

06F 05:XX:XX

Craving sweets

12F 03:XX:XX

Aversion to sweets

03M 27:XX:XX

- Chocolates

I felt like mint chocolate, so stopped for a Peppermint Crisp on the way home – must be months or years since I last did that

02F 00:12:XX

Strong craving for chocolate, with excessive salivation

03M 20:XX:XX

Craved chocolate coated raisins

12F 10:XX:XX

Aversion to chocolates

03M 07:XX:XX

- Salty

Excessive craving for savoury things on waking, with dry throat

03M 19:XX:XX

Strong craving for salty food

03M 27:XX:XX

Aversion to salty food with slight nausea > rest

03M 18:XX:XX

- Sour

Craving for sour foods – sauerkraut and yoghurts

03M 02:07:XX

Craving for sour sweets

03M 07:XX:XX

Craving for sour food

03M 15:XX:XX

- Milk

The thing I noticed was that I could drink milk, I think after the proving.
Normally I hate milk but I was able to taste it and felt nothing in terms of
nausea and vomiting. I think this was big for me (curative)

21M 09:XX:XX

I've had a strong craving for black rooibos tea and usually I take my rooibos
with milk

15M 03:XX:XX

- Fruit

Sore throat after dinner 21:00 better for drinking cold juice

20M 08:XX:XX

Desire fresh fruit / juice

20M 14:XX:XX

Feel like fruit juice

02F 07:XX:XX

Strong craving for citrus drinks

03M 12:XX:XX

Moderate thirst for citrus fruit juice

03M 17:XX:XX

- Ice cream

Excessive craving for ice-cream on waking

03M 03:XX:XX

Craving for ice-cream midday

03M 13:XX:XX

Awaken during night craving for ice-cream

03M 18:XX:XX

- Hot drinks

Desire hot drinks

02F 09:XX:XX

Drinking hot things disturbs my thermoregulation

02F 12:XX:XX

- Water

Craving for water during the night

03M 02:XX:XX

Excessive craving for cold water on waking

03M 28:XX:XX

I'm constantly drinking water

15M 07:XX:XX

I want to drink thick liquids like a smoothy not thin and watery

20M 05:01:00

- Eggs

Craving for eggs on waking

03M 18:XX:XX

Aversion to eggs

03M 15:XX:XX

- Vegetables

Aversion to vegetables in the evening

03M 15:XX:XX

Aversion to vegetables

03M 31:XX:XX

- Coffee

Strong aversion to coffee on waking

03M 25:XX:XX

- Peanuts

Craving for peanuts

03M 16:XX:XX

- Bland and farinaceous

Have a craving for carbs – made macaroni cheese for lunch

28F 02:XX:XX

I am only craving bland tasteless food like bread, which is unusual for me

06F 02:XX:XX

- Beer

Had a sip of my beer and felt like throwing up

15M 00:XX:XX

Went out with friends and could only drink one beer – normally I drink about 5-8 beers when I go out. This time my beer just tasted dry

15M 08:XX:XX

- Food aversion

Don't want to look at rich food, feeling nauseous

16F 02:XX:XX

Aversion to food on waking

03M 24:XX:XX

The thought of eating and food exhausts me

06F 02:XX:XX

Had a big meal from Kentucky Fried Chicken and I think I've been made tired from it

14M 07:XX:XX

Food tires me

14M 11:XX:XX

I tried eating, but I couldn't. The food smelt funny. It was tasteless
15M 07:XX:XX

Tobacco

Aversion to tobacco smoke almost causing feeling of nausea
03M 22:XX:XX

Aversion to tobacco smoke
03M 31:XX:XX

Heat

Body hot
02F 10:XX:XX

I took a blanket off my bed, because I thought maybe I was too hot, but it
made no difference
02F 12:XX:XX

Feeling a bit hot and stuffy as if the windows were all closed
14M 14:XX:XX

Fluctuating temperature

Not sure if I'm hot or cold – too hot for a jersey and too cold without.
Sweating, but hairs on my arms stand up if I push my sleeves up – too cold
02F 05:XX:XX

When hot all I want is to be cooled – fanning or cold water – but only on my
face
02F 13:XX:XX

Pulse

Pulse 72 (normally in 50's)

02F 02:05:00

Pulse 88

02F 00:03:XX

Pulse 128

02F 04:XX:XX

Pulse 142 with pain in heart

02F 05:XX:XX

Pulse 60, with crushing pain on right sternal angle

02F 06:XX:XX

Blood

Palpitations as if blood is thick and sluggish

02F 00:05:XX

Blood feels like its getting stuck in my aorta so it builds up, then suddenly forces through – very uncomfortable

02F 02:XX:XX

Sensation of thick blood in aorta, causing a feeling of not enough breath in me

02F 03:02:50

Beating of my heart as if my blood is mashed potato, therefore difficult to force through

02F 04:13:30

Blood feels hot

02F 08:XX:XX

Pale

Friends immediately noticed I looked pale.

02F 04:XX:XX

Petit mals

Prover 02F was an epileptic prior to the proving but the frequency of fits was increased during the proving.

Been zoning out quite often today – a few little petit mals where I suddenly realise I haven't said anything for a while and am not sure what I was saying previously

02F 13:XX:XX

Had a few petit mals today and couldn't remember what I'd been saying previously. It's because I've been so tired and so down from all the emotional stuff I've been feeling. My sister said my eyes rolled back in, so mum put me to bed. I was too scared to sleep, because that's when I have my big one's – after a few small ones

02F 15:XX:XX

Had about 10 fits today. Really not a good day. Very aware of it, so would rather not talk so nobody else notices it, but my eyes roll back, even with my petit mals, so they do notice it if they're watching.

It bugs me as I forget where I was in the conversation and so then either repeat myself or just end a conversation mid-sentence. I can feel my brains taking longer to kick in as well. It's like trying to get a rusty windmill going

again – it needs a hell of a lot of momentum to start it off. I lose my vision briefly too – just a void, but my memory lapses bother me

02F 16:XX:XX

Modalities

- Sunlight and warmth ameliorate

* Headache is a bit better for warmth, now extending to temples and jaws

16F 05:XX:XX

* Feel hot inside (body) and cold outside, better for wrapping warmly

16F 05:XX:XX

Right side sensitive to touch and wind

02F 00:06:20

Very cold, sitting in the sun to get warm

01F 01:00:30

Feeling better after a hot shower

14M 02:02:XX

Aggravation on waking

Woke up with a really terrible headache on both sides of the head

25M 07:XX:XX

Woke up with stuffy nose and puffy face

28F 03:XX:XX

Woke up with headache

29F 03:10:00

I woke up disorientated, wasn't sure where I was
06F 01:XX:XX

4.3 REPERTORY

4.3.1 KEY

Rubrics are referenced as follow:

<RUBRIC> <SUBRUBRIC(S)> <DEGREE> <SYNTHESIS PAGE NUMBER>

- All page numbers given are those of *Synthesis Repertorium Homeopathicum Shyntheticum 8.1* (Schroyens, 2001)
- All time references in rubrics are in the format of 0-24h as suggested by Schroyens (2001:10)
- All new rubrics as suggested by this proving are underlined and appended with a capital N in place of the page number
- Grade 4 rubrics are in **BOLD TYPE, IN CAPITAL LETTERS**
- Grade 3 rubrics are in **bold type, in lower case**
- Grade 2 rubrics are in *italics*
- Grade 1 rubrics are in plain type

4.3.2 RUBRICS for *Chamaeleo dilepis dilepis*

4.3.2.1 MIND

<i>MIND – ANGER</i>	2	9
<i>MIND – ANTISOCIAL</i>	2	16
MIND – ANXIETY – waking, on	1	25
<i>MIND – ANXIETY</i>	2	16
MIND – CHEERFUL	1	34
MIND – COMPANY – aversion to	1	38
<i>MIND – CONCENTRATION – difficult</i>	2	41
MIND – CONFIDENCE – want of self – confidence	1	43
MIND – CONFUSION	1	43
MIND – CONTENT	1	48

MIND – DELUSIONS – body – ugly; body looks	1	63
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4.3.2.21 CHEST

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<u>CHEST – HEART; complaints of the – accompanied by – upper limbs – right – numbness</u>	1	N
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difficult

<u>CHEST – PALPITATION of heart – apex beat, at</u>	1	N
CHEST – PALPITATION of heart – ascending stairs	1	1219
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4.3.2.22 BACK

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4.3.2.23 EXTREMITIES

<u>EXTREMITIES – AWKWARDNESS – stumbling when walking – foot sticks to the ground; as if</u>	2	N
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EXTREMITIES – COLDNESS – leg	1	1309
EXTREMITIES – COLDNESS – toes – icy	1	1312
EXTREMITIES – CRAMPING – leg – calf – right	1	1322
EXTREMITIES – ERUPTIONS – lower limbs – itching	1	1342
EXTREMITIES – ERUPTIONS – upper limbs – itching	1	1334
EXTREMITIES – ERUPTIONS – upper limbs – pustules	1	1335
EXTREMITIES – ERUPTIONS – upper limbs – vesicles	1	1335
EXTREMITIES – EXCORIATION – thighs between	1	1347
EXTREMITIES – FULLNESS – joints – sensation of	1	1351
EXTREMITIES – HEAVINESS	2	1356
EXTREMITIES – HEAVINESS – hand	1	1358
EXTREMITIES – HEAVINESS – lower limbs	1	1358
EXTREMITIES – ITCHING – upper limbs	1	1364
EXTREMITIES – ITCHING – upper limbs – scratching – amel	1	1365
EXTREMITIES – NUMBNESS	2	1380
EXTREMITIES – NUMBNESS – fingers	1	1383
EXTREMITIES – NUMBNESS – lower limbs – left	1	1385
EXTREMITIES – NUMBNESS – shoulder – left	1	1382
EXTREMITIES – NUMBNESS – shoulder – left	1	1556
EXTREMITIES – NUMBNESS – thigh – left	1	1385
EXTREMITIES – NUMBNESS – thigh	1	1385

EXTREMITIES – NUMBNESS – toes	1	1387
EXTREMITIES – NUMBNESS – upper limbs – left	1	1381
EXTREMITIES – NUMBNESS – upper limbs – right	1	1381
EXTREMITIES – PAIN – aching – joints	1	1424
EXTREMITIES – PAIN – aching – thigh	1	1427
EXTREMITIES – PAIN – aching – leg: calf: left	1	1428
EXTREMITIES – PAIN – ankle – warmth amel	1	1420
EXTREMITIES – PAIN – ankle	1	1420
EXTREMITIES – PAIN – cramping – leg: calf: left	1	1438
EXTREMITIES – PAIN – foot – sole	1	1422
EXTREMITIES – PAIN – hip – extending to – back	1	1412
EXTREMITIES – PAIN – knee – right – motion agg	1	1415
EXTREMITIES – PAIN – knee – warmth amel	1	1416
EXTREMITIES – PAIN – knee – right	1	1415
EXTREMITIES – PAIN – knee	1	1415
EXTREMITIES – PAIN – lower limbs – warm applications – amel	1	1410
EXTREMITIES – PAIN – lower limbs	1	1406
EXTREMITIES – PAIN – muscles	1	1394
EXTREMITIES – PAIN – shoulder – left	1	1397
EXTREMITIES – PAIN – sore – lower limbs	1	1468
EXTREMITIES – PAIN – sore, bruised – joints	1	1465
EXTREMITIES – PAIN – upper arm – left	1	1399
EXTREMITIES – PAIN – upper limbs – cold	1	1395
EXTREMITIES – PAIN – upper limbs – extending to – fingers – fourth finger	1	1396
EXTREMITIES – PAIN – upper limbs – extending to – fingers – third finger	1	1396
EXTREMITIES – PAIN – upper limbs – left	1	1394
EXTREMITIES – PAIN – upper limbs – right	1	1394
EXTREMITIES – PERSPIRATION – upper limbs – cold and clammy	1	1513
EXTREMITIES – PULSATION – fingers – tips of	1	1517

EXTREMITIES – PULSATION – upper limb – right	1	1516
<i>EXTREMITIES – SHAKING – lower limbs</i>	2	1521
<i>EXTREMITIES – STIFFNESS</i>	2	1523
EXTREMITIES – STIFFNESS – fingers	1	1524
EXTREMITIES – STIFFNESS – joints	1	1523
EXTREMITIES – STIFFNESS – knee	1	1526
EXTREMITIES – STIFFNESS – lower limbs	1	1525
EXTREMITIES – TINGLING – upper limbs – left	1	1538
EXTREMITIES – TINGLING – upper limbs – right	1	1538
EXTREMITIES – TINGLING – shoulder – left	1	1538
<i>EXTREMITIES – TINGLING – fingers</i>	2	1539
EXTREMITIES – TINGLING – fingers – fourth	1	1539
EXTREMITIES – TINGLING – fingers – right	1	1539
EXTREMITIES – TINGLING – fingers – third	1	1539
EXTREMITIES – TINGLING – leg	1	1539
EXTREMITIES – TINGLING – toes	1	1540
EXTREMITIES – WALKING – infirm	1	1553
<u><i>EXTREMITIES – WALKING – small steps, with</i></u>	2	<i>N</i>
<i>EXTREMITIES – WEAKNESS</i>	2	1554
EXTREMITIES – WEAKNESS – upper limbs – left	1	1555
EXTREMITIES – WEAKNESS – hand – left	1	1557
<i>EXTREMITIES – WEAKNESS – lower limbs</i>	2	1558
EXTREMITIES – WEAKNESS – lower limbs – walking – while	1	1558
EXTREMITIES – WEAKNESS – ankle	1	1561

4.3.2.24 SLEEP

SLEEP – BAD	3	1563
SLEEP – DEEP – unrefreshing	1	1565
<i>SLEEP – DISTURBED</i>	2	1565
SLEEP – FALLING ASLEEP – difficult	3	1568

<i>SLEEP – FALLING ASLEEP – difficult – waking, after</i>	2	1569
SLEEP – FALLING ASLEEP – easy	1	1569
SLEEP – FALLING ASLEEP – late	1	1569
SLEEP – LIGHT	1	1571
SLEEP – POSTION – changed frequently	1	1572
SLEEP – REFRESHING	1	1574
<i>SLEEP – RESTLESS</i>	2	1574
SLEEP – SLEEPINESS	1	1577
SLEEP – SLEEPINESS – constant	1	1580
SLEEP – SLEEPLESSNESS – excitement, from	1	1590
SLEEP – SLEEPLESSNESS – thoughts – activity of thoughts; from	1	1594
<i>SLEEP – SLEEPLESSNESS – waking, after</i>	2	1594
SLEEP – UNREFRESHING	1	1595
SLEEP – UNREFRESHING – siesta, after	1	1595
SLEEP – WAKING – difficult	1	1597
SLEEP – WAKING – early: too – asleep late; and falling:	1	1598
SLEEP – WAKING – frequent	3	1598
SLEEP – WAKING – night – midnight: after – 1h	1	1596
SLEEP – WAKING – night – midnight: after – 2h	1	1596
<i>SLEEP – WAKING – night – midnight: after – 3h</i>	2	1596
SLEEP – WAKING – night – midnight: after – 4h	1	1596
SLEEP – WAKING – night – midnight: after – 5h	1	1596
SLEEP – WAKING – urinate: with desire to	1	1600
SLEEP – YAWNING – frequent – morning	1	1603

4.3.2.25 DREAMS

DREAMS – ACQUAINTANCES	1	1607
DREAMS – ADVENTUROUS	1	1607
<u>DREAMS – BLENDING – surroundings, into</u>	1	N
DREAMS – BODY; PARTS OF	1	1611

DREAMS – CAR	1	1612
DREAMS – CHANGING – places often	1	1613
DREAMS – CHILDREN; about	1	1613
DREAMS – CHILDREN; about – abused; being	1	1613
DREAMS – CHILDREN; about – danger; in	1	1613
DREAMS – CHILDREN; about – injured	1	1613
DREAMS – CHILDREN; about - sick	1	1613
DREAMS – CLEANLINESS	1	1614
DREAMS – COLOURED – green	1	1614
DREAMS – CONFUSED	1	1614
DREAMS – DEAD; of the – children – infants	1	1616
DREAMS – DISEASE	1	1618
DREAMS – DISEASE – AIDS	1	1618
DREAMS – DRIVING – car; a – recklessly	1	1619
DREAMS – EMBARRASSMENT	1	1620
DREAMS – ERUPTIONS	1	1620
DREAMS – EXAMINATIONS	1	1620
DREAMS – EXPLOSION – bombs; of	1	1621
DREAMS – FAMILY, own	1	1621
DREAMS – FRIENDS – old	1	1623
DREAMS – FRIGHTFUL	1	1623
DREAMS – HELPLESS feeling	1	1625
DREAMS – JOURNEYS – bus; by	1	1627
DREAMS – JOURNEYS – foreign countries; in	1	1627
DREAMS – KISSED	1	1628
DREAMS – LOST; being	1	1628
DREAMS – MANY	1	1628
DREAMS – NIGHTMARES	1	1631
<u>DREAMS – PARALYSED, being</u>	2	<i>N</i>
DREAMS – PARENTS; about his	1	1632
<i>DREAMS – PEOPLE – seen for years; people not</i>	2	1632

DREAMS – PHYSICIAN	1	1632
DREAMS – REPEATING	1	1634
DREAMS – SAD	1	1636
DREAMS – SCHOOL	1	1636
DREAMS – SICK PEOPLE	1	1637
DREAMS – SPORTS	1	1638
DREAMS – STEALING	1	1638
DREAMS – STRANGERS	1	1638
<i>DREAMS – UNPLEASANT</i>	2	1640
DREAMS – UNREMEMBERED	1	1640
DREAMS – UNSUCCESSFUL EFFORTS – shriek; to	1	1640
DREAMS – VIVID	1	1641
DREAMS – WATER		1642

4.3.2.26 CHILL

CHILL – PERSPIRATION – with perspiration; chill	1	1656
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4.3.2.27 FEVER

FEVER – ALTERNATING with – chills	1	1663
FEVER – CHILL; with	1	1666
FEVER – CHILLINESS with	1	1666
FEVER – INTERMITTENT	1	1669
FEVER – INTERNAL heat – cold to the touch; while body feels	1	1670
FEVER – INTERNAL heat – external chill; with	1	1670
FEVER – PERSPIRATION – heat, with	1	1671
FEVER – SHIVERING, with	1	1671
FEVER – UNCOVERING – yet too cold when uncovered	1	1674

