

**A double blind placebo controlled proving of
Nelumbo nucifera 30CH with subsequent
comparison to its cultural significance**

By

Tharushka Pillay

Dissertation submitted in partial compliance with the requirements of the
Master's Degree in Technology: Homoeopathy in the Faculty of Health
Sciences at the Durban University of Technology

I, Tharushka Pillay, do declare that this dissertation is representative of
my own work, both in conception and execution.

Signature of Student

Date of signature

APPROVED FOR FINAL SUBMISSION

Signature of Supervisor
Dr D.F. Naude
M. Tech : Hom (T.N)

Date of signature

Signature of Co-Supervisor
Dr I. Botha
D. Tech : Hom

Date of signature

**Dedicated to my beloved Bhagavan Shri Sathya Sai Baba for giving me the
strength, will power and determination along this journey.
Without you I would not be where I am today.**

ACKNOWLEDGEMENTS

I would like to acknowledge and extend my heartfelt gratitude to the following people, without whom this research would not be possible:

My husband, Sherwin, you have been my pillar of strength for the past 12 years. Giving me the motivation and encouragement I needed when I was near giving up. Thank you for protecting me and making me smile every single day. Thank you for helping me in every way that you have. My appreciation and gratitude for all you have done cannot be expressed in words.

My family, Mum, you have helped me grow into the strong, assertive woman I am today. You have shown me that whatever obstacles we may face in my life, there are always ways to overcome them. My siblings, Suvanya and Yeshayran, you both have filled my life with endless laughs and smiles. I cannot imagine living a single day without you. Thank you for the love and support you have given me. I am so proud of you both. To my Grandparents, for teaching me values and the lessons of life. I am so grateful and blessed that you both were such a big part of my life.

To my best friend, Keshia, thank you for being my shoulder to cry on and just a call away. We have come a long way and I will cherish our friendship for all the years to come.

My supervisors, Dr Naude, thank you for guiding me through my research and advising me every step of the way. Dr Botha, for helping me even though you were half way across the world.

To all my provers, thank you for trusting me and giving up your time to help me accomplish this. Without all of you, this would not have been possible.

TABLE OF CONTENTS

DEDICATION

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

DEFINITION OF TERMS

CHAPTER ONE: OVERVIEW OF THE STUDY

1.1 Introduction to homoeopathic drug provings.....	13
1.2 Introduction to the proving substance.....	14
1.3 Aim and objectives of the study.....	16
1.4 Delimitations of the study.....	16
1.5 Assumptions of the study.....	17

CHAPTER TWO: LITERATURE REVIEW

2.1 Historical perspectives.....	18
2.1.1 Samuel Hahnemann - the Founder of homoeopathy.....	18
2.1.2 The Law of Similars.....	18
2.1.3 Provings.....	19
2.2 Current Provings.....	20
2.2.1 Harmonised Proving Guidelines.....	21
2.3 Proving Methodology.....	21
2.3.1 Prover Population.....	21
2.3.2 Placebo.....	22
2.3.3 Blinding.....	22
2.3.4 Potency.....	23
2.3.5 Posology.....	23
2.4 Related Research: Provings conducted at DUT.....	24
2.5 Other Homoeopathic Principles.....	26

2.5.1 Doctrine of Signatures.....	26
2.5.2 Miasmatic Theory.....	26
2.6 The Proving Substance: <i>Nelumbo nucifera</i>	28
2.6.1 Classification.....	28
2.6.2 Habitat, distribution, description and appearance.....	28
2.6.2.1 Special features.....	32
2.6.3 Traditional use.....	33
2.6.4 Other research conducted on <i>Nelumbo nucifera</i>	34
2.6.4.1 Chemical constituents.....	34
2.6.4.2 The psychopharmacological activity of the rhizome from <i>Nelumbo nucifera</i>	34
2.6.4.3 Monograph of <i>Nelumbo nucifera</i>	35
2.6.5 Proving on Sacred Lotus by Nancy Herrick.....	36
2.6.6 Historical findings.....	37
2.6.7 Cultural Symbolism and Significance.....	37

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction.....	40
3.2 Outline of Experimental Method.....	41
3.3 The Proving Substance.....	42
3.3.1 Sourcing and harvesting of the crude substance.....	42
3.3.2 The Potency.....	47
3.3.3 Preparation and Dispensing of proving substance.....	47
3.3.4 Dosage and Posology.....	53
3.4 Population Criteria.....	53
3.4.1 Recruitment process and sample size.....	53
3.4.2 Inclusion criteria of participants.....	54
3.4.3 Initial interview and assessment of provers.....	54
3.4.4 Randomisation and Blinding.....	55
3.5 Proving Process.....	56
3.5.1 Lifestyle of provers.....	57

3.5.2 Recording information.....	58
3.5.3 Monitoring of provers.....	60
3.6 Collection, Analysis and Reporting of Data.....	60
3.6.1 Data Collection - extraction and evaluation of symptoms.....	60
3.6.2 Analysis of data.....	61
3.7 Reporting of Data.....	63
3.7.1 Materia Medica.....	63
3.7.2 Repertory.....	65
3.8 Ethical Considerations.....	65
3.8.1 Risks or Discomfort to the Participant.....	65
3.8.2 Supervision of provers.....	66
3.8.3 Benefits, costs and remuneration.....	66
3.8.4 Prover confidentiality.....	66
3.8.5 Voluntary participation.....	66
3.8.6 Anti-doting methods.....	67
3.9 Comparison to Cultural Significance of <i>Nelumbo nucifera</i>	67

CHAPTER FOUR: RESULTS

4.1 Introduction.....	68
4.2 Prover Demographics.....	68
4.3 Materia Medica.....	71
Mind.....	71
Vertigo.....	81
Head.....	82
Eye.....	84
Vision.....	87
Nose.....	88
Face.....	91
Mouth.....	91
Throat.....	92
Stomach.....	93
Abdomen.....	93

Rectum.....	95
Stool.....	96
Bladder.....	96
Urine.....	96
Female.....	96
Respiratory.....	98
Cough.....	99
Back.....	99
Extremities.....	101
Sleep.....	104
Dreams.....	110
Perspiration.....	114
Skin.....	115
Generals.....	116
4.4 Repertory.....	129

CHAPTER FIVE: DISCUSSION

5.1 Introduction.....	154
5.2 Remedy Abbreviation.....	154
5.3 The Symptoms.....	154
Mind.....	155
Vertigo.....	159
Head.....	159
Eye.....	160
Vision.....	160
Nose.....	161
Face.....	162
Mouth.....	162
Throat.....	162
Stomach.....	162
Abdomen.....	163
Rectum.....	163

Stool.....	164
Bladder.....	164
Urine.....	164
Female.....	164
Respiratory.....	165
Cough.....	165
Back.....	166
Extremities.....	167
Sleep.....	168
Dreams.....	170
Perspiration.....	173
Skin.....	173
Generals.....	173
5.4 Possible Clinical Indications for <i>Nelumbo nucifera</i>	179
5.5 Themes.....	180
5.5.1 Themes by Herrick (2003) discussed in relation to current proving.....	180
5.5.2 Themes developed by the researcher in the current study.....	182
5.5.2.1 Happiness vs. Sadness.....	182
5.5.2.2 Sleepiness vs. Insomnia.....	184
5.5.2.3 Energy vs. Lack of energy.....	186
5.6 Discussion of Symptoms in relation to the Cultural Significance and Symbolism of <i>Nelumbo nucifera</i>	188

CHAPTER SIX: Recommendations and Conclusion

6.1 Recommendations.....	193
6.1.1 Availability of Proving.....	193
6.1.2 Comparison to Related Remedies.....	193
6.1.3 Further Provings on <i>Nelumbo nucifera</i>	193
6.2 Conclusion.....	194

CHAPTER SEVEN: REFERENCE LIST.....	195
---	------------

APPENDICES

Appendix A - Preliminary Info Letter and Preliminary Informed Consent.....	200
Appendix C - Screening and suitability for inclusion.....	205
Appendix D - Initial case history & physical examination.....	207
Appendix E - Main Info letter and Informed Consent.....	214
Appendix G - Follow up case history & physical examination.....	223
Appendix H - Flow chart.....	229
Appendix I - Research advert.....	235
Appendix J - Ethics Clearance Certificate.....	236
Appendix K - Gate keeper permission letter.....	237
Appendix L - HOD of homoeopathy permission letter.....	238
Appendix M - DUT Research Director permission letter.....	240
Appendix N - Remedy Manufacture.....	243

LIST OF TABLES

Table 1: Provings conducted at the Durban University of Technology.....	20
Table 2.1 Substances proved at DUT.....	24
Table 2.2 Summary of methodologies used in the provings listed in Table 2.1.....	25
Table 4.1 Represents the proving sample, listing their allocated prover number, age, gender and whether they had received verum or placebo.....	69
Table 4.3 Distribution and grading of rubrics.....	130

LIST OF FIGURES

Figure 2.1 <i>Nelumbo nucifera</i> flowering.....	28
Figure 2.2 Vast growth of <i>Nelumbo nucifera</i> in the pond at Botanic Gardens.....	29
Figure 2.3 Leaves of <i>Nelumbo nucifera</i>	29
Figure 2.4 Leaves and receptacle of <i>Nelumbo nucifera</i>	30
Figure 2.5 Seeds inside receptacle which resembles a 'showerhead'.....	30
Figure 2.6 Seeds of <i>Nelumbo nucifera</i>	30
Figure 3.1 Map of Durban Botanic Gardens indicating specimen collection point..	43
Figure 3.2 Pond at Durban Botanic Gardens where sample was obtained.....	44

Figure 3.3 Pond with extensive growth of aquatic perennial plants.....	44
Figure 3.4 <i>Nelumbo nucifera</i> (sacred lotus) grows amongst <i>Nymphaea caerulea</i> (blue lily).....	44
Figure 3.5 Pink <i>Nelumbo nucifera</i> (sacred lotus).....	45
Figure 3.8 Keeper uses water proof suit to walk through water.....	45
Figure 3.9 Keeper reaches into mud to pull out rhizome and roots.....	45
Figure 3.10 Keeper manages to remove rhizome and roots from mud.....	46
Figure 3.11 Keeper makes his way out of the pond with specimen.....	46
Figure 3.12 Mr KK Dlamini handing specimen to research student.....	46
Figure 3.13 Flower, leaf, rhizome and roots of <i>Nelumbo nucifera</i>	49
Figure 3.14 Rhizome and root system of <i>Nelumbo nucifera</i>	49
Figure 3.15 Flower and leaf of <i>Nelumbo nucifera</i>	49
Figure 3.16 Stamen and pistil of <i>Nelumbo nucifera</i>	50
Figure 3.17 All parts used in manufacture of <i>Nelumbo nucifera</i> 30CH.....	50
Figure 3.18 Close up of pistil, stamen, leaf, stem, rhizome and roots.....	50
Figure 3.19 Label on container given to prover.....	51
Figure 3.20 Lactose powder with medicated granules.....	51
Figure 3.21 Container with 6 powders (verum or placebo).....	52
Figure 3.22 Container with powders given to prover.....	52
Figure 4.2 Race and gender distribution of verum provers (n=26).....	70
Figure 4.3 Age distribution of verum provers (n=26).....	70

DEFINITION OF TERMS

Centesimal potency

This is the most widely used potency scale and was originally developed by Hahnemann. It is a dilution in the proportion of 1 part in one hundred, the sequential addition of 1 part of the previous potency or the stock to 99 parts of the diluents. The number of these serial dilutions, with succussion, indicates the centesimal potency. The centesimal potency is designated with a number followed by the letters CH (Swayne, 2000:36; Yasgur, 1997:44).

Complementary remedy

This is a term used to describe a remedy which assists another remedy in its action. An example of this would be *Sulphur* and *Nux Vomica*, where if *Nux vomica* was prescribed and yielded minimal results in a particular case then *Sulphur* could be prescribed in order to complete the therapeutic action of *Nux vomica*, thereby making these two remedies complements of each other (Yasgur, 1997:54).

Dilution

This means to reduce the concentration of a solution or non-fluid mixture (Gaier, 1991: 128)

Doctrine of Signatures

This doctrine, developed by Paracelsus, draws a parallel between the nature of a substance and the disease process for which it may hold therapeutic value (Swayne, 2000:192).

Law of similars

This law, the Latin translation of which is '*similia similibus curentur*', is the fundamental principle of Homoeopathy. The law states that a substance may be used to treat disorders which are similar to those that the substance itself can cause in a healthy individual (Yasgur, 1997:234; Swayne 2000:193).

Materia medica

The materia medica is a textbook containing the knowledge of medicines systematically. In homoeopathy, the materia medica describes the nature and therapeutic repertoire of homoeopathic medicines; of the pathology, the symptoms and signs and the modifying factors (modalities), and general characteristics of the patient associated with them, derived from the toxicology, homoeopathic provings and clinical experience of the use (Swayne, 2000:133).

Miasm

A miasm is an underlying chronic or recurrent disease state, which may be acquired or inherited (Gaier, 1991:342).

Modality

A modality is a factor which qualifies a specific symptom, and may be expressed as a factor which either aggravates or ameliorates that symptom. Such factors are associated with times of the day, seasons, locality, position, pressure, perception and touch among others (Gaier, 1991).

Pharmacopoeia

This is an authoritative reference work which contains monographs of medicines and other therapeutic agents, specifications for resources of, and standards for the strength and purity of base substances and mother tinctures, formulae and methods of preparation of these substances and their derivative potencies, as well as descriptions of processes for the testing of starting materials (Gaier, 1991:398).

Placebo

A placebo is a relatively inert, non-medicated substance which is administered to the control group of individuals during a clinical trial. This is done in order to compare and contrast symptomatology experienced by the control group and the verum group. The placebo is indistinguishable from the verum when administered (Yasgur, 1997:187).

Potency

This is the stage of altered remedial activity to which a homoeopathic drug has been taken by means of a measured process of de-concentration, with succussion or by trituration, of the medicinal substance, which is thereby brought to a state of diminutive or infinitesimal subdivision (Gaier, 1991:432).

Potentization

This refers to the physical process by which the latent curative properties of medicines are stimulated into activity or the impartation of the pharmacological message of the original substance by means of trituration or succussion (Gaier, 1991:143).

Prover

The term prover refers to a human volunteer, who is the subject of a homoeopathic proving or pathogenic trial. Such volunteers should be in good health and are responsible for recording any changes in their conditions before, during and after administration of the proving drug that is being tested (Swayne, 2000:174).

Proving

Defined as a test or examination (Gaier, 1991:390), it is the systematic procedure used to determine the medicinal or curative properties of a substance (Vithoulkas, 2002:96).

Repertorisation

This refers to a technique used by Homoeopaths, by means of a repertory, which assists in finding the homoeopathic remedies which correspond with the totality of symptoms experienced by a prover, from which a simillimum can be chosen (Swayne, 2000).

Repertory

This is a systematic cross reference of symptoms and disorders to various homoeopathic medicines in whose therapeutic repertoire they occur (Swayne, 2000:183).

Rubric

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

Simillimum

A term used to describe a specific remedy which best corresponds with the totality of symptoms as experienced by a diseased individual. Such a remedy should be curative or the best palliative remedy in the case of incurable diseases (Yasgur, 1997:234).

Succussion

This refers to a method of potentisation, which involves vigorous shaking, causing impact or elastic collision that is carried out at each stage of dilution in the preparation of homoeopathic potency (Swayne, 2000:201).

Thirtieth centesimal potency (30CH)

This is the thirtieth step of serial de-concentration on a scale of 1:99, with inter-current succussions, which is applied at each step. The concentration of a substance at this potency would therefore be 1×10^{-60} (Yasgur, 1997:193-194).

Trituration

This is the reduction of a substance to a minute state or division by means of continued rubbing or grinding. This is the method used to prepare a remedy, whereby the medicinal substance, which is usually insoluble in water or alcohol, is

ground using a mortar and pestle with a certain proportion of lactose (Yasgur, 1997:266).

Verum

This refers to the substance that is administered to provers, which is medically active in contrast to the medically inactive placebo (Yasgur, 1997:275).

CHAPTER ONE

Overview of the study

1.1 INTRODUCTION TO HOMOEOPATHIC DRUG PROVINGS

Paracelsus states that “There is no illness for which a remedy has not been created and established to drive it away and cure it” (Sherr, 1994:3). Homoeopathy is based on the principle of ‘like cures like’ (*similia similibus curentur*) where that which causes a certain symptom picture when administered in minute doses to a healthy individual will also cure the same morbidic symptoms present in a diseased person (O’Reilly, 1996:5). The limited number of provings being done has disadvantaged the practice of homoeopathy therefore this study aims to acknowledge a new remedy so that the Materia Medica can expand (Vithoulkas, 1980). Conducting a proving will establish the therapeutic potential of *Nelumbo nucifera* through the application of the Law of Similars thus adding to the Materia Medica and advancing homoeopathy (Vithoulkas, 1980).

Homoeopathic remedies have the ability to stimulate an individual’s healing processes complementary to the wisdom of the body (Ullman, 1991: xxiv). When the vital force is weakened and out of balance, the individual develops illness which can be treated using the Law of Similars bringing healing and restoration of harmony within the body. Seeing that individualization is a key principle in homoeopathy whereby the sick individual is treated and not merely the presenting disease, the challenge arises in selecting a specific remedy for that individual.

Homoeopathic provings refer to the process of identifying the potential medicinal or curative properties of a given substance. The term ‘proving’ is derived from the German word “prüfung”, which means ‘test’ or ‘assay’ (Yasgur, 1997:201; Gaier, 1991:390). The starting point of provings is when healthy participants are given repeated doses of the substance in question, this is done until symptoms are produced; the unique set of symptoms produced by that substance form the materia medica (therapeutic indications) of that substance. Thus the purpose of a homoeopathic drug proving is to elicit symptoms in response to a substance and not

to illustrate the effectiveness of the drug in question. The therapeutic application of the substance is thus revealed from the symptoms produced and from the therapeutic indications thereof according to the Law of Similars (Ullman, 1991:10).

For greater accuracy and individualisation in treating patients it is important to increase the number of remedies within the Materia Medica (Wright, 1999) i.e. widening the choice of remedy options may allow for greater individualisation of prescription. In this regard it is necessary to perform provings on new substances to expand the homoeopathic armamentarium in order for homoeopathy to advance (Vithoulkas, 1980:143). Many important remedies have not yet been developed therefore numerous cases cannot be solved according (Herrick, 1998). In aphorism 162 of the Organon, Hahnemann writes that if the exact simillimum has not yet been proved, then the Homoeopath is forced to prescribe the most appropriate remedy. For this reason, in aphorism 145, Hahnemann urges the discovery of a suitable remedial agent for every known disease (Dudgeon, Boericke, 2011). The purpose of this study is to then expand the Materia Medica by investigating the therapeutic potential of *Nelumbo nucifera* 30CH.

1.2 INTRODUCTION TO THE PROVING SUBSTANCE

Scientific name: *Nelumbo nucifera* Gaertn.

Common name(s): Sacred lotus, Indian lotus

Habitat: Warm-temperate to tropical climates, in a range of shallow (up to about 2.5m deep) wetland habitats, including floodplains, ponds, lakes, pools, lagoons, marshes, swamps and the backwaters of reservoirs.

Known hazards: None known, although *Nelumbo nucifera* contains some alkaloids, such as nuciferine, aporphine and armepavine.

Description: The sacred lotus is a perennial aquatic plant with rhizomes (often mistakenly called 'roots') which grows in the mud at the bottom of shallow ponds, lakes, lagoons, marshes and flooded fields. It's large, peltate (with the leaf-stalk attaching to the centre, rather than the edge) leaves rise above the water surface on 1 – 2 metre long petioles. The flowers of the sacred lotus appear between June and August. They are 10-23cm in diameter and are borne on pedicels (stalks) that are

longer than the leaf petioles. A typical lotus flower has 16-36 white, pink or red tepals (petals and sepals) but double varieties can have up to 160 tepals in one flower. The prominent receptacle in the centre of the flower is 5-10 cm in diameter and develops into a large peculiar fruit (Kew, 2010).

Traditional Medicine and Pharmacological Activities: The sacred lotus is used in traditional medicine for its tremendous health benefits in many parts of the world. It is used to treat sunstroke, diarrhoea, dysentery, haemorrhoids, dizziness, uterine bleeding disorders, infections and fever, hypertension, urinary problems, hematemesis, epistaxis, hemoptysis, hematuria and metrorrhagia. Pharmacological studies on the lotus have proven its antidiarrhoeal, anti-inflammatory, antipyretic, hypoglycaemic, immunomodulatory, antioxidant, aphrodisiac, lipolytic, antiviral and hepatoprotective activities (Sheikh, 2014, p.43).

Cultural significance: The sacred lotus grows in stagnant, murky water where it sends a long taproot into the mud below. The flower itself floats above this mud, transcending what is below with an eternal beauty recognized by all. Typical of water flowers, they open and close with day and night. The following quotation from the Bhagavad Gita gives the sense of this religious symbolism:

“One who performs his duty without attachment, surrendering the results unto the Supreme Lord, is unaffected by sinful action, as the lotus leaf is untouched by water.”

The sacred lotus symbolizes purity and freedom from desire with the search for eternity. Commonly, in Hindu mythology, certain deities have associations with the sacred lotus. The opening of the flower represents the opening of what is human to what is divine, the opening of the soul to divine lights and inspiration (Branch, 2006).

1.3 AIM AND OBJECTIVES OF THE STUDY

1.3.1 Aim:

To investigate the therapeutic potential of *Nelumbo nucifera* in order to expand or increase the number of remedies in the Materia Medica.

1.3.2 Objectives:

- 1.) To determine the symptoms (if any) produced in healthy participants subsequent to the administration of *Nelumbo nucifera* 30CH.
- 2.) To compare the elicited symptoms to the cultural significance of the substance.

1.4 DELIMITATIONS OF THE STUDY

The following should be excluded from the onset of the study as certain mechanisms of action and influences on the proving lay beyond the scope of this study. These delimitations are as follows:

- 1.4.1 The study did not seek to explain the mechanism of action of the homoeopathic preparation of *Nelumbo nucifera* in the production of symptoms in healthy individuals.
- 1.4.2 The study did not seek to determine the effects of *Nelumbo nucifera* in potencies other than that of the 30th centesimal potency.
- 1.4.3 The study did not attempt to evaluate *Nelumbo nucifera* for a particular purpose.

1.5 ASSUMPTIONS OF THE STUDY

The following assumptions were formulated with regard to the proving process in order for the investigation to be carried out. These assumptions are as follows:

- 1.5.1 Provers complied with the research methodology and instructions provided to them by the researcher.
- 1.5.2 Provers continued with their normal lifestyle and dietary habits for the duration of the proving and did not deviate as instructed to them by the researcher.
- 1.5.3 Provers accurately and honestly documented their symptoms for the duration of the proving by being conscientious in observing themselves.

CHAPTER TWO

Literature Review

2.1 HISTORICAL PERSPECTIVES

2.1.1 Samuel Hahnemann - The Founder of Homoeopathy

Dr Samuel Hahnemann was a German physician and chemist, disillusioned with contemporary medicinal practices which he considered to be unscientific, inhumane, cruel and barbaric (Sankaran, 1997:8). In the year 1790, Hahnemann was not satisfied with Cullen's explanation of the mechanism of action of quinine bark in treating malaria. Cullen proposed that quinine was an effective anti-malarial agent due to its bitter, astringent properties (Handley, 1990:57-58). Hahnemann encountered this explanation whilst translating Cullen's manuscript *A Treatise on Materia Medica*. Hahnemann went on to perform the very first proving in 1796 i.e. Peruvian bark (Cinchona) which he performed on himself (Sankaran, 1998). This produced a pathogenic effect similar to the symptoms of malaria. With this new insight, Hahnemann went on to perform further experimental studies of the same nature, using different substances which he found to be curative of certain well-defined diseases (Gunavante, 2006). Following these ground-breaking experiments he established the term 'similia similibus curenter', which means 'like cures like'. This marked the formulation of The Law of Similars (DeSchepper, 2001; Master, 2013).

2.1.2 The Law of Similars

The word 'homoeopathy' originates from the Greek words 'hómoios' meaning similar and 'pathos' meaning suffering (Vithoulkas, 1980:6). The fundamental law on which homoeopathy is based; The Law of Similars, states that any substance which can produce a certain set of disease symptoms has the potential to cure those same symptoms in a diseased individual (Vithoulkas 1980:92).

However, the idea and principle of 'like cures like' did not originate with the birth of homoeopathy. Hippocrates (460-350 B.C.), the 'Father of Medicine', wrote "*By similar things a disease is produced and through the application of the like, it is*

cured.” Aristotle (384-322 B.C.), a Greek philosopher, wrote “*Often the simile acts upon the simile.*” Both recognized the fundamental principle of homoeopathy in their time (Cook, 1989:1).

With this in mind it was Samuel Hahnemann who clinically applied the Law of Similars treating patients with homoeopathically potentised substances he had systematically and methodically tested on healthy volunteers.

2.1.3 Provings

Homoeopathic provings refer to the process of identifying the potential medicinal or curative properties of a substance. The term proving is derived from the German word “*prufung*”, which means ‘test’ or ‘assay’ (Yasgur, 1997:201; Gaier, 1991:390). The starting point of provings is when healthy participants are given multiple doses of the test substance until symptoms are produced, the purpose of a homoeopathic drug proving however is to induce/produce and carefully document symptoms in these healthy volunteers and not to illustrate the effectiveness of the drug in question. The therapeutic application of the substance is thus revealed from the symptoms according to the Law of Similars (Ullman, 1991:10).

Hahnemann published the first edition of the *Organon of the Medical Art* in 1810 which explained and elaborated on this system he had developed based on the Law of Similars (De Schepper, 2001:xvi). Initially, Hahnemann experimented on himself with more than a hundred remedies in increasingly smaller doses, later he started to include family, friends and associates to expand this experimental process (De Schepper, 2001:32-33). The Law of Similars was confirmed through this objective system of methodical testing of remedies on healthy volunteers (Sankaran, 1997:9).

Vithoulkas published *The Science of Homoeopathy* in 1980, where he devoted an entire chapter on the proving process suggesting strict and rigorous controls to be followed when conducting a proving, such degrees of control however would be most impractical and exorbitantly expensive to conduct (Smal, 2004:10).

2.2 CURRENT PROVINGS

Since the time of Hahnemann research in Homoeopathy has increased greatly (Bhasme et al., 2013). Cases that could only be partially treated due to the absence or undiscovered 'similimum' have the opportunity to be resolved as more provings are done expanding the Materia Medica by establishing new remedies (Vithoulikas, 1986).

Yearly, many successful provings using plant, mineral or animal substances are conducted at the Durban University of Technology (DUT) by the M.Tech Homoeopathy students.

Table 1: Provings conducted at the Durban University of Technology

Remedy Name	Common Name	Year
<i>Bitisarietansarietans</i>	African Puff Adder	1999
<i>Sceletiumtortuosum</i>	Kougoed	1999
<i>Pycnoporussanguineus</i>	Tropical Cinnabar Bracket	2002
<i>Bitisgabonicagabonica</i>	Gaboon Viper	2004
<i>Najamossambica</i>	Mozambique Spitting Cobra	2004
<i>Harpagophytumprocumbens</i>	Devil's Claw	2004
<i>Sutherlandiafrutescens</i>	Cancer Bush	2004
<i>Chamaeleodilepisdilepis</i>	Flap-necked Chameleon	2006
<i>Erythralysistemom</i>	African Coral Tree	2007
<i>Pseucedanum galbanum</i>	Blister Bush	2007
<i>Gymnuranatalensis</i>	Backwater Butterfly Ray	2008
<i>Hemochatushaemochatus</i>	Rinkhals	2008
<i>Loxodontaafricana</i>	African elephant – Ivory	2008
<i>Acridotherestrictis</i>	Indian Mynah	2010
<i>Proteacynaroides</i>	King Protea	2010
<i>Dendroaspisangusticeps</i>	Green Mamba	2010
<i>Strychnoshenningsii</i>	Red Bitter Berry	2011
<i>Bitisatropos</i>	Berg Adder	2013
<i>Ubichinone</i>	Co Enzyme Q10	2014
<i>Withaniasomnifera</i>	Ashwaghandha	2014
<i>Pantheraleo</i>	Lioness	2015

Adapted from (Ross 2009)

2.2.1 Harmonised Proving Guidelines

These guidelines have been approved and published by the Liga Medicorum Homoeopathica Internationalis and the European Committee of Homoeopathy (Jansen and Ross, 2014). Since homoeopathic provings are essential to the progress of homoeopathy, these guidelines were formulated to serve as a reference for the improvement of the quality of homoeopathic provings, and proving methodology and procedures for proving directors, ethical review boards and other authorities dealing with this subject (Jansen and Ross, 2014).

According to Harmonised Proving Guidelines, provings are conducted for the following purposes:

- The most common reason for conducting a proving is to expand the materia medica. After the publication of the proving report, curative responses will further enrich the final materia medica.
- As a self-learning experience, the principal objective is the experience of the action of a homoeopathic potency on oneself.
- Evaluating the effectiveness of a potentised substance.

2.3 PROVING METHODOLOGY

2.3.1 Prover Population

On the subject of population size, there are many differing opinions in the number of provers that should be utilised in contemporary provings. Too small a proving can be unreliable whereas too-large provings can be cumbersome (Sherr, 1994:45).

According to De Schepper (2001:34) a proving should consist of at least 50 people to obtain a complete symptom picture without omission of important symptoms. In saying that, Vithoulkas (1980:152) is in favour of 50-100 provers in a proving. However, a proving with 100 or more provers is too large as it distorts the remedy out of proportion against other remedies in the repertory. It would result in an over-representation of too many common symptoms being generated (Sherr, 1994:45). The International Council of Classical Homoeopathy (ICCH) and the Liga Medicorum Homoeopathica Internationalis (LMHI) recommend 10-20 provers as an ideal size to

conduct a proving (ICCH, 1999:34) (Jansen and Ross, 2014). Therefore the optimal number for a valid and thorough proving should be between 15-20 provers (Sherr, 1994:45). During the period of 1999 – 2013, 10 provings conducted at DUT had 30 provers as seen in Table 2.2.

2.3.2 Placebo

In order to eliminate variability, a placebo controlled group should be implemented in the proving structure (Naude, 2010). When compared to symptoms of the placebo group, the authenticity of proving symptoms are increased (ICCH, 1999:34). Thus the placebo separates the effects of the verum which arises in the proving (Sherr, 1994:37). The role of the placebo group serves to increase provers' attention and accuracy when recording symptoms (ICCH, 1999:34; Sherr, 1994:57).

Vithoulkas (1980:151) recommends that a minimum of 25% of the prover population receive placebo to minimise bias; the LMHI and the European Committee of Homoeopathy (ECH) 10% (Jansen, 2014:11); the ICCH (1999:34) 10-30%; the Homoeopathic Pharmacopoeia Convention of the United States [HPCUS] (2013) a minimum of 20% and Sherr (1994:57) 10-20% respectively.

2.3.3 Blinding

Different levels of blinding are to be maintained according to the Harmonised Proving Guidelines. Blinding the name of the remedy is ideally recommended until the analysis of the symptoms has been finalised (Jansen and Ross, 2014). The purpose of blinding in provings allows the researcher to distinguish between the placebo effect and the action of the proving substance in question, that is to distinguish between the effect of the remedy and the effect of the proving process itself on provers. Blinding may also be of importance in instances where sensitive individuals who are given placebo may generate symptoms by simply taking a so-called medicinal substance (Sherr, 1994; Ullman, 1991; Vithoulkas, 1986).