4.3.2.28 PERSPIRATION

PERSPIRATION – CLAMMY	1	1679
PERSPIRATION – LEFT side	1	1677
<u>PERSPIRATION – COPIOUS</u>	1	N

4.3.2.29 SKIN

<i>SKIN – COLDNESS</i>	2	1691
SKIN – COLDNESS – heat; with internal	1	1691
SKIN – DISCOLOURATION – pale	1	1693
SKIN – DRY	1	1695
SKIN – ERUPTIONS – boils	1	1697
SKIN – ERUPTIONS – burning	1	1700
SKIN – ERUPTIONS – eczema	1	1699
<i>SKIN – ERUPTIONS – itching</i>	2	1701
SKIN – ERUPTIONS – pimples	1	1703
SKIN – ERUPTIONS – pimples - itching	1	1704
SKIN – ERUPTIONS – pustules	1	1704
SKIN – ERUPTIONS – pustules – itching	1	1705
SKIN – ERUPTIONS – red	1	1706
SKIN – ERUPTIONS – stinging	1	1707
SKIN – ERUPTIONS – vesicular	1	1710
SKIN – ERUPTIONS – vesicular – itching	1	1710
SKIN – EXCRESCENCES – fleshy	1	1712
SKIN – EXCRESCENCES – red	1	1712
<i>SKIN – ITCHING</i>	2	1715
SKIN – ITCHING – scratching amel	1	1717
SKIN – PAIN – cutting	1	1719
<i>SKIN – SENSITIVENESS</i>	2	1720
<u>SKIN – SENSITIVENESS – air, draft of</u>	1	N
SKIN – SENSITIVENESS – fever; during	1	1720

SKIN – SENSITIVENESS – touch; to	1	1720
SKIN – STICKING	1	1721

4.3.2.30 GENERALS

GENERALS – AIR – draft – agg	1	1737
GENERALS – AIR – open air – desire for: accompanied by – coldness of body	1	1739
<u>GENERALS – BLOOD – thick, sensation as if</u>	1	N
GENERALS – COLD – aggravates	1	1751
GENERALS – COLD – air aggravates	1	1751
GENERALS – COLD – becoming cold	1	1752
GENERALS – COLD – feeling	3	1753
GENERALS – COLD – feeling – bones	1	1753
GENERALS – COLD – feeling – frozen; as if	1	1753
GENERALS – ENERGY – excess of energy	1	1773
GENERALS – FOOD & DRINKS – beer – agg	1	1782
GENERALS – FOOD & DRINKS – bland food – desire	1	1782
GENERALS – FOOD & DRINKS – cheese – desire	1	1784
GENERALS – FOOD & DRINKS – chocolate – aversion	1	1784
GENERALS – FOOD & DRINKS – chocolate – desire	1	1784
GENERALS – FOOD & DRINKS – coffee – aversion	1	1785
<i>GENERALS – FOOD & DRINKS – cold drinks, cold water – desire</i>	2	1785
GENERALS – FOOD & DRINKS – eggs – aversion	1	1787
GENERALS – FOOD & DRINKS – eggs – desire	1	1788
GENERALS – FOOD & DRINKS – farinaceous – desire	1	1788
GENERALS – FOOD & DRINKS – fat – desire	1	1788
<i>GENERALS – FOOD & DRINKS – food – aversion</i>	2	1789
GENERALS – FOOD & DRINKS – fruit – desire: fruit juice	1	1790
GENERALS – FOOD & DRINKS – ice-cream – desire	1	1791
GENERALS – FOOD & DRINKS – milk – aggr.	1	1793

GENERALS – FOOD & DRINKS – milk – aversion	1	1793
GENERALS – FOOD & DRINKS – nuts – desire	1	1794
GENERALS – FOOD & DRINKS – pizza – desire	1	1795
GENERALS – FOOD & DRINKS – rich food – aversion	1	1796
GENERALS – FOOD & DRINKS – rich food – desire	1	1796
GENERALS – FOOD & DRINKS – salt – aversion	1	1796
GENERALS – FOOD & DRINKS – salt – desire	1	1796
GENERALS – FOOD & DRINKS – sausages – desire	1	1797
GENERALS – FOOD & DRINKS – sour foods, acids – desire	1	1797
GENERALS – FOOD & DRINKS – sweets – desire	1	1799
GENERALS – FOOD & DRINKS – vegetables – aversion	1	1800
GENERALS – FOOD & DRINKS – warm – drinks – desire	1	1800
GENERALS – HEAT – flushes of	1	1804
GENERALS – HEAT – lack of vital heat	3	1806
GENERALS – HEAT – sensation of	1	1806
GENERALS – HEAT – sensation of – blood vessels; in	1	1807
GENERALS – HEAVINESS	1	1807
<i>GENERALS – INFLUENZA – sensation as if</i>	2	1813
<i>GENERALS – LASSITUDE</i>	2	1817
GENERALS – NUMBNESS – externally – whole body	1	1831
GENERALS – PAIN – aching	1	1836
GENERALS – PAIN – joints of	1	1836
GENERALS – PULSE – frequent	1	1857
<i>GENERALS – SENSITIVENESS – externally</i>	2	1867
<i>GENERALS – SLEEP – after sleep – morning on waking agg</i>	2	1872
GENERALS – SLUGGISHNESS of the body	1	1873
GENERALS – STIFFNESS	1	1874
<i>GENERALS – SUN – exposure to the sun – amel</i>	2	1877
GENERALS – TOBACCO – aversion to – smell of tobacco; sensitive to	1	1883
GENERALS – TOUCH – agg	1	1883

GENERALS – WARM – <i>amel</i>	2	1893
GENERALS – WEAKNESS	1	1895
GENERALS – WEARINESS	4	1905
GENERALS – WEARINESS – afternoon	1	1906
GENERALS – WEARINESS – morning – waking, on	3	1906

4.4 RESULTS OF REPERTORISATION OF PROVING SYMPTOMS OF *Chamaeleo dilepis dilepis*

The repertorisation of the ten symptoms chosen to represent the essence of *Chamaeleo dilepis dilepis* 30CH produced the following remedies present in the highest number of rubrics and yielding the highest numerical value. On extraction of the remedies of the class reptilia, *Heloderma* [*Gila monster*] and *Lachesis muta* [*Bushmaster snake*] were the most prominent. The extraction of remedies from the plant kingdom produced *Conium maculatum* [*Poison Hemlock*] and *Agaricus muscarius* [*Fly agaric*] and from the mineral kingdom *Phosphorus* and *Hydrogen* were most prominent. These are the remedies that were chosen for the subsequent comparison to the proving symptoms of *Chamaeleo dilepis dilepis*, detailed in section 5.8.2 of Chapter Five of this document.

CHAPTER FIVE

5. DISCUSSION OF THE RESULTS

5.1 INTRODUCTION

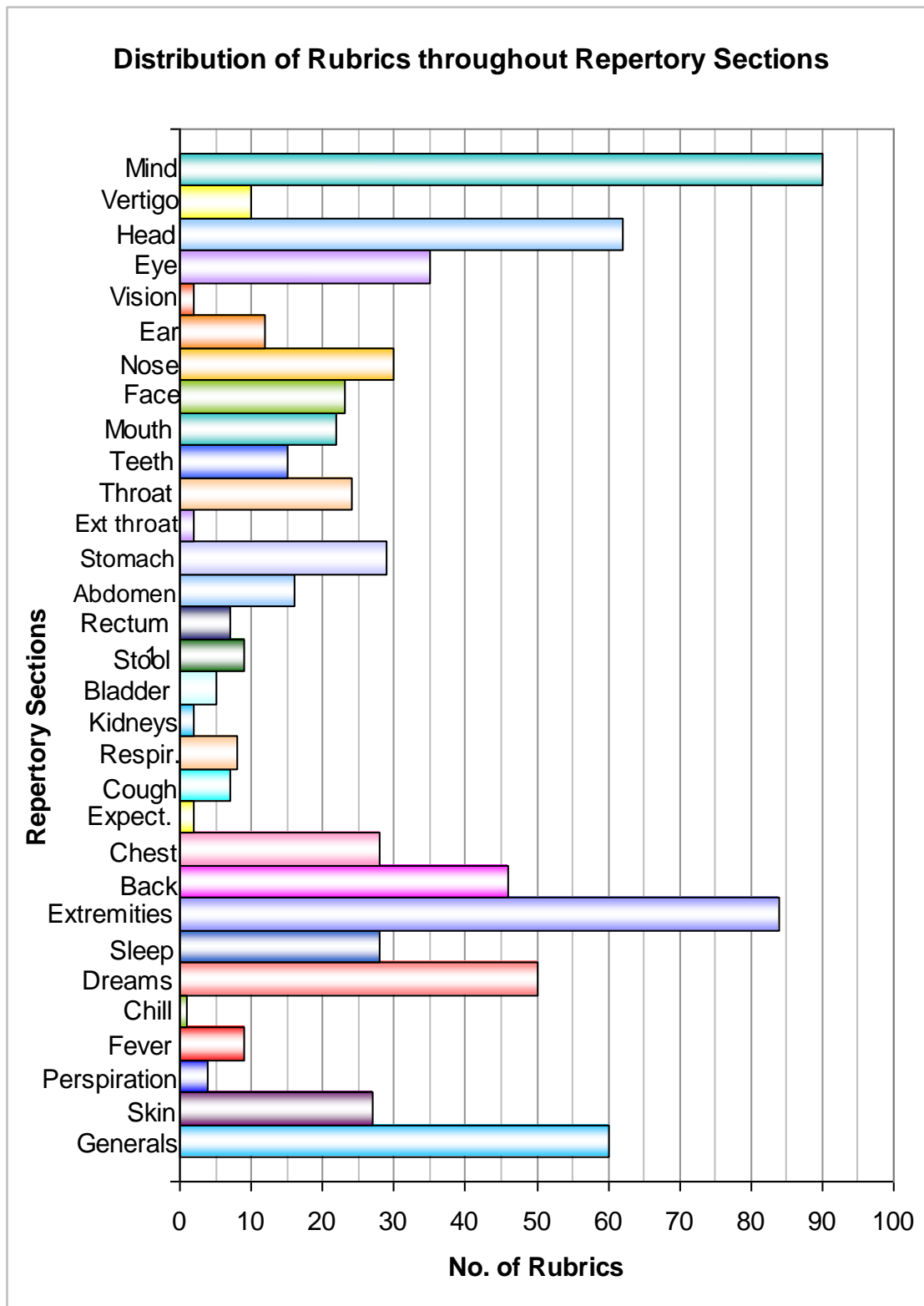
It was hypothesised that the proving of *Chamaeleo dilepis dilepis* 30CH would produce clearly observable signs and symptoms in healthy volunteers. The data from this study provided no evidence to contradict the hypothesis and it is therefore concluded that this hypothesis is valid.

The data collected from the proving provided symptoms that were used to form a total of 726 rubrics. Of this total 704 rubrics were existing rubrics and 22 were new rubrics. The rubrics are distributed throughout the sections of the repertory as follows; where the total number of rubrics in each section is displayed in plain type and new rubrics in italics:

Mind	86	4	Ext. throat	2	Extremities	82	2
Vertigo	10		Stomach	29	Sleep	28	
Head	60	2	Abdomen	16	Dreams	48	2
Eye	34	1	Rectum	7	Chill	1	
Vision	2		Stool	9	Fever	9	
Ear	12		Bladder	5	Perspiration	3	1
Nose	30		Kidneys	2	Skin	26	1
Face	23		Respiration	7	Generals	60	1
Mouth	21	1	Cough	6			
Teeth	15		Chest	24			4
Throat	23	1	Back	46			

This information is further illustrated in Graph 3 that follows, to provide a visual means for quantitative analysis of the representation of *Chamaeleo dilepis dilepis* 30CH throughout the various repertory sections.

GRAPH 4



ABBREVIATION OF THE REMEDY

Schroyens (2001:39) proposes some general rules for abbreviating remedies so as to remove the ambiguities as have been found in Kent's repertory, and to improve further on the work started by Barthel and Klunker, who were the first to attempt such clarification. These recommendations have been adhered to here and thus the proposed abbreviation for *Chamaeleo dilepis dilepis* is **Chamael-d**.

THE SYMPTOMS

Sherr (1994:32) explains the importance of viewing the entire proving group as if all provers are one and the symptoms that arise during the proving as if all symptoms arise in one person. This provides the necessary cohesion to create a more complete understanding of the remedy as a whole. Taking cognisance of this recommendation the proving symptoms of *Chamaeleo dilepis dilepis* have been considered together for each of the various sections of the materia medica, so as to elucidate the common themes that run throughout the remedy, providing a fuller picture of it.

MIND

The proving of *Chamaeleo dilepis dilepis* 30CH produced a large variety of symptoms on the mental and emotional sphere, a number of which were particularly pronounced. Amongst these, the most prominent was a feeling of depression and despair. A large proportion of the provers described a sense of deep depression and a feeling of hopelessness. In a number of them this feeling was particularly pronounced and in one was described as a feeling as if spiralling down, being in a black hole with no way out of the feeling (02F 14:XX:XX). At least two of the provers mentioned a day that they considered to be the worst or darkest day of their life (02F 14:XX:XX; 28F 10:XX:XX). The depression was typically described as a darkness, a hopelessness, wanting to just give up and despairing of anything ever being

right again. It was commonly accompanied by a feeling of wanting to cry or feeling 'blank' and just going through the motions without actually engaging in life. This feeling of depression was particularly pronounced in that it occurred commonly even among people who are not typically prone to negative feelings (in particular 20M 01:XX:XX; 26M 07:XX:XX; 29F 16:XX:XX).

This depression was also expressed, with less intensity, as a feeling of sadness and especially feeling sad due to little things such as tender scenes on television (14M 20:XX:XX). This sadness was often described as a quiet sadness and accompanied by easy weeping that was worse for consolation.

As may be expected with the general themes of depression and sadness there was also a feeling of despondency, being demotivated or not wanting to do anything. This was accompanied by an exhaustion of mind that reflected the most prominent general symptom of weariness (section 5.3.28 Generals).

There was a general hypersensitivity in many of the provers, with a sensitivity to trifles – either resulting in sadness or irritability – and a sensitivity to noise being most marked (01F 00:00:01; 03M 02:07:XX; 28F 08:XX:XX).

Accompanying the depression was a general antisocial feeling: provers did not want to talk to other people, did not want to interact with others and were feeling withdrawn. The sense of being withdrawn and living inside one's head was particularly pronounced. Linked to this feeling was the sense of being emotionally distant, disconnected from others, being emotionally hard and cold generally with a lack of guilt in situations that would have ordinarily caused a sense of guilt. People spoke of being hard

and cold towards others (18M 02:XX:XX; 14M XX:XX), unemotional and observing others from a distance without feeling like they have to get involved (01F 03:06:XX; 02F 02:17:30).

This sense of disconnection extended beyond being disconnected from others. Provers spoke of feeling disconnected in general, often coupled with a sense of disorientation and feeling very 'spaced out' (06F 01:XX:XX, 01F 02:22:15, 07M 00:04:1, amongst others). There was a sense of being 'out of it', it was difficult to process sensory input, to listen to others and sensory input was out of sync. In a number of provers this was even noticed by friends (02F 04:XX:XX).

There were many symptoms of feeling light-headed often accompanied by a feeling of floating. In many provers there was a decrease in concentration (16F 04:XX:XX; 29F 07:13:00; 06F 05:XX:XX), an inability to focus (01F 04:XX:XX; 02F 21:XX:XX; 07M 02:XX:XX; 10M 05:XX:XX) and an increased forgetfulness (20M 12:XX:XX; 02F 05:XX:XX; 14M 11:XX:XX).

Another very prominent mental/emotional theme was that of anger and irritability. This was especially noted in provers who would normally not express feelings of anger (18M 05:XX:XX; 23M XX:XX:XX). People described feelings such as violent anger (18M 03:XX:XX), having a short fuse (23M XX:XX:XX), needing 'anger management' (10M 15:XX:XX) and experiencing rage (14M 02:11:XX). This anger was often very expressive (18M 05:XX:XX) and provers had a desire to vent it (14M 02:11:XX). In addition, at least eight out of the twenty-four provers repeatedly experienced irritability and often felt as though they were snapping at people. There was a sense of aggression, with people indicating competitiveness and jealousy towards others and not wanting to back down in confrontational situations.

As mentioned previously this aggression and irritability was generally expressive, but some provers felt the need to control these emotions (18M 10:XX:XX; 06F 03:XX:XX). In addition there was some anger at feeling controlled by others (02F 17:XX:XX).

There was also an increased awareness of right and wrong. Either being very firm in an opinion of what's right and wrong (18M 06:XX:XX); or cheating, with or without a feeling of guilt (01F 05:XX:XX; 02F 02:11:XX).

There was quite a pronounced feeling of insecurity, with some provers going so far as to describe a sense of self-loathing (02F 10:XX:XX) and feeling ugly (10M 24:XX:XX; 02F 04:XX:XX). A common response to this feeling was to withdraw from others as described earlier.

There was a feeling of anxiety in a number of provers, which in some bordered on a sense of panic (18M 26:XX:XX; 03M 26:XX:XX) and was also accompanied by a feeling that something bad was about to happen.

There was a theme of altered movements and paralysis that is significant in its peculiarity. One of the provers described moving with funny, small steps as if autistic, with uncoordinated movements and a sense of her foot sticking to the ground (01F 00:02:XX). There was a common sense of being imbalanced and feeling as though about to fall over (02F 02:05:XX; 07M 00:00:40) with a jittery body and again uncoordinated movement.

The theme of paralysis and numbness that runs throughout the remedy is important as it may be considered characteristic of *Chamaeleo dilepis dilepis*, due to the fact that it is seen on all levels: mental emotional and physical. Two provers (06F 01:XX:XX; 04F 00:XX:XX) shared a common experience in which they were semi-conscious or dreaming, lying down and paralysed. Both were completely unable to move, the one could only move

her eyes, while the other couldn't move anything at all. Another of the provers experienced a number of petit mal fits where she temporarily lost consciousness and blanked out (02F 13:XX:XX), with still another describing episodes of blanking out that became worrying (06F 01:XX:XX). This theme is further reflected in symptoms of emotional emptiness and 'blankness' discussed previously and widespread physical symptoms of numbness, tingling and stiffness of limbs, back and neck.

Many provings seem to reflect a polarity of themes in the mental/emotional sphere as described by Sherr (1997) as occurring in a number of provings. In this proving of *Chamaeleo dilepis dilepis* the themes of excitement, enthusiasm, positiveness and tranquillity are seen in contrast to the negative ones described above. The most pronounced of these being the theme of tranquillity, which was experienced by a large number of provers and was also experienced by provers in a manner which seemed to temporarily alleviate prior feelings of anxiety and stress (23M 00:00:00; 24M XX:XX:XX). As can be expected considering this typical polarity of emotions, there was a changeability of mood experienced by a number of provers.

There were a number of typical modalities throughout the proving, the most prominent of these being an amelioration from warmth and sunlight experienced by many provers, with its counterpart of aggravation from cold. These were commonly accompanied by a very pronounced feeling of coldness and sensitivity to the cold as detailed in subsection 5.3.28, Generals. The second very prominent modality was that of an aggravation on waking, which is reflected both on the mental/emotional sphere and the physical sphere, in general and in particular symptoms.

VERTIGO

There were sensations of vertigo typically described as dizziness and light-headedness. The vertigo was most commonly accompanied by feelings of tiredness (16F 05:XX:XX; 28F 08:XX:XX), fatigue (29F 12:XX:XX), lethargy (03M 12:XX:XX) and exhaustion (03M 03:XX:XX). It was also commonly accompanied by headache, aggravated by standing up and on waking.

HEAD

Headaches were very prominent and severe pain was experienced over a number of days by at least 50% of the provers, including those that don't experience headaches. Headaches occurred most commonly around the eyes and especially behind the eyes. Next common were occipital headaches, also extending to the neck or accompanied by neck pain; then temporal and frontal.

Headaches were commonly accompanied by tiredness, and words that were used to describe the pain were throbbing or pounding, vice-like and band-like. Headaches were most commonly ameliorated by warmth and external pressure and aggravated by movement and bending forward.

Other sensations that were felt in the head were 'pins and needles' (02F 00:05:55), numbness (02F 03:02:40), pulsations (02F 02:05:XX), quivering or shaking (14M 02:05:XX), dullness (07M 00:04:XX; 14M 03:14:XX), fuzziness (14M 01:XX:XX), block-like (14M 02:04:XX), fullness and heaviness (02F 04:10:40; 06F 05:XX:XX; 14M 07:XX:XX) and a sense of light-headedness (18M 00:XX:XX; 28F 08:XX:XX; 02F 02:06:20; 03M 00:12:30; 11M 00:XX:XX).

EYES & VISION

There was eye pain that was experienced to some degree by at least 37% of the provers. Pain was described most often as burning or a sore feeling.

The burning and pain was often accompanied by redness and watering, or just watering. The words typically used were 'red and sore' or 'red and burning'. The redness was seen either in the margins of the lids or the bulbar conjunctiva. There was also a sensation of dryness, which was felt both with and without pain. A number of provers experienced photosensitivity that was often accompanied by watering eyes.

About one third of the provers experienced some feeling of tiredness in the eyes. The eyes were mostly described as feeling tired. Also, lazy (03M 13:XX:XX), battling to keep them open (02F 02:06:20) and wanting to sleep (29F 00:02:25).

One of the provers repeatedly described her eyes as looking glassy (01F 00:02:00), another was observed as staring fixedly at one thing at a time (21M XX:XX:XX). Two provers had dilated pupils (01F 00:02:00; 02F 04:XX:XX) with prover 02F having the left pupil dilated and the right one constricted simultaneously.

Prover 02F who is an epileptic and experienced increased frequency of petit mal fits described her eyes as rolling back during the fits (02F 15:XX:XX).

There was twitching in or around the eyes and a number of provers described the eyelids as feeling heavy, looking puffy or swollen and full. This sensation of fullness was most pronounced in one prover who described it as: 'My eyelids feel like they've been filled with water and just want to bulge. So uncomfortable – full and hazy vision.' (02F 11:XX:XX). A second prover also experienced haziness of vision, over a period of seven days, during which time it was difficult for him to focus at his normal reading distance (26M 19:XX:XX).

EARS

There was some ear pain experienced by two of the provers (02F 01:06:15; 07M 03:XX:XX). There were a number of sensations including 'fluttering pulsations' (02F 02:09:30), 'ringing and buzzing' (03M 05:XX:XX) and coldness (14M 02:10:XX).

NOSE

There was pain in the nose described as burning (16F 05:XX:XX), feeling rough (14M 02:06:XX), dry and irritated (14M 02:10:XX). There was a lot of coryza, typically with a thin, watery, clear discharge, generally aggravated by the cold. At least a third of provers experienced some nasal congestion during the proving, sometimes accompanied by headache (26M 10:14:10; 26M 19:XX:XX) or alternating with coryza (02F 11:XX:XX; 10M 03:XX:XX; 14M 01:XX:XX).

FACE

There was pain in the face, commonly involving the jaws (16F 05:XX:X, 21M 04:XX:XX, 30M 00:02:48) and sinuses (28F 11:XX:XX, 03M 20:XX:XX, 07M 08:XX:XX). There were a number of sensations in the face most notably tingling (01F 00:00:XX, 02F 00:04:30), numbness (21M 04:XX:XX, 01F 04:00:XX), bloated puffiness (28F 03:XX:XX, 02F 03:XX:XX) and quite a lot of burning heat (01F 02:11:XX, 02F 00:04:30).

MOUTH

There was pain at the root of the tongue (21M 04:XX:XX), the soft palate (07M 04:XX:XX) and a sensation of smoothness in the mouth (01F 00:02:XX). The tongue was affected with a number of sensations including pain (21M 04:XX:XX; 02F 01:06:15), fullness (02F 01:06:15), dryness (02F 00:05:55), numbness (02F 00:05:30) and roughness (14M 05:XX:XX). Taste sensations were offensive and phlegmy.

A number of provers reported an increase in salivation, with an even greater number expressing a sensation of dryness of lips, tongue and whole mouth often accompanied by an increased thirst. One prover experienced slurring of speech (28F 10:XX:XX).

TEETH

Tooth pain was a prominent symptom and was experienced repeatedly by over 20% of provers. Prover 21M experienced the most severe toothache occurring in his left lower wisdom tooth. It continued over four days, was accompanied by local inflammation of the gum and prevented him from eating properly and eventually even opening his mouth fully or talking properly (21M 04:XX:XX). It was aggravated by chewing, talking and swallowing. In the other provers the toothache was commonly aggravated by cold drinks. In addition, provers 01F and 13M both had to go to the dentist for various complaints soon after completion of the proving.

THROAT & EXTERNAL THROAT

Sore throat was a common symptom, being found in almost 40% of the provers. It generally continued over a number of days and was sometimes accompanied by headache (26M 17:XX:XX), and general 'fluey' feeling (26M 16:XX:XX; 02F 07:XX:XX). In a number of provers it was accompanied by an increase in thirst for cold drinks. There was typically a scratchy feeling in the throat (03M 28:XX:XX) and an itchy feeling in the throat. Two of the provers experienced a pronounced dryness of the throat that extended throughout the whole proving (20M 01:XX:XX; 03M 06:XX:XX), again relieved by cold drinks.

There was an increase in mucus layering the throat, especially the posterior aspect (16F 05:XX:XX; 14M 02:00:XX; 14M 03:00:XX). The mucus felt as though it had adhered to the throat (16F 05:XX:XX) with a desire to cough it up (16F 05:XX:XX; 02F 09:XX:XX).

Sensations included tingling throughout the whole throat (16F 05:XX:XX), a sensation of a lump anteriorly in the throat (20M 00:01:21) and a feeling of the throat being enlarged (20M 02:01:50). There was a pronounced sensation of emptiness or a hollow tube running down the throat in two provers (16F 05:XX:XX; 20M 00:01:21), which is especially peculiar in that it reflects a similar feeling experienced by other provers in the thoracic region (see subsection 5.3.19, Chest).

Externally there was some swelling and tenderness of cervical lymph nodes, particularly accompanying throat pain.

STOMACH

Appetite was prominently affected, with an initial increase in appetite occurring in about 30% of provers, followed typically by a marked decrease in appetite again in about 30% of provers, with a total aversion to food and an inability to eat found in 25% of these.

There was a very pronounced increase thirst that occurred repeatedly over many days in about 25% of provers, typically a thirst for water, especially very cold water. Thirst was described as extreme (03M 00:XX:XX), excessive (03M 07:XX:XX), and constant (15M 07:XX:XX). Two provers experienced a decrease in thirst.

There was a strong feeling of nausea experienced by about 25% of provers, aggravated by various foods (16F 02:XX:XX; 03M 18:XX:XX; 15M 07:XX:XX; 03M 25:XX:XX), smells (03M 22:XX:XX) and drinks (15M 00:XX:XX).

There were further sensations of gas in the stomach (16F 00:00:05; 22F 00:00:15; 03M 11:XX:XX), heartburn and epigastric pain (02F 04:10:XX; 11M 05:XX:XX).

ABDOMEN

There was abdominal pain that was described as dull gnawing (21M 00:XX:XX), a sharp stitch (26M 01:00:30), cramps (28F 07:XX:XX; 10M 03:XX:XX), tenderness (02F 12:XX:XX; 03M 23:XX:XX) and pain like 'a hot rod stuck into the liver' (02F 12:XX:XX). There was bloating of the abdomen in a number of provers with a few describing a feeling of discomfort of the abdomen and colon.

Prover 15M had a rash starting on his neck that spread down his back and to his abdomen (15M 03:03:XX) which is further described in subsection 5.3.20, Back.

RECTUM

The rectum wasn't greatly affected. Overall there seemed to be more of a tendency to loose stool, experienced by two provers (28F 07:XX:XX; 02F 10:XX:XX) than constipation, experienced by one prover (01F 03:21XX). There was some increase in the number of bowel movements in a day, with one prover experiencing more regular movements (06F 01:XX:XX).

Peculiar symptoms in this section include intense cramping after passing stool (02F 04:01:XX) and a numbness of the tongue after passing stool (02F 00:05:30). Prover 29F had a boil on the perineum that was particularly unusual for her. It lasted 3-4 days, was largely painless, never formed a head and just resolved spontaneously

STOOL

Stool was described as loose a number of times, fatty and difficult to flush. Its colour was yellow, clay-coloured or dark.

BLADDER

There was a discrepancy in urine output as compared to liquid intake. There was decreased urination after drinking a lot (28F 04:XX:XX), or increased urination after drinking little (02F 07:XX:XX; 03M 15:XX:XX). The increased or excessive urination seemed to dominate over the decreased output.

KIDNEYS

There was a lot of back pain especially lower back pain. In two provers this was described as occurring over kidneys (28F 13:XX:XX) or in the kidney region (02F 12:XX:XX).

RESPIRATION

There was difficulty breathing with breathlessness (01F 03:21:45; 02F 06:XX:XX). Breathing was described as feeling rough (14M 02:XX:XX; 02F 01:00:XX), and as if the breath were passing over a grate (02F 01:00:XX) with it rattling in the back of the throat (02F 03:00:XX). Breathing was laboured and heavy (02F 06:XX:XX; 15M 01:XX:XX). There was a feeling as if not enough air could get in which was aggravated by deep inspiration (02F 06:XX:XX) and a tight chest (10M 02:XX:XX).

COUGH & EXPECTORATION

There was a dry cough that was experienced from 20h to 3h (23M 06:XX:XX) repeatedly over four days. The time modality seems significant considering that a number of provers woke up repeatedly at 03:00 a.m. (see subsection 5.3.22, Sleep) There was also a phlegmy cough experienced primarily in the back of the throat that would not stop once it had started, there was coughing up of white mucus that was in the back of the throat and difficult to expel (16F 05:XX:XX).

CHEST

There were chest pains accompanying coughing (16F 05:XX:XX), where the chest just felt sore. There was a sudden sharp pain in the axilla between the tendons, aggravated by movement and breathing (24M 03:XX:XX) and inflamed tender axillary nodes (02F 12:XX:XX). There were right-sided chest pains (28F 09:XX:XX; 02F 00:05:45; 15M 01:XX:XX) and pains felt in the sternal region (01F 00:01:00; 02F 17:XX:XX). Pains were accompanied by breathing difficulties (02F 17:XX:XX; 15M 01:XX:XX), and numbness and tingling in the right arm (02F 06:XX:XX).

Sensations included an extreme coldness felt in the chest (01F 00:02:XX), a feeling of heaviness and oppression or compression in the sternal region (01F 02:22:XX; 02F 02:06:20) and the peculiar sensation of a hollow tube passing from the thoracic outlet inferiorly to midchest (01F 00:02:10) and again from midchest down to the abdomen (01F 01:01:XX). This last symptom reflects that of the sensation of a hollow tube felt in the throat as described in subsection 5.3.10.

The heart was significantly affected; with palpitations (01F 00:03:XX; 02F 00:03:45), accelerated pulse rate (01F 00:03:XX; 02F 03:03:00), a feeling of arrhythmia (02F 02:06:XX), fullness (02F 02:11:XX), a feeling as though the heart was beating against thickened blood (02F 03:02:50), as if the blood was 'mashed potato' (02F 04:13:30), and blood building up in the vessels not passing through vessels easily (02F 03:02:50; 02F 04:13:30). There was severe, lancinating pain in the heart accompanied by laboured breathing (02F 06:XX:XX) and radiating down the right arm with numbness and prickling (02F 05:XX:XX; 02F 05:02:XX).

BACK

As mentioned previously back symptoms were prominent, with at least 25% of provers repeatedly experiencing some degree of pain and/or stiffness in

the back. The neck was similarly affected with 38% of provers experiencing neck pain and stiffness. Neck stiffness was commonly accompanied by headaches, especially in the occipital region. The neck was most commonly affected followed by the whole back, then the lower back and then shoulders with one prover experiencing pain in the coccyx (02F 20:XX:XX). Pains were described as sore, aching and tense.

There were sensations of 'pins and needles' (02F 05:XX:XX) and stinging (02F 12:XX:XX). Prover 15M developed a rash of pimple-like eruptions that started on his neck (15M 02:11:XX), were very itchy and became burning (15M 03:XX:XX) and spread from the neck to his lower back and abdomen (15M 03:03:XX).

EXTREMITIES

Out of all of the repertory sections the largest number of symptoms occurred in this section. In many provers there was general pain of the extremities and the joints, with the joints feeling stiff and sore.

In the upper limbs there was pain, numbness, tingling and coldness (01F 00:01:XX; 02F 00:05:45). In the lower limbs there was also pain. It was often felt in the calves (02F 15:XX:XX; 26M 04:01:30; 03M 18:XX:XX), described as aching and cramping (26M 04:01:30; 03M 18:XX:XX) and most notably ameliorated by warmth (02F 15:XX:XX; 02F 08:XX:XX; 02F 08:XX:XX). There was a lot of pain experienced in the knee joint and stiffness of both the joints and muscles of the lower limb, including ankles and feet. The pain was often severe and felt deep in the bones and cores of the joints.

Sensations included tingling, prickling and pulsating of the upper limbs (01F 00:01:XX; 02F 03:03:XX; 06F 00:00:XX; 03M 09:XX:XX; 02F 02:05:XX),

including fingers; and of the lower limbs (02F 00:08:XX; 03M 01:08:XX) including toes.

There was a great deal of weakness in both upper and lower limbs with at least 17% of provers experiencing some degree of repeated weakness, heaviness or tiredness in the extremities. This symptom was particularly pronounced in prover 01F who experienced weakness in her lower limbs over six days to the extent that it made walking difficult. Tiredness was felt to an intense degree, with a desire to rest (03M 08:XX:XX) and prover 26M describing his feet as feeling broken (26M 24:XX:XX). Tiredness was commonly accompanied by the limbs feeling 'jittery' (01F 00:04:15), shaky (01F 00:08:XX) or 'jelly-like' (01F 00:23:XX).

Numbness of both upper limbs and lower limbs was experienced. This was most extensive in provers 01F and 02F with it affecting shoulders (01F 00:01:XX), left arm (01F 02:22:XX), right arm (02F 06:XX:XX), fingers (02F 00:06:XX), lower limbs especially thighs (02F 12:XX:XX; 02F 15:XX:XX) and toes (02F 03:00:XX).

Movement was affected as previously described in subsection 5.3.1, Mind. There was a difficulty balancing and prover 01F describes walking with small steps 'as if autistic', tripping a lot and feeling as though her left foot were stuck to the ground. Other provers mentioned being unstable on their feet (02F 02:05:XX) and difficulties with balance (07M 00:00:40; 02F 02:05:XX).

Skin was affected with one prover developing red, itchy periaxillar lesions (01F 02:11:XX), another prover developed a skin tag on the inner thigh that was swollen and became dark red as if filled with blood (14M 14:XX:XX), and many provers experienced some degree of generalised itching of the extremities (15M 05:XX:XX; 03M 28:XX:XX; 14M 15:XX:XX).

SLEEP

Sleep was affected in the vast majority of provers with at least 80% of provers experiencing some degree of insomnia. All symptoms in all provers were experienced repeatedly for many nights in a row.

The most prominent symptom was difficulty falling asleep, which was experienced by a third of all provers. A third of the provers slept badly, described as bad sleep (18M 01:XX:XX; 20M 08:XX:XX; 26M 07:00:00, 29F 23:XX:XX; 02F 06:XX:XX; 06F 01:XX:XX; 12F 17:XX:XX), broken sleep (23M 11:XX:XX, 26M 19:XX:XX), shallow sleep (29F 23:XX:XX) and disturbed sleep (02F 01:17:XX).

Another very prominent symptom was that of waking up during the night. This happened many times throughout the night in at least 20% of provers. There were also specific times provers woke during the night, the most common being 03:00am, occurring in 20% of provers; 01:00am in three provers, 02:00am in four provers, 4:00am in two provers and 5:00am in three provers.

There was a lot of restlessness and tossing and turning, which was described by at least three of the provers (02F 10:XX:XX; 03M 01:XX:XX; 15M 07:XX:XX). This symptom occurred repeatedly over a period of 5-10 nights in these provers.

Many provers described waking up early, despite not sleeping much the night before. This was either accompanied by a feeling of tiredness (29F 07:00:15), or feeling refreshed despite the lack of sleep (16F 01:XX:XX; 01F 02:19:XX). There was also a great deal of sleepiness and tiredness as described in subsection 5.3.28, Generals.

DREAMS

Many of the provers described having a lot of dreams throughout the proving (26M 01:12:00; 29F 00:22:30; 02F:XX:XX) that were described both as being very vivid and also unremembered.

There were a variety of dreams, but a number of themes were shared by a number of different provers. The most prominent of these were dreams of old friends or acquaintances, people from the past (18M 03:XX:XX ; 29F 25:XX:XX ; 02F 15:XX:XX ; 15M 04:XX:XX). There were many dreams of children, especially children in danger, being injured or abused (29F 00:22:30; 02F 01:XX:XX). There were dreams of disease, particularly experienced by prover 02F.

A great number of provers described having bad or disturbing dreams on more than one occasion (20M 07:XX:XX; 29F 22:XX:XX; 02F 07:XX:XX; 07M 08:XX:XX; 12F 17:XX:XX). There were a number of dreams that were centred around a feeling of helplessness; a number of dreams of strangers; adventurous dreams involving travelling and exploring; cheating without guilt; sports; and brightly coloured dreams – with two featuring green clothes in particular (15M 04:XX:XX; 02F 15:XX:XX). Prover 03M had nine different dreams of water throughout the proving.

There were a number of peculiar dreams: the aforementioned dreams of provers 06F and 04F of being completely paralysed (discussed in subsection 5.3.1, Mind) and a dream had by prover 02F where she was on the toilet when a number of people walked in causing her much embarrassment. On realising she couldn't get them all out she just tried to blend in, which she was able to do as she was wearing a long skirt.