A double blind placebo controlled proving approach eliminates bias and improves the accuracy of the results (Sherr, 1994:36).

In addition to the provers being blinded keeping the researcher blind promotes equal attention to all provers and their symptoms (Sherr, 1994:36).

2.3.4 Potency

There is much evidence to support the use of the 30th centesimal potency exclusively within a proving (O'Reilly, 1996:154). As Walach noted in his proving of Belladonna (1997) and Sherr in his proving of Hydrogen (1992), the 30th centesimal potency produces the most mental and emotional symptoms. As stated by Somaru (2008:11), the mental and emotional symptoms are considered to be of the utmost importance in any homoeopathic proving. A review of contemporary provings [including Wright (1999), Sankaran (2004), Somaru (2008), Ross (2011)] suggests that the 30th centesimal potency is the most frequently utilised potency. Potencies between the 12th and 30th centesimal potency are recommended by the Harmonised Proving Guidelines (Jansen and Ross, 2014).

2.3.5 Posology

Kent has cautioned against the unnecessary and indiscriminate repetition of a remedy as it could graft onto the provers constitution and therefore have permanent implications (Sherr, 1994:53-54). There should be no repetition of dosing once proving symptoms have appeared nor should it be repeated once proving symptoms have disappeared (Jansen and Ross, 2014).

2.4 RELATED RESEARCH: PROVINGS CONDUCTED AT DUT

According to the above methodologies, the following provings have been conducted at the DUT:

Table 2.1 Substances proved at DUT

REMEDY NAME	COMMON NAME	YEAR	INVESTIGATOR(S)
<i>Bitis arietans arietans</i>	African Puff Adder	1999	Wright
<i>Sceletium tortuosum</i>	Kougoed	1999	dos Ramos
<i>Pycnoporussanguineus</i>	Tropical Cinnabar Bracket	2002	Morris
<i>Bitis gabonica gabonica</i>	Gaboon Viper	2004	Thomson
<i>Naja mossambica</i>	Mozambique Spitting Cobra	2004	Smal; Taylor
<i>Harpagophytum procumbens</i>	Devil's Claw	2004	Kerschbaumer
<i>Sutherlandia frutescens</i>	Cancer Bush	2004	Kell; Low; Webster; Van der Hulst
<i>Chamaeleo dilepsis dilepsis</i>	Flap-necked Chameleon	2006	Moore; Pistorius
<i>Erythralysistemom</i>	African Coral Tree	2007	De beer; Gryn; Olivier; Thiel
<i>Peucedanum galbanum</i>	Blister Bush	2007	Wagner; Wayland
<i>Gymnuranatalensis</i>	Backwater Butterfly Ray	2008	Naidoo; Pather
<i>Hemochatushaemochatus</i>	Rinkhals	2008	Cahill; de la Rouviere
<i>Loxodonta africana</i>	African Elephant – Ivory	2008	Forbes; Speckmeier
<i>Acridotherestrictis</i>	Indian Mynah	2010	Hoosen
<i>Protea cynaroides</i>	King Protea	2010	Botha
<i>Dendrosaspisangusticeps</i>	Green Mamba	2010	Hansjee
<i>Strychnos heningsii</i>	Coffee bean Strychnos	2011	Ross; Maharaj; Naidoo; Naidoo; Lockhat
<i>Bitis atropos</i>	Berg Adder	2013	Brijnath; Schonfeld
<i>Ubichinon</i>	Co Enzyme Q10	2013	Naidoo
<i>Withania somnifera</i>	Ashwaghandha	2014	Laidlaw
<i>Panthera leo</i>	Lioness	2015	Peter Naidoo

Table 2.2 Summary of methodologies used in the provings listed in Table 2.1

REMEDY NAME	POTENCY	NO. OF DOSES (MAX.)	NO. OF PROVERS	NO. OF PROVERS ON VERUM	NO. OF PROVERS ON PLACEBO
<i>Bitis arietans arietans</i>	30CH	21	30	15	15
<i>Sceletium tortuosum</i>	30CH	21	30	15	15
<i>Pycnoporussan guineus</i>	30CH	21	30	15	15
<i>Bitis gabonica gabonica</i>	30CH	15	20	15	5
<i>Naja mossambica</i>	30CH	6	20	13	7
<i>Harpagophytum procumbens</i>	30CH	9	30	15	15
<i>Sutherlandia frutescens</i>	30CH	9	24	18	6
<i>Chamaeleo dilepsis dilepsis</i>	30CH	6	15	12	3
<i>Erythrinalysiste mon</i>	30CH	9	31	20	12
<i>Peucedanum galbanum</i>	30CH	6	20	24	6
<i>Gymnuranatale nsis</i>	30CH	6	30	24	6
<i>Hemochatusha emochatus</i>	30CH	6	30	24	6
<i>Loxodonta africana</i>	30CH	6	26	20	6
<i>Acridotheristristi s</i>	30CH	6	30	15	15
<i>Dendroaspisan dusticeps</i>	30CH	6	30	24	6
<i>Protea cynaroides</i>	30CH	6	30	20	10
<i>Strychnos heningsii</i>	30CH	9	32	16	16
<i>Bitis atropos</i>	30CH	9	28	22	6
<i>Ubichinon</i>	30CH	9	30	24	6
<i>Withania somnifera</i>	30CH	6	30	24	6
<i>Panthera leo</i>	30CH	9	30	24	6

2.5 OTHER HOMOEOPATHIC PRINCIPLES

2.5.1 Doctrine of Signatures

The concept of the Doctrine of Signatures is that a substance which resembles an organ of the human body in any which way, may be used to treat diseases of that particular organ (Rafeeqe, 2012).

The first mention of this practice dates back to that of Paracelsus (1493-1541), a Swiss physician, who was the first to profound this doctrine, which draws a symbolic parallel between nature and disease processes (Swayne, 2000).

Paracelsus and his student, William Coles (1626-1662), a 17th century botanist, were responsible for popularising this concept for practical and medicinal use. One discovery by Coles was that of walnuts, which he found to be good for treating head ailments, specifically to that of the brain, as they have signatures to that of the head. Another example of which he made discovery was that of St. John's Wort (*Hypericum perforatum*) which may be used in treating ailments of the skin, as the small holes seen on the leaves of this plant resembles the pores of the skin (Cassel, 2008).

2.5.2 Miasmatic Theory

This system of prescribing in Homoeopathy was created by Hahnemann, who realised that in a large number of cases, the patient would relapse after the administration of the correctly chosen remedy. He concluded that there was an existence of a deeper, more fundamental disease process preventing patients from complete cure (Sankaran, 2004:263). After much observation and study, Hahnemann concluded that these deeper chronic disease processes followed one of three specific patterns, namely Psora, Sycosis and Syphilis which he named 'Miasms' (Eizayaga, 1991:288). Patients could be treated with identified anti-miasmatic remedies which he systematically grouped thus simplifying each prescription by differentiation of similar remedies (Sankaran, 1994:21).

Today, Sankaran has developed the Miasmatic disease theory extensively, stating that there are ten miasms which relate to the depth of the patients' disease processes. These miasms are: the Acute, the Typhoid, the Psoric, the Malarial, the Ringworm, the Sycotic, the Syphilitic, the Tubercular, the Cancer, and the Leprosy (Sankaran, 2005a:268).

2.6 THE PROVING SUBSTANCE: *NELUMBO NUCIFERA*



Figure 2.1 *Nelumbo nucifera* flowering (Dee, 2011)

2.6.1 Classification

Kingdom	Plantae
Order	Proteales
Family	Nelumbonaceae
Genus	Nelumbo
Species	<i>Nelumbo nucifera</i> Gaertn
Common names	Lotus, Sacred Lotus, Indian Lotus

Sheikh, (2014)

2.6.2 Habitat, Distribution, Description and Appearance

Nelumbo nucifera (*N. nucifera*) is an aquatic perennial plant belonging to the botanical family Nelumbonaceae. This plant grows up to 1.5 meters in height and 3 meters horizontally with their roots fixed within a muddy bottom of water bodies. The leaves can grow up to 60cm in diameter which float over the surface of the water or

are held above it. The flowers grow up to 20cm in diameter and are found on the stems rising above the leaves (Sheikh, 2014:42)



Fig. 2.2 Vast growth of *Nelumbo nucifera* in the pond at Botanic Gardens



Fig 2.3 Leaves of *Nelumbo nucifera*

The Lotus is propagated by the division of rhizomes and by seeds. The seeds are about 1cm in diameter and are located in the woody receptacle that looks like a showerhead.



Fig 2.4 Leaves and receptacle of *Nelumbo nucifera*



Fig 2.5 Seeds inside receptacle which resembles a 'showerhead'



Fig 2.6 Seeds of *Nelumbo nucifera*

The Lotus grows by extending a rhizome through anaerobic sediments at the bottom of the water body. The rhizome produces nodes of which a leaf is produced from each. The petioles and rhizomes contain gas canals which channel air from the leaves throughout the petioles and rhizomes. The petiole has two canal pairs and the rhizome has three. Air from a leaf flows to a rhizome through one of two petiolar canal pairs and flows in the atmosphere through these petiolar canal pairs (Sheikh, 2014:42).

Nelumbo nucifera occurs widely in temperate, sub-temperate, subtropical and tropical regions in South-East Asia (Sharma and Goel, 2000). In India, the Lotus grows in Kashmir in the north extending down to Kanyakumari in the south, showing huge phenotypic diversity with differing shades in colour, shapes and sizes having petals ranging from 16-160cm (Sheikh, 2014:42).

The natural habitat of *Nelumbo nucifera* has been destroyed in certain areas resulting in the plant population being dramatically decreased (Sheikh, 2014:42). The habitat of this species is affected to a great extent by a number of natural and anthropogenic activities like disposal of domestic and industrial effluents, invasion of aquatic weed, spraying of insecticides and pesticides, drainage, floods and other developmental activities (Sharma and Goel, 2000).

Historically, Lotus is a generic term that refers to any of two varieties of aquatic plants in the *Nymphaeaceae* family, *Nelumbo* (Lotus genus) and *Nymphaea* (water-lily genus). While there are more than forty species of water lily, only two true species of Lotus exist in the world: *Nelumbo lutea*, commonly known as water chinquapin found in Northern America, and *Nelumbo nucifera*, commonly known as Sacred Lotus, prevalent in southern Asia and Australia (Herrick, 2003).

2.6.2.1 Special Features

Nelumbo nucifera possesses some unique features. It has the ability to regulate the temperature of its flowers within normal range, seeds with long viability periods and in addition its leaves show the Lotus effect, the self-cleaning property (Sheikh, 2014:42).

It is an interesting phenomenon that the Lotus can produce a significant amount of heat during the sequence of flowering and regulate its temperature with precision to form its own microclimate. The best and profuse flowering has been observed at the temperature between 30 - 35 degrees Celsius for two to four days duration. The thermoregulation mechanism in the Lotus enhances and stabilizes the floral development and helps insect pollinators with a warm and hospitable environment (Sharma and Goel, 2000). Blooming for two to five days and darkening with age, it opens each morning at dawn and closes late in the day. The Lotus closes to make it easier for the plant to control its inner circulation of water, so as to avoid being affected by the weather (Herrick, 2003). The plant has a remarkable ability to warm itself; the flower can actively maintain a relatively stable core temperature regardless of the external air. The flower achieves this stability by increasing its oxygen consumption, and thus heat production when the air is cold and decreasing oxygen consumption when the air is warm (Herrick, 2003).

The term *nucifera* means “having hard seed” and was given this name as the impenetrable outer shell allows seeds to survive under extreme adverse conditions for thousands of years. This was confirmed recently by radiocarbon testing which showed ancient Lotus seeds germinating after more than two thousand years of dormancy (Herrick, 2003). Jane Shen-Miller, a plant physiologist, who grew a tiny green shoot from a 1288 year old Lotus seed unearthed in China concluded: “This sleeping beauty, which was already there when Marco Polo came to China in the thirteenth century must have a powerful genetic system to delay its aging” (Herrick, 2003).

2.6.3 Traditional Use

Nelumbo nucifera has been used as a food in Asia for about 7000 years and is cultivated for its edible rhizomes, stems, seeds and leaves (Sheikh, 2014:42). In many parts of the world, the Lotus is consumed for its nutritional and medicinal properties. The rhizome is rich in starch, vitamins, minerals and dietary fibre and is widely consumed amongst the Asian population. In China and Japan, the rhizome and seeds are roasted or eaten raw and are used as one of the ingredients in a number of traditional pastries and desserts (Sheikh, 2014:43). In India, the stem of the Lotus is consumed in many areas. The stem is referred to as Nadru in Kashmir and is deeply related to the economy and culture of the area. Here, it grows naturally in two lakes, Dal lake and Wullar lake, in the Kashmir valley, from where it is harvested and supplied to the local population. Nadru based cuisines are an integral part of every Kashmiri feast including those made at religious, cultural or social occasions. Nadru contributes significantly to the economy and is the source of the livelihood of thousands of people directly or indirectly in Kashmir (Sheikh, 2014:43).

In Ayurvedic medicine, the stem is used as a diuretic and anthelmintic as well as in the treatment of strangury, vomiting, leprosy, skin disease and nervous exhaustion (Mehta, 2013:153). In modern medicine, it is commonly used in the treatment of tissue inflammation, cancer, skin diseases and as a poison antidote. Rhizomes are used as demulcents for haemorrhoids and are beneficial in dysentery, chronic dyspepsia, as a diuretic and has cholagogue activities. The leaves are used for the treatment of haematemesis, epistaxis, haemoptysis, haematuria, metrorrhagia and hyperlipidaemia. The flowers are useful in the treatment of diarrhoea, fevers, and gastric ulcers. The seeds which are commonly used in Asia as a health food can be used for poor digestion, enteritis, insomnia, palpitations, halitosis, menorrhagia and tissue inflammation. In traditional Chinese medicine, the seed powder mixed with honey is useful in treating cough (Mehta, 2013:153).

2.6.4 Other Research conducted on *Nelumbo nucifera*

Following the traditional claims for the use of *Nelumbo nucifera* as a form of treatment for numerous diseases considerable efforts have been made by researchers to verify its utility through scientific pharmacological screenings. Studies have shown that *Nelumbo nucifera* possesses various notable pharmacological actions such as anti-ischaemic, anti-viral, anti-bacterial, anti-obesity, anti-pyretic, hypoglycaemic, anti-inflammatory and diuretic activities (Mehta, 2013:152).

2.6.4.1 Chemical Constituents

Nelumbo nucifera produces a number of important secondary metabolites namely alkaloids, flavanoids, steroids, triterpenoids, glycosides and polyphenols (Sheikh, 2014:42). Steve Clarke, a biochemist, who discovered the enzyme L-isoaspartylmethyltransferase (MT), found it repairs proteins damaged as part of the aging process in plants, mammals and bacteria. He went on to find the MT enzyme in ancient Lotus seeds and believes studying these seeds will provide valuable information about the aging process in plants and humans (Herrick, 2003). The flower receptacle, containing an alkaloid nelumbine, helps stop lung, nose and uterine bleeding and eliminates stagnant blood (Herrick, 2003).

2.6.4.2 The psychopharmacological activity of the rhizome from *Nelumbo nucifera*

The methanol extract of the rhizome of *Nelumbo nucifera* produced significant psychological actions in rats and mice. Reduction in spontaneous activity was noted in the head dip and Y-maze tests thus, the extract is thought to possess most of the pharmacological characteristics of a minor tranquilizer (Mehta, 2013:161).

Cheryl Williams reports in *Australian Wellbeing* that Lotus seeds have a sedative action, thought to be due to the release of histamines. This proves useful for insomnia, nervous complaints, high blood pressure and heart palpitations (Herrick, 2003).

2.6.4.3 Monograph of *Nelumbo nucifera*

The following information is based on a systematic review of scientific literature edited and peer-reviewed by contributors to the Natural Standard Research Collaboration.

The report (Natural Standard, 2011) was established from tests in humans and animals and refers to *Nelumbo nucifera* taken as a herbal supplement rather than in homoeopathic potency:

- May lower blood sugar levels. Caution is advised in patients with diabetes or hypoglycaemia.
- May increase the risk of bleeding. Caution is advised in patients with bleeding disorders; patients who are taking drugs that increase the risk of bleeding e.g. aspirin, anticoagulants or non-steroidal anti-inflammatory agents. Multiple cases of bleeding have been reported when taken in conjunction with *Ginkgo biloba*.
- May cause low blood pressure. Caution is advised in patients with low blood pressure.
- Drowsiness or sedation may occur. Use caution if driving or operating heavy machinery or if taking sedatives or CNS depressants.
- Use cautiously in patients with constipation and stomach distension.

2.6.5 Proving on Sacred Lotus by Nancy Herrick

Dr Nancy Herrick, a homeopath from the United States, conducted a proving on *Nelumbo nucifera*. According to Herrick (2003), the formulation of themes within homoeopathic materia medica is based on the following criteria:

- Each theme must be confirmed by the proving entries from at least three different provers. Entries from one or two provers cannot make a theme no matter how strong their experience.
- The themes come exclusively from the words of the provers.
- No theme developed is based on a study of the substance or any known aspect of the substance.
- A theme is considered very strong if it has confirmation from:
 - 1) emotional/mental states, 2) events, 3) dreams and 4) physical sensation.

After completion of the proving of *Nelumbo nucifera* and her data analysis, Herrick established the following themes:

- Psychosis/Inside vs. Outside
- Killing/Violence
- Irritable/Anger
- Sharp/Stuck/Stabbed
- Police/Prison
- Lost/Travel
- Indifference
- Clarity/Expansion/Energy
- Altered States
- Heavy vs. Floating Feeling
- Vertigo

Herrick conducted her proving using the potency 30CH and 200CH to investigate if it would elicit similar symptoms. The sample was obtained from India, where it indigenously grows. Herrick's study was conducted as a double blind placebo controlled trial. In chapter 5, themes developed by Herrick (2003) have been discussed in relation to the symptoms of the current proving.

2.6.6 Historical Findings

The Sacred Lotus, traced as far back as the Cretaceous period (about 135 million years ago), is considered by botanists to be among the first angiosperms on earth (Herrick, 2003).

The first fossilised record of *Nelumbo nucifera* has been reported from the Pleistocene epoch of Kashmir. The presence of *Nelumbo nucifera* in the tertiary period of Assam is reported on the basis of impressions of leaves and rhizomes found in the collection from Eocene bed near Damalgiri. These records confirm the evidence in support of the view that *Nelumbo nucifera* is indigenous to India (Sharma and Goel, 2000).

The seeds of the Lotus are known to possess the maximum period of viability among the flowering plant species. The seeds can be stored for several years at room temperature. The Lotus once grown in Egypt is now extinct. Interestingly, seeds of the Lotus were found in a pharaoh's tomb sprouted after centuries of storage. Excavated seeds from South Manchuria have germinated and survived after five hundred years. Hence, the Lotus is referred to as the 'Symbol of Eternity' (Sharma and Goel, 2000).

2.6.7 Cultural Symbolism and Significance

The Sacred Lotus is the national flower of India and has been an emblem for the country for many years – the petals represent the flourishing of surrounding cultures, religions and countries however it is deeply associated with Hindu mythology, philosophy, art, architecture, poetry and culture (Sharma and Goel, 2000). Deeply embedded in the spiritual life of these cultures, the Sacred Lotus, known in some traditions as 'the king of all flowers of God's place,' became a powerful symbol of purity, fertility and immortality (Herrick, 2003). It is the foremost symbol of beauty, prosperity and fertility (Sharma and Goel, 2000). To the Indian psyche, the Lotus is more than a flower – it represents both beauty and non-attachment (Raghu, 2012).

As the Sacred Lotus touched each Asian culture, its distinguishing qualities became the metaphor for spiritual perfection and power. The bloom, closing at dusk and opening at dawn, became the symbol of creation and rebirth. The Sun was referred

to as a heavenly Lotus and the Lotus flower as an earthly Sun, representing the synchronicity between heaven and earth. The annual appearance of Lotus blossoms rising from the mud of the Nile region mirrored another bio-rhythm, signalling prosperity and continued blessings from the gods. The tombs of pharaohs were littered with Lotus blossoms in hope of a similar blessing (Herrick, 2003).

Each flower usually has between twenty and twenty-five petals. However, there are some species which have multiple layers, some hundred or as many as three hundred petals per flower. A variety called the “many-headed Lotus” puts forth multiple flowers having up to five thousand petals per stalk, giving rise to the symbol of the thousand-petaled Lotus in Buddhist teachings (Herrick, 2003). In Buddhism, the heart of a being is likened to a Lotus bud, blossoming when the virtues of the Buddha are fully developed. Thus, the image of Buddha sitting on a beautiful Lotus in full bloom evokes the awakening of the highest consciousness (Herrick, 2003).

With its root in the swamp and head in the clouds, the Sacred Lotus is a symbol of this spiritual purity. It represents the ascendance from darkness into light. When the Buddha is in profound meditation, he emits a great light, each of the rays of this light, becomes a ‘thousand-petaled Lotus’ and on each of these flowers a Buddha is born. In yoga, the thousand-petaled Lotus signifies the state of Samadhi, or spiritual ecstasy (Herrick, 2003).

According to ancient Hindu scriptures, within each human being is the spirit of the Sacred Lotus. It represents eternity, purity and divinity and is used as a sign of life and ever-renewing youth (Sharma and Goel, 2000). In the Bhagavad Gita man is adjured to be like the Lotus.

“One who performs his duty without attachment, surrendering the results unto the Supreme God, is not affected by sinful action, as the Lotus leaf is untouched by water.” – (Bhagavad Gita, Chapter 5, Verse 10).

In Hinduism, the Lotus is said to be centre of the universe. It arose from the navel of God Vishnu and at the centre of the flower sat Brahma, the creator of the world. Each of the three Brahminical deities, Brahma (the Creator), Vishnu (the Protector) and Shiva (the Destroyer) are associated with the Lotus. Goddess Lakshmi, the patron of good fortune sits upon a fully bloomed pink Lotus as her divine seat with a

Lotus in her right hand. Goddess of wisdom, Saraswathi is seen seated upon a white Lotus.

In Hindu, Taoist and Tibetan scriptures a hierarchy of Lotus represent a continuum from the most basic to the most noble aspects of the human spirit. Each subsequent blossom signifies a chakra, which joins channels of energy that wind around and within the spinal cord, and according to the scriptures, shapes the nature of consciousness and evolution of the human spirit. Through this energy, our animal nature and our divine nature are joined. The first chakra, represented by a red four-petaled Lotus and physically located near the rectum, is the centre of the basic human need for survival in the material world. At this level of consciousness, our being has no understanding of itself as an individual or as a spiritual entity. It is analogous to the Lotus root, completely submerged under the mud in the water (Herrick, 2003).

The Lotus Sutra, thought of as the spirit of the Lotus flower, is a Mahayana teaching from India developed in the first century B.C. Its teachings on compassion and enlightenment hold within it the mysterious law embedded in all of life and many teachers understand this sutra to be like the Lotus itself, 'the origin of origins,' 'the ultimate principle governing the universe,' and a symbol of 'the great drama of life' (Herrick, 2003).

CHAPTER THREE

Research Methodology

3.1 INTRODUCTION

The homoeopathic proving of *Nelumbo nucifera* 30CH was a randomised, double blind, placebo controlled study. This study was qualitative and exploratory in nature.

Thirty proving participants who met the inclusion criteria (Appendix C) were selected. Of the thirty participants, four received placebo according to the randomisation process. The name, potency and nature of the substance were only known to the researcher and her research supervisors.

All participants recorded their normal healthy state for a week before commencing with the substance/placebo doses (Vithoulkas 1986:148-150). The participants recorded their symptoms in a journal provided to them. Recording of symptoms was done daily and was added to the participants' case histories and physical examination forms. Symptomatology obtained from the proving was analysed, reformatted and classified according to the standard materia medica and repertory conventions.

A research proposal was submitted to the Faculty of Health Sciences Research and Higher Degrees Committee (RHDC) at the Durban University of Technology before commencing with the proving. Once the proposal had been approved it was sent to the DUT Institutional Research Ethics Committee (IREC) to be reviewed. After approval by IREC, an ethics clearance certificate (Appendix J) was issued thereby permitting the researcher to commence with the research process.

3.2 OUTLINE OF EXPERIMENTAL METHOD

- The proving was carried out by an M.Tech Homoeopathy research student under the supervision of the appointed supervisors.
- The proving substance *Nelumbo nucifera* 30CH (Appendix N) was manufactured under supervision by the research student in the DUT homoeopharmaceutics laboratory within the Department of Homoeopathy.
- The active substance and placebo was randomly assigned to thirty participants.
- Written consent was sought from potential participants in the form of a preliminary information letter (Appendix A) and preliminary informed consent (Appendix A) respectively.
- Following receipt of written preliminary informed consent, the research student screened participants in order to ensure they met the inclusion criteria (Appendix C)
- After screening the participants, an initial homoeopathic case (Appendix D) was taken as well as a thorough physical examination.
- Each participant then signed the main informed consent form (Appendix E) and was guided through the instructions to the provers document (Appendix E) and a proving information sheet (Appendix E) which they each received a copy of.
- Each participant was allocated a unique prover code; this code was linked to a randomisation number and its respective verum/placebo, prover journals in which data was recorded were numbered according to prover code.
- One week prior to taking the substance, participants recorded their symptoms, which were considered as their 'normal healthy state' in their journals this data served as the baseline against which potential proving symptoms were contrasted and was termed the 'Pre-proving'.
- Once the pre-proving was complete, the active phase commenced in which provers began taking the substance. A maximum of 3 doses was taken daily over 2 days or until the first symptoms appeared. The participant continued to record their symptoms throughout the proving during which they were carefully monitored by the researcher.

- Recording of symptoms continued for a period of two weeks after the last symptom was experienced to ensure no re-occurrence of proving symptoms took place.
- A post proving case history (Appendix G) and physical examination was carried out by the researcher and the respective journals were collected.
- Where necessary anti-doting would have been carried out in keeping with homoeopathic principles of similimum prescription (was not necessary in this study).
- Journals were then transcribed into electronic format and distinguishing of experimental symptoms was carried out.
- The proving substance was revealed (unblinding) to the participants and researcher and a comparison of verum versus placebo symptoms was made.
- Data determined to be valid proving data (symptoms) was then presented in materia medica and repertory formats.

3.3 THE PROVING SUBSTANCE

3.3.1 Sourcing and harvesting of the crude substance

For the manufacture of *Nelumbo nucifera* 30CH, the crude substance (a Lotus plant in bloom) was obtained from the Durban Botanic Gardens. The Durban Botanic Gardens were established by the Natal Agricultural and Horticultural Society as early as 1849 when the settlement of D'Urban was little more than a village with a few sandy tracks, an assortment of thatched cottages and one double storey house on the corner of Anton Lembede and Dorothy Nyembe Streets (formerly Smith and Gardiner streets).

At first, the Durban Botanical Gardens was situated on the south bank of the Umgeni River but it had to be shifted from the hippo and crocodile infested site to the lower slopes of the Berea forest in 1851. There it languished in splendid isolation, still visited by roaming lion, though somewhat cut-off from the growing town by the Eastern Vlei, an extensive wetland which ran from the Umgeni rivers far as the present day Warwick Avenue (Durban Botanic Gardens, 2016).

According to the Harmonised Proving Guidelines, the identity of the proving substance, in terms of its scientific name and its common name(s) must be clearly defined. In the case of botanical sources, it is advised that these be accurately identified by an appropriately skilled botanist (Jansen and Ross, 2014). In order to obtain the sample permission had to be first granted by Mr Sipho Mkhize, the head horticulturist at the Durban Botanical Gardens. On the early morning of March 6th 2015, Mr KK Dlamini, a gardener and keeper of the gardens, assisted the researcher in obtaining the specimen. The specimen was taken immediately to the DUT Homoeopharmaceutics laboratory for preparation of *Nelumbo nucifera* 30CH.

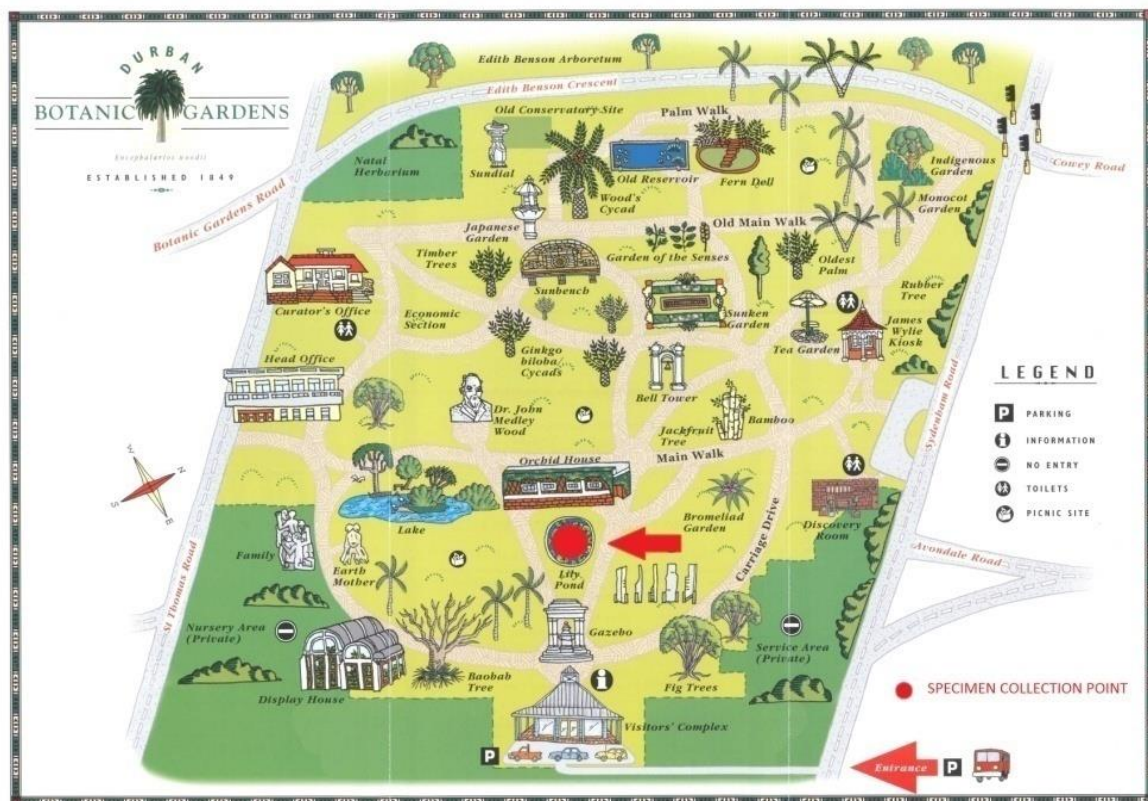


Figure 3.1 Map of Durban Botanic Gardens indicating specimen collection point



Figure 3.2 Pond at Durban Botanic Gardens where sample was obtained



Figure 3.3 Pond with extensive growth of aquatic perennial plants

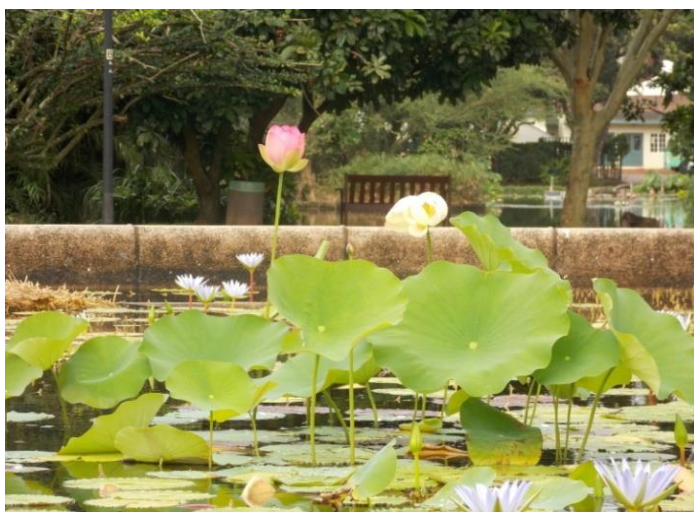


Figure 3.4 *Nelumbo nucifera* (sacred lotus) grows amongst *Nymphaea caerulea* (blue lily)



Figure 3.5 Pink *Nelumbo nucifera* (sacred lotus)



Figure 3.8 Keeper uses water proof suit to walk through water



Figure 3.9 Keeper reaches into mud to pull out rhizome and roots



Figure 3.10 Keeper manages to remove rhizome and roots from mud



Figure 3.11 Keeper makes his way out of the pond with specimen



Figure 3.12 Mr KK Dlamini handing specimen to research student

3.3.2 The Potency

The most emotional and physical symptoms, which are needed in a proving, are produced by the 30th potency as opposed to other potencies (Sherr, 1994:27). Hahnemann states in aphorism 128 of the Organon that substances in their raw state do not manifest therapeutic symptoms to their full potential, whereas provings conducted using the 30th potency have shown the richness and fullness of the substance (O'Reilly, 1996). Since symptoms produced at this level are very strong, Hahnemann attempted to standardize provings at the 30CH level (Wright, 1999).