CHILL

Prover 02F experienced fever with chills and sweating simultaneously. Her temperature was fluctuating: spiking high followed by freezing.

FEVER

Prover 16F had a fever of 39,5°C that she experienced at the same time as feeling very cold. Prover 02F repeatedly describes her fever as fluctuating (02F 13:XX:XX), going up and down (02F 10:XX:XX), sweating with the heat (02F 11:XX:XX) and desire to be cooled during the heat (02F 13:XX:XX).

Both prover 16F and 02F experienced a sensation of internal heat accompanied by external cold. Skin was cold to the touch (16F 05:XX:XX, 02F 07:XX:XX) and feeling feverish with cold perspiration (02F 04:XX:XX).

PERSPIRATION

Prover 26M describes his body as being clammy from perspiration. There was also profuse perspiration all over (02F 10:XX:XX), in the axillae (02F 08:XX:XX) and on the thorax during sleep (03M 21:XX:XX; 07M 08:XX:XX). As described above, prover 02F experienced profuse perspiration during fever (02F 11:XX:XX; 02F 11:XX:XX; 02F 12:XX:XX).

SKIN

About 20% of provers experienced general itching of the skin. In a number of these the itching was particular to eruptions: red, pustular, vesicular lesions of the arm and axilla (01F 02:11:XX); a big red patch on the back, lateral to the scapula (02F 07:XX:XX); and a pimple-like rash on the back of the neck that spread to back and abdomen (15M 02:11:XX). Other eruptions include a perineal boil produced by prover 28F (28F 03:12:30) and skin tag on inner thigh produced by prover 14M (14M 14:XX:XX).

There was a sensitivity of the skin to drafts (02F 07:05:40), touch (02F 07:05:40) and cold (02F 07:XX:XX). The sensitiveness was accompanied by a sensation as if pierced by needles (02F 11:XX:XX) and later knives (02F 12:XX:XX). This sensitivity was ameliorated by hard pressure (02F 11:XX:XX). Skin also felt cold and this was ameliorated by wrapping warmly (16F 05:XX:XX) and sitting in the sun (01F 01:00:30).

GENERALS

The biggest general symptom, experienced by over 83% of the provers was one of tiredness. It was an extreme tiredness that was overwhelming. Provers felt they were unable to keep awake, there was a great desire to just sleep, people experienced a sense of fatigue, exhaustion, lethargy, felt sluggish, heavy, flat and weak. They woke tired, food made them tired and tiredness was accompanied by dizziness.

There was a sensation of heaviness experienced throughout the body (02F 03:XX:XX; 02F 00:03:XX; 06F 00:XX:XX) as well as the sensations of heaviness present in various parts as described in each relevant section.

The feeling of numbness was very prominent and was experienced as a general feeling throughout the body (03M 00:01:XX; 07M 00:00:30) as well as in particular areas, most especially the extremities.

There was a pronounced sensitivity to the cold, feeling cold and aggravation from the cold. This has been discussed previously in individual sections but is most pronounced as a general symptom with at least 30% of provers mentioning it repeatedly. Accompanying this is a common amelioration from warmth and sunlight. There was a slight amelioration in open air but with a need to keep warm simultaneously.

A number of provers experienced a general feeling of aches, stiffness and muscle pain throughout the body (16F 04:XX:XX; 26M 17:XX:XX; 30M 00:02:00; 02F 15:XX:XX) in addition to these symptoms being prominent in the back and limbs.

Many provers described feeling as though they were getting a cold or getting 'flu'. They mentioned specific symptoms such as coryza, sore throat, nasal congestion, sinusitis etc. but also just generally feeling 'fluey'. This was most pronounced in prover 16F who had very severe symptoms of occipital headache, fever, sore throat and cough. Her most notable symptoms were those of absolute exhaustion, feeling unable to keep awake, general muscle pains and aches and extreme sensitivity to the cold with decreased thirst and appetite.

There were a number of disparate food cravings and aversions: for salty food, sour food, ice-cream, hot drinks, eggs, vegetables, coffee and beer. But there were also some commonly experienced cravings and aversions: provers 16F, 20M, 03M and 06F had a craving for fatty food and rich food; provers 02F, 03M, 06F and 12F had a craving for sweets; provers 02F, 03M and 12F had a craving for chocolate; 15M experienced an aversion to milk and 21M was able to drink milk which he is normally averse to and has an aggravation from; provers 20M, 02F and 03M had cravings for fruit or fruit juice; provers 15M and 03M had a craving for cold water, while 20M had an aversion to watery drinks and wanted to drink thick things; provers 28F and 06F had a craving for bland food; and provers 16F, 03M, 06F, 14M and 15M experienced an aversion to food altogether.

Prover 02F experienced pronounced symptoms relating to blood: her pulse rate increased over a number of days from 72 to 142 beats a minute while normally her pulse rate is in the fifties. She experienced a feeling as if her blood was greatly thickened and a sensation that her blood was hot.

The main modalities were an aggravation from the cold, amelioration from sunlight and warmth and an aggravation on waking.

ANTIDOTE

Prover 16F had an intense and marked reaction to the proving substance with the principle symptoms similar to those of a severe 'flu'. Her most pronounced symptoms were those of absolute exhaustion, feeling unable to keep awake, general severe muscle pains and aches and extreme sensitivity to the cold with decreased thirst and appetite. She also displayed a fever of 39,5°C. She consulted with the researcher and it was decided that she be antidoted. The above symptoms were considered and she was prescribed a single dose of *Gelsemium sempervirens* 30CH and recovered after about three days.

POSSIBLE RELATIONSHIP OF *CHAMAELEO DILEPIS DILEPIS* TO ETHNICITY

Taking into consideration the nature of the substance *Chamaeleo dilepis dilepis* as an animal that has the ability to change the colour of its skin it may prove informative to analyse proving data according to the distribution of symptoms across ethnic groups. As this sort of ethnic comparison was beyond the scope of this study the large majority of provers from the proving population both of this study and that of Pistorius (2006) were European. It would therefore not be possible to draw accurate conclusions as to differing variations in sensitivity and symptomatology according to ethnic groups from the data gathered in this proving.

However, it may be interesting to note that while there were only two provers of African ethnicity in the combined proving group of the two studies, both of these provers produced a large number and variety symptoms indicating a possible sensitivity to the remedy. This may be

significant when viewed in light of the prominence of chamaeleons in African mythology, being considered as evil omens in some parts of Africa and found in stories relating both to the Creation and the origin of Death (Patterson, 1987:50).

POSSIBLE CLINICAL CONDITIONS

The great number of provers that produced symptoms of apathy, lethargy, depression and despair suggests that *Chamaeleo dilepis dilepis* may have clinical application in the depressive disorders. Likewise, the commonality and severity of 'flu-like' symptoms suggests its application in the treatment of 'flu'.

The great number of symptoms involving the nervous system, the paralysis and movement alterations suggests neurological conditions such as Parkinson's, Alzheimers and multiple sclerosis amongst others. There may also be particular application in the little understood disorder of cataplexy in which patients experience periodic episodes of paralysis during which they maintain consciousness and awareness, often preceded by strong emotions (Stedman's, 2005:244).

SUMMARY OF CHARACTERISTIC SYMPTOMS

In discussing remedies using comparative materia medica Candagabe (1997) describes the typical themes belonging to the remedy being discussed, from which is elucidated the 'minimum characteristic syndrome'. There are a number of such themes that the researcher speculates similarly represent *Chamaeleo dilepis dilepis* 30CH.

Paralysis

The theme that is considered central to the remedy is that of paralysis. This is seen clearly on the mental/emotional plane with the peculiar experience of two separate provers of feeling as if completely paralysed and unable to

move. This symptom would appear to be very significant to the remedy despite its only occurring in two provers because it can be seen as a peculiar symptom that is quite particular to *Chamaeleo dilepis dilepis*. Its importance is further confirmed by the fact that this peculiar symptom didn't only occur in one prover, but two and the experience for each prover was incredibly similar.

Mentally there was a difficulty in concentration and focussing, a 'paralysis of the mind'. Emotionally there was the depression discussed in the next section, and physically there were difficulties in movement, stiffness and numbness to a large degree both in particular areas of the body and throughout the whole body as a general symptom. Thus the idea of paralysis can be seen to run throughout the remedy as discussed again in the themes that follow.

Depression and sadness

The second theme that can be considered important to the remedy is that of depression, hopelessness, sadness. It is something that the majority of provers experienced, so while it isn't as peculiar as that of paralysis it was something that came up very strongly in the proving. It was also an intense symptom in that it was a very severe depression for many people, with hopelessness being prominent and people experiencing what they considered to be the worst day of their lives. This depression was also experienced as being a 'blankness' and an 'emptiness'. In this way it can be seen that the theme of paralysis is further extended to the emotional plane, in terms of people feeling an 'numbing' or 'paralysing' depression.

Withdrawal

This theme is seen in people describing feeling withdrawn from others, disconnected, antisocial, and emotionally cold and hard. This is again a type of emotional 'paralysis' whereby people were not feeling as much for others as they normally would. It also couples with not wanting to be seen, feeling

ugly, feeling emotionally insecure and wanting to 'hide away' from other people. This element of not wanting to be seen and to hide away from others is further reflected in the dream of prover 02F, in which she had a desire to 'blend in to her surroundings' to hide from people who invaded her private space by walking in on her when she was in the toilet.

There was also a pronounced aggravation on waking, which can be seen as the time when one has to return from a private, solitary existence to a public, social one.

Tiredness and weakness

As previously mentioned, over 83% of the provers experienced tiredness to a marked degree, which makes it significant to the remedy. People experienced both mental and physical fatigue. There were also many physical sensations of heaviness and weakness. This can be related to the main theme of paralysis in that a huge effort is required to move the body, again reflecting a paralysis of movement.

Nervous excitability

This is significant in that it can be seen on all levels: physical, mental and emotional. On the mental level there was a huge amount of insomnia; people were unable to get to sleep or stay asleep, illustrating a high degree of mental stimulation. On the emotional level there was an increased sensitivity to trifles, anxiety, there was a lot of irritability with people snapping and there was the anger that was typically reactive, described as violent, expressive, rage and having a short fuse.

There was a general hypersensitivity, especially to cold. People who generally prefer the cold were unable to stand it and extremities were described as frozen and icy. There were many physical symptoms of tingling and burning; there was a lot of nervous-type pain in the headaches,

toothache, shooting pain and cutting pain. There was an increased sensitivity of the skin to touch, cold and drafts; there was photosensitivity of the eyes.

This nervous excitability can be seen as a form of compensation for paralysis. There is paralysis which results in difficulty of movement, expression of emotions and sensations. There is an imbalance in this area and so to overcome the paralysis there is overcompensation and hyperreactivity.

MINIMUM CHARACTERISTIC SYNDROME

As is suggested by Candagabe (1997) the small group of symptoms that form the 'minimum characteristic syndrome' have been selected from those that represent the main themes summarised above:

Paralysis

1. MIND – DELUSIONS – paralyzed; he is
2. EXTREMITIES – AWKWARDNESS – stumbling when walking
3. GENERALS – NUMBNESS – Externally

Depression and sadness

4. MIND – DESPAIR

Withdrawal

5. MIND – DELUSIONS – separated – world; from the – he is separated
6. GENERALS – SLEEP – after sleep – morning on waking agg

Tiredness and weakness

7. GENERALS – WEARINESS

Nervous excitability

8. GENERALS – HEAT – lack of vital heat
9. MIND – SENSITIVE – external impressions, to all
10. SLEEP – SLEEPLESSNESS

THE REPERTORISATION OF THE PROVING SYMPTOMS AND SUBSEQUENT COMPARISONS

RESULTS OF THE REPERTORISATION

A repertorisation of the ten symptoms chosen as representing the essence of *Chamaeleo dilepis dilepis* 30CH as described above, produced the following results. *Heloderma* [*Gila monster*] and *Lachesis muta* [*Bushmaster snake*] are remedies from the class reptilia that correlate most closely with the proving symptoms of *Chamaeleo dilepis dilepis*. *Conium maculatum* [*poison Hemlock*] and *Agaricus muscarius* [*Fly agaric*] are remedies from the plant kingdom and *Phosphorus* and *Hydrogen* are remedies from the mineral kingdom that were most prominent on repertorisation of the proving symptoms of *Chamaeleo dilepis dilepis* 30CH.

COMPARISONS

Chamaeleo dilepis dilepis* and *Heloderma

From the repertorisation of the remedies of the reptile class the one that bears the most striking resemblance to *Chamaeleo dilepis dilepis* is the Gila monster, the lizard *Heloderma*.

Vermeulen (2000:759) describes *Heloderma* as being very depressed with no inclination for exertion in any way. There is an inability to confine the mind to any object and difficulty in remembering spelling of simple words. The proving of *Chamaeleo dilepis dilepis* produced similar symptoms with severe depression described by the majority of provers as well as the 'passive indifference' and apathy seen in *Heloderma*, and the difficulty in concentrating and focussing. There was some degree of confusion and forgetfulness in *Chamaeleo dilepis dilepis* but to a lesser degree than that described in *Heloderma*. *Heloderma* is also described as being easily startled by slight noise which corresponds to the increased sensitivity to noise seen in *Chamaeleo dilepis dilepis*. In *Heloderma* there is a difficulty

with movement, especially in respect to walking and moving the feet (Vermeulen, 1998:439), which corresponds to the movement difficulties experienced in the proving of *Chamaeleo dilepis dilepis*.

There is vertigo and weakness in *Heloderma* (Vermeulen, 2000:759) both of which are pronounced symptoms in *Chamaeleo dilepis dilepis*. In *Heloderma* this is accompanied by a tendency to fall backwards that is absent in *Chamaeleo dilepis dilepis* in which it is accompanied by tiredness and fatigue.

Heloderma has head pain that is described as a soreness and stiffness in the occiput, extending down the neck (Vermeulen, 2000:759), and intense pain over the left eye and through the eye (Vermeulen, 2000:759). Headache was a particularly pronounced symptom in *Chamaeleo dilepis dilepis* with the most typical locations being the occiput, accompanied by neck stiffness and pain, and pain felt behind and around the eyes. The two remedies have a sensation of numbness of the head and a heaviness of the eyelids in common. There are also pronounced sensations of coldness of the head in *Heloderma* that are not seen in *Chamaeleo dilepis dilepis*.

Heloderma has a cold crawling sensation in the face as if the muscles are too tight, ringing in the ears, dry lips, cold dry tongue, dry parched sensation in the throat and soreness of the throat with increased thirst (Vermeulen, 2000:759). All of these symptoms are found in *Chamaeleo dilepis dilepis*, though the latter displays burning, tingling and numbness in the face rather than cold; and numbness of the tongue rather than coldness. Both remedies have abdominal pain and stools that are described as loose and mushy (Vermeulen, 2000:759), though *Heloderma* also has haemorrhoids not seen in *Chamaeleo dilepis dilepis*.

The thoracic region is an area of vulnerability in both remedies. *Heloderma* has oppressed respiration (Vermeulen, 2000:759), hard and sounding as if breathing through an iron pipe (Vermeulen, 1998:439) while *Chamaeleo dilepis dilepis* has difficult breathing, sounding as if breath is drawn over a grate and a sensation of a hollow tube in the throat and chest. In *Heloderma* there is a sensation of cold in the lungs and heart with a fullness in the chest, requiring an effort to fill the lungs; there is a very pronounced sensation of coldness about the heart 'as if being frozen to death'. There is a sensation as if it is difficult for blood to get in or out the heart with tingling and pain of the heart and slow laboured thumping, beating felt all over the body and feeling as if there isn't enough room in the chest for the heart. (Vermeulen, 2000:759).

Chamaeleo dilepis dilepis has an internal icy cold feeling in the chest, and feelings of oppression and compression of the chest, as if there isn't enough room for the lungs to inflate properly. There is a strong sensation of the blood being too thick making it difficult to pump, with irregular heartbeat and palpitations. Both remedies experience chest pains, though these seem less pronounced in *Heloderma* than in *Chamaeleo dilepis dilepis* while the cold sensations are more pronounced in *Heloderma*. There is a slowing of the heart beat in *Heloderma* (Vermeulen, 2000:759) and an increase in pulse rate in *Chamaeleo dilepis dilepis*.

There is intense lumbar back pain in *Heloderma* with burning along the spine or coldness across the scapulae and extending from the base of the skull to the buttocks. It has pain in the muscles of the limbs, numbness and trembling of the limbs, tingling in the limbs, coldness of limbs, burning and tingling of feet and a frozen sensation of the feet. (Vermeulen, 2000:560) There is a difficulty walking with a loss of balance (Vermeulen, 1998:439) and a staggering gait lifting the feet higher than normal (Vermeulen, 2000:760). *Chamaeleo dilepis dilepis* has aching, pain, stiffness and

tension in the back most notably the lower back and neck. It has tingling that radiates from the base of the spine up and out and perspiration along the spine. The burning along the spine and sensations of cold seen in *Heloderma* are absent. It has muscle pain, stiffness, weakness, heaviness, trembling and tingling in upper and lower limbs. There is a pronounced feeling of cold in the extremities, feeling as if frozen or icy and burning. There is a difficulty in walking with loss of balance, tripping, feeling as though a foot is stuck to the ground, and having to move with small steps.

Vermeulen (2000:759) describes how *Heloderma* is indicated in many forms of disease characterised by great coldness, he describes it as 'arctic coldness' and suggests that the coldness of the remedy is more intense than that of any other. There is a pronounced sensitivity to the cold throughout *Chamaeleo dilepis dilepis* with both general and particular sensations of cold. In *Heloderma* this cold sensation is more pronounced than in *Chamaeleo dilepis dilepis* and arises in waves either descending from occiput to feet or ascending, which is absent in *Chamaeleo dilepis dilepis*. There is also numbness, darting pains and extreme sensitivity which are seen in *Chamaeleo dilepis dilepis*.

Heloderma has drowsiness with an inability to sleep (Vermeulen, 2000:760). Sleep was profoundly affected in the proving of *Chamaeleo dilepis dilepis* with a great majority of provers experiencing some degree of insomnia, which was commonly accompanied by tiredness. This symptom seems to be more pronounced in *Chamaeleo dilepis dilepis* than in *Heloderma*. There is also an intense weakness, as if having no power to move accompanied by indifference in *Heloderma* (Vermeulen, 1998:438) that is similar to the weakness, heaviness and paralysis found in *Chamaeleo dilepis dilepis*.

The suggested areas of pathology for *Heloderma* are brain, spinal cord, nerves and circulation (Vermeulen, 1998:438), there is a similar range of pathological sensitivity in *Chamaeleo dilepis dilepis* with its paralysis, numbness, tingling and shooting pains, sleep disturbances, cardiovascular and respiratory symptoms.

***Chamaeleo dilepis dilepis* and *Lachesis muta* [Bushmaster]**

Lachesis muta is the remedy that was most prominent on the repertorisation limited to the class reptilia. This remedy is seen to have strong qualities of competitiveness, aggressiveness, attractiveness and sexuality common to the animal remedies, as well as the clairvoyance, deceit and venomous quality common to the snake remedies (Sankaran, 1997:113).

The mental symptoms of *Lachesis muta* include the well-known symptoms of loquacity, suspiciousness and jealousy. There is typically sleepiness with an inability to sleep accompanied by an overactive mind, especially at night (Vermeulen, 2004:804). *Lachesis muta* may be strong minded and opinionated, disputative, egocentric and haughty; it is said to be intense and passionate often going to extremes with some degree of fanaticism especially related to spiritual matters (Vermeulen, 2004:804). There may be a lot of irritability and confusion of mind, also mental dejection and melancholy, despair with a desire for suicide, sadness and anxiety with no desire to mix with the world and an aversion to company. Delusions include feeling as if floating in the air and having two wills (Vermelen, 2000:919).

There are a number of similarities between these symptoms and the mental themes of *Chamaeleo dilepis dilepis*, which shares the sleepiness with an inability to sleep at night, overactive mind, irritability, confusion and most especially the anxiety, dejection, sadness, melancholy, despair and aversion to company with no desire to mix with the world. It also has the delusion of floating in the air and a separation of self analogous to that of

having two wills. It has some degree of competitiveness and an anger that is intense and passionate. *Lachesis muta* is said to cover cataleptic attacks (Vermeulen, 2000:918) which is reflected in the peculiar delusions of paralysis seen in *Chamaeleo dilepis dilepis*. The elements of jealousy and fanaticism as well as the intense sexuality that are so pronounced in *Lachesis muta* are minimal or absent in *Chamaeleo dilepis dilepis*, which doesn't have the same intensity in matters of spirituality and sexuality that result in the conflict seen as central to *Lachesis muta* (Vermeulen, 2004:804). The elements of depression and despair seem to be more pronounced in *Chamaeleo dilepis dilepis* than in *Lachesis muta*.

Lachesis muta is well known for vertigo, especially worse in the morning and from movement, with sensations as if would fall (Vermeulen, 2000:920). *Chamaeleo dilepis dilepis* has vertigo that is most especially accompanied by tiredness.

The very pronounced headache symptoms of *Chamaeleo dilepis dilepis* are reflected in *Lachesis muta* which has pain through the head on waking, head pain extending to the neck and shoulders with tension of muscles, pain better for warm applications and wrapping the head tightly, pain over the eyes and in the occiput, pain accompanied by stiff neck and paralysis of the tongue, head pains extending to the eyes and to the nose (Vermeulen, 2000:920). *Chamaeleo dilepis dilepis* shares the locations of occiput, eyes and nose. It has the same concomitant symptoms of pain and stiffness in the neck and the peculiar concomitant of numbness in the tongue. It also has an amelioration from warmth and wrapping the head. Both remedies have a sense of fullness or congestion and extreme heaviness of the head. The headaches in *Lachesis muta* are commonly ameliorated by some form of discharge and often accompanied by nausea and vomiting, while the pains are typically throbbing. These symptoms differentiate the two as they are absent in *Chamaeleo dilepis dilepis*.

Lachesis muta has symptoms of lachrymation, photophobia and twitching of the eyes. Pupils are first contracted then dilated and there is turning upward of the eyes in an epileptic fit. There are dilated vessels in the eyeball and vision is affected such that reading becomes difficult. There is also an increased sensitivity to sounds. (Vermeulen, 2000:921) *Chamaeleo dilepis dilepis* has similar symptoms of lachrymation, photophobia, pupils are unequally dilated, turning in of eyeballs during fit, dilated vessels in the eye, hazy vision on reading and increased sensitivity to sounds. The eye symptoms of *Lachesis muta* are somewhat more pronounced than in *Chamaeleo dilepis dilepis*.

Lachesis muta has a great deal of coryza, sneezing and epistaxis with offensive bloody discharges and vesicular eruptions about the nose (Vermeulen, 2000:922) while *Chamaeleo dilepis dilepis* has watery discharge with some sneezing, congestion of the nose and no epistaxis or eruptions. In *Lachesis muta* there is much bloating of the face with a mottled appearance or dark red/purplish colour, pain in the lower jaw, stiffness of the upper lip, lips dry and cracked and swollen cervical and submaxillary glands (Vermeulen, 2000:922). Similar symptoms are seen in *Chamaeleo dilepis dilepis* but without the dark mottled colour and the bloating limited to a sensation of puffiness. The tongue is affected in both remedies with it being swollen, dry, red, burning, ulcerated, stammering and difficult to move in *Lachesis muta* (Vermeulen, 2000:922); and numb in various areas, markedly dry and with pain in *Chamaeleo dilepis dilepis*. Both remedies have an increase in salivation. Teeth are affected to a greater degree in *Chamaeleo dilepis dilepis* than *Lachesis muta*. They share a sensation of a lump in the throat and general throat pain with this being far more pronounced in *Lachesis muta* than *Chamaeleo dilepis dilepis* (Vermeulen, 2000:923). The latter has the additional symptom of a sensation of emptiness and the presence of a hollow tube in the throat.

Overall the throat symptoms of *Lachesis muta* are far more pronounced than those of *Chamaeleo dilepis dilepis*.

Both remedies have a sensation of bloating in the abdomen, though it is more pronounced in *Lachesis muta* that also has an intolerance of tight clothing. *Lachesis muta* has very many symptoms in the female genital system for which it is well-known and which is largely absent in *Chamaeleo dilepis dilepis* (Vermeulen, 2000:924).

Both remedies have a marked sensitivity of the thoracic region. *Lachesis muta* has difficult respiration, feeling as though constantly obliged to take deep breaths, asthma and suffocating dyspnoea (Vermeulen, 2000:927). This is similar to *Chamaeleo dilepis dilepis* which has a need to take slow, deep breaths with difficult laboured breathing and a sense of oppression in the chest. Both remedies have a sense of compression or constriction of the chest. *Lachesis muta* has a feeling of heat in the chest, while in *Chamaeleo dilepis dilepis* there is cold. *Lachesis muta* is well-known for its cardiovascular symptoms and has a wide range of heart symptoms the following of which it shares with *Chamaeleo dilepis dilepis*: palpitation, pain, a feeling that the heart is too large for the space it occupies and irregular beating. The range of heart symptoms is greater in *Lachesis muta* than *Chamaeleo dilepis dilepis* and there many pronounced symptoms of venous congestion in *Lachesis muta* that are absent in *Chamaeleo dilepis dilepis* (Vermeulen, 2000:927).

There is a great sensitivity about the neck and occiput in *Lachesis muta* that is also seen in *Chamaeleo dilepis dilepis*. It has stiffness of the neck with pain and extreme sensitivity to any touch. It is common to most snake remedies to have a sensitivity to any pressure about the neck (Vermeulen, 2000:928). The stiffness and pain of the neck are very pronounced in *Chamaeleo dilepis dilepis*, while it doesn't demonstrate the same sensitivity

to external pressure. The back is affected to a lesser degree in *Lachesis muta* than *Chamaeleo dilepis dilepis*. *Lachesis muta* has pain, stiffness, numbness, fatigue and paralysis in its limbs in common with *Chamaeleo dilepis dilepis*. There is also an awkwardness of gait demonstrated by *Lachesis muta* and seen in *Chamaeleo dilepis dilepis*. It has heat and burning in the hands and feet where *Chamaeleo dilepis dilepis* experiences cold and there is a lot of mottling of skin, varicosities and swelling of the limbs not seen in *Chamaeleo dilepis dilepis*, while *Chamaeleo dilepis dilepis* has many more symptoms relating to the nervous system such as tingling, pain, numbness and trembling (Vermeulen, 2000:928).

Lachesis muta is well-known for its difficulties with sleep. There is a sleepiness with inability to sleep, feeling wide awake in the evenings, many dreams with frequent waking, restless sleep, unrefreshing sleep, waking at night without being able to sleep again and sleeping into aggravation (Vermeulen, 2000:929), all of which are also found in *Chamaeleo dilepis dilepis*. In *Lachesis muta* the lack of sleep is often due to anxiety or fear of death (Vermeulen, 2000:929), while in *Chamaeleo dilepis dilepis* it is more due to overexcitability of the mind and senses. In *Chamaeleo dilepis dilepis* the waking during the night is most commonly at 3:00 a.m.

The skin symptoms of *Lachesis muta* are focussed around discolouration and mottling with ulcerations, carbuncles, much bleeding of wounds and general decomposition (Vermeulen, 2000:929). The skin symptoms of *Chamaeleo dilepis dilepis* are centred around itching, eruptions especially on the trunk and great sensitivity to cold, especially cold draft.

Lachesis muta is said to have general symptoms of warm-bloodedness, venous congestion, purple discolouration, a tendency to left-sided complaints, a great sensitivity to touch and constricting pressure, an aggravation from warm wet weather and an amelioration from any

discharges (Vermeulen, 2004:804). *Chamaelo* is very much cold-blooded with sensitivity to the cold and an aggravation from it. It also has the sensitivity to light touch and general weariness seen in *Lachesis muta*.

***Chamaeleo dilepis dilepis* and *Conium maculatum* [poison Hemlock]**

One of the most prominent remedies from the repertorisation limited to the plant remedies was *Conium maculatum*. The main symptoms in *Conium maculatum* revolve around the themes of gradual paralysis with slow onset and going unnoticed, induration: weakening of memory, emotional indifference and hardness and physical induration and tumours. There is indifference accompanied by a feeling of paralysis of all the limbs, introversion, isolation and aversion to company and strangers, conservativeness, fixed ideas, fastidiousness, lack of anxiety and perception. (Vermeulen, 2004: 535) There is weakness, languor, sluggishness, debility and weakened memory (Vermeulen, 2000:565).

As can be seen from the above *Conium maculatum* has a strong theme of paralysis on all levels: mental, emotional and physical. This corresponds to the theme of paralysis as seen in *Chamaeleo dilepis dilepis* with its delusions of physical paralysis, numbness, emotional unfeeling, indifference, apathy, severe depression, introversion, isolation and aversion to company. Both remedies have a weakness and debility, though in *Conium maculatum* this is more severe than in *Chamaeleo dilepis dilepis*. *Conium maculatum* is said to be applicable in conditions corresponding to old age and 'end stage' (Vermeulen, 2000:565), whereas *Chamaeleo dilepis dilepis* seems to have more vitality and less debility. There is a greater degree of rigidity in *Conium maculatum* than seen in *Chamaeleo dilepis dilepis*. It has fixed ideas, fastidiousness and a lack of perception and sensitiveness not seen in *Chamaeleo dilepis dilepis*. There is also an

important theme of ailments from sexual suppression with a very high degree of self-control in *Conium maculatum* that is not found in *Chamaeleo dilepis dilepis* (Vermeulen, 2004:536). From this the *Conium maculatum* state can be likened to an extreme expression of the *Chamaeleo dilepis dilepis* state.

Conium maculatum has a difficulty with expression of ideas and an attachment to the material world not seen in *Chamaeleo dilepis dilepis*, and both remedies have a pronounced sensitivity to noise, sensitivity to trifles with easy weeping, depression, quarrelsomeness and domineering attitude (Vermeulen, 2000:566). There is an excessive forgetfulness, dullness, stupefaction, difficulty focussing the mind, poor comprehension and confusion in *Conium maculatum* (Vermeulen, 2000:566) that is seen in *Chamaeleo dilepis dilepis* but to far a lesser degree. *Conium maculatum* has a marked aversion to light and amelioration from darkness (Vermeulen, 2004:537) that is opposite to the amelioration from sunlight that is seen in *Chamaeleo dilepis dilepis*.

Vertigo is a very important symptom in *Conium maculatum* and occurs when lying down and turning over in bed, when turning the head, moving the eyes, shaking the head and is said to be a common accompaniment of the *Conium maculatum* condition (Vermeulen, 2000:566). There is typically a sensation as if the room were turning in a circle. Again this is a symptom that is seen in *Chamaeleo dilepis dilepis* but to a lesser degree of severity and without as many modalities.

The intense symptoms of headache found in *Chamaeleo dilepis dilepis* are not found in *Conium maculatum* with the same intensity. Rather it has many head symptoms pertaining to weakness, prostration and confusion (Vermeulen, 2000:566). The two remedies do share sensations of heaviness, fullness and tiredness of the head and *Conium maculatum* has a

sensation as of a large heavy lump in the brain (Vermeulen, 2000:566) while *Chamaeleo dilepis dilepis* has the similar sensation of a large block in the head.

Both remedies have symptoms of heaviness of eyelids and trembling in the eyes, burning, lachrymation, photophobia and redness of the eyes (Vermeulen, 2000:567). In addition *Conium maculatum* has paralysis of ocular muscles with difficulty focussing vision with vertigo, inflammation of the cornea and discolouration of the cornea (Vermeulen, 2000:567). There is epistaxis, pain in the nose, polyps and purulent discharge in *Conium maculatum* (Vermeulen, 2000:567) in comparison to the watery discharge and nasal congestion found in *Chamaeleo dilepis dilepis*. Lips and mouth are dry and parched in both remedies as well as pain in the jaw, sensations of heat in the face and puffiness of the face, with the submaxillary and parotid glands greatly swollen and indurated in *Conium maculatum* (Vermeulen, 2000:568). There is soreness about the root of the tongue in both remedies with a swollen, stiff painful tongue in *Conium maculatum* and much numbness of the tongue in *Chamaeleo dilepis dilepis*. The two remedies share symptoms of toothache, with the pain being more pronounced in *Chamaeleo dilepis dilepis* and the gums being affected to a far greater degree in *Conium maculatum*. Both remedies have the sensation of a lump lodged in the throat which is accompanied by pain and dryness in *Chamaeleo dilepis dilepis* and constant inclination to swallow in *Conium maculatum* (Vermeulen, 2000:568).

Conium maculatum has many symptoms of severe pain in the stomach and abdomen with jaundice and hepatosplenomegaly, oedema and hard distension of the abdomen (Vermeulen, 2000:569), while in *Chamaeleo dilepis dilepis* there is some abdominal bloating and distension and some cramping and stitching pain without any of the severity seen in *Conium maculatum*.

Conium maculatum produces many symptoms in both the male and female systems, especially relating to bad effects of sexual suppression and the typical swelling, enlargement and induration of glands i.e. testicles, prostate and mammary glands (Vermeulen, 2000:570). There are also many menstrual and obstetric difficulties. The sensitivity of the sexual organs is typical of *Conium maculatum* and barely present in *Chamaeleo dilepis dilepis*.

The chest is affected in *Conium maculatum* to a far lesser degree than in *Chamaeleo dilepis dilepis*. However, the two remedies do share difficult breathing aggravated by exertion, oppressed breathing, tightness of the chest, chest pains accompanied by numbness of the arm and pain in the axilla (Vermeulen, 2000:571). Both remedies display an irregularity of heartbeat and violent palpitations (Vermeulen, 2000:571).

Back and limbs are a common area of sensitivity in both remedies. *Conium maculatum* has coldness in the nape of the neck with tightness and stiffness and pain in the lumbar and sacral regions (Vermeulen, 2000:571). In *Chamaeleo dilepis dilepis* the pain and stiffness is focussed around the neck, shoulders and lumbar region. In both remedies there is a heaviness, weariness trembling and numbness in the limbs, which in *Conium maculatum* is also experienced as actual paralysis, especially of the lower limbs (Vermeulen, 2000:572). Both remedies have coldness of the lower limbs, cramps in the calves and movement difficulties. In *Conium maculatum* the movement is staggering which is more pronounced with the eyes open than closed and accompanied by vertigo, staggering as if drunk and dragging the legs (Vermeulen, 2000:572). In *Chamaeleo dilepis dilepis* the movement is unstable, there is walking with small steps and a feeling as if the left foot is stuck to the ground causing stumbling.

Sleep that is so greatly affected in *Chamaeleo dilepis dilepis* is less affected in *Conium maculatum* though they do share unrefreshing sleep, tiredness

on waking, sleep broken by dreams and frequent waking. Both have drowsiness in the day which is also seen in the evenings in *Conium maculatum*, while in *Chamaeleo dilepis dilepis* there is increased mental activity in the evening and night (Vermeulen, 2000:572).

***Chamaeleo dilepis dilepis* and *Agaricus muscarius* [Fly agaric]**

Vermeulen (2004:29) discusses a disturbed sense of perspective as being a pervasive and important symptom of *Agaricus muscarius*. There is a sense of being unrestrained and uninhibited: talks without listening, speaks without thinking, nosy and curious, fighting without fear. There is also a disturbed awareness of the body and of distance such that it seems as though noises are coming from far off and there is a sense of exalted strength (Vermeulen, 2004:30). There is a similarity to *Chamaeleo dilepis dilepis* in this disturbance of perspective. *Chamaeleo dilepis dilepis* exhibits a sense of being disconnected from reality, a 'spaciness', feeling as if sensory impressions are disconnected, feeling as if sounds are coming from further off and an altered spatial awareness. In both remedies this is accompanied by a difficulty in processing information. In *Agaricus muscarius* there may be mental sluggishness 'as if the whole mind and sensorium are paralysed' (Kent, 2004:43) while *Chamaeleo dilepis dilepis* displays a feeling of disorientation with difficulty in focussing the mind and concentrating. The main difference between the two in this regard is that *Chamaeleo dilepis dilepis* doesn't display the same lack of constraint as seen in *Agaricus muscarius* which also has an element of foolish behaviour: says silly things, sings and whistles at an inopportune time, makes verses, a state similar to intoxication (Kent, 2004:43).

Agaricus muscarius has a great difficulty in coordinating the movements of the muscles of the body (Kent, 2004:43). There is clumsiness of the hands and fingers and irregular, uncertain involuntary and exaggerated movement; reaches too far, staggers, steps too high and drops things (Vermeulen,

2004:32). This can be likened to the movement difficulties seen in *Chamaeleo dilepis dilepis* with the sense that body and mind are not working sharply together, moving with funny small steps, as if one foot is stuck to the ground, tripping a lot and unstable balance.

Agaricus muscarius is said to display four phases in its provings: slight stimulation shown by cheerfulness, courage and loquacity; intoxication with great mental excitement, altered perception, incoherent talking and gaiety alternating with melancholy; a third stage of furious raging delirium, screaming and raving; and a fourth stage of mental depression, indifference, languor and depression (Vermeulen, 2000:30). *Chamaeleo dilepis dilepis* displays a decided resemblance to the second and fourth stages described here. It has the altered perception as detailed above and very strong symptoms of depression, despair, indifference, isolation and aversion to company. In addition to these it also displays a great amount of irritation and expressive and violent anger, though in both of these there is a greater element of control than seen in *Agaricus muscarius* which is known to display a fearless fighting with increased strength and a fearless frenzy (Vermeulen 2004:29).