Other provings previously performed at the Durban University of Technology were conducted using the 30CH potency, such as *Bitis atropos* (Berg adder) (Brijnath, Schonfeld, 2013), *Dendros aspisangusticeps* (Green mamba) (Hansjee, 2010), *Peucedanum galbanum* (Blister bush)(Wagner, 2007), *Harpago phytumprocumbens* (Devil's claw)(Kerschbaumer, 2004).

Therefore the potency chosen to conduct this proving was 30CH.

3.3.2 Preparation and dispensing of proving substance

The preparation of *Nelumbo nucifera* 30CH took place in the DUT Homoeopharmaceutics laboratory approximately 30 minutes after the specimen had been removed from its habitat. The necessary areas in the laboratory had been cleaned and prepared prior and ready for use. As seen in Figures 3.17 and 3.18, all parts of the specimen i.e. petals, pistil, stamen, leaf, stem, rhizome and roots were cut and used to prepare for the next stage of the remedy manufacture. Refer to Appendix N which explains in detail the stages of manufacture.

Nelumbo nucifera 30CH was prepared from trituration of the crude substance up to 3CH level and thereafter taken up to 30CH by means of a liquid potency. Preparation was done in accordance of that of the German Homoeopathic Pharmacopoeia (2005), in methods 6, 8 and 10 (Benyunes, 2005).

For the initial process of preparation, the crude substance was triturated up to the third centesimal potency using a mortar and pestle in a medium of lactose powder. The triturate of 3CH *Nelumbo nucifera* was then converted to a liquid potency using

distilled water and 96% ethanol, by means of potentisation and succussion up to the level of 30CH as per Method 10 of German Homoeopathic Pharmacopoeia (Benyunes , 2005).

Triple impregnation of the neutral lactose granules with *Nelumbo nucifera* 30CH in 96% ethanol, at 1% volume/volume following Method 10 of the German Homoeopathic Pharmacopoeia (Benyunes , 2005); 20 of the respective impregnated granules was added to standard neutral lactose powder sachets to make the verum for dispensing [6 per prover x 26 provers = 156 verum powders].

Placebo powders were dispensed by triple impregnating neutral lactose granules with unprocessed 96% ethanol at 1% volume/volume (Method 10 of GHP); 20 of the respective impregnated granules was added to standard neutral lactose powder sachets [6 per prover x 4 provers = 24 placebo powders].

A set of six single dose lactose powder sachets (either placebo or verum) were dispensed to individual provers in a labelled plastic container (see below) in accordance to the prover number allocated to them by the randomisation process.

An additional three unallocated sets of verum and placebo powders was held in reserve, to be used in the case of new provers replacing previous provers who may have withdrawn from the study prematurely. In such cases, the replacing prover would acquire the 'b' version of the same prover number as the withdrawing prover; thus the appropriate powders would be labelled accordingly at the time of dispensing (Ross, 2011).

Refer to Appendix N for further detail in Remedy Manufacture



Figure 3.13 Flower, leaf, rhizome and roots of *Nelumbo nucifera*



Figure 3.14 Rhizome and root system of *Nelumbo nucifera*



Figure 3.15 Flower and leaf of *Nelumbo nucifera*



Figure 3.16 Stamen and pistil of *Nelumbo nucifera*



Figure 3.17 All parts used in manufacture of *Nelumbo nucifera* 30CH



Figure 3.18 Close up of pistil, stamen, leaf, stem, rhizome and roots

DUT – Homoeopathic Day Clinic
Tel: 031 204 2041
Cnr. Mansfield & Ritson Rd. Durban
Dr. D. Naude Reg. No: A5314 Pr. No: 0044318

PROVING SUBSTANCE

PLEASE TAKE ONE POWDER THREE TIMES DAILY
OVER TWO DAYS

Name: PROVER NUMBER

Figure 3.19 Label on container given to prover



Figure 3.20 Lactose powder with medicated granules



Figure 3.21 Container with 6 powders (verum or placebo)

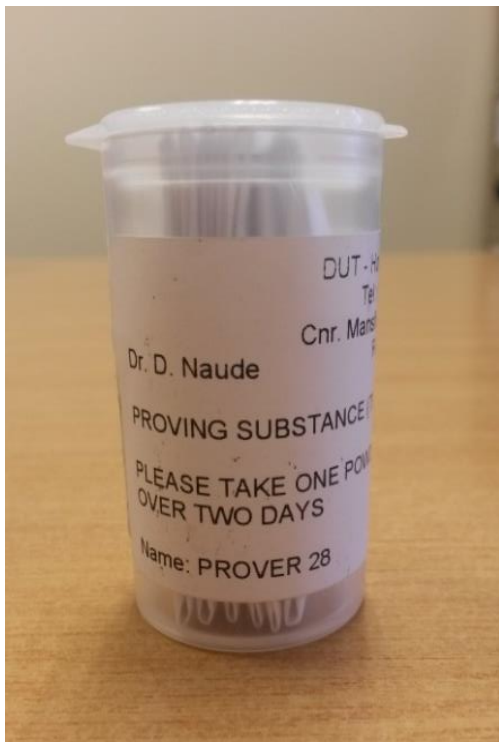


Figure 3.22 Container with powders given to prover

3.3.3 Dosage and Posology

Provers administered each dose in the following manner:

- The provers opened and dissolved the contents of one lactose powder sachet (verum/placebo) sublingually three times daily for no longer than two days, or until the onset of symptoms appeared (maximum of 6 doses) (Sherr, 1994).
- No doses were to be repeated after the onset of symptoms began (Sherr, 1994).
- Each dose was taken a minimum 30 minutes away from food or drinks.
- Nothing was to be taken orally, topically or by olfaction that could have antidoted the remedy, such as camphor, coffee, menthol (Sherr, 1994).

The dosage and posology was clearly explained to each prover in the pre-proving consultation and a set of instructions to provers (Appendix E) was provided to each prover for reference at home.

3.4 POPULATION CRITERIA

3.4.1 Recruitment process and sample size

Recruitment of potential participants was conducted using pre-approved advertisements and by means of word of mouth. Thirty participants were then sampled by means of non-probability convenience sampling as members who were most likely to participate in this type of study were students from the Department of Homoeopathy, qualified homoeopaths, and members of the public who are familiar with homoeopathy; in this regard Botha (2010) observed that senior homoeopathic students and homoeopathic practitioners were more effective provers. Naidoo (2015) observed that all provers with homoeopathic background had higher rubric outputs as compared to those 'non-homoeopathic provers'. The need for a relatively balanced distribution of males and females was taken into consideration during the selection process. Of the thirty recruited Of 26 received verum and 4 received placebo in keeping with the prescribed randomisation process.

3.4.2 Inclusion criteria of participants

In order to be eligible to participate in this study as a prover, potential provers had to meet certain inclusion criteria (Appendix C). The following criteria had to be met to be considered suitable for inclusion:

- between 18-60 years of age
- in a general state of health, with no gross physical or mental pathology, which was determined by the case history or physical examination
- pregnancy testing was compulsory for all female provers of child bearing age; urine test was done during the initial physical examination to confirm.
- Were not in need of medical treatment; conventional, homoeopathic, herbal or other
- did not use recreational drugs (Riley, 1997; Sherr, 1994)
- did not used the oral contraceptive pill or hormone replacement therapy in the six months preceding their participation (ICCH, 1999; Riley, 1997; Sherr, 1994)
- was not pregnant (negative pregnancy test on recruitment) or breastfeeding, or intending to conceive during the proving period (ICCH, 1999; Riley, 1997; Sherr, 1994)
- did not have surgery in the six weeks preceding their participation
- did not consume more than two measures of alcohol per day, 10 cigarettes per day, nor three cups of coffee, tea or herbal tea per day
- was able to follow the proper procedures for the duration of the proving
- was competent and thereafter signed the Consent Form (Appendix A, Appendix E) (Riley, 1997)

3.4.3 Initial interview and assessment of provers

Before establishing whether a prover met the inclusion criteria, a Preliminary Information Letter (Appendix A) was given to those who expressed their interest in participating in the research. Once the potential prover had read and understood the information letter and had an opportunity to ask questions, they were asked to sign a Preliminary Informed Consent form (Appendix B). This informed the potential prover of the preliminary screening process to follow and upon signing thereof permitted the

researcher to ask the candidate a series of questions pertaining to the inclusion criteria in order to determine their suitability.

Screening of potential provers according to inclusion criteria was done during an initial interview at the Homoeopathic Day Clinic at the Durban University of Technology. Those provers who met the inclusion criteria were briefed on the principles and methods of homoeopathic provings; the process of the proving and further instructions thereafter (Appendix E). Once the provers had read and understood the process, they were asked to complete the Main Informed Consent form (Appendix E). Thereafter the researcher conducted a thorough case history and physical examination (Appendix D) on each prover, which included an assessment of vitals, a cursory examination and a system specific examination where necessary.

On completion of the initial assessment, all documents were handed in to the Research Supervisor for reviewing and approval. Once a provers case history had been reviewed, each prover was assigned a prover number (correlating to the individual number on the respective remedy container), a set of instructions to provers with an information sheet, a journal and pen.

3.4.4 Randomisation and Blinding

The proving consisted of two groups – a verum and placebo group, to which the proving participants were randomly assigned to. Each prover was assigned a unique prover number to ensure the provers' identity was anonymised. Each prover number was written on separate pieces of paper which were placed in a container and mixed. To assign provers to their respective groups, Dr Madhu Maharaj, a staff member within the Homoeopathy Department (who was independent of this study) drew 4 pieces of paper from the container, these four numbers were allocated to the placebo group. The remaining 26 prover numbers were by default allocated to the verum group. The randomisation list was then used to number and label the respective 30 proving remedy containers i.e. 4 containing placebo which corresponded to the 4 numbers drawn and remaining 26 numbers used to label the

26 verum containers. The list was revealed once all data had been collected, transcribed and locked.

When provers were recruited they were allocated a prover number sequentially in the order in which they were recruited. This number corresponded to the previously constructed randomization sheet and the corresponding medicine container which was issued/ dispensed.

The respective interventions (placebo/verum) were indistinguishable from one another thus neither the prover nor the researcher could identify whether the intervention was placebo or verum; the randomization list was the only way in which this could be determined – the list was stored securely within a secure research store room at the DUT clinic and was not accessible to the researcher until the study had been unblinded.

Furthermore the identity of the proving substance *Nelumbo nucifera* was not revealed to the provers until the proving was complete further preventing bias.

Thus in summary, provers did not know if they had taken the active substance or placebo, nor did they know what the active substance was. Furthermore the researcher was also blind to the prover allocation until such point that all data was captured and locked; only once all data was captured and transcribed was the study unblinded and the proving substance revealed to the provers.

3.5 PROVING PROCESS

- Each prover recorded their day to day symptoms for one week prior to the commencement of taking the powders (the run-in phase); this offered the researcher an additional baseline assessment with which to compare the new symptoms obtained – ‘internal’ control, in addition, it allowed the prover to become accustomed to the process of self observation, self reflection and journaling of symptoms.
- Once the pre-proving observation and journaling was complete, the provers took the first dose of their powders (as explained in dosage and posology above). Provers recorded their symptoms as they occurred for a minimum of two weeks in their journals, according to the instructions to provers (Appendix E).

- Telephonic contact was made with the provers by the researcher every 3 days during the baseline week, then the day before the first dose was to be taken. Contact was then made daily for a period of 7 days. Thereafter contact was reduced to every second day during the second week of journaling and every third day in the third week.
- The proving was regarded as complete once there were no reoccurrence of symptoms for a period of two weeks.
- Journaling continued for one week as a post-proving observation to ensure no reoccurrence of symptoms.
- If proving symptoms became intolerable and the prover decided to withdraw from the study, they would have been antidoted by retaking a full case history in their current state of health and prescribing the indicated homoeopathic remedy, or another form of antidote as described in 3.8.6.

3.5.1 Lifestyle of provers

For the duration of the proving, provers were asked to avoid anti-doting factors in accordance to the Main Information Letter given to them. Once provers were given their remedy, they were asked to store them in a cool, dark place away from strong smelling substances, chemicals, electrical equipment and cellphones so as to protect the remedy from being altered in any way.

A proving depends on the prover recognising and respecting the need for moderation in the following areas: work, alcohol, exercise and diet. In this regard provers were asked to remain within their usual framework and maintain their usual habits. In addition, they were asked to avoid taking any medication of any sort, including antibiotics, steroid or cortisone preparations, vitamin and mineral supplements, herbal or homoeopathic remedies. However in the event of a medical or dental emergency at any time during the proving, provers were instructed to contact a doctor or hospital immediately and thereafter contact the research supervisor (Sherr, 1994). During the course of the proving, no medical emergencies arose.

3.5.2 Recording information

Once a prover received their journal, they were asked to record their symptoms daily in the journal for one week prior to taking the remedy. This helped the prover get into the habit of observing and recording their symptoms, as well as to familiarize themselves with their normal state. This is an important step as it establishes a baseline for each individual prover. Together with their detailed case history, this served as baseline data against which potential proving symptoms were contrasted when performing the data analysis.

After completion of the 7 baseline days of journaling, the prover was instructed by the researcher to begin taking the remedy. As time keeping is an important element in a proving, it was essential for the prover to record the time that each dose was taken. Provers were asked to start each day on a new page with the date noted at the top of each page. The day the prover took the first dose was noted as day zero. All provers took the remedy as prescribed or until they experienced their first symptom. In the event that the prover experienced symptoms, or those around them observed any proving symptoms, provers were instructed to not take any further doses of the remedy. All symptoms were recorded until they ceased or for a minimum of 2 weeks (Sherr, 1994).

To aid provers in the journaling process, a checklist with the following was provided to them to ensure that they had observed and recorded all their symptoms on a daily basis:

- | | |
|-------------------------|----------------------|
| • MIND / MOOD | • URINARY ORGANS |
| • HEAD | • GENITALIA |
| • EYES / VISION | • SEX / MENSTRUATION |
| • EARS / HEARING | • SKIN |
| • NOSE | • TEMPERATURE |
| • BACK | • SLEEP |
| • CHEST AND RESPIRATION | • DREAMS |
| • DIGESTIVE SYSTEM | • GENERALITIES |
| • EXTREMITIES | |

To describe symptoms accurately and in their totality, the following particulars were explained to the prover and handed to them in the information sheet; they were encouraged to elaborate on each symptom they experienced according to the following criteria (where possible/applicable):

- **Location:** Try to be accurate in your anatomical descriptions. Simple, clear diagrams may help here. Be attentive to which side of the body is affected.
- **Sensation:** Describe this as carefully and as thoroughly as possible e.g. burning, shooting, stitching, throbbing, and dull etc.
- **Modality:** A modality describes how a symptom is affected by different situations/stimuli. Better (>) or worse (<) from weather, food, smells, dark, lying, standing, light, people etc. Try different things out and record any changes.
- **Time:** Note the time of onset of the symptoms, and when they cease or are altered. Is it generally > or < at a particular time of day, and is this unusual for you.
- **Intensity:** Briefly describe the sensation and the effect on you.
- **Aetiology:** Did anything seem to cause or set off the symptom and does it do this repeatedly?
- **Concomitants:** Do any symptoms appear together or always seem to accompany each other, or do some symptoms seem to alternate with each other?

In order to investigate the therapeutic effects of a substance, mental; emotional and physical symptoms are important. These along with a full description of dreams, and in particular the general feeling or impression it left the prover with, are vital in formulating a remedy picture of the substance.

Detailed observation and concise, legible recording is crucial to a proving. One reads in *The Organon of Medical Art*, paragraph 126:

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

(Hahnemann, 1997:200)

3.5.3 Monitoring of provers

Telephonic contact with the provers by the researcher was initially made every third day for the duration of the baseline period. This was to ensure the provers did not have difficulty recording their healthy baseline state and to give them the opportunity to ask any questions regarding their recording style. The researcher contacted the provers on the last day of journaling their baseline to remind them to begin taking the remedy the next day and for the provers to ask any further questions. Thereafter the researcher contacted the prover daily for 7 days. Contact was then reduced to every second day during the second week of journaling and thereafter every third day during the third week of journaling. Telephonic contact was made to ensure that any symptoms experienced by the prover were recorded accurately in journals, and that the provers interests were protected.

Once the prover had completed journaling for the necessary time period, a post-proving consultation was conducted.

3.6 COLLECTION, ANALYSIS AND REPORTING OF DATA

3.6.1 Data collection - extraction and evaluation of symptoms

- The researcher collected journals from the provers in a post-proving consultation conducted at the Durban University of Technology. This consultation and physical examination was conducted to ensure that the prover was no longer experiencing proving symptoms i.e. they had returned to

their healthy state and to give the prover the opportunity to discuss further their experiences and to clarify symptoms recorded (Botha, 2010).

- Individual journals were transcribed (verbatim) into electronic format by the researcher.
- Unblinding of the individual group allocations to the researcher and provers took place after this process.
- Data was extracted, collated and written up into Materia Medica and Repertory format i.e. rubrics and sub-rubrics, using Schroyens' Essential Synthesis repertory 9.2 (2007).
- Similar symptoms were sorted into relevant sections, and listed under chapter headings in the same order as that of the Essential Synthesis repertory 9.2(2007): Mind, Vertigo, Head, Eye, Vision, Ear, Hearing, Nose, Face, Mouth, Teeth, Throat, External throat, Stomach, Abdomen, Rectum, Stool, Bladder, Kidney, Prostate gland, Urethra, Urine, Male, Female, Larynx, Respiratory, Cough, Expectoration, Chest, Back, Extremities, Sleep, Dreams, Chill, Fever, Perspiration, Skin, Generalities.
- These symptoms were then further classified and grouped into sub-rubrics.
- Recurring symptoms in a prover was amalgamated. If recurring symptoms, sides of body, modalities and times of day were repeated more than three times, it was included under the Generals section.

3.6.2 Analysis of data

After each post-proving consultation the journal was retrieved from the prover and thereafter electronically transcribed into Microsoft Word. To distinguish between the baseline week and proving, all symptoms documented in baseline week were captured in red coloured text and all symptoms recorded after the first dose taken were captured in black coloured text. Each electronic prover journal was then converted to Adobe PDF format and named according to the respective prover number and saved. These documents were handed in to the research supervisor in order for unblinding of the groups to take place.

Once the verum provers were established, analysis of data could take place. Symptoms that occurred after the first dose was administered that also appeared in the baseline week and/or in the prover case history was changed to red coloured text in order to eliminate the 'normal' symptoms of the prover from potential proving symptoms. Furthermore any 'black symptoms' in the verum group which matched 'symptoms' which occurred in the placebo provers were also removed from the data set (converted to red).

After this processing all remaining 'black' symptoms in verum provers were subjected to the following list of criteria to establish validity:

- A new symptom unfamiliar to the prover, occurring after taking the remedy (ICCH, 1999; Riley, 1997).
- The symptom did not appear in a prover from the placebo group.
- A current or usual symptom intensified to a marked degree (Sherr, 1994; ICCH, 1999).
- A current symptom is modified or altered, with a clear description of the current and modified component (Sherr, 1994; ICCH, 1999).
- A symptom did not occur in the prover within the last year (Sherr, 1994; Riley, 1997).
- A symptom did not appear naturally or spontaneously during the proving (Sherr, 1994).
- A symptom that occurred a long time previously (five years or more), but had not occurred for at least one year, that had no reason for its reappearance at the time of the proving (Sherr, 1994).
- A 'cured symptom' of a present symptom i.e. disappeared during the proving (Sherr, 1994; Riley, 1997; ICCH, 1999).
- The frequency of a symptom (Sherr, 1994).
- The intensity of a symptom (Riley, 1997).
- The duration of the symptom (Riley, 1997).
- The number of subjects experiencing a symptom (Sherr, 1994; Riley, 1997).
- A strange, rare or peculiar symptom for the prover (Sherr, 1994; Riley, 1997).

- The modalities, concomitants, localisation and timing associated with the symptom (Riley, 1997).
- Accidents and co-incidences that occur to more than one prover (O'Reilly, 1996).
- The time of day that a symptom occurs is only included if experienced by another prover (ICCH, 1999).
- A symptom was excluded if it may have been produced by a change in life or exciting causes (ICCH, 1999).

According to Sherr (1994), the following would render symptoms invalid:

- If there is doubt regarding the validity of a particular symptom
- If a symptom is normal for the prover (i.e. has occurred previously or commonly in that prover)
- A symptom, which occurred while under the influence of the remedy, that they had experienced within the past year

The symptoms which met the criteria for inclusion remained in black text and were ready for further analysis and reporting.

3.7 REPORTING OF DATA

3.7.1 Materia Medica

Once all proving symptoms had been analysed and established, symptoms had to be converted into Materia Medica format which was sorted into relevant categories and sub-categories as seen in the existing Materia Medica (Vermeulen, 2001).

Provers recorded the date of their journal entry as well as the day of the proving i.e. the first day of taking the remedy was noted down as day 0. The time of taking the remedy as well as the time at which the prover may have experienced a symptom/s was asked to be recorded. When symptoms were transcribed into Materia Medica format, the day; hour and minute was expressed as DD:HH:MM (Day:Hour:Minute).

However if the prover failed to note the exact time of the occurrence of the symptom, the researcher recorded it as XX:XX:XX.

Initially, each provers experience was recorded as separate entries with their corresponding prover number. However if more than one prover experienced the same symptom, these were recorded under the same category or sub-category.

All proving symptoms were recorded in Materia Medica format according to the following head to toe schema:

- | | |
|---------------------|-------------------------------|
| 1. MIND | 22. URETHRA |
| 2. VERTIGO | 23. URINE |
| 3. HEAD | 24. URINARY ORGANS |
| 4. EYE | 25. MALE GENITALIA |
| 5. VISION | 26. FEMALE GENITALIA |
| 6. EAR | 27. MALE AND FEMALE GENITALIA |
| 7. HEARING | 28. LARYNX AND TRACHEA |
| 8. NOSE | 29. RESPIRATION |
| 9. FACE | 30. COUGH |
| 10. MOUTH | 31. EXPECTORATION |
| 11. TEETH | 32. CHEST |
| 12. THROAT | 33. BACK |
| 13. EXTERNAL THROAT | 34. EXTREMITIES |
| 14. NECK | 35. SLEEP |
| 15. STOMACH | 36. DREAMS |
| 16. ABDOMEN | 37. CHILL |
| 17. RECTUM | 38. FEVER |
| 18. STOOL | 39. PERSPIRATION |
| 19. BLADDER | 40. SKIN |
| 20. KIDNEYS | 41. GENERALS |
| 21. PROSTATE GLAND | |

3.7.2 Repertory

Once all proving symptoms were categorised and amalgamated, they were subsequently converted to rubrics, according to the chapters and sub-headings found in *The Essential Synthesis*, which is edited by Schroyens (2011).

The following grading system was used to grade symptoms, as adapted from Ross (2011):

- All rubrics are assumed to be of lowest grade, which is Grade 1, and are reflected in normal type
- Rubrics that were experienced by three or more provers were elevated to Grade 2, and reflected in *italics*
- Rubrics that were experienced by 50% or more provers were elevated to Grade 3, and reflected in **bold** type
- No rubrics were considered to be Graded 4, the highest grade, since clinical verification of symptoms was not available (Ross, 2011).

3.8 ETHICAL CONSIDERATIONS

3.8.1 Risks or Discomfort to the Participant

During the preliminary stage of the proving, there was no risk or discomfort to the prover as no remedies were tested at that stage. Prospective provers were only screened for suitability at that stage. Once a prover had begun the proving, they could develop emotional and/or functional physical symptoms in response to taking the proving substance. However, these symptoms are typically short-lived and disappear once the proving substance is stopped. In the event a prover continued to experience symptoms, an anti-dote would have been prescribed as explained in 3.8.6 below.

3.8.2 Supervision of provers

Whilst taking part in the proving, provers were closely monitored by the researcher and the research supervisor in the unlikely event that proving symptoms persisted.

3.8.3 Benefits, costs and remuneration

All provers who participated in this study did so voluntarily. No remuneration was offered to participate. Although there was no direct benefit for provers participating, they received an in depth health assessment, which included examination of vitals i.e. height, weight, blood pressure, temperature, pulse and respiratory rate at no charge.

3.8.4 Prover confidentiality

It was important for the quality and the credibility of the proving that provers were asked to only discuss symptoms with the researcher and not with fellow provers. During and after the proving the provers' confidentiality was maintained. All information captured during the initial and follow up case history of the prover as well as the proving journals were strictly reviewed by the Research supervisor only and kept in safe storage within the Homoeopathy Department. Reference to provers was only made by the prover number assigned to them therefore no names or identifying information was included in the dissertation.

3.8.5 Voluntary participation

Since participation in this study was purely voluntary, participants could withdraw at any given during the proving. In the event a participant fell ill or required allopathic treatment, they would have been withdrawn from the study.

3.8.6 Anti-doting methods

In the event that any signs and/or symptoms attributed to the proving substance, (whether mental, emotional or physical in nature), causes excessive discomfort for the prover, one of the following methods of antidoting will be used:

- An acute remedy will be prescribed according to homoeopathic principles for the symptoms the patient is suffering from the most (Sherr, 1994:63).
- A remedy matching the totality of symptoms resulting from the combined original symptoms and the artificial proving symptoms will be prescribed (Sherr, 1994:63).
- A 'genus epidemicus' will be derived from already known remedies and will be given (Sherr, 1994:63).
- Coffee, camphor, "Olbas Oil", and mints may antidote cases of mild suffering (Sherr, 1994:63).

The Institutional Research Ethics Committee (IREC) granted full approval to the researcher to conduct the study. Refer to Appendix J for Approval Letter.

3.9 COMPARISON TO CULTURAL SIGNIFICANCE OF *NELUMBO NUCIFERA*

An extensive literature search was conducted on *Nelumbo nucifera* specifically pertaining to folklore, cultural beliefs, traditional use and understanding of this plant amongst various cultures, raw data was summarised and grouped into themes accordingly. Literature was extracted from online journal articles and using search engines such as Google. Data and respective themes were then compared and contrasted with the materia medica derived from the proving thereof.

CHAPTER FOUR

Results

4.1 INTRODUCTION

After the experimental phase of the proving was complete, all proving journals were collected and proving symptoms were extracted and collated. In this chapter, all valid proving symptoms are represented in two formats, materia medica and a list of corresponding rubrics which are formulated according to the categories of the *Synthesis Repertorium Homoeopathicum Syntheticum* repertory (Schroyens, 2004).

The materia medica contains the symptoms which were extracted from verum prover journals and thereafter typed into electronic format including any spelling errors.

4.2 PROVER DEMOGRAPHICS

The proving of *Nelumbo nucifera* 30CH was conducted on thirty healthy participants, of whom 26 received verum and 4 received placebo powders impregnated with the same volume and percentage of ethanol as the verum powders.

The verum provers ranged between 21 and 48 years of age. Due to the strict criteria for inclusion, refer to 3.4.2, the researcher found it difficult to include provers over the age of 48 as a vast majority of older individuals are on chronic medication. There was a predominance of female provers to male provers, with a ratio of 2:1 respectively. As seen in Table 4.1, there was reasonable ethnic diversity within the verum prover sample. Such diversity results in less biased symptoms reporting (Ross, 2011), as well as being appropriate representation of a multi-racial and multi-cultural society. Cognisance was taken at the time of recruitment for achievement of representative ethnic sampling. Of the 30 participants, 20 were Indian, 4 were African, 3 were Coloured and 3 were Caucasian.

Table 4.1 Represents the proving sample, listing their allocated prover number, age, gender and whether they had received verum or placebo.