There is a great amount of anxiety in *Agaricus muscarius* that is seen in *Chamaeleo dilepis dilepis* to a lesser extent, whereas in *Agaricus muscarius* it can give way to a preoccupation with and fear of death, dying and disease especially cancer (Vermeulen, 2004:30) in *Chamaeleo dilepis dilepis* this fear is absent. Coupled with this, *Agaricus muscarius* has a fascination with weird subjects: UFO's, ghosts, dying and near-death experiences, gore and horror stories (Vermeulen, 2004:30) that is not seen in *Chamaeleo dilepis dilepis* in any way. The two remedies share an indolence in the morning with a brightening in the evening.

Kent (2004:42) describes *Agaricus muscarius* as typically demonstrating twitching, trembling, jerking, quivering and tremors everywhere in the body

and limbs. Throughout there is also a sensation of creeping and crawling, cold sensations and burning. *Chamaeleo dilepis dilepis* has a number of symptoms of trembling, muscle weakness, twitching muscles, tingling, numbness, burning and cold throughout the whole body. In *Agaricus muscarius* there is more twitching and jerking of muscles, to the extent of chorea and epilepsy, than seen in *Chamaeleo dilepis dilepis*. Both remedies have a pronounced sensitivity to the cold, cold air, feelings of being frozen and cold in various parts of the body. In *Agaricus muscarius* the cold sensations are typically felt in small spots as of icy needles and there is an accompanying aggravation from heat and sunlight (Vermeulen, 2004:31), while in *Chamaeleo dilepis dilepis* the cold is general or confined to various body parts and there is a definite amelioration from warmth and sunlight.

The headaches of *Agaricus muscarius* are commonly associated with the quivering and jerking (Kent, 2004:43). There is pain as though sharp ice or icy needles touched the head (Kent, 2004:43), and many sensations of cold spots and coldness (Vermeulen, 2000:31), which are absent in *Chamaeleo dilepis dilepis*. They share a heaviness in the head, extending to the neck, a weight in the occiput and a desire to cover the head warmly (Vermeulen, 2000:31). The location of headaches is more commonly in the forehead and vertex in *Agaricus muscarius* and in the occiput and around the eyes in *Chamaeleo dilepis dilepis*.

There is a heaviness of the eyelids common to both remedies, as well as burning, redness and twitching of the eyelids, though there is more twitching of the eyeballs, spasms, nystagmus and aching in *Agaricus muscarius* (Vermeulen, 2000:31). Both have photophobia, dilated pupils and blank staring (Vermeulen, 2000:31). Vision is affected in *Agaricus muscarius* typically with diplopia, colours before the eye, as if everything were surrounded by mist or covered in cobwebs (Vermeulen, 2000:31).

Both remedies display an increased sensitivity to sounds and the typical sensation of *Agaricus muscarius* of cold in small spots is seen with a sensation in the ears as if frozen. Both remedies display stiffness of the facial muscles, face-ache and toothache. In *Agaricus muscarius* this is accompanied by the typical twitching, trembling, grimacing, neuralgia as from ice cold needles and the characteristic feature of incessant licking of the lips (Vermeulen, 2000:32). In *Chamaeleo dilepis dilepis* the stiffness is accompanied by heat, burning, tingling, numbness and puffiness and bloating of the face. In both remedies there is dryness of the tongue, in *Chamaeleo dilepis dilepis* accompanied by numbness and in *Agaricus muscarius* by quivering, twitching, jerking and tremulousness causing distorted and inarticulate speech (Kent, 2004:45). Both remedies have pronounced toothache that extends up the side of the head, and both remedies display a marked increase in thirst (Vermeulen, 2000:32).

The laboured, oppressed, difficult and noisy breathing seen in *Chamaeleo dilepis dilepis* is reflected in *Agaricus muscarius* where it is also accompanied by frequent sighing (Vermeulen, 2000:34). Both remedies have chest pain, which is burning, shooting and tearing in *Agaricus muscarius* and felt behind the sternum and in the axilla; and is aching or sharp, accompanied by numbness of the upper limbs and felt lateral to the sternum and in the axilla in *Chamaeleo dilepis dilepis* (Vermeulen, 2000:32). Both remedies have a feeling of oppression in the chest as if there isn't enough room (*Chamaeleo dilepis dilepis*) or the thorax is too narrow (*Agaricus muscarius*). There is also a sensation of sharp needles internally and that of a hollow tube passing through the thoracic cavity seen in *Chamaeleo dilepis dilepis*. There is arrhythmia and difficult laboured beating of the heart with a sensation of thickened blood and increased pulse rate seen in *Chamaeleo dilepis dilepis*, while in *Agaricus muscarius* there is arrhythmia, a lot of nervous palpitation, shocks and thrill and

spasms of the heart, seen as internal manifestation of its jerking symptoms (Kent, 2004:47).

In *Agaricus muscarius* the back is said to have many peculiar and general guiding symptoms. There is stiffness of the whole spine, feeling as if it would break on bending, tightness of the muscles of the back, tingling deep in the spine, violent shooting, burning pains especially along the spine, sensations of cold, chilliness and tingling (Kent, 2004:47). Most of the pains are in the back of the neck and the lumbosacral region. This bears striking resemblance to *Chamaeleo dilepis dilepis* which has a great deal of pain and stiffness of the back, most especially around the neck, shoulders and lumbar regions with neck stiffness being most prominent. There are sensations of aching, stiffness, feeling as if the back is broken, tingling and stinging. While the cold sensations so typical of *Agaricus muscarius* are absent as is the connection between the back pains and sexual excess seen in *Agaricus muscarius* (Vermeulen, 2000:35).

Agaricus muscarius has many symptoms in the limbs of pain, stiffness, rheumatic pain, cramping, numbness and paralysis of upper and lower limbs (Vermeulen, 2000:36). The hands and feet are very sensitive to cold. There are sensations of splinters, stiffness, spasms and twitching in the upper limbs with the hands so cold that the nails and fingertips appear blue. There is numbness of the lower limbs, heaviness, weariness, tearing pain, neuralgia, cramps, bone pain and prostration (Vermeulen, 2000:36). There is also an uncertain gait, stumbles over everything in the way and the feet and toes feel frozen, the feet are cold like ice up to the ankles, toes look as if frostbitten and there may be boils on the nates (Vermeulen, 2000:36).

Chamaeleo dilepis dilepis demonstrates many comparable symptoms with sore muscles and joints, cold tingling pains, numbness, icy burning, aching and stiffness of both upper and lower limbs and boils in the perineum. It has severe coldness in the hands and feet described as icy, frozen, like ice

blocks and prickling, tingling, heaviness and weakness of limbs. There is a lame feeling of both upper and lower limbs making it difficult to walk, legs shaky and jelly-like. Walking is as if unstable and with funny small steps.

Both remedies share restless sleep, waking frequently, sleeplessness from a rush of ideas and drowsiness during the day. In *Agaricus muscarius* there is a lot of twitching and starting on falling asleep and in *Chamaeleo dilepis dilepis* there is much more frequent waking all through the night and especially around 3:00 a.m. The two share the modalities of aggravation from cold, but *Chamaeleo dilepis dilepis* has an amelioration from the sun which is an aversion in *Agaricus muscarius* and an aggravation in the morning on waking.

Chamaeleo dilepis dilepis and Phosphorus

Phosphorus is well-known for its typical mental themes of diffusion; sympathetic, affectionate, outgoing nature; exceptional sensitivity; extroverted, suggestible, self-centred, scattered, attention seeking behaviour; desire to travel; as well as symptoms of great anxiety and fearfulness (Vermeulen, 2004:1056).

Vithoulkas (1988:154-159) describes four phases of the *Phosphorus* pathology. The first stage relates primarily to physical pathology, in which is seen the typical symptoms of easy bleeding, increased thirst, burning pains, craving for salt, sweets and chocolate and easy amelioration from sleep. In the second stage there is a subsidence of the physical symptoms and an increase in anxieties and fears, typically regarding their health and the safety of others. In the third stage the anxieties and fears become overwhelming and it becomes increasingly difficult to relax, until the anxiety becomes constant and 'free-floating'. At this point the symptoms are still somewhat ameliorated by company and reassurance. The fourth stage is a state in which the mind has broken down completely, resulting in a poor

concentration, inability to think coherently and poor comprehension. The body and mind become weak and the patient becomes indifferent to company and surroundings. This is a state characterised by depression, despondency and indifference.

Similarities to the above can be seen in *Chamaeleo dilepis dilepis*. Many of the provers initially experienced a feeling of light-headedness, floating, feeling 'spaced-out', incompetent and scattered, which reflects the well-known 'spaciness' and diffusion of *Phosphorus*. There was an increased sensitivity to the environment, most especially sounds. In the majority of provers this 'spaced-out' state was soon followed by depression, hopelessness and despair, indifference and apathy. There was also decreased concentration and lack of focus. These latter symptoms reflect particularly the symptoms described as the fourth stage of the *Phosphorus* pathology. Kent (2004:826) attributes similar symptoms to *Phosphorus* namely indifference, seeming dazed or in a stupor, a sense that everything looks dark, feeling weary of life, gloomy and dejected.

The main difference between the two remedies is seen with the desire for company and strong sympathy for others found in *Phosphorus* that is absent in *Chamaeleo dilepis dilepis*. While there is some increased sensitivity to the plight of others it isn't near the intensity seen in *Phosphorus* and there is no desire for company; with an aversion to company, antisocial feelings and an emotional coldness and hardness being most prominent. There is also an aggression and anger not typical to *Phosphorus*.

The vertigo of *Phosphorus* is related primarily to cardiovascular disturbances with feeling as if all the blood rushed to the head accompanied by faintness and nausea (Vermeulen, 2000:1228), whereas in *Chamaeleo dilepis dilepis* the cardiovascular disturbances are absent and it is

accompanied by fatigue and lethargy. The headaches of *Phosphorus* are congestive and throbbing, feeling as though the blood goes to the head. The headaches are ameliorated from cold and worse from heat. (Kent, 2004:826) These headaches are often accompanied by great hunger, hot flushed face, nausea, vomiting and stiffness in the muscles of the face and jaws (Kent, 2004:826). The pain is in the forehead and extends to the root of the nose and upper eyelids, or extends into the bones of the face (Vermeulen, 2000:1229). In *Chamaeleo dilepis dilepis* the pain is less of a throbbing, pulsating nature and the pain is more localised around the eyes and the occiput, extending to the neck.

The eyes are greatly affected in *Phosphorus* with the eyeballs feeling large, as if heated, burning, heaviness in the eyes, lachrymation and paresis of external ocular muscles (Vermeulen, 2000:1229). There is a great deal of congestion of the blood vessels and redness of the eyes (Kent, 2004:827) as well as thrombosis of retinal vessels (Vermeulen, 2000:1229). It has the following eye symptoms in common with *Chamaeleo dilepis dilepis*: redness, burning, lachrymation, heaviness and sleepiness. Both remedies have twitching and trembling in the eyelids, photophobia and a pronounced sensation of fullness of the lids with swelling of the upper lids that is more of a puffiness in *Chamaeleo dilepis dilepis* and a true oedema in *Phosphorus* (Vermeulen, 2000:1229). The tiredness of the eyes seems more pronounced in *Chamaeleo dilepis dilepis* than in *Phosphorus*. Vision is considerably affected in *Phosphorus* with diplopia, blindness, objects appearing red, blue, grey or green, flashes, halos, black spots and narrowing of visual fields (Vermeulen, 2000:1229).

Typical *Phosphorus* symptoms include shooting pain in the ears, difficulty in hearing, especially the human voice; a great deal of coryza in the nose as well as epistaxis (Vermeulen, 2000:1230). Nose colds descend easily to the chest and are commonly accompanied by some bleeding; there may be

sensitivity to smells and foul imaginary odours (Vermeulen, 2000:1230).

Chamaeleo dilepis dilepis has some pain in the ears and Eustachian tubes and sensations of fluttering and pulsations in the ears. There is coryza with thin, watery discharge, nasal congestion and burning. The common epistaxis and descending of colds to the chest of *Phosphorus* are absent in *Chamaeleo dilepis dilepis*.

In *Phosphorus* there may be shooting, tearing facial pains, especially around the orbits and the jaw-bones. There is facial neuralgia, especially involving the jaws. There may be flushes of heat to the face, the face appearing swollen and puffy or it may be flushed or pale (Vermeulen, 2000:1230). *Chamaeleo dilepis dilepis* has facial pain, especially jaw pain, burning and heat of the face with a desire to wash with cold water, bloating and puffiness in common with *Phosphorus*. In addition to this it has tingling of the face as well as sensations of heaviness and tiredness. Both remedies have smoothness of the tongue and dryness, accompanied by a great thirst for cold water (Vermeulen, 2000:1231). There is very severe tooth pain in *Phosphorus* that is ameliorated by warmth and aggravated from talking or eating and there may be caries of the lower jaw (Kent, 2004:828). The tooth pain may be on the left side and extend up the cheek to the temple. These symptoms are similar to *Chamaeleo dilepis dilepis* that has severe toothache aggravated by cold, eating, chewing and swallowing with inflammation of the gums. In addition to this pain *Phosphorus* has well-known application in treating gums that bleed easily and for stopping bleeding after tooth extraction. Both remedies share a rawness, roughness and scraping in the throat (Vermeulen, 2000:1231).

There is a pronounced thirst for very cold water in both remedies that is insatiable at times. Both have a capricious appetite with hunger being more pronounced in *Phosphorus* that is known for symptoms of hypoglycaemia. The abdomen may be distended and flatulent in both remedies, while there

is also burning in *Phosphorus* as well as a greater sensitivity of the liver (Vermeulen, 2000:1231).

Phosphorus is known to be a remedy of the tubercular miasm (Sankaran, 1997:162) and as such the chest is an area of great sensitivity. Respiration is oppressed, there is heaviness as of a great weight on the chest (Kent, 2004:833), respiration is difficult and the chest feels heavy and full (Vermeulen, 2000:1234). The cough symptoms are pronounced with tickling in the throat, an aggravation from cold air, and a hacking, hard, dry tight cough (Vermeulen, 2000:1235). It is known for treating both pneumonia and tuberculosis (Sankaran, 1997:162). There are stitching pains in the chest extending to the throat and arms, heat and burning in the chest and congestion of the chest with crepitations (Vermeulen, 2000:1235). There are sensations of warmth about the heart, pressure over the sternum and about the heart and pains extending down the right arm. There may be palpitations, especially accompanied by anxiety (Vermeulen, 2000:1235).

Chamaeleo dilepis dilepis has similar symptoms of oppression, difficult respiration, fullness in the chest, pain over the sternum extending down the upper limbs and accompanied by numbness and tingling. It has palpitations with difficult respiration, extending to the throat, arrhythmia and increasing heart rate. The cough symptoms are less pronounced than those of *Phosphorus* and there is a sensation of extreme coldness in the internal chest rather than burning and heat.

Phosphorus has many symptoms in the back: stiffness in the back and in the back of the neck, between the scapulae, and in the small of the back. There is a peculiar symptom of heat running up the spine and burning between the scapulae. There is a sensation as if the back would break as well as of weakness (Kent, 2004:834). *Chamaeleo dilepis dilepis* also has

many pronounced symptoms in the back, most especially pain and stiffness of the neck, shoulders and lumbar spine. There is perspiration along the spine accompanying fever and tingling running up the spine and radiating out, stiffness of the vertebrae and a feeling as if the back would break.

Phosphorus has sensations as if the limbs were as heavy as lead, there is sensory and motor paralysis and formication of the hands and feet. The arms and hands become numb, the right arm is as if paralysed, there is weakness and trembling of the upper and lower limbs, coldness of the hands, heaviness, weariness and weakness in lower limbs. Legs are heavy and weary and feet feel as if stuck to the ground (Vermeulen, 2000:1236). There is difficulty of movement with trembling on beginning to walk, stumbling a great deal and catching the feet on the floor (Vermeulen, 2000:1237). These are very similar to the symptoms of *Chamaeleo dilepis dilepis* that has stiff and sore limbs, tingling and numbness of limbs, shooting pains in the upper limbs accompanied by tingling. There is a great deal of weakness and heaviness of both upper and lower limbs, but especially lower. Legs feel weak, tired, shaky and jittery and as if they would just give way. There is unstable movement with difficulty balancing and a feeling as if the left foot periodically sticks to the ground.

Both remedies share symptoms of sleep disturbances: restless sleep, feeling tired on waking, difficulty falling asleep due to excitement and thoughts of the day (Kent, 2004:835) and being sleepy by day with sleeplessness at night; while *Phosphorus* also has somnambulism (Vermeulen, 2000:1237) and *Chamaeleo dilepis dilepis* has a great deal of waking frequently throughout the night and especially at 3:00 a.m.

Chamaeleo dilepis dilepis and Hydrogen

Hydrogen was proven in 1990 by Jeremy Sherr and the students of the Dynamis School for Advanced Homoeopathic Studies. The mental/emotional themes found in the proving are full of contrasting symptoms of opposite polarities (Dynamis, 1992). The main mental theme seems to focus around a feeling of reality versus unreality. There are a lot of sensations of being out of reality, out of the body, separated from the self, 'spaced-out', objects being far away, feeling as if in another dimension and not fitting into the environment. There is a sense as if time were warped – either sped up or slowed down. There is a polarity of confusion of mind with poor concentration, making many mistakes, clumsiness, muddled, forgetfulness in contrast to mental clarity, feeling unusually alert, efficient and mentally active. (Dynamis, 1992)

The focus on the emotional level seems to be around the polarity of manic happiness and severe depression. There is ridiculous laughter, feeling relaxed, calm, happy, bouncy, elated, exhilarated, and bubbly compared to feeling low, indifferent, depressed, suicidal, despairing, distant, indifferent, apathetic, introverted and disconsolate (Dynamis, 1992). There are also symptoms of feeling very sympathetic and connected with humanity versus feeling isolated, silent, cut off and morose. These negative feelings may be accompanied by paranoia and suspiciousness (Dynamis, 1992).

There is a feeling of being relaxed, calm, positive and peaceful versus anxiety, apprehension, 'butterflies' and fearfulness (Dynamis, 1992). There are also symptoms of irritability, quarrelsomeness, anger, aggression and 'snapping'. There is much theorising, philosophising, turning towards religion and searching for meaning (Dynamis, 1992). There are symptoms relating to sex and sexuality: a delusion of being pregnant, feeling as if had given birth, ambivalence about sexual orientation and increased or decreased libido (Dynamis, 1992).

There are similarities in *Chamaeleo dilepis dilepis* in that it displays a feeling of being 'spaced-out' accompanied by feeling disorientated and disconnected – from others, from the surroundings and as if mind and body are disconnected. There is a sense of being on another plane of reality and a difficulty in concentration and focussing as well as light-headedness and a feeling as if floating. It has symptoms of feeling withdrawn, antisocial and distant from people and there is also a feeling of being emotionally cold and hard to others. There is some degree of poor self-image and very pronounced symptoms of depression, hopelessness and despair and there may also be easy weeping. There is a great deal of exhaustion, apathy and indifference. There is anxiety that is accompanied by tiredness and is felt on waking, with a sense of inexplicable foreboding; aggression, explosive anger and pronounced irritability. There is a heightened sensitivity, especially to sounds and an over-excitability of the mind on attempting to sleep. There is some degree of feeling relaxed and calm, especially occurring in provers that are normally easily 'stressed'.

The main differences between *Chamaeleo dilepis dilepis* and *Hydrogen* are concerned with the fact that there is a lot more polarity of the symptoms in *Hydrogen* with people experiencing equally strong symptoms of a positive nature as well as a negative; whereas in *Chamaeleo dilepis dilepis* there is a greater extent of depression and negativity than there is of positive emotions. *Chamaeleo dilepis dilepis* also has none of the symptoms of paranoia, theorising and sexuality seen in *Hydrogen*.

Both remedies experience quite a strong degree of dizziness and vertigo: in both accompanied by headache and in *Chamaeleo dilepis dilepis* accompanied by tiredness (Dynamis, 1992). Both experience many symptoms in the head. *Hydrogen* has a feeling of formication on the scalp and *Chamaeleo dilepis dilepis* has tingling, pins and needles and numbness, both have a feeling of 'fuzziness' and dreadful heaviness of the

head (Dynamis, 1992). There is a great deal of pain in both remedies, especially around and behind the eyes and in the occiput. There is an additional focus of pain in the forehead, vertex and feeling of pain emanating from the centre of the brain in *Hydrogen*. In *Chamaeleo dilepis dilepis* it is primarily focussed around the eyes and occiput and extends to the neck.

In *Hydrogen* there is a sensation of heaviness in the eyes, a feeling of grit in the eyes, much watering, stinging and photophobia. There may be pustules on the margins of the lids and swelling of the upper lids (Dynamis, 1992). *Chamaeleo dilepis dilepis* shares the sensation of heaviness and the photophobia, watering and swelling of the upper lids, and this last is accompanied by a feeling of them being full to bursting. It also has dryness of the eyes, redness, burning, soreness and a feeling of great tiredness of the eyes. In *Hydrogen* vision is affected with black spots, floating specks of light and colours appearing brighter and more beautiful (Dynamis, 1992), whereas in *Chamaeleo dilepis dilepis* there is only some blurring of the vision.

There are more ear symptoms in *Hydrogen* that has pain, ringing, formication, blocking and itching of the ears (Dynamis, 1992). *Chamaeleo dilepis dilepis* has sensations of buzzing, fluttering, some pain and both have cold sensations. In both remedies the nose is stuffy and congested with or without watery discharge. *Hydrogen* also has thick mucous discharge, a lot of sneezing, tingling and itching (Dynamis, 1992). *Chamaeleo dilepis dilepis* has additional burning and roughness felt inside the nose.

Both remedies have tingling and numbness throughout the face, burning and heat of the face, pain and aching, especially of the jaws (Dynamis, 1992). Both have dry lips and in *Hydrogen* this dryness extends to the skin

of the face. There is also puffiness and bloating of the face in *Chamaeleo dilepis dilepis* as well as sinus pain and stiffness of the muscles. The mouth is very dry in both remedies, accompanied by great thirst. The two remedies share numbness and smoothness of the tongue and increased salivation. *Hydrogen* also displays a number of spots and ulcerations in the mouth and tongue (Dynamis, 1992). Both remedies display a severe degree of toothache, in the teeth of the left lower jaw and the incisors in *Chamaeleo dilepis dilepis*, while *Hydrogen* has similar locations as well as pain in the upper right side (Dynamis, 1992). In both remedies the pain may be severe enough to wake one from sleep and in *Hydrogen* there is an amelioration from cold water and aggravation from eating, while in *Chamaeleo dilepis dilepis* there is a distinct aggravation from any cold as well as talking, eating and swallowing (Dynamis, 1992). Both remedies have sore throat with thick mucus covering the back, accompanied by a sensation of dryness and increased thirst with enlargement of cervical glands (Dynamis, 1992). In *Hydrogen* there are sensations of burning and rawness and in *Chamaeleo dilepis dilepis* of scratchiness and grittiness.

There is both an increase and a decrease in appetite seen in both *Hydrogen* and *Chamaeleo dilepis dilepis* and increased thirst for cold drinks, though the thirst seems more pronounced in *Chamaeleo dilepis dilepis* (Dynamis, 1992). Both remedies experience some nausea and gaseousness of the stomach, with the nausea more pronounced in *Hydrogen* and the gaseous feeling in *Chamaeleo dilepis dilepis* (Dynamis, 1992). The two remedies also share a feeling of 'butterflies' in the stomach (Dynamis, 1992). *Chamaeleo dilepis dilepis* has a gnawing pain throughout the abdomen as well as feeling over-distended, full and bloated, while *Hydrogen* demonstrates sharp or aching pain, mostly in the lower abdomen or groin (Dynamis, 1992).

Hydrogen has pronounced constipation, while in *Chamaeleo dilepis dilepis* loose, soft, mushy stools predominate. *Chamaeleo dilepis dilepis* has contradictory bladder symptoms of either excessive urination in comparison to the amount of liquid consumed or the opposite of increased urination with decreased drinking. *Hydrogen* has similar symptoms of full bladder but passing little urine and frequent urination drinking little (Dynamis, 1992). *Hydrogen* has a number of symptoms of the female genitalia including discharge, heavy and/or early menstruation, not seen in *Chamaeleo dilepis dilepis*.

Respiration that was notably affected in *Chamaeleo dilepis dilepis* was not widely affected in *Hydrogen*, which only has some difficult respiration and a little wheezing (Dynamis, 1992). However, the cough symptoms are greater in number in *Hydrogen* than *Chamaeleo dilepis dilepis* with dry, hacking, barking, tickling cough that is worse in the morning as compared to the dry or phlegmy cough seen in *Chamaeleo dilepis dilepis* which also has less expectoration (Dynamis, 1992).

Hydrogen has symptoms of anxiety felt about the heart, tightness of the chest, palpitations and chest pains worse at the sternum (Dynamis, 1992). *Chamaeleo dilepis dilepis* has pains in the pectoral muscles, over the sternum accompanied by numbness and tingling of the upper limbs and as if needles were thrown against the internal surface of the lungs. There is the feeling of a hollow tube in the chest, as well as in the throat, there is freezing cold internally and compression and oppression of the chest. There are a great number of symptoms of palpitations, arrhythmia, feeling as though the heart is pumping against thickened blood and increasing pulse rate.

Hydrogen demonstrates pain and aching in the back felt especially in the back of neck and between the scapulae. There is stiffness and tension of

the neck and shoulders (Dynamis, 1992). These are similar to the symptoms seen in *Chamaeleo dilepis dilepis*, though it has more lumbar pain and more severe neck pain extending from the occiput and not between the scapulae. There is more stiffness of back and neck in *Chamaeleo dilepis dilepis*. In addition there is weakness of the back in *Hydrogen* (Dynamis, 1992) and feeling as though the back would break, perspiration and tingling up the spine in *Chamaeleo dilepis dilepis*.

In the extremities there is suppuration of wounds and formation of pustules on the hands in *Hydrogen*. The two remedies share the following symptoms: legs feeling wobbly and having to place them carefully, clumsiness of movement, numbness and tingling of arms and fingers, numbness and coldness of hands – feeling icy cold, legs and feet feeling icy cold, as if frozen. In *Hydrogen* there is also warmth of the left foot, warm glowing hands, hot thighs, burning of the upper limbs and soles, athlete's foot, chilblain and cracking of the skin of the feet not seen in *Chamaeleo dilepis dilepis*. They both have weakness, tiredness and heaviness of the lower limbs, while these sensations are also present in the upper limbs in *Chamaeleo dilepis dilepis* which also has more pronounced symptoms of heaviness and tiredness of the limbs. There is pain of the extremities in both remedies with burning, shooting and throbbing pain in *Hydrogen* (Dynamis, 1992) and more severe pain in *Chamaeleo dilepis dilepis* that is aching, tingling, shooting, excruciating, cramping and stiff.

The sleep disturbances of *Chamaeleo dilepis dilepis* of restless sleep, difficulty falling asleep and frequent waking are reflected in *Hydrogen*, though to a lesser degree (Dynamis, 1992). *Hydrogen* also has deep, refreshing sleep that is not seen in *Chamaeleo dilepis dilepis*, and it has less tiredness during the day (Dynamis, 1992).

Hydrogen has general symptoms of aggravation on waking and evening with amelioration during the day. *Chamaeleo dilepis dilepis* has aggravation on waking only and it is much more pronounced (Dynamis, 1992). Both have a feeling of being 'fluey' and a tendency to get colds (Dynamis, 1992). *Hydrogen* has sensations of increased heat and flushes of heat as well as increased sensitivity to the cold (Dynamis, 1992). *Chamaeleo dilepis dilepis* only has increased cold sensitivity but this is extreme. Both have symptoms of weakness, tiredness, lethargy and numbness, with the tiredness and weakness seen to a great degree in both remedies, and the numbness and heaviness being more pronounced in *Chamaeleo dilepis dilepis* (Dynamis, 1992). There is a specificity of sides of symptoms in *Hydrogen* not seen in *Chamaeleo dilepis dilepis*. There is also an amelioration from sunlight and warmth in *Chamaeleo dilepis dilepis* and an aggravation from wet weather in *Hydrogen* (Dynamis, 1992).

CHAPTER SIX

6. CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

The homoeopathic drug proving of *Chamaeleo dilepis dilepis* 30CH produced a wide range of symptoms on the mental and emotional planes, as well as throughout the body. There were a number of very strong symptoms that occurred in the vast majority of provers as discussed in subsection 5.3 of Chapter Five of this document; most notably those symptoms relating to sleep disturbance, tiredness, feelings of depression, headaches and those affecting the extremities. There were also a number of symptoms that seem to be characteristic of *Chamaeleo dilepis dilepis* such as the 'dreams' of paralysis, sensations of numbness and movement difficulties. From this proving it can be seen that *Chamaeleo dilepis dilepis* has the potential to provide deep-acting cure to patients with a variety of conditions. It is hoped that further provings and clinical application of *Chamaeleo dilepis dilepis* will provide verification and prove it to be of great value such that nothing else will be able to take its place, just as nothing else can take the place of the better known remedies widely used today (Sherr, 1994:9).

The repertorisation of the ten symptoms taken to best represent the essence of *Chamaeleo dilepis dilepis* produced *Heloderma*, *Lachesis muta*, *Conium maculatum*, *Agaricus muscarius*, *Phosphorus* and *Hydrogen* as the remedies having the highest number of rubrics and total numerical value on repertorisation of proving symptoms. Study of remedies by the method of comparison provides a better understanding of the remedies compared as well as their relationship. The comparison of *Chamaeleo dilepis dilepis* to the remedies that resulted from repertorisation highlights similarities and differences between *Chamaeleo dilepis dilepis* and seemingly similar remedies and provides a list of differential remedies in which *Chamaeleo*

dilepis dilepis could be considered, better enabling accurate homoeopathic prescription according to the Law of Similars.

RECOMMENDATIONS

Further provings of *Chamaeleo dilepis dilepis*

It is recommended that further provings of *Chamaeleo dilepis dilepis* be conducted. Further provings of the 30CH potency would add to and expand the materia medica developed in this proving. Further provings conducted with higher and lower potencies may elicit symptoms that didn't occur with the 30CH potency. Vithoulkas (1980:152) believes that a remedy cannot be considered to be fully proven until tested in low, moderate and high potencies; and Sherr (1994:65) explains how a proving is only complete when the latest provings repeat the previous ones.

In light of the possible relationship of *Chamaeleo dilepis dilepis* to ethnicity highlighted in section 5.5, Chapter Five of this document it is recommended that further provings of *Chamaeleo dilepis dilepis* be conducted on a proving population consisting of a broader spectrum of ethnic groups with more balanced proportions of provers from each ethnic group. In this way a comparison of the effects of the remedy on the various ethnic groups may be drawn, considering the nature of the chamaeleon as an animal that can change the colour of its skin.

Provers

Initially the researchers had decided to stagger the provers such that small groups of three provers would start the proving within one day of each other. The practical application was by necessity different. Each prover had different time constraints as to when they would be able to commence with the proving and it was necessary to comply with these constraints so as to enable various individuals to participate. Therefore, it is recommended that this sort of strict staggering of groups starting within a day of one another is

impractical and the timing needs to be flexible. That said the researchers did still have small groups of three or four people starting simultaneously, to ensure that close monitoring of individuals was possible while still maintaining some cohesion of the group as a whole. The small groups typically started within a few days to a week of one another.

The greatest difficulty that was encountered during the course of the study was finding suitable people who were willing to participate in the proving. The researches recruited people both from within the homoeopathic community and from the public at large. Out of the total proving population of 30 people from the proving groups supervised by both Moore and Pistorius, a proportion of 33% were either homoeopathic students or people very familiar with homoeopathy with these evenly distributed across the two groups; while the remaining 67% of the total population consisted of people who had limited knowledge of homoeopathy and the proving process.

It was noted that the people more familiar with homoeopathy, the proving process and the subtleties to be expected provided more detailed descriptions of symptoms. There were however many 'lay people' who experienced a great number of symptoms, many of them strong symptoms, that provided the proving with much valuable information.

As seems to be so often the case in provings there were only a few exceptionally sensitive provers as determined by who recorded the greatest number of symptoms, and these people were all from the more 'homoeopathically familiar' proportion of provers. It is open to speculation as to whether there would have been more symptoms recorded by the 'non-homoeopathic group' had they initially been as familiar with homoeopathy as the 'homoeopathic group'. During this research all of the provers were thoroughly primed as to the process and yet there was still a degree of lack

of understanding. It may be that this understanding is only fully obtainable after completing the proving process personally.

Ideally a proving population consisting only of people familiar with and enthusiastic about the process would be used, however this was not practically viable for this study. One possible solution is that a database of names be developed of all homoeopathic students past and current who would like to participate in provings so that there is always a 'pool' of appropriate volunteers to contact for future provings.

Supervision of Provers

Sherr (1994:32) recommends that a close team of two people coordinating a proving will be able to preserve the unity required during the collating and editing of symptoms, but that with more than two this unity is often lost. Van der Hulst (2002:170) recommends that the number be limited to one principle supervisor. The experience of this study which was conducted in close conjunction with Pistorius (2006) suggests to the researcher that having two supervisors has the dual advantage of allowing each supervisor closer contact with individual provers as each supervisor is responsible for a smaller group, while still allowing a wide variety of symptoms to be produced by the larger total group; while the unity described as essential by Sherr (199:32) is still maintained.

Clinical Information

Vithoulkas (1980:147), amongst others, believes that a remedy can only be said to be fully proven when symptoms are included that have been cured in the process of the treatment of sick individuals. During the course of the proving a number of symptoms seem to have been incidentally cured for the duration of the proving in some of the provers, which corresponded to symptoms produced in other provers. However, the symptomatology revealed in the proving needs to be verified through repeated clinical use of

the remedy. The information thus acquired needs to be widely disseminated so as to allow for the use of *Chamaeleo dilepis dilepis* by a greater proportion of the homoeopathic community.

Related remedies

Currently by far the larger proportion of remedies from the reptile class come from the snake family. There is a paucity of remedies originating from the lizard family, currently consisting primarily of *Heloderma* sp. [*Gila monster*] and *Lacerta agilis* [*Green lizard*]. The comparative analysis of *Chamaeleo dilepis dilepis* and *Heloderma* demonstrated a striking resemblance between the two remedies. It is interesting to note that this close relationship may be observed even though *Heloderma* is a toxic lizard while *Chamaeleo dilepis dilepis* is not. It is therefore recommended that more remedies from the lizard family be proven. An interesting comparison could be drawn between *Chamaeleo dilepis dilepis* as an indigenous substance and other indigenous lizards for example *Hemidactylus mabouia* the tropical house Gecko and *Mabuya striata* the Striped Skink.

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PERSONAL COMMUNICATION:

1. LAMBIRIS, A.J.L. (lambiris@3i.co.za), 15 August 2005, *Tail-clip references*. E-mail to D.N. Moore (debs@cdrive.co.za)

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AUDE SAPERE
DARE TO KNOW
Hahnemann

HOMOEOPATHIC PROVING

“A proving is the deepest level at which one gains intimate knowledge of the materia medica.”
Jeremy Sherr

We invite you to join our proving
If you are interested please call
Proving supervisors

APPENDIX B

Suitability for Inclusion in the proving

All information will be treated as **strictly confidential**

Surname:

First names:

Sex (please circle): **M** **F**

Telephone number:

PLEASE CIRCLE THE APPROPRIATE ANSWER

- Are you between the ages of 18 and 60 years? YES NO
- Are you currently taking 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? 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)
 - ten cigarettes per day YES NO
 - three cups of coffee or tea per day YES NO
- Do you consider yourself to be in a general state of good health? 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 the Venom of Bitis arietans arietans*. M. Tech. Hom. Dissertation, Technikon Natal, Durban.

Informed Consent Form

(To be completed in duplicate by the prover)

Title of the Research Project

A Homoeopathic Drug Proving

Name of Supervisor

Dr. C. R. Hopkins

Name of Research Students

Liesl Pistorius, Debora Moore

Please Circle the Appropriate Answer:

- | | | |
|----|---|----------|
| 1. | Have you read the research information sheet? | YES / NO |
| 2. | Have you had the 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 this 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: | |
| a. | At any time | |
| b. | Without having to give a reason for withdrawing | |
| c. | Without affecting your future health care? | YES / NO |
| 9. | Do you agree to voluntarily take part in this proving? | YES / NO |

If you have answered NO to any of the above, please obtain the information before signing.

I _____ hereby give consent for the proposed procedures to be performed on me as part of the mentioned research project.

Prover:

Name _____ Signature _____ Date _____

Witness:

Name _____ Signature _____ Date _____

Researcher:

Name _____ Signature _____ Date _____

APPENDIX D

Case History Sheet

This 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:

Dated of birth:

Marital status:

Occupation:

Sex:

Age:

Children:

Past medical history:

Please list all 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		Haemorrhoids	
Eczema or skin conditions		Cardiovascular disease	
Arthritic / Rheumatic conditions		Warts	

Surgical history:

Please list any past surgical procedures you have undergone, and the approximate dates. (Including the removal of tonsils, warts, moles, appendix)

Allergies:

Vaccinations (including any reaction to them):

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	
Arthritic / Rheumatic conditions			

Please list any other medical conditions within your family:

General Health:

Energy:

Describe your energy levels on a scale from 1 to 10, where 1 is the lowest and 10 is the highest.

Stress:

Describe your stress levels on a scale from 1 to 10, where 1 is the lowest and 10 is the highest.