PROVER NO.	AGE	GENDER	RACE	VERUM/PLACEBO
1	26	F	Indian	Placebo
2	26	F	Indian	Verum
3	38	F	White	Verum
4	25	F	Indian	Verum
5	24	F	Coloured	Verum
6	25	M	Coloured	Verum
7	21	F	Indian	Verum
8	22	F	White	Placebo
9	23	F	Indian	Placebo
10	35	F	African	Verum
11	27	M	Indian	Verum
12	30	M	Indian	Verum
13	28	M	African	Verum
14	25	F	Indian	Verum
15	36	M	African	Verum
16	27	M	Coloured	Verum
17	29	M	Indian	Placebo
18	26	F	Indian	Verum
19	48	F	Indian	Verum
20	27	M	Indian	Verum
21	45	F	Indian	Verum
22	28	F	Indian	Verum
23	29	F	Indian	Verum
24	26	M	African	Verum
25	31	M	Indian	Verum
26	37	F	Indian	Verum
27	24	F	Indian	Verum
28	22	F	White	Verum
29	23	F	Indian	Verum
30	22	F	Indian	Verum

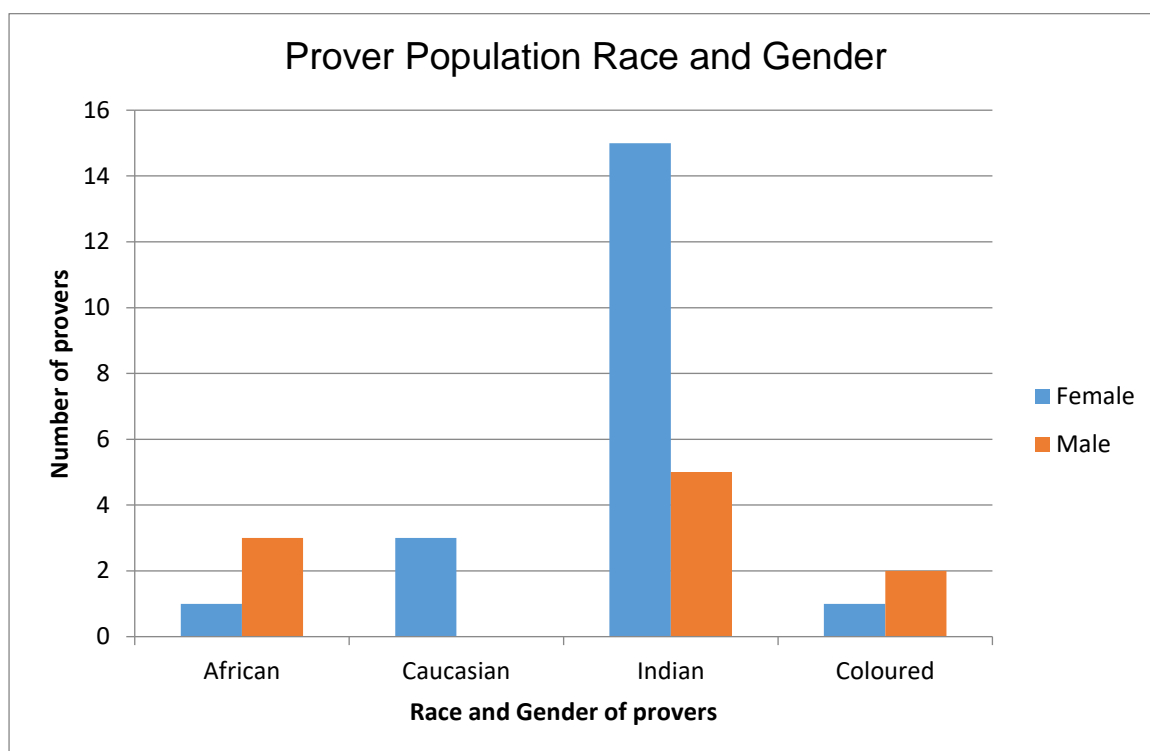


Figure 4.2 Race and gender distribution of verum provers (n=26)

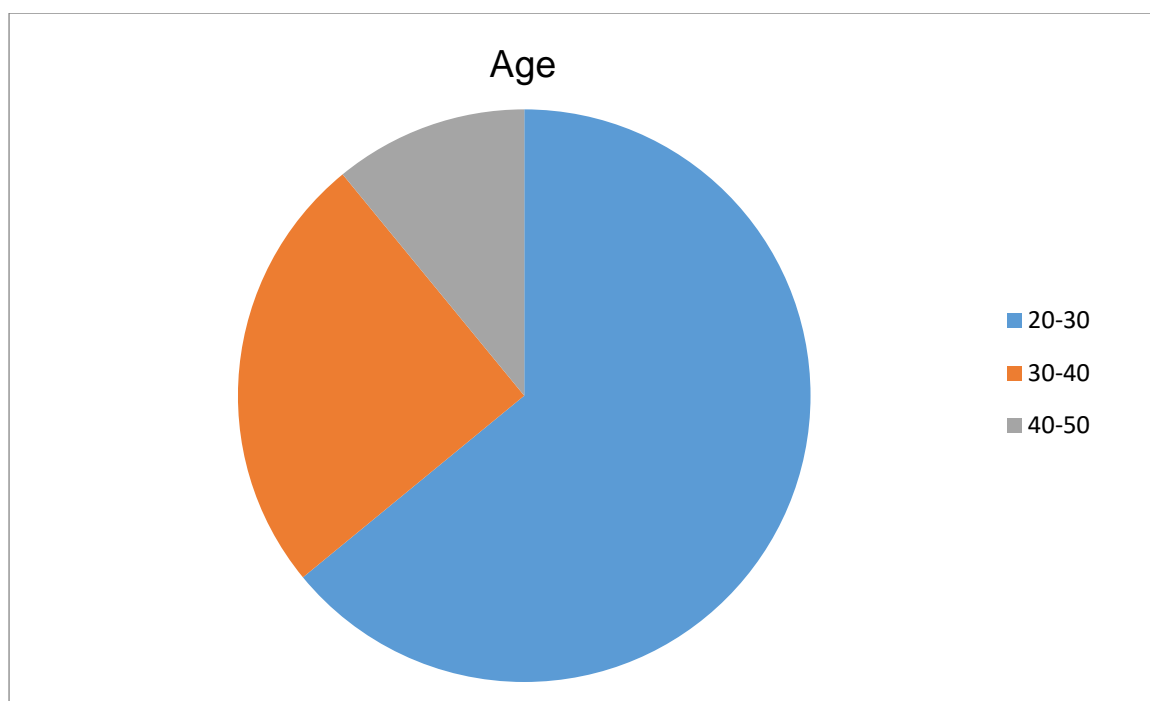


Figure 4.3 Age distribution of verum provers (n=26)

4.3 MATERIA MEDICA

The following symptoms have been extracted from journals of verum provers to compile the materia medica. All symptoms from placebo provers have not been considered. Symptoms have been organised into categories as seen in the existing materia medica. Within each category, symptoms have been grouped according to common themes, where applicable.

As seen below, each symptom is followed by a code to their original prover journal for easy referencing. This is denoted as their prover number, gender and time at which the symptom occurred i.e. day:hour:minute. The day represents the number of days that had lapsed from this initial dose which was journaled as Day 0. If the prover had not noted the time of occurrence of a particular symptom, it is noted as XX:XX.

MIND

Clear headed; focussed VS spacey; mind disconnected

I've felt very "clear headed" since the first powder. I have felt more focussed & have been productive. I feel like everything is brighter though & that my head or mind is a little disconnected from the rest of me.

03 F 00:09:40

6:20am took fist dose –felt clear headed again if not a bit 'spacey'. Had a productive day.

03 F 01:06:20

7:30pm took final dose. Everything still just looks a bit brighter than usual.

03 F 01:19:30

Felt productive got a fair amount of things organised.

03 F 08:XX:XX

The urge to Google spiritual stuff , look for tattoo ideas.... and draw. Feeling creative and motivated.

18 F 01:XX:XX

Went to service, feeling peaceful.

21 F 03:XX:XX

Woke up at 5am. Mind was clear, was feeling really fresh

27 F 06:05:00

Felt out of my comfort zone in the function even though I knew most of the people - being at home, indoors I think I forgot how to socialize.

02 F 11:XX:XX

Mind busy

Upon waking felt as if I had a troubled sleep, as if I wasn't content. My mind must have been thinking about research.

02 F 01:XX:XX

When I go home all I want to do is not think – but that's almost impossible.
Sometimes I wish I could switch off my brain for certain periods.

14 F 02:XX:XX

Feeling a bit rushed and overwhelmed

19 F 15:XX:XX

Dissatisfied with life

A relaxing evening, feeling like there is more to life than this every day routine of working and being tired.

02 F 00:XX:XX

I really need a change of scenery in life in general. There has to be more to life than the same monotonous routine every day.

02 F 09:XX:XX

Think I was on placebo, but writing has made me more aware of myself instead of being wrapped up on how quickly life is going by.

02 F 10:XX:XX

Feeling slightly emo today. I know everyone has their own journey in life but it feels like everyone is racing past me in life generally. A friend of mine is getting married was good to see childhood friends. Wow everyone is engaged/married and I'm on some unknown mission even I'm not aware of.

02 F 11:XX:XX

Monday mornings make me feel very hopeful as if I get another week to live.

14 F 07:XX:XX

Wanting order, methodical, actions of others

A very rushed morning, I wish people were methodical when they do things.

02 F 02:XX:XX

While driving today I experienced road rage from another driver for the first time because I didn't let him cut across two lanes at high speed! This really upset me – why do people behave in such a manner. He looked like he was yelling at me from inside his car – AS IF I COULD HEAR HIM!!! Very bad behaviour.

14 F 10:XX:XX

Still awaiting computer set – very frustrating – not being able to be fully productive. Lots and lots of work – bit pressurized.

21 F 05:XX:XX

Went to work at 10am. Been very busy with the 'X' account. Hoping that we can see some light.

21 F 07:XX:XX

Lots and lots accomplished. Frustrated though, still awaiting log in for 'X' system as yet.

21 F 13:XX:XX

Went to bed quite tired but lots accomplished – happy.

21 F 13:XX:XX

Sorted out 'X' department account. 'X' account much improved 😊

21 F 14:XX:XX

Anxiety

Experiencing an anxious feeling whilst driving yet I was not late for work or anything.

02 F 01:XX:XX

Cold Monday morning. Need to lock house on my own today. Not used to this.

21 F 11:XX:XX

Very stressed and anxious. Slept ok. A little emotional.

22 F 03:XX:XX

Moody, grumpy

Grumpy as can be.

02 F 02:XX:XX

I'm feeling a little agitated today, not as calm as this morning after yoga.

03 F 05:XX:XX

I feel awkward when distant relatives phone me for my birthday – I don't really want to speak to anyone because I don't understand the need for people I don't see often to phone me on my birthday. I know it doesn't sound good but I get very irritated with repeating myself over the phone to 20 different people who I don't even know really well.

14 F 05:XX:XX

Was still feeling in a crappy mood from yesterday's days meeting with my manager. As the day went on, I started feeling normal again, and less pissed off once I got busy with work.

20 M 07:XX:XX

Want to be alone

I would like to be alone today but instead I have to be at work coming into contact with people throughout the day.

02 F 02:XX:XX

Staring at the T.V. feeling lonely yet don't want company.

02 F 03:XX:XX

Although I had my boys I felt lonely today and very distant from my husband.

03 F 04:XX:XX

My husband and I seem to just be passing ships, avoiding confrontation, but it feels a little lonely.

03 F 06:XX:XX

Happy, relaxed

Mood has changed not as grumpy by midday.

02 F 02:12:00

Nothing weird seems to be going on, and no one is annoying me for a change.

02 F 06:XX:XX

Afternoon – felt good and relaxed

04 F 02:XX:XX

Had a beer after work. Was really refreshing and relaxing. Had a good day at the office.

12 M 00:XX:XX

Feeling jovial. All going so well.

12 M 03:XX:XX

Today is my birthday! Feel very happy. Strangely I feel like all I want to do for my birthday is relax and do nothing.

14 F 05:XX:XX

I do feel relaxed and happier after my 'relaxed' day yesterday.

14 F 06:XX:XX

Calm happy loving.

18 F 01:XX:XX

Had outdoor lunch – refreshing. Met up with loads of old friends

19 F 10:XX:XX

Public holiday. Went to beach – spent day at the beach. Feeling good – relaxed

19 F 12:XX:XX

Decided to have a mother daughter day out with my daughter, sisters and nieces. Went out to lunch at Lord Prawn, Umhlanga. Enjoyed lunch – lovely atmosphere. Took a stroll along the pier. Saw a beautiful bride being photographed. Bought ice creams and wakaberry. Came home. Fantastic day out!

21F 03:XX:XX

Met my friend for lunch. Enjoyed just chatting.

21F 11:XX:XX

Work was very rewarding as I managed to resolve lots of Bercon problems.

21 F 12:XX:XX

Have been in a better mood as well.

23 F 02:XX:XX

Woke up at 5:30am. Was in a good mood to start my day at work.

26 F 07:05:30

Woke up at 6:00am. Mind – was happy and excited

27 F 03:06:00

Woke up at 5:00am. Mind/mood – awesome had a good sleep the day before

27 F 04:05:00

Husband, indifferent, distant

I am getting a little frustrated with my husband, as he seems to be all over the place and not paying attention to me. He alternates between working and playing with the children. He also has students staying up the road, but eating with us every night, so I don't have any time to myself really and so am feeling a little frazzled. I tried to speak to my husband about our relationship, and the fact that he gave my chickens away and that had hurt me and he just made no response.

03 F 03:XX:XX

I got up very early this morning to watch the comrades marathon with my sister and her boyfriend and was annoyed that my husband chose to surf and refused my request to please join us.

03 F 04:XX:XX

Although I had my boys I felt lonely today and very distant from my husband.

03 F 04:XX:XX

My husband and I seem to just be passing ships, avoiding confrontation, but it feels a little lonely.

03 F 06:XX:XX

Sadness

I feel a little sad today because tomorrow is my birthday and I didn't even get a new outfit because I didn't have the time!

I planned to spend the day shopping but then I booked a patient and I had other things to sort out and I didn't know if I will have time to buy a new dress. I do realise how silly/petty this sounds but I feel sad about it nonetheless.

14 F 04:XX:XX

I had a dream last night about an old campus friend, with whom I cut ties with. Reason being was that he wasn't a true friend and "stabbed me in the back". Was not the best of dreams, so I woke up feeling extremely confused and kind of sad.

20 M 08:XX:XX

Day at work started off ok as I was still feeling the emotional effects of the dream, but the day got progressively better.

20 M 08:XX:XX

Took powder again at 12 noon.Went shopping for clothes.Little sad.

21 F 01:12:00

Went to prayer for 'X'. Painful to see that she was not able to see her grandchild. 'X' was so cute. I felt very very heart sore. Prayer was done very nice.

21 F 07:XX:XX

Got up very early. Lots to do as it is X's ceremony. Felt very down today because I feel sad that X was so young to pass on. At 54, having cancer for 2 years, finally succumbing to it. She was so unfortunate, as she loved kids, took care of so many children yet unlucky to even see her first grandchild X, a true replica of her.

Went to hall to set up for ceremony. Disappointed with flower arrangements, very ordinary. Service group was not up to standard.

21 F 09:XX:XX

Woke up early at 4:00am. Mind/mood – feeling a bit down

27 F 05:04:00

VERTIGO

Second dose. Slight dizziness.

11 M 00:13:25

Today I felt bloatedness (NS), belching (NS) as from the previous day and slight dizziness (RS), shortness of breath (OS) and due to suspended cardiac conditions. The symptoms were strange and occurred within an hour of taking the second dose.

11 M 01:13:32

Went to gym... at around half 7 and finished at 9:30pm felt very lightheaded in steam room. I get light headed in the steam room on occasion but not always.

18 F 07:21:00

Woke up at 5:00am. Felt a bit dizzy. Had a headache

27 F 01:05:00

Feel a little light headed

27 F 02:XX:XX

Head – a little light headed

27 F 04:XX:XX

HEAD

Pain

A headache at about 19h00. I'm sure this is due to not eating much or drinking enough fluids.

02 F 09:19:00

Head pain was on both temples, just a tight feeling radiating to the back of my head. This pain eased up at about 20:30pm.

02 F 09:XX:XX

Woke up with a slight headache. Feels like a dull, nagging in the frontal region (6:45am)

No concomitants

Only frontal region

Didn't get better or worse but stayed the same throughout the day

It wasn't worse for light/noise as would be otherwise normal for me. I could still go through the day but the headache was there in the background.

14 F 08:06:45

Had lunch at around 12:30pm – after lunch the headache returned. Same as yesterday. Can't think of any triggers. Ate quiche for lunch – as I often do.

14 F 09:12:30

Mild headache at 10:20. Haven't eaten or drank water yet so maybe the reason. Ate at around 3:30pm.

18 F 04:10:20

Slight headache – towards the back

19 F 01:XX:XX

Headache on awaking

19 F 09:07:30

Slight headache .sore throat. Sinuses draining again

19 F 13:07:00

Exhausted – slight headache – sore throat

19 F 16:XX:XX

Headache and pain in feet

19 F 25:XX:XX

Had a very dull headache on the left of my head

22 F 01:XX:XX

Had a dull headache in the evening

22 F 02:XX:XX

3pm – very bad headache. Took a panado. No relief. Menstrual headache.

22 F 03:15:00

Took powder today. Had a massive headache. Slept well though.

25 M 00:XX:XX

Head – was very heavy, I ate late at 1:30pm

26 F 01:XX:XX

Woke up at 5:00am. Felt a bit dizzy. Had a headache

27 F 01:05:00

EYE

Sinus starts at 17h00. Utter congestion eyes are sunken, nose is blocked both nostrils. This time dark yellow gunk is coming out of the nose. Better for closing my eyes. This clears up around 21:15pm

02 F 02:17:00

My eyelids feel a little heavy and my right eyelid and eyebrow a little itchy. (OS) – from when I had shingles a year or 2 ago, also feel with yoga sometimes.

03 F 01:XX:XX

11:20 took second dose had a slight itching on right eyebrow briefly after it (same place I had shingles 2 times in past). (OS)

03 F 01:11:20

I had a little of that itchy sensation over my right eyebrow again, but disappeared quickly.

03 F 02:XX:XX

I still have a slight intermittent itching above my right eyebrow, which comes and goes.

03 F 05:XX:XX

The itching above the eyebrow seems to have eased off (I now remember I sometimes used to get it after yoga when id done breathing exercises (OS).

03 F 06:XX:XX

Took powder at 12pm and gave me some energy and felt alive just slight dizzy spells on eyes.

05 F 05:12:00

Eyes feeling scratchy.

16 M 03:XX:XX

My eyes look sunken.

16 M 06:XX:XX

Hay fever attack all morning. Running nose/itchy eyes/sneezing. Had some warm water with lemon and honey.

19 F 23:XX:XX

Woke up early – with sneezing running nose/ itchy eyes – hayfever

19 F 24:XX:XX

09:30am – my eyes are very itchy this morning which has caused redness. I've used the eye drops that I usually use twice this morning as there are not as effective as they usually are.

24 M 02:09:30

10:00am - Eyes are very red this morning. Slightly itchy but not as bad as yesterday.

24 M 03:10:00

09:00am – my eyes are still very itchy this morning and there is redness. Noticing that for the past couple of days my eyes are much itchier than usual in the mornings. Not too worried because the itchiness subsided during the day but seems to re-occur in the late evenings. Nostril is also blocked and very itchy. Itchiness subsides and comes back later.

24 M 04:09:00

09:00am – eye redness is persistent. A little less itchy today but itchiness is still there.

24 M 05:09:00

Eyes are a little less red and a lot less itchy.

24 M 06:09:30

10:00pm – noticing that unlike the past few days, the itchiness of my eyes has not come back in the evening.

24 M 06:22:00

Eyes – felt a bit dry and itchy

27 F 03:XX:XX

Eyes – seems dry and a bit itchy

27 F 07:XX:XX

VISION

7:30pm took final dose. Everything still just looks a bit brighter than usual.

03 F 01:19:30

I don't think my vision is as good as it used to be (had to read something far away), but don't need glasses yet.

03 F 07:XX:XX

My vision is worse when I haven't had a decent sleep.

16 M 03:XX:XX

NOSE

Sinus starts at 17h00. Utter congestion eyes are sunken, nose is blocked both nostrils. This time dark yellow gunk is coming out of the nose. Better for closing my eyes. This clears up around 21:15pm.

02 F 02:17:00

After washing my hair this morning my sinuses have began. Just increase in sneezing with clear runny mucous.

02 F 04:XX:XX

My sinuses are a little congested this morning, maybe a bit of hay fever, but nothing serious.

03 F 07:XX:XX

No more runny nose

13 M 01:XX:XX

Woke up this morning with nasal congestion. Feels similar to hayfever. Sneezing. Runny nose. Forehead feeling tight.

16 M 04:XX:XX

My sinuses troubled me all day today at work. Usually it only lasts for the morning. Still have the congestion.

16 M 04:XX:XX

Seems I am getting sick. A day filled with countless tissues. Still congested I don't have a sore throat. No fever. No cough. Just sinuses.

16 M 05:XX:XX

This cold I have is not going anywhere anytime soon. As we all have to self-diagnose, I think it's sinusitis.

Reason being, most times when I get sick sinuses are followed by sore throat, headaches, fever. I have not had any fever or serious headaches. I don't feel too bad and can still get work done.

16 M 06:XX:XX

My condition doesn't seem to be getting any better, and it also doesn't seem to be getting worse.

16 M 07:XX:XX

Slightly blocked nose.

18 F 07:XX:XX

Slight headache .sore throat. Sinuses draining again

19 F 13:07:00

Hay fever attack all morning. Running nose/itchy eyes/sneezing. Had some warm water with lemon and honey.

19 F 23:XX:XX

Woke up early – with sneezing running nose/ itchy eyes – hayfever

19 F 24:XX:XX

Suffered with my sinuses a bit this morning

23 F 00:XX:XX

Left nostril is still blocked and very itchy. I've noticed that the itching is particular to the left nostril.

24 M 02:XX:XX

12:00pm – constant scratching of the left nostril has resulted in a nose bleed. The irritation of the nose has intensified compared to previous instances.

24 M 03:12:00

09:00am – my eyes are still very itchy this morning and there is redness. Noticing that for the past couple of days my eyes are much itchier than usual in the mornings. Not too worried because the itchiness subsided during the day but seems to re-occur in the late evenings. Nostril is also blocked and very itchy. Itchiness subsides and comes back later.

24 M 04:09:00

Nose blocked, no itchiness this morning.

24 M 05:XX:XX

6:00pm – nose is again very itchy. Scratching has resulted in another nose bleed.

24 M 05:18:00

My nose is a little itchy but nothing out of the norm and nothing as intense as the recent itchiness that caused scratching and subsequent nose bleeds.

24 M 07:XX:XX

Nose – stuffy

27 F 01:XX:XX

Nose – stuffy

27 F 02:XX:XX

FACE

There is a pimple on my right cheek.

16 M 06:XX:XX

Pimple still there. Still just the one.

16 M 07:XX:XX

Itchy face around 4pm.

18 F 03:16:00

MOUTH

Mouth feeling dry – still drinking water.

02 F 08:XX:XX

Mouth was a bit dry.

05 F 05:XX:XX

Very thirsty today dry mouth.

18 F 06:XX:XX

Mouth had an unusual dryness and tasteless feeling throughout the day. Thirsty but water didn't satisfy me either.

28 F 04:XX:XX

THROAT

Sore throat

19 F 09:XX:XX

Slight headache .sore throat. Sinuses draining again

19 F 13:07:00

Slight sore throat again

19 F 21:XX:XX

Woke up at 04h45.Sore throat.

19 F 25:XX:XX

Woke up with a painful sensation in my throat.Only painful upon swallowing. Felt as if it was a little lump – would only hurt in that particular spot. Didn't feel like a sore throat when getting the Flu. No other associated symptoms. Severe, sharp

pain.Worse for swallowing (without drinking/eating).Couldn't really feel it whilst drinking/eating.Continued the whole day and night till I got to bed.

28 F 05:XX:XX

STOMACH

Experienced a lot of burping after taking the doses (NS).

11 M 00:XX:XX

Belching lasted for about 2 hours, short burps and sporadic.

11 M 01:XX:XX

My stomach felt acidic for about 2 hours during the afternoon. But in the evening I drank water and everything was fine.

15 M 03:XX:XX

Got my period...Unusually heavy flow for the first day. Mild tummy aches although not as bad as it normally is during this time of month. My period is usually light to medium flow on the first day and very light pink/red in colour. With nausea the day before and the first day of menstruation. But this time there is no nausea and aches aren't so bad and it is a dark red heavy flow.

18 F 09:XX:XX

ABDOMEN

Feeling bloated just want to pass a stool which I haven't done in the past 2 days.

02 F 04:XX:XX

Extreme tummy cramps – 17h00 so much so that I had diarrhoea. A twisting pain that came suddenly.

02 F 07:17:00

Feeling bloated, heavy. Havnt passed a stool for the day.

02 F 08:XX:XX

Today I felt bloatedness (NS), belching (NS) as from the previous day and slight dizziness (RS), shortness of breath (OS) and due to suspended cardiac conditions. The symptoms were strange and occurred within an hour of taking the second dose.

11 M 01:13:32

Felt bloated this morning

12 M 01:XX:XX

Lower abdomen ache that comes and goes.

18 F 00:XX:XX

Brief pain in my lower left abdomen around 5:20pm. Bowel movement at 5:30pm.

18 F 01:17:20

Remedy taken again at 7 PM. Tingling sensation below navel.

18 F 01:19:00

Mild ache in abdomen around right side of waist. Mild ache below navel....persistent. I do get this tingling once in a while but after taking the remedy it was a little more

noticeable and over a few days. I'm not sure though if it's because I have just been trying to being extra aware of my body.

18 F 01:XX:XX

Rumbling tummy during early hours of morning very loud.

18 F 02:XX:XX

Mild lower tummy cramps.

18 F 03:XX:XX

Slightly bloated tummy.

18 F 05:XX:XX

Mild tummy cramps in stomach area.

18 F 07:XX:XX

Second day taking the powders – tummy feels a bit upset.

23 F 00:XX:XX

RECTUM

Had irregular bowel throughout the day, not sure if it was due to anxiety because of exams or not.

22 F 00:XX:XX

STOOL

Stools are a bit harder than normal.

13 M 00:XX:XX

BLADDER

Slight uncomfortable burn when urinating...feels like the start of a bladder infection.

18 F 04:XX:XX

Frequent urge to urinate.

18 F 05:XX:XX

Urinary organs – burning sensation

26 F 07:XX:XX

URINE

Burning and strong smelling urine in the morning.

18 F 06:XX:XX

Strong smelling urine and slight burn.

18 F 07:XX:XX

FEMALE

Slight cramping in my uterus just a twisting feeling, probably due to my periods soon.

02 F 00:XX:XX

Got my period...Unusually heavy flow for the first day. Mild tummy aches although not as bad as it normally is during this time of month. My period is usually light to medium flow on the first day and very light pink/red in colour. With nausea the day before and the first day of menstruation. But this time there is no nausea and aches aren't so bad and it is a dark red heavy flow.

18 F 09:XX:XX

Was a little heavy with menstruation

26 F 05:XX:XX

Sex/menstruation – had a bit of a cramp but usually get the cramp 2 weeks before cycle for 3 days most

27 F 07:XX:XX

Period day 1. Last period was on 15th June. I hadn't gotten any premenstrual symptoms except for abdominal cramps. Blood is bright red, medium-heavy flow, no clots. Abdominal pain was excruciating the whole day since I got my period. I felt so faint and lightheaded (usual day 1 symptoms) but not like this time. I wanted to cry, but I continued looking for a file in the cupboard that was full of junk. It was giving me anxiety. I just want to clean it but it's so musty and everything is so heavy. The heavier the object I held, the more pain I felt in my abdomen. Feels as if something is constantly being pressed against my abdomen. Took a pain killer and slept from 5pm-6:30pm. Didn't feel any better when I woke up. Ate lamb stew and rolls, followed by some ice-cream. Still didn't feel any better. So moody. Just want everyone to shut up and stop annoying me. Started crying for 5 minutes for an unknown reason while talking to my boyfriend. Worse for noise, talking, motion, lying on back. Better for silence, lying on side/foetal position, application of heat on abdomen. Only managed to sleep after 12am

28 F 15:XX:XX

RESPIRATORY

Today I felt bloatedness (NS), belching (NS) as from the previous day and slight dizziness (RS), shortness of breath (OS) and due to suspended cardiac conditions. The symptoms were strange and occurred within an hour of taking the second dose.

11 M 01:13:32

Went for a run this morning -> chest is burning

12 M 03:XX:XX

Chest/respiration – was a little heavy at around 4:30pm. Just got home from work.

26 F 01:16:30

Chest/respiration – heavy chest, was feeling difficulty breathing

26 F 07:XX:XX

Chest – a bit heavy with a cough

27 F 05:XX:XX

Experienced the most intense and severe chest pain directly on my sternum. Started around 3pm till about 12pm. Felt as if someone was knocking a hammer onto my sternum. Sharp, continuous pain. Suffocating feeling, shortness of breath. Worse for noise, talking to someone, hearing someone speak, light, motion (walking/being in a car). Better for quiet, warmth (hot drinks, pyjamas and blanket), and darkness. A dull pain radiated to the sides of my ribs attached to my sternum whilst in the car.

28 F 04:15:00

COUGH

Had a cough with phlegm

12 M 08:XX:XX

Dry cough experienced

19 F 04:XX:XX

Had a little cough

27 F 02:XX:XX

Chest – a bit heavy with a cough

27 F 05:XX:XX

BACK

Pain

Lower back seems to be having a deep pain, deep in the muscles. It is better for pressure & worse for bending. The pain is running down & across my lower back.

02 F 01:XX:XX

It's the evening & my lower back is still feeling tense with a deep pain. Applied a heat bag to the area. Brought about some relief.

02 F 01:XX:XX

Back pain dull pain from the scapula downwards.>pressure

02 F 07:XX:XX

Oh my, my back is killing me. It feels as if someone has beat my back. Deep dull pain running down from the scapula to lower back. Better for pressure and heat. Worse for sitting upright.

02 F 08:XX:XX

The back pain has eased up, though I would feel better if one had to apply some pressure to my entire back.

02 F 09:XX:XX

I just needed the hot shower to hit my back and body to make me feel better.

02 F 10:XX:XX

My body was also a little achy today, especially my mid back and little fingers.

03 F 03:XX:XX

My back was very stiff once I tried to straighten up after gardening.

03 F 04:XX:XX

Over exerted at gym? *DOMS? Back is sore.

12 M 06:XX:XX

(*DOMS – refers to delayed onset muscle soreness)

Back is quite sore. I think it's just DOMS, but to set in a few hours after training is unusual.

12 M 06:XX:XX

DEF DOMS... back is stiff and sore

12 M 07:XX:XX

Uncomfortable sleep because of back pain

12 M 07:XX:XX

A difficult day especially with working in Phoenix due to the low bed. Back pain frustrated me and decreased my performance.

12 M 07:XX:XX

Back pain but is easing

12 M 08:XX:XX

Back – a little back pain

27 F 05:XX:XX

Back, itch

My back feels itchier than normal. Bearable but mind knows its itchy thus my need to scratch.

13 M 01:XX:XX

EXTREMITIES

My feet are freezing, rest of my body is warm.

02 F 03:XX:XX

The longest day ever my feet are aching beyond comparison. My feet are actually burning underneath.

02 F 10:XX:XX

My body was also a little achy today, especially my mid back and little fingers.

03 F 03:XX:XX

My fingers are a little sore today (OS).

03 F 04:XX:XX

My hand pain has gone today, although I couldn't make a tight fist when I woke up this morning.

03 F 05:XX:XX

Noticed this little rash under my foot. No apparent small but actual rash is dark in colour but not itchy at all

13 M 01:XX:XX

Warts itch a little and look the same size.

13 M 01:XX:XX

Pins and needles in my right foot for a little while about an hour or 2 after taking remedy at 1pm.

18 F 00:13:00

Slight ache in left shoulder.

18 F 01:XX:XX

shoulder sore. Used the hot water bottle for the shoulder and slept.

21 F 05:XX:XX

Took remedy at half 1. Tingling palms.

18 F 01:13:30

Sensitive palms and feet slight tingle.

18 F 02:XX:XX

Was getting frustrated as experiencing cramps in both legs – not too severe – coping

19 F 05:XX:XX

L big toe painful – unable to put pressure on foot

19 F 09:XX:XX

Pain in L big toe area – swelling noted. Used spa foot massager

19 F 17:XX:XX

Still pain in L big toe area. Difficulty in walking

19 F 18:04:45

Pain in toe – persistent

19 F 19:XX:XX

Toe still painful

19 F 21:XX:XX

Still having a problem with left foot big toe

19 F 23:XX:XX

Headache and pain in feet

19 F 25:XX:XX

Foot still sore.

19 F 26:XX:XX

Cramps in the left leg at night +- 1am.

19 F 28:01:00

Still having pain in both thumbs and palm areas

19 F 28:XX:XX

SLEEP

Good sleep

Finally had a good night's rest.

13 M 01:XX:XX

Slept well but keep waking up every few hours sweating.

13 M 00:XX:XX

Slept well, though I woke up 3 times

12 M 06:XX:XX

Good refreshing sleep.

14 F 05:XX:XX

I haven't had too much trouble falling asleep recently which is a very good thing.
Perhaps it is because I am so tired, or perhaps getting back to the gym has helped.

16 M 02:XX:XX

Had a good night's sleep – feel rested.

21 F 03:XX:XX

Got up feeling refreshed.

21 F 05:XX:XX

Had a good night's sleep. Slept until 9am. Missed Sunday service.

21 F 10:XX:XX

Took powder today. Had a massive headache. Slept well though.

25 M 00:XX:XX

Woke up at 4:30am. My body was relaxed. Felt I had a good night's rest.

26 F 05:04:30

Trouble falling asleep/waking up

Upon waking felt as if I had a troubled sleep, as if I wasn't content. My mind must have been thinking about research.

02 F 01:XX:XX

In bed by 11:00pm battled to fall asleep which is quite unusual for me, mind is active.

02 F 03:23:00

Really battled to wake up this morning I even missed church.

02 F 06:XX:XX

Powder gave me some energy felt awake and energized. Was on the move but couldn't sleep on time was really awake.

05 F 00:20:00

Don't feel tired or sleepy yet

07 F 00:23:40

Uncomfortable sleep because of back pain

12 M 07:XX:XX

Have been busy the whole day and only took the last dose at 20:30!

Could not sleep until 02:00 because I had so much energy.

15 M 00:XX:XX

Woke up a bit late for my Sunday church service.

15 M 01:XX:XX

Had a tough night trying to sleep.

16 M 03:XX:XX

Restless night

19 F 25:XX:XX

Struggled to get up for gym. Only awoke at 5:40 AM.

20 M 05:05:40

Went to bed at 11pm – very late for me.

21 F 10:23:00

Went to bed, read a little – found it difficult to fall asleep, eventually had milk and cookies.

21 F 12:XX:XX

Hated to get up – chilly morning.

21 F 13:XX:XX

Disturbed sleep

Felt exhausted and tired due to the brokenness of sleep.

11 M 02:XX:XX

Woke up at 4:30am and realised that's too early so went back to bed and woke up at 8:30am and realised how late it was and felt a little anxious.

Don't like waking up later than 6:30/6am.

14 F 11:XX:XX

The sweating that night was terrible. Woke up 3 times.

15 M 00:XX:XX

Did not have a pleasant sleep

22 F 01:XX:XX

Did not sleep well again

22 F 02:XX:XX

Was having some difficulty sleeping through the night

26 F 05:XX:XX

Had an uneasy sleep. Broke sleep about 11:00pm. Had a bad dream had fear in me couldn't fall off to sleep

27 F 02:23:00

Sleep – had a good sleep, slept at 9:00pm. Broke sleep at 11:00pm
Had a confusing dream, wasn't sure on what I was feeling

27 F 05:23:00

Want to sleep

Evening was relaxed, just want to sleep. Bed at 10:30.

02 F 04:XX:XX

In bed can't wait to sleep. 11:00pm lights out.

02 F 05:XX:XX

Had a nap during the day. Very rare. I don't sleep midday no matter when I slept the previous day.

15 M 01:XX:XX

So tired....nap at 3:30pm woke up at half 5.

18 F 02:15:30

Drop in energy levels at 7:30pm very sleepy.

18 F 07:19:30

Got up at 6am. Still tired, wanted more sleep – love to sleep.

21 F 14:XX:XX

DREAMS

Weirdest dream ever, and I usually don't dream or recall my dreams. I was at a function could not see the people around me as all was a blurr. Only myself was clear. I was trying to communicate with the people but couldn't as on the pellet of my mouth was full seeds shaped like 'Apricot Kernels' stuck in a mosaic pattern. This stopped me from saying whatever I needed to. I tried my best to pull it out but it was no use, I was mute. Made me feel very uneasy.

02 F 05:XX:XX

I had "busy" dreams again, maybe a bit more violent this time, but not too bad.

03 F 02:XX:XX

I had dreams about all the things I have to do.

03 F 08:XX:XX

Dreamt a lot about my granddad and he was doing things in the dreams that he would not ordinarily do – public speaking.

11 M 00:XX:XX

Dreamt about my granddad again. Felt exhausted and tired due to the brokenness of sleep.

11 M 02:XX:XX

Dreamt I was back at school

12 M 00:XX:XX

Dreamt of my trip overseas

12 M 05:XX:XX

Had a dream but can't recall all of it

I do remember that it was as if I was going somewhere on a plane and I was packing/thinking of packing and getting ready. But don't remember exact details. I was alone in dream though – not with friends/family.

14 F 01:XX:XX

No dreams... up until the morning around 8/9am. Vivid dream being in nature/garden and hiding away in nature somewhat sexual as well.

18 F 01:08:00

Remedy taken before bed 2 am. At about 9am Had a scarily vivid dream that had 2 parts to it 1 part I was holding an elevator door waiting for 2 cute little creatures I was babysitting...then I lost them n had to look all over and by the time they were found the concert was over n my mum went alone to the concert and was bragging about how good it was n shouting at me for being irresponsible. The second part we were at my house and X was with me in my room digging in a packet n gave me 2 stuffed dolls to hang at the doors for protection n warding off evil. X said there's people in the family she can see need help but she's not going to say who yet. Then I went to put them up and when I opened the front door X also already did a ritual n had 4 mielies tied up and burning on the front doors gate. My mum started getting very nervous and agitated and suddenly tried to take the doll down ...then we had to stop her by exorcising a demon from her while the whole house was shaking. My dad, X, my sister and myself.

18 F 02:09:00

So tired....nap at 3:30pm woke up at half 5. Dreamt of X and I driving in a parking lot and having a fight with a rude fat lady that tried to pepper spray us with deodorant.

18 F 02:15:30

dreamt about mother – feel good very real dream

19 F 10:XX:XX

Dreamt that I was assaulted and mugged. Could not sleep again thereafter.

19 F 24:XX:XX

I had a dream last night though. Really tough to recall, as I am writing this in the evening, which is my mistake as the dream is no longer as fresh in my mind. I can remember it seemed like I was walking around what I think was UDW, and still thinking I was going to lectures. That was the last bit of the dream. The first part is very hazy, but I think it involved a house. Doesn't say much, I know. Sorry :-(

20 M 04:XX:XX

I had a dream last night about an old campus friend, with whom I cut ties with. Reason being was that he wasn't a true friend and "stabbed me in the back". Was not the best of dreams, so I woke up feeling extremely confused and kind of sad.

20 M 08:XX:XX

Dreams – dreamt that I had spoken to a long lost friend after ages. We were young again. Felt so good to see her. I felt relaxed when I woke in the morning.

26 F 02:XX:XX

Dreamt I had lost someone close to me. Woke up in a shock

26 F 06:XX:XX

Had an uneasy sleep. Broke sleep about 11:00pm. Had a bad dream had fear in me couldn't fall off to sleep

27 F 02:23:00

Sleep – had a good sleep, slept at 9:00pm. Broke sleep at 11:00pm

Had a confusing dream, wasn't sure on what I was feeling

27 F 05:23:00

Last night's dream was so weird. All of my maternal grandfather's family were around. I can't remember why or where, but it was an unknown place. We had this massive family get-together. People who I didn't know were there too. An aunt made a speech about her sister who passed away years ago (my grandfather's sister-in-law who really is deceased). Thereafter, my entire family made a train (each person's hands on the shoulders of the person in front of them) and mine joined in. I followed my cousins and was talking to one of them about his girlfriend (I had recently seen him in JHB and he is single). He showed me a photo of 'her' on his cell-phone. Somewhere along the dream, my mother was showing us (me and others who I can't remember) something on her tablet, but it had this X-ray feature and we could see two eels swimming below us – we were actually on this piece of land in the middle of the ocean. I was terrified because I really am terrified of being over the ocean and seeing it below me – the land was somehow suspended over the ocean in other words? Can't remember how the dream began or ended.

28 F 01:XX:XX

Dreamt a weird dream last night. Not sure where I was but there was a fire alarm and sprinkles went off. Had to evacuate. Assembled outside and two radio/TV personalities were talking to us (not sure of the people whom I was with). Not sure where they disappeared to, but the rest of the people came running onto that field. One of them was my brother. He then just collapsed like as if he was sick. I started crying. I also think that it was raining. Can't remember how the dream began or ended.

28 F 06:XX:XX

Had a dream that I went back to my old primary school, but I only saw a past friend (male) who I don't keep in contact with, and my current boyfriend? We were standing on the tarmac straight after we wrote a test and we all performed poorly except my boyfriend. He lied to us at first that he did too, but then admitted that he got 94% and we all ignored him. We were all our current ages. Have never remembered a dream in that much detail until recently.

28 F 15:XX:XX

PERSPIRATION

Slept well but keep waking up every few hours sweating.

13 M 00:XX:XX

The sweating that night was terrible. Woke up 3 times.

15 M 00:XX:XX

Sweating decreased and no change of tops during the night.

15 M 02:XX:XX

SKIN

Skin feels a little dry, but probably just winter coming on.

03 F 08:XX:XX

Noticed this little rash under my foot. No apparent small but actual rash is dark in colour but not itchy at all

13 M 01:XX:XX

Unusually strong underarm odour even after bathing in the day.

18 F 06:XX:XX

Skin feels very dry especially face

19 F 22:XX:XX

Skin – seem to be a bit dry

27 F 03:XX:XX

Skin – was dry with a lot of pimples

27 F 06:XX:XX

Skin – looks a bit dull and dry

27 F 07:XX:XX

GENERALS

General achy feeling throughout body.

02 F 08:XX:XX

I just needed the hot shower to hit my back and body to make me feel better.

02 F 10:XX:XX

My body was also a little achy today, especially my mid back and little fingers.

03 F 03:XX:XX

Woke up feeling a little drained with sore muscles all over my body.

13 M 00:XX:XX

Took remedy again about 9 PM. Slight tingling all over body.

18 F 00:21:00

Increased Energy

Had energy wasn't feeling so tired.

04 F 01:12:00

Morning – felt good and had energy wasn't feeling tired

04 F 02:XX:XX

Did not feel too good but after taking powder gave me some energy

05 F 00:08:07

Had energy

05 F 00:12:30

Powder gave me some energy felt awake and energized. Was on the move but couldn't sleep on time was really awake.

05 F 00:20:00

Took powder. Went for a jog at 7am. Powder did me good I think.

05 F 01:06:00

Took powder a bit early because it gives me energy and keeps me awake so didn't want to take it too late in the day.

05 F 01:14:00

Took powder earlier so used up all the energy it gave me so was fine for bed.

05 F 01:19:00

Took powder at 12pm and gave me some energy and felt alive just slight dizzy spells on eyes.

05 F 05:12:00

Felt some energy and was on the go felt alive after the powder for some reason but no appetite.

05 F 06:12:00

Today I had patients in the morning and afterward I found it interesting that a colleague remarked that I seem to have a lot of energy. Physically I feel energetic but mentally not so much.

14 F 03:XX:XX

Have been busy the whole day and only took the last dose at 20:30!
Could not sleep until 02:00 because I had so much energy.

15 M 00:XX:XX

Burst of energy around 9pm... hyper and very alert. Went out and went to sleep at 7am.

18 F 04:21:00

Burst of energy around 6pm. Slept at 2 am.

18 F 05:18:00

Woke up at 5:30am with energy but it was too early so forced myself back to sleep and woke up at 7:30am.

18 F 07:05:30

Feeling a bit more energetic

19 F 02:XX:XX

Feeling fit. Took a 3km walk

19 F 02:XX:XX

Gym for 1 hour. No tiredness

19 F 03:XX:XX

Woke up at 5:00 AM, quite alert and energized for gym. Was a good session. Didn't take the pre-workout today.

20 M 06:05:00

I was up at 5:00 AM for gym

20 M 08:05:00

Felt a bit more energized than usual.

22 F 00:XX:XX

Energy levels were good.

22 F 01:XX:XX

Feel full of energy. Having this much energy isn't normal for me!

23 F 01:XX:XX

Woke up full of energy – feel a bit dehydrated though.

23 F 02:XX:XX

Went to work at 8:00am. Day was good. Had a lot of energy through the day. I was very energetic. Arrived from work at 6:00pm.

26 F 05:XX:XX

Lack of Energy

A dip in energy levels around 1pm it would be nice if this day could just end.

02 F 02:XX:XX

Took powder but wasn't really well felt lazy, weak, slight headache. But powder for some reason reduced the feeling of being weak and light headed.

05 F 02:08:00

Feeling exhausted about to pass out lethargic at 4:00pm.

18 F 04:16:00

Drop in energy levels at 7:30pm very sleepy.

18 F 07:19:30

Feeling a bit exhausted to day

19 F 01:XX:XX

Came home at 16h50 – 3rd powder 18h00. Feeling quiet exhausted. Early bed 21h00

19 F 01:21:00

Woke up at 05h00. Tired today. Left for work at 07h30. Late – tired + sleepy

19 F 07:05:00

Exhausted – slight headache – sore throat

19 F 16:XX:XX

I didn't manage to get up for gym this morning. Was feeling tired and decided in the morning to gym in the afternoon.

20 M 07:XX:XX

Decided to take a break from gym today, as I was just feeling tired.

20 M 07:XX:XX

Didn't manage to get up for gym again. Was just feeling lazy. Decided ill give it a skip today.

20 M 09:XX:XX

Less energetic

22 F 07:XX:XX

Woke at 8:00am. Felt weak.

26 F 02:08:00

Woke up at 4:30am.Early day at work. I felt very restless, my body was very tired.
Wasn't in the mood to go to work.

26 F 03:04:30

Hungry

By 12 noon feeling really hungry.

02 F 00:12:00

Ate as soon as I got home 6:30pm. Was very hungry.

02 F 00:18:30

Ravenously ate supper at 10:00pm.

02 F 05:XX:XX

Had a late lunch, quite ravenous for something warm.

02 F 10:XX:XX

Very hungry during the day

12 M 06:XX:XX

Hungry through the day

12 M 08:XX:XX

Felt very hungry at around 4:30, maybe because I've been driving around running errands all day – so I ate dinner at 4:30pm

14 F 00:XX:XX

Arrived home at 6pm. Didn't cook –exhausted

19 F 14:XX:XX

Felt drained. Took powder again at 12 noon.

21F 01:12:00

Was feeling hungry early.Had a sandwich at 10am.Unlike me.

21 F 08:10:00

Came home, feeling very hungry today, perhaps because of the cold weather?

21 F 11:XX:XX

Not Hungry, Appetite suppressed

Veg lasagne for lunch, & barely ate supper just a cup of tea.

02 F 03:XX:XX

Was not hungry, no appetite but had energy.

05 F 05:XX:XX

Felt some energy and was on the go felt alive after the powder for some reason but no appetite.

05 F 06:12:00

Not much of an appetite after all the sugar from yesterday.

14 F 06:XX:XX

Loss of appetite.

19 F 25:XX:XX

Took the second serving before lunch time, and had my lunch like 30 minutes before. Now I noticed that my stomach felt kind of not so empty. Was a weird, but subtle feeling. I didn't feel too hungry around the afternoon, so I didn't really snack on anything, like almonds, which I normally do.

20 M 00:XX:XX

Today is the second and final day of me taking the powder. Again I took it shortly after getting to work, and had proceeded to have breakfast 30 minutes later. Now I think I noticed the "possible" effects of it, in that my appetite felt somewhat suppressed, but as I said before, was in a very subtle way. I didn't feel the need to eat a big breakfast. Maybe I was imagining it?

20 M 01:XX:XX

Second serving was taken again before lunch time, 30 minutes before. Again, didn't feel like I need to eat a particularly big lunch?

20 M 01:XX:XX

But I still felt, veeeeeeery subtly so, not too hungry. But I didn't notice it that until the end of the day, once I reflected upon the day.

20 M 02:XX:XX

Had a mutton bunny for lunch. Was like insanely good, as I start to crave curry as the week goes on. But I still felt a weird subtle suppression of my appetite.

20 M 03:XX:XX

Had buttered toast for lunch – also did not feel very hungry?

21 F 00:XX:XX

Less/low appetite

22 F 07:XX:XX

Had a small appetite, couldn't eat much

27 F 01:XX:XX

Digestive system – had a small appetite

27 F 03:XX:XX

Stomach felt weird – not hungry, loss of appetite in the morning. Didn't have breakfast. First meal of the day was around 12:30pm – vegetable quiche. Didn't really satisfy me

28 F 04:XX:XX

Thirsty/Dehydration

Still have this feeling of being so dehydrated even though I am drinking water this time.

02 F 00:XX:XX

Just need to get more H₂O into me.

02 F 03:XX:XX

The dehydrated feeling is back, trying to drink more water. I wonder if a rehydrate solution would help.

02 F 06:XX:XX

By 4pm not feeling so dehydrated just increased the water.

02 F 06:16:00

Dehydrated yet I'm drinking water.

02 F 07:XX:XX

Still feeling dehydrated even though I'm drinking water.

02 F 08:XX:XX

Increased water uptake

19 F 04:XX:XX

Seemed a bit thirsty – not sure if it's because of the powders?

21 F 00:XX:XX

Woke up full of energy – feel a bit dehydrated though.

23 F 02:XX:XX

Mouth had an unusual dryness and tasteless feeling throughout the day. Thirsty but water didn't satisfy me either.

28 F 04:XX:XX

Temperature

It's been a busy day, but was an enjoyable day just been feeling cold due to the weather.

02 F 03:XX:XX

My feet are freezing, rest of my body is warm.

02 F 03:XX:XX

Feeling a bit cold

19 F 06:XX:XX

Felt a little hotter than usual –due to weather.

22 F 01:XX:XX

Temperature – was a little high at 10:00am

26 F 02:10:00

Temp - was hot around 12:00

27 F 02:12:00

Temperature – feeling hot than the normal

27 F 05:XX:XX

Cravings

Because I ate earlier I craved chocolate snacks in the evening.

14 F 00:XX:XX

Had a mutton bunny for lunch was like insanely good, as I start to crave curry as the week goes on. But I still felt a weird subtle suppression of my appetite.

20 M 03:XX:XX

4.4 REPERTORY

The following rubrics in Table 4.2 have been formulated from the symptoms in the materia medica above using the Essential Synthesis (Schroyens, 2011).

Rubrics have been grouped according to their category in alphabetical order for quick referencing. Table 4.3 shows each rubric, the prover and the frequency at which they experienced that symptom and the final grading of that rubric.

The method used to grade rubrics was adapted from Ross (2011):

- All rubrics were graded between 1-3, 1 being the least frequent and 3 being the most frequent.
- Rubrics common in 1-2 verum provers were graded as 1.
- Rubrics common in 3 or more verum provers were graded as 2 and denoted in *italics*.
- Rubrics common to more than half of verum provers i.e. 13 provers or more were graded as 3 and denoted in **bold**.

Table 4.3 Distribution and grading of rubrics

RUBRIC	PROVER NUMBER ORIGINATED FROM AND FREQUENCY THEREOF	NUMBER OF PROVERS OCCURRED IN	FINAL GRADING
MIND-activity-amel	21	1	1
MIND-activity-desires activity-creative activity	18	1	1
MIND-activity-sleeplessness; with	2	1	1
MIND-ailments – scorned	14	1	1
MIND-ailments from-death of loved ones	21, 21	1	1
MIND-ailments-mortification	14	1	1
MIND-alert	18	1	1
MIND-anxiety	2, 22	2	1
MIND-anxiety – crowd in a	2	1	1
MIND-anxiety- company when in	2	1	1
MIND-anxiety-hurry with	19	1	1
MIND-anxiety-menses-during	28	1	1
MIND-anxiety-riding while	2	1	1
MIND-anxiety-riding while-driving himself when	2	1	1
MIND-anxiety-success-anxiety from doubt about	21	1	1
MIND-anxiety-weariness; with	22	1	1
MIND-anxiety-work, inclination to work; anxiety with	14	1	1

MIND-art-ability for	18	1	1
MIND-awareness heightened	2	1	1
MIND-awareness heightened-body; of	2	1	1
MIND-blissful feeling	21	1	1
MIND-busy	2, 14	2	1
MIND-change-desire for	2	1	1
MIND-change-desire for-life; in	2	1	1
<i>MIND-cheerful</i>	14, 14, 18, 19, 19, 21, 21, 23	5	2
<i>MIND-cheerful-morning</i>	4, 26, 27, 27	3	2
MIND-clarity of mind	3, 3, 3, 27	2	1
MIND-company-agg	2, 2	1	1
MIND-company-aversion to	2, 2, 2	1	1
MIND-company-aversion to-alone amel; when	2, 2	1	1
MIND-concentration-active	3, 3, 3, 27	2	1
<i>MIND-content</i>	2, 4, 12, 14, 18, 19, 21, 21	7	2
MIND-delusions-neglected-he or she is neglected-husband; by her	3, 3, 3	1	1
MIND-delusions-separated-body	3	1	1
MIND-delusions-separated-body-mind are separated; body and	3	1	1

MIND-detached	3	1	1
MIND-detached-sensation of being	3	1	1
MIND-discontented	2	1	1
MIND-discontented-everything, with	2,	1	1
MIND-discontented-himself, with	2, 2	1	1
<i>MIND-ease, feeling of</i>	<i>2, 4, 12, 12, 14, 14, 18, 21, 21</i>	6	2
MIND-ennui	2	1	1
MIND-estranged-husband; from her	3, 3, 3	1	1
MIND-failure to accomplish; from	2	1	1
MIND-fastidious	2, 21	2	1
MIND-fear-waking, on-dream, from a	19, 27	2	1
MIND-forsaken feeling	2, 3	2	1
MIND-helplessness; feeling of	19	1	1
MIND-hopeful	14	1	1
MIND-hurry, haste	19	1	1
MIND-ideas-abundant	18	1	1
MIND-impatient	21	1	1
MIND-indifference-family, to his	14	1	1
MIND-indifference-husband; towards	3, 3	1	1
MIND-indignation	14, 20	2	1
MIND-industrious	21, 21	1	1
MIND-industrious-finish his work-desire to	21, 21, 21	1	1

<i>MIND-irritability</i>	2, 3, 14, 20	4	2
MIND-irritability-menses-during	28	1	1
MIND-irritability-people; with	2, 14	2	1
MIND-loathing-general loathing	2	1	1
MIND-loathing-life at	2	1	1
MIND-love-friends; for	19, 21	2	1
MIND-mental exertion- aversion	14	1	1
MIND-mental exertion-aversion to	14	1	1
MIND-mental power-increased	3, 3, 3, 27	2	1
MIND-mood-changeable	2	1	1
MIND-mood-repulsive	2	1	1
MIND-morose	2	1	1
MIND-occupation amel	20	1	1
MIND-occupation-amel	21	1	1
MIND-optimistic	14,21	2	1
MIND-order-desire for	2, 21	2	1
MIND-order-desire for; everything into order; desire to put	2, 21	2	1
MIND-overwhelmed	19	1	1
MIND-peace-heavenly peace; sensation of	21	1	1
MIND-religious affections-want of religious feeling	18	1	1
MIND-restlessness	3	1	1
MIND-restlessness-anxious	3	1	1
<i>MIND-sadness</i>	2, 14, 14, 21,	4	2

	21, 27		
MIND-sadness-disappointment, from	14	1	1
MIND-sadness-dream, from	20	1	1
MIND-sadness-future; about the	2	1	1
MIND-sadness-happy, on seeing others	2	1	1
MIND-sadness-menses-during	28	1	1
MIND-sadness-morning-waking on	27	1	1
MIND-sadness-noon	21	1	1
MIND-sadness-present; about the	2	1	1
MIND-sadness-quarrel with husband, after	3, 3	1	1
MIND-self satisfied	12, 12, 21, 21	2	1
MIND-social meeting-agg	2	1	1
MIND-spaced out feeling	3	1	1
MIND-thinking-aversion to	14	1	1
MIND-thoughts-clearness of	3, 3, 27	2	1
MIND-thoughts-persistent	14	1	1
MIND-thoughts-thoughtful	18	1	1
MIND-tranquility	21	1	1
<i>MIND-tranquillity</i>	4, 12, 12, 14, 18, 19, 21	6	2
MIND-tranquillity-morning-waking; on	26	1	1
MIND-weeping-menses-during	28	1	1

VERTIGO-accompanied by-head-pain in HEAD	27, 27	1	1
VERTIGO-afternoon	11, 11	1	1
VERTIGO-menses-during-agg	28	1	1
<i>VERTIGO-vertigo</i>	5, 11, 11, 27, 27, 27	3	2
VERTIGO-warm-room-agg	18	1	1
HEAD-heaviness	26	1	1
<i>HEAD-pain</i>	2, 14, 14, 18, 19, 19, 19, 22, 22, 25, 25, 27	7	2
HEAD-pain-coryza-with	19	1	1
HEAD-pain-dull pain	14, 22, 22	2	1
HEAD-pain-eating-after-agg	14	1	1
HEAD-pain-evening-19h	2	1	1
HEAD-pain-evening-dull pain	22	1	1
<i>HEAD-pain-fasting agg</i>	2, 18, 26	3	2
HEAD-pain-forehead	14	1	1
HEAD-pain-forehead-morning	14	1	1
HEAD-pain-forehead-morning-waking; on	14	1	1
HEAD-pain-forenoon	14	1	1
HEAD-pain-forenoon-11h-11-15h	14	1	1
HEAD-pain-menses-during-agg	22	1	1

<i>HEAD-pain-morning</i>	14, 19, 27	3	2
HEAD-pain-morning-10h	18	1	1
HEAD-pain-morning-waking on	14, 19, 27	3	2
HEAD-pain-occiput	19	1	1
HEAD-pain-sides-left	22	1	1
HEAD-pain-sinuses-inflammation of; from	19	1	1
HEAD-pain-sleep-after-amel-good sleep; by a	25	1	1
HEAD-pain-temples	2	1	1
HEAD-pain-temples-extending to-head	2	1	1
HEAD-pain-temples-extending to- occiput	2	1	1
HEAD-washing head aggravates	2	1	1
HEAD-weakness-headache	5	1	1
EYE-discoloration-red	24, 24	1	1
EYE-discolouration-red	24, 24, 24, 24	1	1
EYE-dryness-sensation of	27, 27	1	1
EYE-heaviness-lids	3	1	1
EYE-inflammation-conjunctiva	24, 24, 24, 24, 24	1	1
EYE-inflammation-conjunctiva	24, 24, 24, 24, 24	1	1
EYE-irritation	16	1	1

<i>EYE-itching</i>	16, 24, 24, 24, 27, 27	3	2
EYE-itching-coryza; during	19	1	1
EYE-itching-evening	24	1	1
EYE-itching-lids	3, 3	1	1
EYE-itching-lids-right	3, 3	1	1
EYE-itching-morning	19, 19, 24,24, 24, 24, 24	2	1
EYE-sunken	2, 16	2	1
EYE-sunken-afternoon	2	1	1
EYE-sunken-sensation	2, 16	2	1
VISION-blurred	5	1	1
VISION-bright-objects seem brighter	3	1	1
VISION-loss of vision-sleep-amel	16	1	1
NOSE-boring in nose with fingers	24	1	1
NOSE-boring in nose with fingers – bleeds until	24, 24		1
NOSE-catarrh	2	1	1
NOSE-catarrh-sinus; from frontal	16	1	1
NOSE-catarrh-watery	2	1	1
<i>NOSE-congestion</i>	2, 3, 16, 16, 24	4	2
NOSE-congestion-night	24	1	1

NOSE-congestion-sinuses	2	1	1
NOSE-coryza	16, 16	1	1
NOSE-coryza-followed by-frontal sinuses; complaints of	19	1	1
NOSE-coryza-morning	16	1	1
NOSE-coryza-wet- after getting	2	1	1
NOSE-discharge-copious	19, 19, 19	1	1
NOSE-discharge-copious-morning	19, 19	1	1
NOSE-discharge-copious-sneezing; on	19, 19	1	1
NOSE-discharge-yellow	2	1	1
NOSE-epistaxis-boring with finger	24, 24	1	1
NOSE-epistaxis-coryza; during	24	1	1
<i>NOSE-hayfever</i>	3, 16, 19, 19	3	2
NOSE-itching	24, 24	1	1
NOSE-itching-inside	24, 24	1	1
NOSE-itching-left	24, 24, 24	1	1
NOSE-itching-nostrils	24, 24, 24, 24, 24	1	1
<i>NOSE-obstruction</i>	2, 3, 16, 16, 16, 18, 24, 27, 27	6	2
NOSE-obstruction-discharge-mucous; of	18	1	1
NOSE-obstruction-left	24	1	1
<i>NOSE-sinuses; complaints of</i>	2, 16, 19, 23	4	2
NOSE-sneezing	19, 19	1	1
NOSE-sneezing-coryza-with	2	1	1

FACE-eruptions-cheeks	16, 16	1	1
FACE-eruptions-pimples	16, 16	1	1
FACE-itching	18	1	1
FACE-itching-eyebrows	3, 3, 3	1	1
FACE-pain-sinuses-frontal	16	1	1
<i>MOUTH-dryness</i>	<i>2, 5, 18, 28</i>	<i>4</i>	<i>2</i>
MOUTH-dryness-drinking; even after	2, 28	2	1
MOUTH-dryness-thirst; with	18, 28	1	1
MOUTH-taste-wanting, loss of taste	28	1	1
THROAT-inflammation	19, 19, 19, 28	2	1
THROAT-lump – sensation of a	28	1	1
THROAT-lump-sensation of a- swallowing on	28	1	1
THROAT-lump-sensation of a- swallowing on - empty	28	1	1
THROAT-pain	19, 19, 19, 28	2	1
THROAT-pain-lump-sore	28	1	1
THROAT-pain-morning	19	1	1
THROAT-pain-sharp; as from something	28	1	1
THROAT-pain-swallowing-agg	28	1	1
THROAT-pain-swallowing-empty-agg	28	1	1

STOMACH-acidity	15	1	1
<i>STOMACH-appetite-diminished</i>	2, 5, 5, 5, 14, 19, 20, 20, 20, 21, 22, 27, 27, 28	9	2
STOMACH-appetite-diminished-evening	2	1	1
STOMACH-appetite-diminished-morning	28	1	1
<i>STOMACH-appetite-increased</i>	2, 2, 2, 2, 14, 21	3	2
STOMACH-appetite-increased-afternoon-16h	14	1	1
STOMACH-appetite-increased-daytime	12, 12, 21	2	1
STOMACH-appetite-increased-evening	2	1	1
STOMACH-appetite-increased-forenoon-10h	21	1	1
STOMACH-appetite-increased-night	2	1	1
STOMACH-appetite-increased-noon	2	1	1
STOMACH-distension-eructations	11	1	1
STOMACH-emptiness	20	1	1
STOMACH-emptiness-eating-after-agg	20	1	1
STOMACH-eructations	11, 11, 11, 11	1	1
STOMACH-heartburn	15	1	1
STOMACH-heartburn-afternoon	15	1	1
STOMACH-pain	2, 18	2	1