Sleep:

- Quantity
- Quality
- Position

Dreams:

Include any recurrent dreams and themes; and any significance related to life situations at the time of the dream

Time modalities:

Weather modalities:

Temperature modalities:

Perspiration:

- Distribution
- Odour
- Colour

Appetite:

- Hunger
- Cravings
- Aversions
- Aggravations

Thirst:

- What do you normally drink
- Quantity
- How do you drink (small / large sips...)

Travel:

Specific Body Systems:

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

Head:

- Scalp, hair
- Headache
- Trauma, whiplash
- Concomitants
- Modalities

Neurological:

- Seizures
- Weakness / palsy
- Sensations
- Concomitants
- Modalities

Eyes:

- Pain
- Inflammation
- Discolouration
- Vision
- Concomitants
- Modalities

Ears:

- Otitis
- Balance / vertigo
- Tinnitus
- Hearing
- Concomitants
- Modalities

Nose:

- Allergic rhinitis
- Coryza
- Sneezing
- Sinusitis
- Post-nasal drip

- Concomitants
- Modalities

Throat:

- Sore throats
- Hoarseness
- Tonsils – IN or OUT
- Concomitants
- Modalities

Pulmonary:

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

CVS:

- Hyper / Hypotension
- Pain / discomfort (chest)

- Palpitations
- Syncope
- Oedema
- Phlebitis, varices, telangiectasias, anaemia, easy bruising...
- Concomitants
- Modalities

GIT and Abdomen:

- Nausea / vomiting
- Indigestion / heartburn
- Hernia
- Ulcers
- Abdominal pain
- Bloating
- Bowel movements
- Constipation
- Flatulence
- Any organs particularly affected (Liver, pancreas, gall bladder...)
- Haemorrhoids
- Any GI surgery
- Concomitants
- Modalities

Urinary system:

- Urine output per day (quantity, colour, odour...)
- Fluid intake (what, how much, hot / cold...)
- Infections
- Nocturia
- Haematuria
- Past stones
- Concomitants
- Modalities

Male system:

- Libido
- Pain
- Impotence
- Emissions
- Prostate
- Swellings
- Lesions
- STD's
- Concomitants
- Modalities

Female system:

- Contraception
 - For how long
 - Past history of
- Libido
- Coital pain
- Pain (other)
- Bloating
- Cysts
- PMS
- Menstrual cycle
 - Interval
 - No. of days
 - Amt. of flow
 - Colour of blood
 - Clots
 - Pain
 - Menarche
- Menopause
- Discharge
- Breast pain
- Check ups
- PAP smear
- Last gynae appointment
- Pregnancy

- Labour
- Infections
- STD's
- Concomitants
- Modalities

Skin:

- General appearance
- Eruptions
- Dryness
- Turgor
- Nails
- Concomitants
- Modalities

Musculoskeletal:

- Muscle pain / stiffness
- Joints
 - Pain
 - Stiffness
 - Inflammation
- Concomitants

- Modalities

Mental:

Please describe your mental and emotional state as it is at this present time

Physical Examination:

Vital signs:

- Pulse
- Temperature
- Blood pressure
- Height
- Weight (any recent change...)

JACCOLDD:

- Jaundice
- Anaemia
- Capillary refill
- Cyanosis
- Clubbing
- Oedema
- Lymphadenopathy
- Dehydration
- Dyspnoea

Cursory examination:

Brief head to toe examination of all systems

- Skin
- Head and neck
- Respiratory
- CVS
- Abdomen
- Extremities
 - Reflexes
 - Range of motion
 - Muscle tone

Instructions to Provers

Dear Prover,

Welcome to an exciting experience. We would like to thank you very much for taking part in this proving. Please follow the following instructions carefully.

Before the Proving

Make sure you have:

1. Completed and signed the informed consent form
2. Attended the pre-proving meeting
3. Had a case history taken and a physical exam done
4. Been allocated a prover code
5. Been given a journal
6. Been given a set of six powders
7. Read and understood these instructions

Your proving supervisor will inform you of the date to start the one week pre-proving observation period and again on which day to start taking the remedy. Please give a convenient daily contact time when the supervisor can contact you. Should there be any further queries or uncertainties, please do not hesitate to contact your proving supervisor at any time.

Beginning the Proving

Record your symptoms daily in the journal for one week prior to taking the remedy. This will help you get into the habit of observing and recording your symptoms on a daily basis and it will also bring you into contact with your normal state. This is very important as it forms the baseline of the proving.

Taking the Remedy

Begin taking the remedy on the day you and your supervisor have agreed upon. It is very important to record the time that you take each dose. Time keeping is an important element of the proving.

The remedy should be dissolved under the tongue on an empty stomach and with a clean mouth. Neither food nor drink should be taken for half an hour before and after taking the remedy. The remedy should not be taken for more than 3 doses a day for two days (six 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**.

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 please don't hesitate to contact your supervisor. Be on the safe side and do not take any further doses. Our experience has shown again and again that the proving symptoms usually begin very subtly, often before the prover recognises that the remedy has begun to act.

Lifestyle during the Proving

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

Avoid all antidoting factors such as camphor menthol and mints. If you normally use these substances, please stop taking those two weeks before, and for the duration of, the proving.

Protect the tablets you are proving as you would any other potentised remedy by storing it in a cool, dark place, away from any strong smelling substances and electronic equipment i.e. cell phones.

Avoid taking medication of any sort, especially antibiotics, 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 or proving coordinator as soon as possible.

Confidentiality

It is important for the quality and credibility of the proving that you discuss your symptoms only with your supervisor. Keep your symptoms to yourself and do not discuss them with fellow provers or anyone that may have contact with fellow provers.

Your privacy is something that we will protect. Your identity will be known only by your supervisor and on completion of the proving all identifiable information will be removed and destroyed.

Contact with your Supervisor

Your proving supervisor will contact you to start the pre-proving observation period and then on a daily basis once you start taking the remedy, until you and your supervisor agree that it is not necessary to maintain such close contact.

This will then decrease to 2 or 3 times a week, and then once a week. This is to monitor your progress, make sure that you aren't experiencing any difficulties and to ensure that you are recording the best quality symptoms. If you have any doubt or questions at any point during the proving, contact your supervisor immediately.

Recording of Symptoms

When you commence the proving, note down carefully any symptoms that arise, whether they are old or new, and the time of day or night 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.

Please keep this information sheet and your journal with you at all times to ensure you record symptoms as soon as they occur.

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 the type of sensation as thoroughly as possible i.e. burning, dull, shooting, stitching, throbbing etc.

Modality:

> (better) or < (worse) from weather, food, smells, dark, lying, standing, light, people, etc. Try different things out to see if they affect the symptom and record any changes.

Time:

Note the time of onset of the symptoms, and when they cease or are altered. Is it generally > or < at a particular time of day, and is this unusual for you?

Intensity:

Briefly describe the sensation and effect of the symptom on you.

Aetiology:

Did anything seem to set off or cause the symptom and does this occur frequently?

Concomitants:

Do any symptoms occur simultaneously or do some symptoms appear to alternate with each other?

Remember CLAMITS

C - Concomitants

L - Location

A - Aetiology

M - Modality

I - Intensity

T - Time

S - Sensation

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

Mind	Stomach	Cough
Vertigo	Abdomen	Expectoration
Head	Rectum	Chest
Eye	Stool	Back
Vision	Bladder	Extremities
Ear	Kidneys	Sleep
Hearing	Prostate	Dreams
Nose	Urethra	Chill
Face	Urine	Fever
Mouth	Male genitalia/sex	Perspiration
Teeth	Female genitalia/sex	Skin
Throat	Larynx	Generals
External Throat	Respiration	

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

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

(NS) - New symptom.

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

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

(US) - An unusual symptom for you.

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

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

Mental and emotional symptoms are important, and sometimes difficult to describe - please take special care in noting these.

Reports from friends and relatives can be very enlightening. Please include these if possible.

At the end of the proving please make a general summary of the proving. Note how the proving affected you in general. How has this experience affected your health? Would you do another proving?

Please remember that detailed observation and concise, legible recording is crucial to the proving.

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

"The person who is proving the medicine must be pre-eminently trustworthy and conscientious... and able to express and describe his sensations in accurate terms." *Organon* paragraph 126

Thank you for participating in this proving. I am sure you will find that there is no better way of learning and advancing homoeopathy.

Extracted and freely adapted from Jeremy Sherr – The Dynamics and Methodology of Provings.

Proving Information Sheet:

What is a proving?

A homoeopathic drug proving is a study in which people who are in a relatively good state of health, take a homoeopathically prepared substance in order to observe and record any symptoms that are elicited. These symptoms are then said to form the drug picture for that substance and can be used as a basis for prescription, according to the Law of Similars, when a patient displays a similar symptom picture.

Why participate in a proving?

Provings are vitally important to homoeopathy as they represent the only truly accurate manner in which to ascertain the action of homoeopathic drugs. Hahnemann suggests in the Organon that all homoeopaths should take part in provings because they allow one to gain a practical and experiential understanding of homoeopathic medicines. He also feels that the process of having to accurately record all symptoms that are experienced in the proving can only serve to increase the physician's powers of observation – what he considered to be the physician's greatest and most important tool.

Are there any health risks in participating in a proving?

Homoeopathic drug provings are safe and pose no threat to one's health as the substance used in the proving is given in a diluted and potentised homoeopathic form.

Provings have been conducted for as long as homoeopathy has existed and it is seen in all provings that symptoms that are experienced during the proving are generally mild and exist only temporarily.

There is, in addition to this, the fact that all provers are continuously monitored by the researchers throughout the proving process. If at any point a prover experiences symptoms that are causing discomfort these will immediately be treated homoeopathically, free of charge, under the supervision of the Research Supervisor.

What is expected of provers?

There are certain criteria that need to be met in order to enable you to participate in this proving:

- Must be between the ages of 18 and 60
- Must be willing and able to comply with the daily keeping of a journal in which symptoms are recorded
- Must be in a relatively good state of health

- Must be in what is considered, for yourself, to be a general state of good health
- Must be willing to follow the proper procedures for the duration of the proving
- Must be able to maintain your normal lifestyle and usual daily routine as closely as possible and have no major lifestyle changes (e.g. moving house, marriage or divorce) planned during the proving period. Any lifestyle changes should take place at least three weeks before commencing with the proving
- Must not be on or in need of any medication: chemical, homoeopathic or other
- Must not have been on the birth control pill or hormone replacement therapy in the previous six months
- Must not be pregnant or nursing
- Must not have had surgery in the previous six weeks
- Must not have any surgical or medical procedures planned for the duration of the proving period
- Must not use recreational drugs such as cannabis, LSD or MDMA
- Any consumption of stimulants (alcohol, coffee, tea, cigarettes) must be in moderation

A total of 30 volunteers, who will be the provers, will be randomly assigned to two groups. One group (80% of the total) will be given the proving substance and the other group (20% of the total) will receive placebo. This will be done in such a manner that neither the provers nor the researchers will know who is in which group; and none of the provers will know what the proving substance is.

Provers will first need to record their 'normal' symptoms for one week to establish a baseline of health. You will then be required to take the given substance (or placebo) three times a day for a total of two days. During this time you may experience symptoms which you will be required to record in your proving journal. During the entire proving time the researchers will be in close contact with you to monitor your symptoms. This will be done under the supervision of the Research Supervisor.

If you choose to take part in the proving you will be provided with a detailed list of instructions as to exactly what the proving entails. Here follows the basic sequence of events:

1. You will contact either of the researchers to say that you would like to participate in the proving and will be asked to meet with the researcher for a pre-proving interview
2. At the pre-proving interview you will be asked to complete the Inclusion criteria sheet and provided with any information you require about the process. You will be given a date for a pre-proving group meeting

3. The pre-proving group meeting will be held between all of the provers and both the researchers. This will serve as an informative session where any questions about the proving will be answered and you will be given a complete break down as to what the proving entails
4. At the end of this group meeting you will be asked to arrange a time with a researcher for a 1 ½ hour consultation and physical examination. You will then be asked to sign the informed consent form
5. At the consultation you will be given your prover code, journal, medication and a starting date will be agreed on
6. On completion of the proving there will be another 1 ½ hour consultation with a researcher
7. Once all provers have completed the proving there will be another group meeting between provers and researchers to compare individual experiences

If at any point you decide to withdraw from the proving you are perfectly entitled to do so without having to give any explanation. You may be asked to withdraw from the proving if there is any conflict with the criteria listed above, as these are the criteria that have been set to define the study.

Please be aware that **confidentiality will be maintained throughout the proving**. On completion of the proving any identifiable data will be removed and destroyed. Proving symptoms that are recorded will only be published using the prover code.

Contact details:

If you have any questions, require information or would like to participate in the proving please contact one of the following people:

Researchers:

	Liesl Pistorius	Debora Moore
Phone:	(031) 462 9993 083 792 7828	(031) 777 1666 083 659 5670
E-mail:	potentlie@yahoo.co.uk	z1zn@cdrive.co.za

Supervisor:

If you have any questions at all please do not hesitate to contact us.

Thank you for your time,

Debora Moore and Liesl Pistorius

APPENDIX G

Debora Moore (201)

Reptiles

This analysis contains 16 remedies and 11 symptoms.

Intensity is considered

Analysis is limited to families.

		1	2	3	4	5	6	7	8	9	10	11
		lach.	crot-c.	crot-h.	naja	helo-s.	vip.	helo.	elaps	scench.	hydroph.	dendr-pol.
Sum of symptoms (sort:deg) →		9/19	6/12	6/10	6/7	5/5	5/5	4/7	4/5	3/3	3/3	3/3
1. MIND - DELUSIONS - paralyzed; he is	1	-	-	-	-	-	-	-	-	-	-	-
2. EXTREMITIES - AWKWARDNESS - Lower limbs - stumbling when walking	1	2	-	-	-	-	-	-	-	-	-	-
3. GENERALS - NUMBNESS - Externally	1	1	2	2	-	1	1	2	1	-	1	-
4. MIND - DESPAIR	1	2	-	1	1	-	1	-	-	-	-	-
5. MIND - DELUSIONS - separated - world; from the - he is separated	1	-	-	-	-	-	-	-	-	-	-	-
6. GENERALS - SLEEP - after sleep - agg.	1	3	3	2	1	1	-	-	-	-	-	-
7. GENERALS - WEARINESS	1	3	2	-	1	-	-	-	-	1	-	-
8. GENERALS - HEAT - lack of vital heat	1	2	3	-	2	1	-	3	2	-	-	-
9. MIND - SENSITIVE	1	2	-	2	-	-	1	-	-	-	-	1
10. SLEEP - SLEEPLESSNESS	1	3	1	2	1	1	1	1	1	1	1	1
11. KINGDOMS - ANIMALIA - Chordata - Reptilia (with all subrubrics)	1a	1	1	1	1	1	1	1	1	1	1	1

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APPENDIX G

Debora Moore (201)**Plants**

This analysis contains 316 remedies and 12 symptoms.
Intensity is considered

Analysis is limited to families.

		1	2	3	4	5	6	7	8	9	10	11	12	13	14
		anac.	nux-v.	cocc.	con.	staph.	op.	chel.	agar.	chin.	verat.	bell.	colch.	thuj.	lyc.
	Sum of symptoms (sort:deg) →	10/15	9/17	9/16	9/16	8/16	8/14	8/13	8/12	8/12	8/12	8/11	8/11	8/11	7/16
1. MIND - DELUSIONS - paralyzed; he is	1	-	-	-	1	-	-	-	1	-	-	-	-	-	-
2. EXTREMITIES - AWKWARDNESS - Lower limbs - stumbling when walking	1	1	1	1	2	-	1	1	3	-	1	1	2	-	-
3. GENERALS - NUMBNESS - Externally	1	3	2	3	2	1	3	2	1	1	1	2	1	1	3
4. MIND - DESPAIR	1	2	1	2	2	2	2	1	1	2	3	1	1	1	3
5. MIND - DELUSIONS - separated - world; from the - he is separated	1	2	-	-	-	-	-	-	-	-	-	-	-	1	-
6. GENERALS - SLEEP - after sleep - egg.	1	1	1	2	2	2	2	2	-	1	2	1	-	1	2
7. GENERALS - WEARINESS	1	2	3	1	2	3	1	3	1	1	2	1	1	1	3
8. GENERALS - HEAT - lack of vital heat	1	1	3	2	2	2	1	2	2	2	1	-	2	2	2
9. MIND - SENSITIVE - external impressions, to all	1	1	2	2	-	2	-	-	-	1	-	1	2	-	-
10. SLEEP - SLEEPLESSNESS	1	1	3	2	2	3	3	1	2	3	1	3	1	3	2
11. KINGDOMS - PLANTS APG Group (with all subrubrics)	1a	1	1	1	1	1	1	1	1	1	1	1	1	1	1
12. KINGDOMS - PLANTS other families (with all subrubrics)	1a	1	1	1	1	1	1	1	1	1	1	1	1	1	1

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Debora Moore (201)

Minerals		Analysis is limited to families.												
This analysis contains 199 remedies and 12 symptoms.		1	2	3	4	5	6	7	8	9	10	11	12	13
Intensity is considered		phos.	ph-ac.	ars.	hydrog.	kali-p.	positr.	caust.	calc.	hep.	op.	stann.	sulph.	graph.
Sum of symptoms (sort:deg) →		9/20	9/18	9/16	9/15	9/14	9/10	8/17	8/16	8/14	8/13	7/16	7/15	
1. MIND - DELUSIONS - paralyzed; he is	1	-	-	-	-	-	-	-	-	-	-	-	-	-
2. EXTREMITIES - AWKWARDNESS - Lower limbs - stumbling when walking	1	2	2	1	-	1	1	3	2	-	1	1	-	-
3. GENERALS - NUMBNESS - Externally	1	2	3	2	1	1	1	2	1	1	3	2	1	3
4. MIND - DESPAIR	1	1	1	3	1	2	1	2	3	1	2	1	3	2
5. MIND - DELUSIONS - separated - world; from the - he is separated	1	-	-	-	3	-	1	-	-	-	-	-	-	-
6. GENERALS - SLEEP - after sleep - agg.	1	2	2	2	2	1	-	2	1	2	2	1	3	1
7. GENERALS - WEARINESS	1	3	3	1	2	3	1	2	2	2	1	2	3	3
8. GENERALS - HEAT - lack of vital heat	1	3	3	2	2	3	1	3	3	3	1	2	2	3
9. MIND - SENSITIVE - external impressions, to all	1	3	1	1	1	1	1	-	-	1	-	-	-	-
10. SLEEP - SLEEPLESSNESS	1	3	2	3	2	1	2	2	3	3	3	3	3	2
11. KINGDOMS - IMPONDERABLES (with all subrubrics)	1a	-	-	-	-	-	1	-	-	-	-	-	-	-
12. KINGDOMS - MINERALS and CHEMICALS (with all subrubrics)	1a	1	1	1	1	1	-	1	1	1	1	1	1	1

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