STOMACH-pain-cramping	18	1	1
<i>STOMACH-thirst</i>	2, 2, 2, 2, 2, 19, 21, 23, 28	5	2
STOMACH-thirst-extreme	18, 28	2	1
STOMACH-thirst-unquenchable	2, 2, 2, 2, 2, 28	2	1
STOMACH-uneasiness	23	1	1
<i>ABDOMEN-distension</i>	2, 2, 11, 11, 12, 18	4	2
ABDOMEN-distension-constipation; during	2, 2	1	1
ABDOMEN-distension-eructations	11, 11	1	1
ABDOMEN-distension-morning	12	1	1
ABDOMEN-formification	18, 18	1	1
ABDOMEN-gurgling	18	1	1
ABDOMEN-pain	2, 18, 18, 18	2	1
ABDOMEN-pain-cramping	18	1	1
ABDOMEN-pain-cramping- hypogastrium	18	1	1
ABDOMEN-pain-diarrhoea-during	2	1	1
ABDOMEN-pain-hypogastrium	18, 18	1	1
ABDOMEN-pain-lower abdomen	18, 18	1	1
ABDOMEN-pain-lower abdomen-left	18	1	1
ABDOMEN-pain-right	18	1	1

ABDOMEN-pain-stool-before	18	1	1
ABDOMEN-pain-twisting	2	1	1
ABDOMEN-pain-umbilicus-below	18	1	1
ABDOMEN-rumbling-loud	18	1	1
ABDOMEN-rumbling-morning	18	1	1
ABDOMEN-shocks-tingling	18, 18	1	1
STOOL-hard	13	1	1
BLADDER-pain-burning	18, 26	2	1
BLADDER-pain-burning-urination-during	18	1	1
BLADDER-urination-urging to urinate-constant	18	1	1
BLADDER-urination-urging to urinate-constant-women; in	18	1	1
URINE-burning	18, 18, 18, 26	2	1
URINE-odour-strong	18, 18	1	1
FEMALE genitalia/sex-painful	28	1	1
FEMALE genitalia/sex-menses-bright red	28	1	1
FEMALE genitalia/sex-menses-copious	18, 26	2	1
FEMALE genitalia/sex-menses-dark	18	1	1
FEMALE genitalia/sex-menses-painful-	28	1	1

horrible pain, crying and weeping			
FEMALE genitalia/sex-pain-absence of pain	18	1	1
FEMALE genitalia/sex-pain-absence of pain	18	1	1
FEMALE genitalia/sex-pain-menses-before-agg	2, 28	2	1
FEMALE genitalia/sex-pain-menses-during agg	28	1	1
FEMALE genitalia/sex-pain-pressing pain	28	1	1
FEMALE genitalia/sex-pain-uterus-cramping	2	1	1
FEMALE genitalia/sex-pain-warm applications-amel	28	1	1
FEMALE/genitalia/sex-pain-cramping	27	1	1
CHEST-constriction-alternation-abdomen-distension	11	1	1
CHEST-oppression	26, 27	2	1
CHEST-oppression-afternoon	26	1	1
CHEST-oppression-afternoon-16h	26	1	1
CHEST-oppression-cough-during-agg	27	1	1
CHEST-pain-burning	12	1	1
CHEST-pain-exertion	12	1	1
CHEST-pain-ribs-extending to-sternum	28	1	1

CHEST-pain-sternum	28	1	1
CHEST-pain-sternum-afternoon	28	1	1
CHEST-pain-sternum-pressing pain	28	1	1
CHEST-pain-suffocative sensation; with	28	1	1
<i>RESPIRATION-difficult</i>	11, 26, 28	3	2
RESPIRATION-difficult-motion-aggr	28	1	1
COUGH-dry	19	1	1
COUGH-loose	12	1	1
BACK-itching	13	1	1
BACK-itching-scratching-amen	13	1	1
<i>BACK-pain</i>	2, 2, 2, 2, 2, 2, 2, 3, 3, 12, 12, 12, 12, 12, 12, 27	4	2
BACK-pain-aching	3	1	1
BACK-pain-bending-aggr	2	1	1
BACK-pain-broken – as if	2	1	1
BACK-pain-dorsal region	3	1	1
BACK-pain-dull	2, 2	1	1
BACK-pain-dull pain	2	1	1
BACK-pain-exertion aggr; after	12	1	1
BACK-pain-exertion-aggr	12, 12	1	1
BACK-pain-extending to-downward	2, 2	1	1

BACK-pain-lumbar region	2, 2	1	1
BACK-pain-muscles	2	1	1
BACK-pain-pressure-amel	2, 2, 2, 2	1	1
BACK-pain-sitting-erect-agg	2	1	1
BACK-pain-sleep-during-agg	12	1	1
BACK-pain-sore	2, 12, 12, 12	2	1
BACK-pain-straightening up the back- cannot straighten the back	3	1	1
BACK-pain-warm-applications-amel	2, 2, 2	1	1
BACK-stiffness	3	1	1
BACK-stiffness-stooping; as after prolonged	3	1	1
BACK-stiffness-stooping-after-agg	3	1	1
EXTREMITIES-coldness-feet	2	1	1
EXTREMITIES-coldness-feet-heat; with- body	2	1	1
EXTREMITIES-coldness-feet-icy cold	2	1	1
EXTREMITIES-cramps	19, 19	1	1
EXTREMITIES-cramps-legs	19	1	1
EXTREMITIES-cramps-legs-left	19	1	1
EXTREMITIES-cramps-lower limbs	19	1	1
EXTREMITIES-cramps-lower limbs- night	19	1	1
EXTREMITIES-eruptions-feet	13	1	1
EXTREMITIES-eruptions-feet-black	13	1	1

EXTREMITIES-eruptions-feet-sole of	13	1	1
EXTREMITIES-eruptions-itching-without	13	1	1
EXTREMITIES-feet; complaints of	19	1	1
<i>EXTREMITIES-pain</i>	<i>2, 3, 18, 19, 19, 19, 19, 19, 19, 19, 19, 21</i>	5	2
EXTREMITIES-pain-feet	2	1	1
EXTREMITIES-pain-feet-aching	2	1	1
EXTREMITIES-pain-feet-burning	2	1	1
EXTREMITIES-pain-fingers	3	1	1
EXTREMITIES-pain-fingers-aching	3	1	1
EXTREMITIES-pain-fingers-sore	3	1	1
EXTREMITIES-pain-foot	19	1	1
EXTREMITIES-pain-hands-closing the hand agg	2	1	1
EXTREMITIES-pain-hands-palms	19	1	1
EXTREMITIES-pain-shoulders	18, 21	2	1
EXTREMITIES-pain-shoulders-aching	18	1	1
EXTREMITIES-pain-shoulders-sore	21	1	1
EXTREMITIES-pain-shoulders-warm- applications-amel	21	1	1
EXTREMITIES-pain-standing agg	2	1	1
EXTREMITIES-pain-thumbs	19	1	1
EXTREMITIES-pain-toes	19, 19, 19,	1	1

	19, 19, 19		
EXTREMITIES-pain-toes-left	19, 19, 19, 19, 19, 19	1	1
EXTREMITIES-pain-toes-pressure agg	19	1	1
EXTREMITIES-pain-toes-walking-agg	19	1	1
EXTREMITIES-sensitive-hands-palms	18	1	1
EXTREMITIES-shoulders; complaints of-left	18	1	1
EXTREMITIES-swelling-toes-first-left	19	1	1
EXTREMITIES-swelling-toes-first- painful	19	1	1
EXTREMITIES-tingling	18, 18, 18	1	1
EXTREMITIES-tingling-afternoon	18	1	1
EXTREMITIES-tingling-feet	18, 18	1	1
EXTREMITIES-tingling-feet-right	18	1	1
EXTREMITIES-tingling-hands-palms	18	1	1
SLEEP-anxious-wake up on time; to	14	1	1
<i>SLEEP-disturbed</i>	2, 11, 14, 15, 22, 26, 27, 27	7	2
SLEEP-disturbed – dreams; by	27	1	1
SLEEP-disturbed-dream; by a	27	1	1
SLEEP-disturbed-nightmare; by a	27	1	1
SLEEP-disturbed-perspiration, by	13, 15	2	1
SLEEP-disturbed-thoughts; by	2	1	1

SLEEP-falling asleep-daytime	15	1	1
SLEEP-falling asleep-difficult	2, 15	2	1
SLEEP-falling asleep-difficult-thoughts; from a rush of	2	1	1
SLEEP-falling asleep-easy	16	1	1
SLEEP-falling asleep-eating after	21	1	1
<i>SLEEP-interrupted-restless agg</i>	16, 19, 26	3	2
SLEEP-need of sleep-great	21	1	1
SLEEP-prolonged-morning	21	1	1
<i>SLEEP-restless</i>	16, 19, 26	3	2
SLEEP-sleepiness-bed-going to bed- amel	2	1	1
SLEEP-sleepiness-evening	2, 2, 2, 18	2	1
SLEEP-sleepiness-evening-19.30h	18	1	1
SLEEP-sleepiness-overpowering- afternoon-15h	15	1	1
SLEEP-sleepiness-overpowering-noon	15	1	1
<i>SLEEP-sleeplessness</i>	5, 7, 15, 21	4	2
SLEEP-sleeplessness-causeless	11, 26	2	1
SLEEP-sleeplessness-thoughts-activity of thoughts; from	2	1	1
SLEEP-sleeplessness-weariness	11	1	1
<i>SLEEP-unrefreshing</i>	2, 13, 21, 22, 22, 27	5	2
SLEEP-unrefreshing-morning	11	1	1
SLEEP-unrefreshing-morning-tired in	11	1	1

morning than in evening; more			
SLEEP-unrefreshing-tired on rising than on retiring; more	2	1	1
SLEEP-waking-causeless	12	1	1
<i>SLEEP-waking-difficult-morning</i>	<i>2, 20,21, 21</i>	3	2
SLEEP-waking-early; too	14	1	1
SLEEP-waking-frequent-night	12	1	1
DREAMS-airplanes-on an airplane; being	14	2	1
DREAMS-amorous	18	1	1
DREAMS-amorous-morning	18	1	1
DREAMS-anxious	2	1	1
DREAMS-attacked, of being	18, 19	2	1
DREAMS-busy, being	3, 3	1	1
DREAMS-confused	2	1	1
DREAMS-danger-escaping from a danger	28	1	1
<i>DREAMS-dead; of the-relatives</i>	<i>11, 11, 19, 28</i>	3	2
DREAMS-death-relatives; of	26	1	1
DREAMS-devils	18	1	1
DREAMS-disease-family; in the	28	1	1
DREAMS-events-past; long	12, 20	2	1
DREAMS-evil; of-impending	18	1	1
DREAMS-family, own	28	1	1

DREAMS-forest	18	1	1
<i>DREAMS-friends-meeting-old</i>	20, 26, 28	3	2
<i>DREAMS-friends-old</i>	20, 26, 28	3	2
<i>DREAMS-friends-seeing</i>	20, 26, 28	3	2
DREAMS-home	20	1	1
DREAMS-horrible	18, 27	2	1
DREAMS-journeys	12, 14	2	1
DREAMS-lost; being	18	1	1
DREAMS-people-family	28	1	1
DREAMS-remembered	2, 28	2	1
DREAMS-school; being at	12, 20	2	1
DREAMS-sea	28	1	1
DREAMS-seeing again an old schoolmate	20, 28	2	1
DREAMS-supernatural things	18	1	1
DREAMS-unsuccessful efforts	2	1	1
<i>DREAMS-vivid</i>	2, 18, 19, 28, 28	4	2
DREAMS-vivid-morning	18	1	1
DREAMS-vivid-morning-towards	18	1	1
DREAMS-water-ocean; being in an	28	1	1
DREAMS-weeping; about	28	1	1
CHILL-chilliness	19	1	1
FEVER-morning	26	1	1

FEVER-heat	26, 27	2	1
SKIN-eruptions-pimples	27	1	1
SKIN-warts	13	1	1
SKIN-warts-itching	13	1	1
GENERALS-activity-increased	5	1	1
<i>GENERALS-energy-excess of energy</i>	4, 4, 5, 5, 5, 5, 5, 5, 5, 5, 7, 14, 15, 18, 18, 18, 19, 19, 20, 20, 22, 22, 23, 23, 26	11	2
GENERALS-food and drink-drinks- desire	2, 2, 2, 2, 2, 28	2	1
GENERALS-food and drinks-chocolate- desire	14	1	1
GENERALS-food and drink-spices- desires	20	1	1
GENERALS-food and drink-warm food- desire	2	1	1
<i>GENERALS-heat-sensation of</i>	22, 26, 27, 27	3	2
<i>GENERALS-inflammation-sinuses</i>	3, 16, 16, 16, 23	3	2
GENERALS-pain-aching	2	1	1
GENERALS-pain-muscles-sore	13	1	1

GENERALS-tingling	18	1	1
GENERALS-warm-air-aggr	22	1	1
<i>GENERALS-weakness</i>	2, 5, 18, 18, 19, 19, 19, 19, 20, 21, 22, 26, 26	8	2
GENERALS-weakness-18h	19	1	1
<i>GENERALS-weakness-afternoon</i>	2, 18	2	1
GENERALS-weakness-afternoon-13h	2	1	1
GENERALS-weakness-afternoon-16h	18	1	1
GENERALS-weakness-daytime	19	1	1
GENERALS-weakness-evening	18, 18, 19	2	1
GENERALS-weakness-evening-18h	19	1	1
GENERALS-weakness-evening-19h	18	1	1
GENERALS-weakness-headache- during	5, 19	2	1
<i>GENERALS-weakness-morning</i>	19, 20, 20, 26	3	2
<i>GENERALS-weakness-morning-rising- after-aggr</i>	19, 20, 20, 26	3	2
GENERALS-weakness-noon	21	1	1

The homoeopathic proving of *Nelumbo nucifera* 30CH was conducted to elicit symptoms in healthy individuals to obtain a remedy picture which we have established as seen above. In the next chapter, a comparison will be made between the proving symptoms and the cultural significance of the substance.

CHAPTER FIVE

Discussion

5.1 INTRODUCTION

In this chapter, the results obtained from the proving of *Nelumbo nucifera* 30CH will be discussed. The aim of this study was to investigate the therapeutic potential of *Nelumbo nucifera* in order to expand or increase the number of remedies in the materia medica.

The Objectives:

- 1.) To determine the symptoms (if any) produced in healthy participants subsequent to the administration of *Nelumbo nucifera* 30CH.
- 2.) To compare the elicited symptoms to the cultural significance of the substance.

5.2 REMEDY ABBREVIATION

According to the proposed rules for remedy abbreviation in the *Synthesis Repertorium Homoeopathicum Syntheticum* repertory (Schroyens, 2007) *Nelumbo nucifera* will be abbreviated as *Nelum nuci*.

5.3 THE SYMPTOMS

The symptoms elicited from the proving of *Nelumbo nucifera* will be discussed under the relevant category, according to the system affected. The following symptoms have been categorised into themes of each system to facilitate discussion.

MIND

Clear headed; focussed versus spacey; mind disconnected

This paradox of symptoms was experienced by prover 2, 3, 18, 21 and 27.

Prover 3 experienced this on four separate occasions explaining that they felt clear headed, productive and focussed yet at the same time felt spacey and disconnected. The remaining provers described themselves feeling motivated, fresh, clear headed and even at peace.

Mind busy

Three provers experienced busy thoughts, with prover 2 having trouble sleeping on one occasion as she was constantly thinking about work.

Prover 14 explains how she wished she could switch her brain off as she finds it impossible not to think.

Prover 19 had feelings of being rushed and overwhelmed.

Dissatisfied with life

Prover 2 expressed feelings of needing change in life and was tired of her monotonous day to day routine. She explains how there must be more to life than the everyday routine of working and being tired. She goes on to explain that documenting her daily routine has allowed her to become more aware of herself rather than be wrapped up on how quickly life is going by. Prover 2 expressed this further by saying she felt everyone in life is racing past her as close friends of hers were getting engaged or married and she is on some unknown mission.

Wanting order

Provers 2, 14 and 21 experienced a sense of frustration due to the lack of order from others.

Prover 2 explains having a rushed morning and wishing people were methodical when they did things.

Prover 14 experienced road rage from another driver which really upset her as it seemed that he was yelling at her from inside his car. She felt this was very bad behaviour on his part.

Prover 21 on five separate occasions felt frustrated and pressurized at work due to the computer system not functioning properly which prevented her from being fully productive.

Anxiety

Prover 2 felt anxious whilst driving to work yet she was not late for work.

Prover 21 experienced anxiety whilst alone at home and having to lock it up by herself which she was not used to.

Prover 22 stated she felt slightly emotional along with being stressed and anxious.

Moody, grumpy

Provers 2, 3, 14 and 20 all felt a sense of grumpiness, moodiness or agitation.

Prover 3 explains that she felt a sense of calmness that morning after yoga but later felt agitated in the day.

Prover 14 felt irritable on her birthday when having to speak to distant relatives on the phone and having to repeat herself.

Prover 20 experienced an unpleasant mood after having a meeting with his manager and explains how he felt less moody as he got busy with work.

Want to be alone

Loneliness was felt by both prover 2 and 3 even when in the presence of other people.

Prover 2 explains she would prefer to be alone instead of having to come into contact with people throughout the day.

Prover 3 felt lonely even in the presence of her sons and felt distant from her husband.

Happy and Relaxed

A feeling of being relaxed and at ease was felt by 10 provers.

Prover 2 felt a change in mood as she was not as grumpy by midday on day 2 of proving. On day 6 she states that no one was annoying her for a change showing more tolerance to others.

Prover 4 said she felt good and relaxed towards the afternoon on day 2 of the proving.

Prover 3 felt a change in mood on two separate occasions. On day 0 he stated that after work he had a beer which was refreshing and he was relaxed. He also states that he had had a good day at work. On day 3 of proving he felt jovial and that he feels all is going well.

Prover 14 felt very happy on her birthday which was day 5 of proving however strangely all she wanted to do was nothing. Prover 14 continued to have a feeling of being relaxed and happy even through to the next day.

Prover 18 experienced a feeling of being calm, happy and loving.

Prover 19 had a sense of feeling refreshed from having an outdoor lunch with her old friends. On day 12 of the proving, prover 19 experienced a sense of feeling good and being relaxed when she had spent the day at the beach.

Prover 21 describes her day as out with family as fantastic. She had enjoyed lunch and taking a stroll along the pier. The prover had enjoyed the company of friends and family on many different occasions.

Prover 23 felt she had been in a better mood on day 2 of proving. Prover 26 woke up in a good mood to start her day at work.

Prover 27 woke up feeling happy and excited on day 3 and felt 'awesome' on the morning of day 4 as she had had a good sleep.

Indifference to husband

Prover 3 describes feeling very frustrated with her husband as he was not paying attention to her. Felt a loss in communication when she tried to talk to him. On day 4 of proving she felt lonely and distant from her husband which continued until day 6.

Sadness

Prover 14 felt sad before her birthday as she got busy and was not able to buy a new dress to wear.

Prover 20 felt sad after having a dream about an old friend who he had cut ties with as they had 'stabbed him in the back'. He describes waking up feeling extremely confused and sad. He later goes on to say that he was still feeling the emotional effects of the dream at work but as the day progressed he felt better.

Prover 21 was feeling a little sad while shopping on day 1 of proving. Prover 21 was feeling very sad and emotional due to the passing of a close family friend.

Prover 27 felt a bit down upon waking on day 5.

VERTIGO

Vertigo was experienced by 3 provers. Prover 11 felt dizziness on day 0 after the second dose. The second occasion was on day 1 which occurred 1 hour of taking the second dose.

Prover 18 felt light headedness in the steam room at gym.

Prover 27 felt dizziness on 3 occasions. The first time was on day 1 upon waking. On day 2 and 3 she felt light headed.

HEAD

Pain

Headache was felt by 9 provers. Prover 2 experienced it on day 9 which started at 19:00 and eased off by 20:30. The pain was felt on both temples as a tight feeling radiating to the back of the head.

Prover 14 woke up with a slight headache on day 8. It was dull, nagging in the frontal region. She states that it did not better or worse as the day progressed. On day 9, prover 14 experienced the same headache at around 12:30pm after eating lunch.

Prover 18 experienced a mild headache on day 4 at 10:20am.

Prover 19 experienced a headache on day 1 which was located at the back of her head. On day 9, prover 19 experienced another headache upon waking. On day 13 and 16 she experienced a slight headache accompanied by a sore throat.

Prover 22 experienced a headache on day 1, 2, and 3 of proving. The first 2 episodes were described as a dull headache whereas on day 3 she described it as a very bad headache which she suspects was due to menstruation.

Prover 25 experienced a massive headache on the first day of proving although he slept well.

Prover 26 experienced a heavy sensation in her head.

Prover 27 experienced a slight dizziness and woke up with a headache.

EYE

Prover 2 described her eyes as being sunken when her sinuses began troubling her. They felt better for closing them. This occurred at 17:00 and cleared up at 21:15.

Prover 3 felt her eyelids being heavy with her right eyelid and eyebrow being itchy. She again on day 1 experienced an itchy right eyebrow briefly after taking the second dose. She experienced the same sensation on day 2 and 5 of proving on the right eyebrow. However on day 6 she explained the itching had eased off.

Prover 16 experienced scratchy eyes on day 3 and his eyes looked sunken on day 6.

Prover 19 had itchy eyes during a hay fever attack on day 23. She experienced itchy eyes again on day 24 with hayfever.

Prover 24 experienced persistently itchy eyes from day 2 through to day 4 of proving. This was accompanied by redness. Itchiness occurred in the morning upon waking, would subside during the day and reappear in the evenings. The prover made note that on day 5 the eye were less itchy however the redness was still persistent. On day 6 the itching and redness had reduced. By day 6 of proving, the prover had noted the itchiness had reduced dramatically and had stop reoccurring in the evenings.

Prover 27 felt her eyes were dry and itchy on day 3 and had experienced this on day 7 of proving as well.

VISION

Prover 3 had experienced everything looking brighter than usual which occurred on day 1 after taking the final dose. On day 7 of proving, prover 3 noticed her vision was not as good as it used to be.

Prover 16 noted that his vision was worse when he had not had a decent sleep.

NOSE

Prover 2 experienced sinus congestion and inflammation on day 2. Her eyes were sunken accompanied by a blocked nose with a dark yellow nasal discharge. Her eyes were better for closing them. The symptoms appeared at 17:00 and cleared up at around 21:15. On day 4, prover 2 experienced sinusitis after washing her hair. She had sneezing with a clear nasal discharge.

Prover 3 felt her sinuses were congested in the morning.

Prover 16 woke up on day 4 with nasal congestion accompanied by sneezing, runny nose and a sensation of his forehead feeling tight. This sinusitis continued throughout the day whereas it usually only lasts for the morning. This inflammation and congestion continued for a further 2 days. On day 5, the sneezing continued. Symptoms continued on day 6 but prover was still able to function at work. By day 7 prover notes that his condition has remained the same and had not got better or worse.

Prover 18 experienced a blocked nose on day 7.

Prover 19 noted a runny nose on day 23 and 24. Both days were accompanied by itchy eyes and sneezing.

Prover 23 experienced inflammation of her sinuses on day 0.

Prover 24 experienced symptoms over a period of a few days. On day 2 his left nostril was blocked and itchy. On day 3 this continues and he noted the constant scratching of the left nostril which resulted in a nose bleed. He recorded that the irritation was intensified as compared to previous instances. On day 4 prover noted that his nostril was blocked and very itchy. Day 5 nose blocked but no itchiness in the morning. At 6:00pm on day 5 the nose became itchy. A nose bleed resulted as a consequence of the scratching. On day 7, prover 24 noted that the itchiness was considerably decreased.

Prover 27 experienced a stuffy nose on day 1 and 2.

FACE

Prover 16 noticed a pimple on his right cheek on day 6 and 7.

Prover 18 experienced an itchy face around 4pm on day 3.

MOUTH

A dry mouth was experienced by 4 provers.

Prover 2 experienced a dry mouth on day 8 although she was drinking water.

Prover 5 experienced a dry mouth on day 5.

Prover 18 felt very thirsty along with a dry mouth on day 6.

Prover 28 experienced an unusual dryness accompanied with a tasteless feeling throughout the day. She also explained being thirsty and water did not satisfy her.

THROAT

Prover 19 experienced a sore throat on 4 different days. On day 13 it occurred with her sinuses draining and a slight headache. On day 25 she woke up with a sore throat.

Prover 28 experienced a painful sensation in her throat only on empty swallowing. However was not painful whilst eating and drinking. She described it as a severe sharp pain. It felt as if it was a little lump which would only hurt in that particular spot.

STOMACH

Prover 11 experienced a lot of belching which was short and sporadic after taking his powders on day 0 which he noted as a new symptom. This continued on day 1 for about 2 hours after taking his powder.

Prover 15 felt his stomach was acidic for approximately 2 hours in the afternoon. This subsided in the evening especially after drinking water.

Prover 18 experienced mild tummy aches on day 9 which was day 1 of her menses. She noted that this was considerably less than what she normally experiences on the first day of her menstruation. She also did not experience the nausea she normally does the day before and on day 1 of her menses.

ABDOMEN

Prover 2 felt bloated on day 4 and had the urge to pass a stool which she had not done for 2 days. On day 7 she felt extreme abdominal cramps which resulted in diarrhoea at 17:00. She described it as a twisting pain that came on suddenly. On day 8 she felt bloated and heavy and did not pass a stool for that day.

Prover 11 felt bloated accompanied by belching, dizziness and shortness of breath. He described the symptoms as being strange and occurred within an hour of taking the second dose of powders.

Prover 12 felt bloated in the morning on day 1.

Prover 18 experienced lower abdominal ache that would come and go. On day 1 she experienced a brief pain in her lower left abdomen around 17:20. She then had a bowel movement at 17:30. At 19:00 she felt a tingling sensation below her navel which occurred after the powder at 7pm. She experienced a mild ache in her abdomen on the right as well as below her navel which she noted as persistent. The prover also noted that she does at times experience the tingling sensation but after taking the remedy is it considerably more noticeable. On day 2 she experienced a very loud rumbling in her abdomen during the early hours of the morning. On day 3 she experienced mild lower abdominal cramping. On day 5 she experienced a slightly bloated abdomen. On day 7 she again experienced mild abdominal cramping.

Prover 23 felt a tummy upset on day 1 of taking powders.

RECTUM

Prover 22 had an irregular bowel throughout day 0. She was unsure if it was due to anxiety or not.

STOOL

Prover 13 felt his stools were harder than normal on day 0.

BLADDER

Prover 18 felt an uncomfortable sensation while urinating which she thought may be the start of a bladder infection. On day 5 she felt the urge to urinate.

Prover 26 felt a burning sensation on day 7.

URINE

Prover 18 had burning and strong smelling urine on the morning of day 6. This continued on day 7.

FEMALE

Prover 2 experienced a slight cramping in her uterus which she described as a twisting feeling. She suggests that it could be due to her menses starting soon.

Prover 18 started her menses on day 9. She experienced an unusually heavy flow on the first day of her menses. It was accompanied by mild abdominal cramps although she noted that it was not as bad as it normally is. The bleed was considerably heavier and dark red whereas she normally has a light to medium flow with a pink/red colour. There was no nausea the day before or during her menses which she normally experiences.

Prover 26 experienced a heavy menstruation on day 5.

Prover 27 had a slight cramp on day 7.

Prover 28 experienced abdominal cramps before the onset of her menses. The bleed was bright red with a medium to heavy flow. She describes the abdominal pain as excruciating on day 1 of her menses. She also felt faint and light headed. Felt a constant pressing sensation against her abdomen. Had to take a pain killer and sleep with no relief when she woke up. She felt very emotional and moody. She

started crying with no known cause. She was felt better for silence, lying on side or foetal position and for the application of heat on her abdomen. She was worse for any type of stimulation – noise, talking, motion and lying on her back.

RESPIRATORY

Prover 11 had a shortness of breath accompanied with dizziness, bloating and belching. Prover described symptoms as strange and occurred within one hour of taking second dose.

Prover 12 experienced a burning chest after he had gone for a morning run.

Prover 26 felt her chest was heavy around 4:30pm on day 1 just after she got home from work. On day 7, she felt a heavy chest again this time with difficulty breathing.

Prover 27 felt her chest heavy with a cough on day 5.

Prover 28 experienced an intense, severe chest pain directly above her sternum. The pain started around 3pm and lasted till 12pm. It felt as if a hammer was being knocked onto her sternum. She described this as a sharp, continuous pain. She also had a suffocating feeling with a shortness of breath. It was worse for noise, talking to someone, hearing someone speak, light, motion. It felt better for warmth (hot drinks and dressed warmly) as well silence and darkness. A dull pain radiated to the sides of her ribs whilst she sat in the car.

COUGH

Prover 12 had a cough with phlegm on day 8.

Prover 19 experienced a dry cough on day 4.

Prover 27 had a cough on day 2. On day 5 her chest felt heavy accompanied by a cough.

BACK

Prover 2 experienced a deep pain in her lower back which she described as being deep in the muscles. This occurred on day 1 of proving. The pain was better for pressure and worse for bending. The pain felt as if it was running down and across her back. On the evening of day 1 her lower back was still feeling tense with a deep pain. She applied a heat bag to the area which brought her some relief. On day 7 she experienced a dull pain from her scapula downwards which was better for pressure. On day 8 the prover stated, "my back is killing me." This was the intensity of the pain. She describes it as if someone had beaten her back. It was a deep dull pain running down from the scapula to her lower back. The pain was still better for pressure and heat. It was worse for sitting upright. On day 9, the prover stated that the pain had eased although she would have felt better if someone had applied pressure on her entire back. On day 10 she described needing to have a hot shower as the heat from the water would make her back feel better.

Prover 3 felt her back was very stiff even after she tried straightening her back after gardening.

Prover 12 felt his back was sore on day 6. He thought it could possibly be due to overexertion at gym. He called it delayed onset muscle soreness. Later in the day, a few hours after training, he felt his back quite sore. Although the prover did note that it was unusual for this to happen. On day 7 he continued to have a stiff and sore back. He had a difficult day at work as he was unable to function and stated the back pain decreased his performance. The prover experienced an uncomfortable sleep due to the back pain on day 7 as well. On day 8 the back pain began to ease.

Prover 13 felt his back was itchier than normal. He describes it as being bearable but there was a need to scratch.

Prover 27 experienced a little back pain on day 5.

EXTREMITIES

Prover 2 stated that on day 3 she felt her feet were freezing yet the rest of her body was feeling warm. On day 10, she described her feet aching 'beyond comparison'. She also had a sensation of her feet burning underneath.

Prover 3 experienced an achy body on day 3, especially in her mid back and little fingers. On day 4, she felt her fingers were a little sore however she did note that this was an old symptom. On day 5 she stated that the hand pain had disappeared however on waking she could not make a tight fist.

Prover 13 noticed a small rash under his foot on day 1. Described it as dark in colour but not itchy. He also noticed on day 1 that his warts began to itch but looked the same size.

Prover 18 experienced a 'pins and needles' sensation in her right foot for a duration of 1-2 hours after taking a dose at 1pm which occurred on day 0. On day 1 she felt a slight ache in her left shoulder. On day 1, prover 18 experienced tingling palms after taking a dose at 1:30pm. On day 2 she felt sensitive palms and her feet were slightly tingling.

Prover 19 experienced cramps in both her legs on day 5. She stated that they were not severe however she described them as very frustrating. On day 9 of proving she complained of a painful left big toe where she was unable to put pressure on her foot. On day 17 she noted pain in her left big toe again along with swelling. On day 18, upon waking she experienced pain in the left big toe which resulted in difficulty in her walking. Pain was persistent – continued on day 19, 21, 23, 25 and 26. On day 28 she experienced cramps in her left leg at 01:00am. On day 28, prover 29 experienced pain in both her thumbs and palm areas.

Prover 21 had a sore shoulder on day 5 which she used a hot water bottle to alleviate the pain and this allowed her to fall asleep.

SLEEP

Good sleep

Prover 12 described having slept well even though he had woken up three times.

Prover 13 stated that on day 0 he slept well however he had kept waking up every few hours sweating. On day 1 prover 13 stated that he had finally had a good night's rest.

Prover 14 described her sleep on day 5 as good and refreshing.

Prover 16 explained that he had no trouble falling asleep which seemed out of the ordinary for him as he described it as a very good thing. He suggested that it may be due to being so tired or getting back to gym that had helped him to fall asleep.

Prover 21 had a good night's sleep on day 3 and she stated that she felt rested. On day 5 she woke up feeling refreshed. On day 10 she had had a good night's sleep and slept in till 9am.

Prover 25 slept well although he experienced what he described as a massive headache which occurred on day 0 of having the powders.

Prover 26 woke up at 4:30am. Her body felt relaxed and she had felt she had had a good night's rest.

Trouble falling asleep/waking up

Prover 2 had experienced a troubled sleep on day 1. She explains not feeling content. She suggests that her mind was probably busy thinking. On day 3, at 11:00pm she found it difficult to fall asleep which she described as quite unusual for her. She felt as if her mind was quite active. On day 6, she really battled to wake up in the morning.

Prover 5 had experienced an excess of energy after taking the powder on day 0 which prevented her from falling asleep. She described feeling quite awake and energized.

Prover 7 did not feel sleepy or tired on day 0 which was unusual for her.

Prover 12 had an uncomfortable sleep on day 7 due to the back pain he was experiencing.

Prover 15 could not fall asleep until 2:00am on day 0 as he had taken the last dose at 8:30pm and had a lot of energy thereafter. On day 1 he woke up late which resulted in him even missing his Sunday church service.

Prover 16 had a tough night trying to sleep on day 3.

Prover 19 had a restless night on day 25.

Prover 21 went to bed at 11pm on day 10 which she described as very late for her. On day 12 she found it difficult to fall asleep even though she had gone to bed. She had then woken up to have milk and cookies. The next morning, day 13, she found it difficult to wake up as she was feeling chilly.

Disturbed Sleep

Prover 11 felt exhausted and tired on day 2 due to the brokenness of his sleep.

Prover 14 woke up at 4:30am but went back sleep thereafter. She then woke up at 8:30am and realised how late it was which made her anxious as she does not like waking up later than 6:30/6:00am.

Prover 15 woke up 3 times on day 0 from terrible night sweats.

Prover 22 did not have a pleasant sleep on day 1. On day 2 she again did not sleep well.

Prover 26 had difficulty sleeping through the night on day 5.

Prover 27 had experienced a nightmare on day 2 which broke her sleep at 11:00am. Thereafter she could not fall asleep. On day 5, she had fallen asleep at 9:00pm, however he sleep broke at 11:00pm due to a dream which she described as confusing and was unsure how she felt about it.

Need for Sleep / Feeling Sleepy

Prover 2 felt relaxed on day 4 and just wanted to sleep. She was in bed by 10:30pm. On day 5 she could not wait to sleep and was asleep by 11:00pm.

Prover 15 had a nap during the day which he said was very rare. He generally does not sleep in the day no matter how late he would sleep the previous night.

Prover 18 had a 2 hour nap on day 2 from 3:30pm – 5:30pm as she described herself as being very tired. On day 7 she felt a drop in her energy levels and was very sleepy by 7:30pm.

Prover 21 woke up at 6:00am on day 14 but still felt very tired and wanted more sleep. She described how she loves to sleep.

DREAMS

Prover 2 had experienced, what she described as 'the weirdest dream ever', on day 5. She explains that she also does not generally recall her dreams. She had been attending an event however she could not see the people around her as they were a blur. She could however identify herself. She was trying to communicate with those around her but was unable to as the top pallet of her mouth was full of seeds arranged in a mosaic pattern. This prevented her from saying what she needed to. she tried to pull them out but did not succeed. She was mute. When she awoke she described feeling very uneasy.

Prover 3 had busy dreams on day 2 which she described as violent. On day 8 she had a dream about all the things she had to do.

Prover 11 dreamt about his deceased granddad on day 0 who in the dream was doing things that he would have not ordinarily done like public speaking. On day 2, he dreamt of his granddad again. He described feeling exhausted and tired due to the brokenness of the sleep.

Prover 12 had a dream that he was back at school on day 0. On day 5 he dreamt of his trip overseas.

Prover 14 dreamt that she was going to be travelling on a plane and was packing or thinking of packing and getting ready. She was alone in the dream however she could not recall any further details.

Prover 18 remembered a dream she had around 8:00/9:00am on day 1. It was a vivid dream relating to nature or a garden where she was hiding away. She described it as being somewhat sexual as well. On day 2, she had taken the remedy at 2:00am and thereafter experienced a vivid nightmare that was broken up into two parts. The first part entailed her holding an elevator door waiting for two 'cute little creatures' as she described it, whom she was babysitting. She had lost them and searched everywhere until she found them in which a concert she wanted to attend was over. Her mum had to attend the concert alone and reprimanded the prover for being irresponsible. The second part of the dream took place in the provers house where a friend had been searching in a packet for something to give to her. The friend then presented the prover with two stuffed dolls to hang at the doors for protection for warding off evil. The friend told the prover there were people in her family who need help but she could not reveal who they were. The prover hung the dolls up at the front door where she had performed a ritual with four burning mielies. The provers mother became nervous and agitated and tried to take the dolls down from the door. The prover and her family had to try and exorcise a demon from their mother while the whole house was shaking. On day 2, prover 18 had a nap at 3:30pm and woke up at 5:30pm. During this time, she dreamt of her friend and herself driving through a parking lot and having a fight with a rude fat lady who tried to attack them with pepper spray.

Prover 19 had a dream about her deceased mother on day 10. She described feeling very good as it was a very real dream. On day 24, she had a dream that she was assaulted and mugged. She could not fall asleep thereafter.

Prover 20 had a dream on day 4 that he found difficult to recall as he did not record his thoughts immediately. However he did remember that he had been walking around the university he studied at and was still going for lectures. The dream was broken up into two parts. The first part of the dream was hazy and involved a house but that was all he could recall. On day 8, he had had a dream of an old campus

friend who had cut ties with as he described him as not being a true friend as he had 'stabbed him in the back'. He woke up feeling confused and sad.

Prover 26 dreamt on day 2 that she had spoken to a long lost friend. In the dream they were young again. When she woke up she felt relaxed. On day 6, she had a dream of losing someone close to her. She then woke up in a shock.

Prover 27 had an uneasy sleep on day 2 which broke at 11:00pm due to a bad dream which prevented her from falling asleep again. On day 5 fell asleep at 9:00pm however her sleep broke at 11:00pm as she had had a confusing dream. When she awoke she was unsure how she felt about it.

Prover 28 described having a weird dream on day 1. Her dream was broken up into two parts. The first part of the dream she was attending a family get together with her maternal side of the family. An aunt of the prover gave a speech on one of the deceased relatives. Thereafter all the family members made a human train. The prover then had a conversation with her cousin about his 'girlfriend'. She explained that in reality this cousin does not have a girlfriend however in the dream he was showing the prover a picture of her. In the second part of the dream, the prover's mother showed the prover an 'x-ray' feature that she had on her cellphone which showed her two eels swimming below her. She was standing on a piece of land in the middle of the ocean. She was terrified as she is terrified of being over the ocean in reality and seeing it below her. She described the land being somewhat suspended over the ocean she could not remember how the dream began or ended.

On day 6, prover 28 experienced another weird dream. She was in an unknown place where the fire alarm was going off. They had to evacuate and assemble outside. More people came running onto the field, one of which was her brother. He collapsed as if he was sick. The prover started crying. She thought it also may have been raining. She could not remember how the dream began or ended.

Prover 28 had a dream on day 15 about going back to her old primary school where she saw a past friend, who in reality she does not keep in contact with, and her current boyfriend. They were standing on the tarmac discussing a test that had all just been written and how poorly they had all performed. However she explained how her boyfriend lied about how he had performed as he said he had done poorly yet he

scored 94% so they all ignored him. The prover explains how she had never remembered a dream in such detail before.

PERSPIRATION

Prover 13 slept well on day 0 but kept waking up every few hours sweating.

Prover 15 had terrible sweating on day 0. He woke up 3 times during the night. On day 2, the prover notes that the sweating had decreased and he did not have to change his sleep shirt during the night.

SKIN

Prover 3 felt her skin a little dry on day 8. She put it down to the change in weather and winter coming on.

Prover 13 noticed a rash under his foot on day 1. The rash was dark in colour but not itchy.

Prover 18 experienced an unusually strong underarm odour on day 6 even after bathing in the day.

Prover 19 experienced very dry skin especially on her face on day 22.

Prover 27 experienced dry skin on day 3. On day 6 her skin continued to feel dry along with a lot of pimples. On day 7 her skin was looking dull and dry.

GENERALS

Prover 2 had a general achy feeling throughout her whole body on day 8. On day 10 needed a hot shower to ameliorate the pain in her back and make her body feel better.

Prover 3 had a general achy feeling in her body on day 3 especially in her mid back and little fingers.

Prover 13 woke up on day 0 feeling drained and with sore muscles all over his body.

Prover 18 felt a slight tingling all over her body after taking the remedy at 9:00pm on day 0.

Increased Energy

Prover 4 had energy at midday on day 1 and was not feeling tired. On day 2 she felt good in the morning and had energy.

Prover 5 did not feel too good on day 0 but after taking the powder at 8:00am it gave her some energy. After the second dose, she had increased energy at 12:30pm. After the third dose on day 0 the powder made her feel awake and energized, she described being on the move and could not sleep on time as she was wide awake at 8:00pm. On day 1, she took the powder at 6:00am and went for a jog at 7:00am. She described the powder 'doing her good'. Later that day, she took the powder a bit earlier as she deduced the powder giving her energy and keeps her awake if taken too late. She described feeling alive after the powder and had reduced her appetite.

Prover 14 noted a colleague of hers remarked that it seemed as if the prover had a lot of energy on day 3. The prover had had a busy morning at work too. She described however feeling physically energetic but not mentally.

Prover 15 had been busy the whole day on day 0. He only managed to take the last dose at 8:30pm. He did not fall asleep until 2:00am because he had so much energy.

Prover 18 experienced a burst of energy around 9:00pm. She described feeling hyper and very alert. She went out and only went to sleep at 7:00am the next morning. On day 5, she had a burst of energy at around 6:00pm and was only able to fall asleep at 2:00am. On day 7, the prover woke up at 5:30am with energy but she still felt it was too early and forced herself to go back to sleep. She then awoke at 7:30am.

Prover 19 noted that she felt more energetic than usual on day 2. Later in the day she stated that she was feeling fit so she took a 3km walk. On day 3, the prover went to gym for 1 hour and felt no tiredness thereafter.

Prover 20 woke up at 5:00am on day 6 feeling quite alert and energized for gym. He stated that it was a good session even though he did not take a pre-workout supplement for energy that he normally does. On day 8 he awoke at 5:00am for gym.

Prover 22 was feeling more energized than usual on day 0.

Prover 23 stated that she was full of energy, saying that that much energy was not normal for her. On day 2 she woke up with lots of energy although she was feeling dehydrated.

Prover 26 went to work at 8:00am on day 5 and stated she had a lot of energy throughout the day. She said she was very energetic.

Lack of Energy

Prover 2 felt a dip in her energy levels around 1:00pm and was waiting for the day to end.

Prover 5 was feeling lazy, weak and had a slight headache. After taking the powder on day 2 she noted that it reduced the feeling of being weak and light headed.

Prover 18 felt exhausted as if about to pass out from being so lethargic around 4:00pm on day 4. On day 7 she felt a drop in her energy levels around 7:30pm and felt very sleepy.

Prover 19 noted that she felt exhausted on day 1. When she arrived home at 4:50pm she took the third powder at 6:00pm. She still felt exhausted and went to bed early at 9:00pm. On day 7, she woke up at 5:00am. She felt tired and left home late for work. She still felt sleepy. On day 14 she arrived home at 6:00pm and did not cook as she was so exhausted. On day 16, she felt exhausted and had a slight headache.

Prover 20 did not manage to wake up early enough for gym on day 7 as he was feeling tired and decided to rather go to gym in the afternoon. Later in the day he decided to take a break and not go to gym that day as he was still feeling tired. On day 9, he did not manage to wake up in time for gym again as he stated he was feeling lazy and so skipped it.

Prover 22 noted that she felt less energetic on day 7.

Prover 26 woke up at 8:00am on day 2 and felt weak. On day 3, she woke up at 4:30am. She felt restless and stated that her body was very tired. She was not in the mood to go to work.

Hungry

Prover 2 noted that on day 0 at 12:00pm she felt very hungry. As soon as she got home from work she ate which was at 6:30pm as she was very hungry. On day 5, she describes ravenously eating supper at 10:00pm. On day 10, she had a late lunch and described herself as being quite ravenous craving something warm.

Prover 12 felt very hungry throughout the day on day 6. On day 8 he experienced that same feeling of being hungry throughout the day.

Prover 14 felt hungry at around 4:30pm on day 0. She suggested that it could have been due to driving around all day running errands and so she ate dinner early at 4:30pm.

Prover 21 felt very hungry in the day on day 8 and so she ate a sandwich at 10:00am which she noted was unlike her. On day 11, she noted she felt very hungry throughout the whole day and suggested it could have been due to the cold weather.

Appetite Reduced

Prover 2 had eaten a vegetarian lasagne for lunch on day 3 and could not eat supper, only had a cup of tea.

Prover 5 had no appetite on day 5 but stated that she had energy. On day 6 she described feeling alive and on the go with lots of energy after having the powder but no appetite.

Prover 14 noted that she did not have much of an appetite on day 6 as she had consumed a lot of sugar the previous day.

Prover 19 had a loss of appetite on day 25.

Prover 20 noted that after the second dose on day 0 he felt a feeling of fullness in his stomach which he described as a weird and subtle feeling. He noted that he did not feel hungry in the afternoon and snack as he normally does. On day 1, the prover noticed the same feeling he had experience the previous day. After taking the first dose he noticed a suppression of his appetite and so did not feel the need to eat a big breakfast as he normally would. Later that day, after taking the second dose before lunch time he felt the sensation again and did not feel hungry enough to eat a big lunch. On day 2, he felt the same sensation was was much less pronounced compared to the previous days, although he was still not too hungry. On day 3, he began to crave spicy food like curry and so he ate a mutton curry which he described as 'insanely good' but still noted the subtle suppression of his appetite.

Prover 21 had only a slice of buttered toast for lunch on day 0 as she did not feel hungry.

Prover 22 stated she had a low appetite on day 7.

Prover 27 stated that she had a reduced appetite on day 1 and could not eat much. This continued on day 3.

Prover 28 described her stomach feeling weird. She was not hungry and had a loss of appetite in the morning and so she did not have breakfast. Her first meal of the day was at 12:30pm which did not satisfy her.

Thirsty / Dehydration

Prover 2 experienced a feeling of being dehydrated on day 0 even though she was drinking water. On day 3 she noted that she needed to drink more water. On day 6, she states the dehydrated feeling was back and so she was trying to drink more water. She even consider taking a rehydrate solution. However, by 4:00pm she noted that she was not feeling so dehydrated after drinking quite a lot of water in the day. On day 7 the feeling returned of dehydration even though she was still drinking water. This continued through to day 8.

Prover 19 noted that she increased her water intake on day 4.

Prover 21 noted that she seemed a bit thirsty and had thought it could be due to the powders.

Prover 23 woke up full of energy on day 2 however she felt dehydrated.

Prover 28 experienced an unusual dryness and tasteless feeling in her mouth on day 4 for the duration of the day. She was thirsty yet water did not satisfy her.

Temperature

Prover 2 experienced a feeling of coldness due to the weather on day 3 even though she had a busy day but it was enjoyable. She felt her feet freezing whereas the rest of her body was warm.

Prover 19 felt cold on day 6.

Prover 22 felt hotter than usual on day 1 but put it down to the weather.

Prover 26 felt warm on day 2 around 10:00am.

Prover 27 felt hot on day 2 around 12:00pm. On day 5 she noted feeling hotter than normal.

Cravings

Prover 14 craved chocolate on day 0 in the evening.

Prover 20 craved curry which he described as insanely good after he ate it.

5.4 POSSIBLE CLINICAL INDICATIONS FOR *NELUMBO NUCIFERA*

This remedy may be indicated for the following clinical conditions based on the analysis and grading of symptoms:

- Irritability, sadness, depression
- Headaches
 - dull pain
 - aggravated by fasting
 - upon waking / morning
- Itchy eyes
- Nose congestion, hayfever, obstruction
- Complaints of the sinuses
- Dryness of the mouth
- Decreased appetite
- Thirst
- Abdominal distention
- Difficult respiration
- Back pain
- Pain in the extremities
- Sleep disturbances, interrupted or restless. Unrefreshing sleep. Difficulty waking in the morning
- Dreams
 - Dead relatives
 - Friends
 - Vivid
- Generals
 - Sensation of heat
 - Weakness especially in the morning

5.5 THEMES

In this chapter, themes established by Herrick (2003) in her proving will be discussed in relation to the symptoms and themes of the current proving in addition new themes developed from the current study will be discussed. Thereafter the symptoms in this proving will be discussed in relation to the cultural significance and symbolism of *Nelumbo nucifera*.

5.5.1 Themes by Herrick (2003) discussed in relation to current proving

Clarity / Expansion / Awareness / Altered states

Prover 2 expressed feelings of needing change in her life and was tired of her monotonous day to day routine. She explains how there must be more to life than the everyday routine of working and being tired. She goes on to explain that documenting her daily routine has allowed her to become more aware of herself rather than be wrapped up on how quickly life is going by. Prover 2 expressed this further by saying she felt everyone in life is racing past her as close friends of hers were getting engaged or married and she is on some unknown mission. The journaling process during the proving allowed the prover to gain more clarity and insight to her life. She became more aware of her daily routine and realised that she in fact was seeking more in life.

Prover 3 experienced a feeling of being clear headed, productive and focussed yet at the same time felt spacey and disconnected on four separate occasions.

Prover 18 had a feeling of being creative and felt motivated. She had an urge to search the internet for spiritual literature.

Prover 21 had been for her religious service said she felt at peace afterwards.

Prover 27 stated that her mind felt clear and she was feeling refreshed upon waking.

Indifference

Prover 3 describes feeling very frustrated with her husband as he was not paying attention to her. Felt a loss in communication when she tried to talk to him. She felt lonely and distant from her husband.

Irritable / Anger

Provers 2, 14 and 21 experienced a sense of frustration due to the lack of order from others.

Prover 2 explains having a rushed morning and wishing people were methodical when they did things.

Prover 14 experienced road rage from another driver which really upset her as it seemed that he was yelling at her from inside his car. She felt this was very bad behaviour on his part.

Prover 21 on five separate occasions felt frustrated and pressurized at work due to the computer system not functioning properly which prevented her from being fully productive.

5.5.2 Themes developed by the researcher in the current study

Based on a thorough analysis the researcher has noted a common trend in symptoms as noted below:

5.5.2.1 Happiness vs. Sadness

A total of 10 provers experienced having a positive mood during the proving. They described feeling good, relaxed, jovial, calm, loving, refreshed and excited.

Prover 2 felt a change in mood as she was not as grumpy by midday on day 2 of proving. On day 6 she states that no one was annoying her for a change showing more tolerance to others.

Prover 4 said she felt good and relaxed towards the afternoon on day 2 of the proving.

Prover 3 felt a change in mood on two separate occasions. On day 0 he states that after work he had a beer which was refreshing and he was relaxed. He also states that he had had a good day at work. On day 3 of proving he felt jovial and that he feels all is going well.

Prover 14 felt very happy on her birthday which was day 5 of proving and even goes on to say strangely all she wanted to do was nothing. Prover 14 continued to have a feeling of being relaxed and happy even through to the next day.

Prover 18 experienced a feeling of being calm, happy and loving.

Prover 19 had a sense of feeling refreshed from having an outdoor lunch with her old friends. On day 12 of the proving, prover 19 experienced a sense of feeling good and being relaxed when she had spent the day at the beach.

Prover 21 describes her day as out with family as fantastic. She had enjoyed lunch and taking a stroll along the pier. The prover had enjoyed the company of friends and family on many different occasions.

Prover 23 felt she had been in a better mood on day 2 of proving. Prover 26 woke up in a good mood to start her day at work.

Prover 27 woke up feeling happy and excited on day 3 and felt 'awesome' on the morning of day 4 as she had had a good sleep.

A total of 6 provers experienced having a negative mood during the proving. They described feeling grumpy, moody, agitated, frustrated, lonely and sad.

Provers 2, 3, 14 and 20 all felt a sense of grumpiness, moodiness or agitation.

Prover 3 explains that she felt a sense of calmness that morning after yoga but later felt agitated in the day.

Prover 14 felt irritable on her birthday when having to speak to distant relatives on the phone and having to repeat herself.

Prover 20 experienced an unpleasant mood after having a meeting with his manager and explains how he felt less moody as he got busy with work.

Prover 3 describes feeling very frustrated with her husband as he was not paying attention to her. Felt a loss in communication when she tried to talk to him. On day 4 of proving she felt lonely and distant from her husband which continued until day 6.

Prover 14 felt sad before her birthday as she got busy and was not able to buy a new dress to wear.

Prover 20 felt sad after having a dream about an old friend who he had cut ties with as they had 'stabbed him in the back'. He describes waking up feeling extremely confused and sad. He later goes on to say that he was still feeling the emotional effects of the dream at work but as the day progressed he felt better.

Prover 21 was feeling a little sad while shopping on day 1 of proving. Prover 21 was feeling very sad and emotional due to the passing of a close family friend.

Prover 27 felt a bit down upon waking on day 5.

5.4.2.2 Sleepiness vs. Insomnia

A total of 7 provers described feeling sleepy or being able to have a good sleep.

Prover 12 described having slept well even though he had woken up three times.

Prover 13 stated that on day 0 he slept well however he had kept waking up every few hours sweating. On day 1 prover 13 stated that he had finally had a good night's rest.

Prover 14 described her sleep on day 5 as good and refreshing.

Prover 16 explained that he had no trouble falling asleep which seemed out of the ordinary for him as he described it as a very good thing. He suggested that it may be due to being so tired or getting back to gym that had helped him to fall asleep.

Prover 21 had a good night's sleep on day 3 and she stated that she felt rested. On day 5 she woke up feeling refreshed. On day 10 she had had a good night's sleep and slept in till 9am.

Prover 25 slept well although he experienced what he described as a massive headache which occurred on day 0 of having the powders.

Prover 26 woke up at 4:30am. Her body felt relaxed and she had felt she had had a good night's rest.

Prover 2 felt relaxed on day 4 and just wanted to sleep. She was in bed by 10:30pm. On day 5 she could not wait to sleep and was asleep by 11:00pm.

Prover 15 had a nap during the day which he said was very rare. He generally does not sleep in the day no matter how late he would sleep the previous night.

Prover 18 had a 2 hour nap on day 2 from 3:30pm – 5:30pm as she described herself as being very tired. On day 7 she felt a drop in her energy levels and was very sleepy by 7:30pm.

Prover 21 woke up at 6:00am on day 14 but still felt very tired and wanted more sleep. She described how she loves to sleep.

A total of 10 provers had trouble falling asleep and/or waking up.

Prover 2 had experienced a troubled sleep on day 1. She explains not feeling content. She suggests that her mind was probably busy thinking. On day 3, at 11:00pm she found it difficult to fall asleep which she described as quite unusual for her. She felt as if her mind was quite active. On day 6, she really battled to wake up in the morning.

Prover 5 had experienced an excess of energy after taking the powder on day 0 which prevented her from falling asleep. She described feeling quite awake and energized.

Prover 7 did not feel sleepy or tired on day 0 which was unusual for her.

Prover 12 had an uncomfortable sleep on day 7 due to the back pain he was experiencing.

Prover 15 could not fall asleep until 2:00am on day 0 as he had taken the last dose at 8:30pm and had a lot of energy thereafter. On day 1 he woke up late which resulted in him even missing his Sunday church service.

Prover 16 had a tough night trying to sleep on day 3.

Prover 19 had a restless night on day 25.

Prover 21 went to bed at 11pm on day 10 which she described as very late for her. On day 12 she found it difficult to fall asleep even though she had gone to bed. She had then woken up to have milk and cookies. The next morning, day 13, she found it difficult to wake up as she was feeling chilly.

Prover 11 felt exhausted and tired on day 2 due to the brokenness of his sleep.

Prover 14 woke up at 4:30am but went back sleep sleep thereafter. She then woke up at 8:30am and realised how late it was which made her anxious as she does not like waking up later than 6:30/6:00am.

Prover 15 woke up 3 times on day 0 from terrible night sweats.

Prover 22 did not have a pleasant sleep on day 1. On day 2 she again did not sleep well.

Prover 26 had difficulty sleeping through the night on day 5.

Prover 27 had experienced a nightmare on day 2 which broke her sleep at 11:00am. Thereafter she could not fall asleep. On day 5, she had fallen asleep at 9:00pm, however her sleep broke at 11:00pm due to a dream which she described as confusing and was unsure how she felt about it.

5.4.2.3 Energy vs. Lack of energy

A total of 10 provers experienced increased energy during the proving. They described feeling energized, awake, on the move, feeling alive, bursting with energy, hyper and alert.

Prover 4 had increased energy at midday on day 1. On day 2 she felt good in the morning and had energy throughout.

Prover 5 did not feel too good on day 0 but after taking the powder at 8:00am it gave her some energy. After the second dose, she had increased energy at 12:30pm. After the third dose on day 0 the powder made her feel awake and energized, she described being on the move and could not sleep on time as she was wide awake at 8:00pm. On day 1, she took the powder at 6:00am and went for a jog at 7:00am. She described the powder 'doing her good'. Later that day, she took the powder a bit earlier as she deduced the powder giving her energy and keeps her awake if taken too late. She described feeling alive after the powder and had reduced her appetite.

Prover 14 noted a colleague of hers remarked that it seemed as if the prover had a lot of energy on day 3. The prover had had a busy morning at work too. She described however feeling physically energetic but not mentally.

Prover 15 had been busy the whole day on day 0. He only managed to take the last dose at 8:30pm. He did not fall asleep until 2:00am because he had so much energy.

Prover 18 experienced a burst of energy around 9:00pm. She described feeling hyper and very alert. She went out and only went to sleep at 7:00am the next morning. On day 5, she had a burst of energy at around 6:00pm and was only able to fall asleep at 2:00am. On day 7, the prover woke up at 5:30am with energy but

she still felt it was too early and forced herself to go back to sleep. She then awoke at 7:30am.

Prover 19 noted that she felt more energetic than usual on day 2. Later in the day she stated that she was feeling fit so she took a 3km walk. On day 3, the prover went to gym for 1 hour and felt no tiredness thereafter.

Prover 20 woke up at 5:00am on day 6 feeling quite alert and energized for gym. He stated that it was a good session even though he did not take a pre-workout supplement for energy that he normally does. On day 8 he awoke at 5:00am for gym.

Prover 22 was feeling more energized than usual on day 0.

Prover 23 stated that she was full of energy, saying that that much energy was not normal for her. On day 2 she woke up with lots of energy although she was feeling dehydrated.

Prover 26 went to work at 8:00am on day 5 and stated she had a lot of energy throughout the day. She said she was very energetic.

A total of 7 provers experienced a lack of energy during the proving. They described feeling a dip in energy levels, lazy, weak, exhausted, lethargic, about to pass out, tired and sleepy.

Prover 2 felt a dip in her energy levels around 1:00pm and was waiting for the day to end.

Prover 5 was feeling lazy, weak and had a slight headache. After taking the powder on day 2 she noted that it reduced the feeling of being weak and light headed.

Prover 18 felt exhausted as if about to pass out from being so lethargic around 4:00pm on day 4. On day 7 she felt a drop in her energy levels around 7:30pm and felt very sleepy.

Prover 19 noted that she felt exhausted on day 1. When she arrived home at 4:50pm she took the third powder at 6:00pm. She still felt exhausted and went to bed early at 9:00pm. On day 7, she woke up at 5:00am. She felt tired and left home late for work.

She still felt sleepy. On day 14 she arrived home at 6:00pm and did not cook as she was so exhausted. On day 16, she felt exhausted and had a slight headache.

Prover 20 did not manage to wake up early enough for gym on day 7 as he was feeling tired and decided to rather go to gym in the afternoon. Later in the day he decided to take a break and not go to gym that day as he was still feeling tired. on day 9, he did not manage to wake up in time for gym again as he stated he was feeling lazy and so skipped it.

Prover 22 noted that she felt less energetic on day 7.

Prover 26 woke up at 8:00am on day 2 and felt weak. On day 3, she woke up at 4:30am. She felt restless and stated that her body was very tired. She was not in the mood to go to work.

5.6 DISCUSSION OF SYMPTOMS IN RELATION TO THE CULTURAL SIGNIFICANCE AND SYMBOLISM OF *NELUMBO NUCIFERA*

The Sacred Lotus is a powerful symbol of purity, fertility and immortality (Herrick, 2003). The bloom, closing at dusk and opening at dawn, is known to be the symbol of creation and rebirth. In Buddhism, the heart of a being is likened to a Lotus bud, blossoming when the virtues of the Buddha are fully developed. Thus, the image of Buddha sitting on a beautiful Lotus in full bloom evokes the awakening of the highest consciousness (Herrick, 2003). With its root in the swamp and head in the clouds, the Sacred Lotus is a symbol of this spiritual purity. It represents the ascendance from darkness into light (Herrick, 2003).

We see these manifest in symptoms produced by provers during the proving such as feeling 'clear headed', focussed, productive, creative, motivated and peaceful. Prover 3 felt the first symptom after the first powder. Experiencing a paradox in symptoms, she felt clear headed, focussed and productive yet at the same time she described a feeling of her head or mind being disconnected from the rest of her.

I've felt very "clear headed" since the first powder. I have felt more focussed & have been productive. I feel like everything is brighter though & that my head or mind is a little disconnected from the rest of me.

03 F 00:09:40

6:20am took first dose –felt clear headed again if not a bit ‘spacey’. Had a productive day.

03 F 01:06:20

7:30pm took final dose. Everything still just looks a bit brighter than usual.

03 F 01:19:30

Felt productive got a fair amount of things organised.

03 F 08:XX:XX

It is interesting to note that the Sacred Lotus is a symbol of spiritual purity and prover 18 expressed this in a manner of which she spent time researching spiritual literature. As she describes having the ‘urge’ to do so, we may see it as the awakening of the higher consciousness.

The urge to Google spiritual stuff , look for tattoo ideas.... and draw. Feeling creative and motivated.

18 F 01:XX:XX

Went to service, feeling peaceful.

21 F 03:XX:XX

Woke up at 5am. Mind was clear, was feeling really fresh

27 F 06:05:00

Prover 2 expressed feelings of needing change in life and was tired of her monotonous day to day routine. She explains how there must be more to life than the everyday routine of working and being tired. She goes on to explain that documenting her daily routine has allowed her to become more aware of herself rather than be wrapped up on how quickly life is going by. We can compare this to 'the awakening of her higher consciousness'.

A relaxing evening, feeling like there is more to life than this every day routine of working and being tired.

02 F 00:XX:XX

I really need a change of scenery in life in general. There has to be more to life than the same monotonous routine every day.

02 F 09:XX:XX

Think I was on placebo, but writing has made me more aware of myself instead of being wrapped up on how quickly life is going by.

02 F 10:XX:XX

Feeling slightly emo today. I know everyone has their own journey in life but it feels like everyone is racing past me in life generally. A friend of mine is getting married was good to see childhood friends. Wow everyone is engaged/married and I'm on some unknown mission even I'm not aware of.

02 F 11:XX:XX

The Lotus Sutra, thought of as the spirit of the lotus flower, is a Mahayana teaching from India developed in the first century B.C. Its teachings on compassion and enlightenment hold within it the mysterious law embedded in all of life and many teachers understand this sutra to be like the Lotus itself. A feeling of joy, happiness and enlightenment is seen as imperative on the journey to developing the higher consciousness of a human being and spiritual purity.

A feeling of being relaxed and at ease was felt by 10 provers.

Prover 2 felt a change in mood as she was not as grumpy by midday on day 2 of proving. On day 6 she states that no one was annoying her for a change showing more tolerance to others.

Prover 4 said she felt good and relaxed towards the afternoon on day 2 of the proving.

Prover 3 felt a change in mood on two separate occasions. On day 0 he states that after work he had a beer which was refreshing and he was relaxed. He also states that he had had a good day at work. On day 3 of proving he felt jovial and that he feels all is going well.

Prover 14 felt very happy on her birthday which was day 5 of proving and even goes on to say strangely all she wanted to do was nothing. Prover 14 continued to have a feeling of being relaxed and happy even through to the next day.

Prover 18 experienced a feeling of being calm, happy and loving.

Prover 19 had a sense of feeling refreshed from having an outdoor lunch with her old friends. On day 12 of the proving, prover 19 experienced a sense of feeling good and being relaxed when she had spent the day at the beach.

Prover 21 describes her day as out with family as fantastic. She had enjoyed lunch and taking a stroll along the pier. The prover had enjoyed the company of friends and family on many different occasions.

Prover 23 felt she had been in a better mood on day 2 of proving. Prover 26 woke up in a good mood to start her day at work.

Prover 27 woke up feeling happy and excited on day 3 and felt 'awesome' on the morning of day 4 as she had had a good sleep.

CHAPTER SIX

Recommendations and Conclusion

6.1 RECOMMENDATIONS

6.1.1 Availability of proving

Results of this proving should be made available to practitioners via homoeopathic journals or electronically so they may be able to prescribe this remedy in practice. According to Sherr (1994), new provings that are not published in repertories or journal tend to be lost.

6.1.2 Comparison to related remedies

It is recommended that this remedy be compared to other remedies within the same botanical family and to those with similar clinical indications. This comparison to similar remedies will aid practitioners in establishing the correct remedy for their patient. The researcher did not investigate these remedy relationships as it was out of the scope of this research.

6.1.3 Further provings on *Nelumbo nucifera*

For validation of symptoms produced in this proving and possibly the addition of more symptoms, it is recommended that further provings of *Nelumbo nucifera* be conducted. The researcher also recommends other species of *Nelumbo nucifera* be proved and compared with each other. Vilthoukas (1986) advises that other potencies of a remedy be proved in order to expand the understanding of the remedy.

6.2 CONCLUSION

The objectives of this study were achieved; clearly observable symptoms were produced by provers in response to *Nelumbo nucifera* 30CH and congruency was established between such symptoms and the cultural significance of the substance as well as with previous provings (Herrick, 2003) of this substance.

The defining of the materia medica of this substance provides the basis on which it may be prescribed in terms of the Law of Similars; the availability of such new materia medica may assist practitioners in prescribing 'the simillimum' in applicable cases where previously only partially similar remedies were known.

.

.

REFERENCE LIST

Benyunes, S. 2005. *German homoeopathic pharmacopoeia: Supplement 2005*. Stuttgart, Germany: Medpharm Scientific Publishers.

Bhasme, A., Bhasme, M. 2013. Need of the Hour: Research in Homeopathy. *The homoeopathic Heritage*, 48(10): 36-41.

Bhagavad Gita Trust. 2015. *Srimad Bhagavad Gita* [online]. Available at <http://www.bhagavad-gita.org/> [Accessed 21 February 2015].

Bloch,R, Lewis, B.2003. *Homoeopathy for the Home*. Cape Town: Struk Publishers. ISBN 18672 8439

Botha, I. 2010. *Towards and integrated Methodology: C4, Sherr and Dream Provings of Protea cynaroides*. D.Tech Homoeopathy. Durban University of Technology, Durban.

Branch, P.K. 2006. *The Sacred Lotus*. [online]. Available at <http://www.homoeopathicdoc.com/th-sacred-lotus/> [Accessed 20 February 2015].

Cassel, I. 2008. *God's Handiwork: The Doctrine of Signatures* [online]. Available at: <http://www.proliberty.com/observer/20080704.htm> [Accessed 20 July 2015].

DLCS Dee. 2011. *Nelumbo nucifera – health benefits and roots recipe* [online]. Available at <https://dlcsmanagement.wordpress.com/2011/09/27/nelumbo-nucifera-health-benefits-roots-recipe/>. [Accessed 18 March 2015].

De Schepper, L. 2001. *Hahnemann revisited: A textbook of classical homeopathy for the Professional*. Santa Fe: Full of Life Publications.

Dudgeon, R. E., Boericke, W. 2011. *Organon of Medicine*. New Delhi: B. Jain Publishers (P) Ltd.

Durban Botanic Gardens. 2016. Africa's Oldest Surviving Botanic Garden [online]. Available at <http://www.durbanbotanicgardens.org.za/profile-and-heritage.html> [Accessed 9 August 2016].

Eizayaga, F.X. 1991. *Treatise on homoeopathic medicine*. Buenos Aires: Ediciones Marecel.

Gaier, H.C. 1991. *Thorsons Encyclopaedic Dictionary of Homoeopathy*. London: Thorsons, an imprint of Harper Collins Publishers. ISBN 0 7225 1823 4

Gunavante, S.M. 2006. *Introduction to Homoeopathic PRESCRIBING*. New Delhi: B.Jain Publishers (P.) Ltd.

Handley, R. 1990. *A homoeopathic love story: the story of Samuel and Melanie Hahnemann*. Berkeley, CA: North Atlantic Books.

Herrick, N. 2003. *Sacred Plants, Human Voices*. United States of America. Hahnemann Clinic Publishing. ISBN 0-9635368-3-4.

International Council for Classical Homoeopathy. 1999. Recommended Guidelines for Good Provings. *Homoeopathic Links*, 12 (1): 33.

Jansen, J. and Ross, A. 2014. *Homeopathic proving guidelines harmonised by LMHI and ECH* [online]. Available at <http://homeopathy europe.org/> [Accessed 11 October 2016].

Kew Royal Botanic Gardens. 2010. *Nelumbo nucifera* (sacred lotus) [online]. Available at <http://www.kew.org/plants-fungi/Nelumbo-nucifera.htm> [Accessed 5 February 2014]

Master, F. J. 2013. Research Methodology in Homeopathy. *The Homoeopathic Heritage*, 48(10): 11-12.

Mehta N. R. 2013. *Nelumbo Nucifera (Lotus): A Review on Ethanobotany, Phytochemistry and Pharmacology* [online]. Indian J. Pharm. Biol. Res.2013;1(4):152-167. Available at <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.404.1824&rep=rep1&type=pdf> [Accessed 5 September 2015].

Naidoo, K. 2015. A homoeopathic drug proving of *Panthera leo* with a subsequent comparison of *Lac leoninum*. M.Tech: Hom. Dissertation, Durban University of Technology.

Natural Standard. 2011. *Lotus (Nelumbo nucifera)* [online]. Available at <http://www.naturallivingcenter.net/ns/DisplayMonograph.asp?StoreID=b571dewxvcs92jj200akhmccqa7w8v75&DocID=bottomline-lotus#TRADITION> [Accessed 7 September 2015].

Naude, D.F. 2010. Research and Methodology lecture notes distributed in the Department of Homoeopathy, Durban University of Technology 12 May 2011.

O'Reilly, W.B. 1996. *Organon of the medical art* by Dr. Samuel Hahnemann. 6th Edition. United States. Birdcage books.

Rafeeqe, M. 2012. The Doctrine of Signature – A Debatable Topic [online]. Available at: <http://www.similima.com/the-doctrine-of-signature-a-debatable-topic> [Accessed 22 September 2015].

Raghu, R. 2012. Lotus – the national flower of India. *The Hindu*. 15 August 2012. Available at <http://www.thehindu.com/todays-paper/tp-national/tp-tamilnadu/lotus-the-national-flower-of-india/article3774100.ece>. [Accessed 9 September 2015].

Riley, D. S. 1997. Extracting symptoms from homoeopathic drug provings. *The British Homoeopathic Journal*, 86:225-228.

Ross, A. 2011. An appraisal of Homoeopathic Proving Methodology as a bridge between the Indigenous and Rationalist Scientific understandings of Medicinal Plants: the case of *Strychnos henningsii*. Doctoral thesis, Durban University of Technology.

Sankaran, R. 1991. *The Science of Healing*. New Delhi: B.Jain Publishers Pvt. Ltd

Sankaran, R. 1997. *The soul of remedies*. Mumbai: Homoeopathic Medical Publishers.

Sankaran, R. 1998. *Provings*. Mumbai: Homoeopathic Medical Publishers.

Sankaran, R. 2004. *The sensation in homoeopathy*. Bombay: Homoeopathic Medical Publishers.

Sankaran, R. 2005. *An insight into plants: volume II*. Mumbai: Homoeopathic Medical Publishers.

Schroyens, F. (ed.) 2007. *Synthesis: Repertorium Homeopathicum Syntheticum 9.2*. London: Homeopathic Book Publishers.

Sharma, S.C., Goel, A.K. 2000. Philosophy and science of the Indian Lotus (Nelumbo nucifera). *International Society of Environmental Botanists*. [online]. 6(1). Available at <http://isebindia.com/2000/00-01-08.html> [Accessed 18 October 2015].

Sheikh, S.A. (2014). Ethno-medicinal uses and pharmacological activities of lotus (Nelumbo nucifera). *Journal of Medicinal Plant Studies*. [online] p. 43. Available at http://www.plantsjournal.com/vol2Issue6/Issue_nov_2014/7.1.pdf [Accessed 20 February 2015]

Sherr, J.Y. 1994. *The Dynamis and Methodolgy of Homoeopathic Provings*. West Malvern. Dynamis Books. ISBN 095246330X

Smal L. 2004. An evaluation of the Homoeopathic Drug proving of *Naja Mossambica* in the light of the Doctrine of signatures analyses and a comparison between the proving symptoms and the venom Toxicology. M.Tech: Hom. Dissertation, Durban University of Technology. Durban

Somaru, N. 2008. An Investigation of the Concept of Homoeopathic Imponderabilia using a Hahnemannian Proving of Focused Pink Light. M.Tech: Hom. Dissertation, Durban University of Technology.

Swayne, S. ed. 2000. *Churchill Livingstone's international dictionary of homeopathy*. London: Churchill Livingstone.

Ullmann, D. 1991. *Discovering Homoeopathy*. Berkley: North Atlantic Book. ISBN 1-55643-108-2

Vithoulkas, G. 1980. *The Science of Homoeopathy: The classic homoeopathy textbook*. London: Thorsons

Vithoulkas, G. 1986. *The Science of Homoeopathy: The classic homoeopathy textbook*. London: Thorsons.

Vithoulkas, G. 2002. *The Science Of Homoeopathy*. New Delhi: B. Jain Publishers Ltd. ISBN: 81-7021-221-9

Wieland, F. 1997. Good Homoeopathic Provings. *British Homoeopathic Journal*, 86: 229-34.

Wright, C. 1999. A Homoeopathic Drug Proving of *Bitis arietans arietans*. M. Tech: Hom. Dissertation, Technikon Natal, Durban.

Yasgur, J. 1997. *Homoeopathic Dictionary and Holistic Health References*. Greenville, USA: Van Hoy Publishers.

APPENDIX A



INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC) LETTER OF INFORMATION: Preliminary information letter

Title of the Research Study: A double blind placebo controlled proving of XXX 30CH with subsequent comparison to its cultural significance.

Principal Investigator/s/researcher: Tharushka Pillay, B: Tech. Homoeopathy

Co-Investigator/s/supervisor/s: Dr David Naude, M: Tech, Homoeopathy

Brief Introduction and Purpose of the Study: 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 basis for prescription, according to the Law of Similars, when a patient displays a similar symptom picture. Proving is vitally important to homoeopathy as they represent the only truly accurate manner in which to ascertain the action of the homoeopathic drugs and allows one to gain a practical and experimental understanding of homoeopathic medicines.

Outline of the Procedures:

1. Once you have read and understood this information letter fully and had the opportunity to ask questions you will be asked to sign a preliminary consent form which allows the researcher to take you through the preliminary stage of this research.
2. After signing the preliminary consent form the researcher will determine if you meet the required criteria for this study this will take place in the form of a set of questions about your lifestyle and medical history.
3. If you meet the required criteria in order to participate the next process can begin.
4. The researcher will conduct a homoeopathic case history; this is a detailed interview where the researcher asks detailed questions about your health.
5. The researcher will then conduct a general physical examination and measures things such as blood pressure, pulse, height weight etc. A urine test will be conducted during the physical examination to all female provers of childbearing age to test for pregnancy as part of the exclusion criteria.
6. After all of the above are conducted (which should take about 1 hour to perform) the researcher will provide feedback on her findings and then if all the necessary criteria are met you will be invited to a prover training workshop at where all provers will be trained on how to conduct the proving.
7. The researcher will also request a urine sample from all potential female provers of child bearing age – this is so that a routine pregnancy test can be conducted on this urine sample. The urine sample and test will be done at the end of the physical examination and the researcher will give you feedback immediately thereafter.

At any stage in this preliminary process you are free to change your mind and withdraw without having to provide any reason for doing so. All of the above will be conducted at the Homoeopathic Day Clinic at Durban University of Technology; the researcher will be under the constant supervision of a homoeopathic doctor.

Risks or Discomforts to the Participant: There is no risk to participation or risk of discomfort in this preliminary stage of the proving, no medicine is tested at this stage. Prospective provers are only screened for suitability as provers at this preliminary stage of the proving.

Benefits, remuneration and costs: Although there is no direct benefit to participating in this preliminary stage of the proving, you will receive an in depth assessment of your health status which may be of indirect benefit to you, there will be no charge for this assessment. No remuneration will be offered to participants who are requested to partake voluntarily.

Reason/s why the Participant May Be Withdrawn from the Study: Participation in this study is purely voluntary and provers can withdraw at any given time. Participant will be excluded if they do not meet the inclusion criteria. If participants fall ill and require allopathic treatment they will also be withdrawn from the study.

Confidentiality: All of the above will be conducted in private; and all information is kept strictly confidential, only the researcher and her supervisor will have access to the information and at no stage will your name be mentioned in the research process. Only the researcher will be present during your physical examination.

Persons to Contact in the Event of Any Problems or Queries:

Please contact the researcher: Tharushka Pillay (074 141 4923), my supervisor Dr David Naude(082 370 1012) or the Institutional

Research Ethics administrator on 031 373 2900. Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac.za.

General:

Participation is purely voluntary and you can withdraw from the study at any given time. A total number of 30 participants will be involved in this proving. If you have any questions or require any information please feel free to contact the researcher or supervisor on the above contact details.

INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC)

CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, _____ (name of researcher), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate

to my participation will be made available to me.

Full Name of Participant Date Time Signature / Right Thumbprint

I, _____ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher Date Signature

Full Name of Witness (If applicable) Date Signature

Full Name of Legal Guardian (If applicable) Date Signature

References:

Department of Health: 2004. *Ethics in Health Research: Principles, Structures and Processes*

<http://www.doh.gov.za/docs/factsheets/guidelines/ethnics/>

Department of Health. 2006. *South African Good Clinical Practice Guidelines*. 2nd Ed. Available at:

http://www.nhrec.org.za/?page_id=14



Preliminary Informed Consent Form*

TO BE COMPLETED IN TRIPLICATE BY THE PROVER

Working Title of Research Project: A double blind placebo controlled proving of XXX 30CH with subsequent comparison to its cultural significance.

Name of Supervisor: Dr David Naude

Names of Master's Research Student: Tharushka Pillay

PLEASE TICK THE APPROPRIATE ANSWER

1. Have you read the Preliminary Information Letter?

YES	NO
-----	----
2. Have you had an opportunity to ask questions regarding this proving?

YES	NO
-----	----
3. Have you received satisfactory answers to your questions?

YES	NO
-----	----
4. Have you had an opportunity to discuss the proving?

YES	NO
-----	----
5. With whom have you spoken? _____
6. Do you believe you have received enough information about the Preliminary proving?

YES	NO
-----	----
7. Do you understand the implications of your involvement in this Preliminary stage of the proving?

YES	NO
-----	----
8. Do you understand that you are free to withdraw from this preliminary stage of the proving:
at any time;
without having to give a reason for withdrawing,
and without affecting your future healthcare?

YES	NO
YES	NO
YES	NO
9.

YES	NO
-----	----

10 To participate in this proving you must meet all the inclusion criteria. These are as follows:

- You must be between the ages of 18 and 60 years of age;
- must not need any medication, including chemical, allopathic, homoeopathic or other;
- must not be on, or have been on the contraceptive pill or hormone replacement therapy in the last 6 months;
- must not be pregnant or breastfeeding;
- must not have had surgery in the last 6 weeks;
- must not use recreational drugs such as cannabis, LSD or Ecstasy (MDMA);
- must not consume more than two measures of alcohol per day;
- must not smoke more than 10 cigarettes a day;
- must not consume more than 3 cups of coffee or tea a day;
- must be in a general state of good health;
- must be willing to follow the proper procedure for the duration of the proving.

N.B.: If you have answered “NO” to any of the above, please seek additional information before signing.

I, _____ (prover) hereby consent to the proposed procedures associated with my participation in the above-mentioned research project.

Signature: _____ Date: _____

WITNESS:

Name _____ Signature: _____

RESEARCH STUDENT:

Name _____ Signature: _____

SUPERVISOR:

Name _____ Signature: _____

*This appendix has been adapted from Wright, C. (1999) *A Homoeopathic Drug Proving of Bitisarietansarietans*

APPENDIX C



Screening for Suitability and Inclusion in the Proving*

**ALL INFORMATION WILL BE TREATED AS STRICTLY
CONFIDENTIAL**

Surname:		
First Names:		
Age:	Sex: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px 10px;">M</td><td style="padding: 2px 10px;">F</td></tr></table> Telephone:	M	F
M	F		

PLEASE TICK THE APPROPRIATE ANSWER

Are you between the ages of 18 and 60 years?

YES	NO
-----	----

- Are you on or in need of any medication?

Chemical /allopathic

Homoeopathic

Other

YES	NO
YES	NO
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 breastfeeding?

YES	NO
-----	----

- Have you had surgery in the last six weeks?

YES	NO
-----	----

- Do you use recreational drugs such as cannabis, LSD or Ecstasy (MDMA)?

YES	NO
-----	----

- Do you consume more than:
Two measures of alcohol per day?

YES	NO
-----	----

(1 measure = 1 tot spirit / 1 beer / ½ glass of wine)

10 cigarettes per day?

YES	NO
-----	----

3 cups of coffee or tea per day?

YES	NO
-----	----

- Do you consider yourself to be in a general state of good health?

YES	NO
-----	----

- If you are between the ages of 18 and 21 years do you have consent from a parent/ guardian to participate in this proving?

YES	NO
-----	----

- Are you willing to follow the proper procedures for the duration of the proving (including journal-keeping and consultations with your supervisor)?

YES	NO
-----	----

*This appendix has been adapted from Wright, C. (1999) A Homoeopathic Drug Proving of Bitisarietansarietans.

APPENDIX D



Initial Case History & Physical Examination *

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

PROVER NUMBER:		<input type="text"/>
Name:	<input type="text"/>	Sex: <input type="text" value="M"/> <input type="text" value="F"/>
Date of Birth:	<input type="text"/>	Age: <input type="text"/> Children: <input type="text"/>
Occupation:	<input type="text"/>	Marital Status: <input type="text" value="S"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="W"/>

1. Past Medical History:

(Please list previous health problems and their approximate dates)

Do you have a history of any of the following? **[Please tick relevant blocks]**

Cancer	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
HIV	<input type="checkbox"/>	Pneumonia/ Chronic bronchitis	<input type="checkbox"/>
Parasitic infections	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>
Glandular fever	<input type="checkbox"/>	Boils/ Suppurative tendency	<input type="checkbox"/>
Bleeding disorders	<input type="checkbox"/>	Smoking	<input type="checkbox"/>
Eczema/ Skin conditions	<input type="checkbox"/>	Oedema/ Swelling	<input type="checkbox"/>
Warts	<input type="checkbox"/>	Haemorrhoids	<input type="checkbox"/>

2. Surgical History:

(Please list any past surgical procedures [e.g. *tonsils, warts, moles, appendix etc.*] and their approximate dates:)

3. Family History:

Is there a history of any of the following within your family?
(including siblings, parents and grandparents)

Cardiovascular disease	<input type="checkbox"/>	<i>incl. hypertension, heart disease, etc.</i>
Cerebrovascular disease	<input type="checkbox"/>	<i>incl. stroke, transient ischaemic attacks, etc.</i>
Diabetes mellitus	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	
Mental illness	<input type="checkbox"/>	<i>incl. depression, schizophrenia, suicide, etc.</i>
Cancer	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	
Bleeding disorders	<input type="checkbox"/>	

Please list any other medical conditions within your family:

		♂♂	

4. Background Personal History:

Allergies:

Vaccinations:

Medication (including supplements):

Estimation of daily consumption:

Alcohol:

Cigarettes:

5. Generalities:

Energy:

Describe your energy levels on a scale from 1 to 10, where 1 is the lowest and 10 is the highest.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Sleep:

Quantity:

Quality:

Position:

Dreams:

Time modalities:

>	
<	

Weather modalities

>	
<	

Temperature modalities:

>	
<	

Perspiration:

Appetite:

Cravings	
Aversions	
<	
>	

Thirst:

Bowel habits:

Urination:

Menstrual cycle and menses:

Menarche:	yrs	Regular	Irregular	<u>Pre-menstrual:</u>
LMP:		Interval:	days	
<u>Nature of bleed:</u>		Duration:	days	
		Meno-	Metro-	
				<u>Post-menstrual:</u>
			Pain:	

6. Head-to-toe and Systems Overview:

Head:

Eyes and Vision:

Ears and Hearing:

Nose and Sinuses:

Mouth, Tongue and Teeth:

Throat:

Respiratory System:

Cardiovascular System:

Gastro-intestinal System:

Urinary System:

Genitalia and Sexuality:

Musculoskeletal System:

Extremities:

Upper:

Lower:

Skin:

Hair and Nails:

Other:

7. Psychic Overview:

Disposition:
Fears:
Relationships:
Social interaction:
Ambition / Regret:
Hobbies/Interests:

8. The Physical Examination:

a) Physical Description

Frame / Build:			
Hair colour:		Complexion:	
Eye colour:		Skin texture:	

b) Vital Signs

Height:	m
Weight:	kg
Pulse rate:	beats/min
Respiratory rate:	breaths/min
Temperature:	°C
Blood Pressure:	/ mmHg

c) Findings on Physical Examination *[Tick positive blocks]*

Anaemia		Oedema	
Cyanosis		Lymphadenopathy	
Clubbing		Hydration	
Specific System Examinations			
Consultation Date:		Signature:	

APPENDIX E



INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC) LETTER OF INFORMATION: MAIN INFORMATION LETTER

Title of the Research Study: A double blind placebo controlled proving of XXX 30CH with subsequent comparison to its cultural significance.

Principal Investigator/s/researcher: Tharushka Pillay, B: Tech Homoeopathy
Co-Investigator/s/supervisor/s: Dr David Naude, D: Tech Homoeopathy

Brief Introduction and Purpose of the Study: Thank you for taking part in this proving. We are grateful for your willingness to contribute to the advancement and growth of homoeopathic Science, and are sure that you will derive benefit from the experience. 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 basis for prescription, according to the Law of Similars, when a patient displays a similar symptom picture. Provings are vitally important to homeopathy as they represent the only truly accurate manner in which to ascertain the action of the homoeopathic drugs and allows one to gain a practical and experimental understanding of homoeopathic medicines.

Outline of the Procedures:

Before the proving:

Ensure that you have:

- signed the ***Main Informed Consent Form***
- had a **case history** taken and a **physical examination** performed
- attended the pre-proving **training session**
- an assigned **prover number**, and corresponding **journal** and
- read and understood these ***Instructions***

The principal investigator will contact you with the date that you are required to commence the pre-proving observation period, and the date that you are required to start taking the remedy. You will also agree on a daily contact time for the researcher to contact you.

Should there be any problems, or anything you do not fully understand, please do not hesitate to call your proving supervisor.

Beginning the proving:

After having been contacted by your supervisor and asked to commence the proving, record your symptoms daily in the diary for one week prior to taking the remedy. This will help you to get into the habit of observing and recording your symptoms, as well as bringing you into familiarity with your normal state. This is an important step as it establishes a baseline for you as an individual prover.

Taking the remedy:

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

The remedy should be taken on an empty stomach and with a clean mouth. Neither food nor drink should be taken for a half-hour before and after taking the remedy. The remedy should not be taken for more than 3 doses a day for five days (*15 powders maximum*). In the event that you experience symptoms, or those around you observe any proving symptoms, **do not take any further doses of the remedy**. This is very important.

By proving symptoms we mean:

- **Any new symptom**, i.e. ones that you have never experienced before
- **Any unusual change or intensification of an existing symptom**
- **Any strong return of an old symptom**, i.e. a symptom that you have not experienced for more than one year.

If in doubt phone your supervisor. Be on the safe side and do not take further doses. **Homoeopathic experience has repeatedly shown that the proving symptoms begin very subtly – often before the prover recognises that the remedy has begun to act.**

Lifestyle during the Proving:

Avoid all **antidoting factors** such as **coffee, camphor** and **mints**. If you normally use these substances, please stop taking them for two weeks before, and for the duration of the proving. Protect the powders you are proving like any other potentised remedy: store them in a cool, dark place away from **strong smelling** substances, **chemicals**, **electrical equipment** and **cellphones**.

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

Avoid taking **medication** of any sort, including antibiotics and any steroid or cortisone preparations, vitamin or mineral supplements, herbal or homoeopathic remedies.

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

Confidentiality:

It is important for the quality and the credibility of the proving that you discuss your symptoms **only** with your supervisor. Keep your symptoms to yourself and do not discuss them with fellow provers.

Your privacy is something that we will protect. Only your supervisor will know your identity and all information will be treated in the strictest confidence.

Contact with your Supervisor:

Your supervisor will telephone you to inform you to begin your one-week observation period, and then daily from the day that you begin to take the remedy. This will later decrease to 2 or 3 times a week and then to once a week, as soon as you and the supervisor agree that there is no longer a need for such close contact. This will serve to check on your progress, ensure that you are recording the best quality symptoms possible and to judge when you need to cease taking the remedy.

If you encounter any problems during the proving, please do not hesitate to call your supervisor.

Recording of Symptoms:

When you commence the proving note down carefully any symptoms that arise, whether they are old or new, and the time of the day or night at which they occurred. **This should be done as vigilantly and frequently as possible so that the details will be fresh in your memory.** Make a note even if nothing happens.

Please start each day on a new page with the date noted at the top of each page. Also note which day of the proving it is. The day that you took the first dose is day zero.

Write neatly on alternate lines, in order to facilitate the extraction process, which is the next stage of the proving. Try to keep the journal with you at all times. Please be as precise as possible. Note in an accurate, detailed but brief manner your symptoms in your own language.

Information about **location, sensation, modality, time** and **intensity** is particularly important.

- **Location:** Try to be accurate in your anatomical descriptions. Simple, clear diagrams may help here. Be attentive to which side of the body is affected.
- **Sensation:** Describe this as carefully and as thoroughly as possible e.g. burning, shooting, stitching, throbbing, and dull etc.
- **Modality:** A modality describes how a symptom is affected by different situations/stimuli. Better (>) or worse (<) from weather, food, smells, dark, lying, standing, light, people etc. Try different things out and record any changes.
- **Time:** Note the time of onset of the symptoms, and when they cease or are altered. Is it generally > or < at a particular time of day, and is this unusual for you.
- **Intensity:** Briefly describe the sensation and the effect on you.

- **Aetiology:** Did anything seem to cause or set off the symptom and does it do this repeatedly?
- **Concomitants:** Do any symptoms appear together or always seem to accompany each other, or do some symptoms seem to alternate with each other?

This is easily remembered as:

C	-	<i>concomitants</i>
L	-	<i>location</i>
A	-	<i>aetiology</i>
M	-	<i>modality</i>
I	-	<i>intensity</i>
T	-	<i>time</i>
S	-	<i>sensation</i>

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

- | | |
|--------------------------------|-----------------------------|
| • MIND / MOOD | • URINARY ORGANS |
| • HEAD | • GENITALIA |
| • EYES / VISION | • SEX / MENSTRUATION |
| • EARS / HEARING | • SKIN |
| • NOSE | • TEMPERATURE |
| • BACK | • SLEEP |
| • CHEST AND RESPIRATION | • DREAMS |
| • DIGESTIVE SYSTEM | • GENERALITIES |
| • EXTREMITIES | |

Please give full description of dreams, and in particular note the general feeling or impression the dream left you with.

Mental and emotional symptoms are important, and sometimes difficult to describe – please take special care in noting these.

Reports from friends and relatives can be particularly enlightening. Please include these where possible. At the end of the proving, please make a general summary of the proving: note how the proving affected you in general; how has this experience affected your health?; would you do another proving?

As far as possible try to classify each of your symptoms by making a 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 the **present** or **old** symptom (e.g. used to be on the left side, now on the right side)

(US) – An unusual symptom for you.

If you have any doubts, discuss them with your supervisor.

Please remember that detailed observation and concise, legible recording is crucial to the proving. One reads in ***The Organon of the Medical Art***, paragraph 126:

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

(Hahnemann, 1997: 200)

Risks or Discomforts to the Participant: You may develop mild, functional symptoms in response to taking the proving substance; due to the very high dilution of the proving medicine though these symptoms are not permanent and disappear when the proving medicine is stopped. Whilst taking part in the proving you will be closely monitored by the researcher and the research supervisor; in the unlikely event that proving symptoms persist upon withdrawal of the proving medicine an antidote will be provided.

Benefits, costs and remuneration: Although there is no direct benefit to participating in this proving, you will receive an in depth assessment of your health status which may be of indirect benefit to you, there will be no charge for this assessment. No remuneration will be offered to participants who are requested to partake voluntarily.

Reason/s why the Participant May Be Withdrawn from the Study: Participation in this study is purely voluntary and provers can withdraw at any given time. Participant will be excluded if they do not meet the inclusion criteria. If participants fall ill and require allopathic treatment they will also be withdrawn from the study.

Confidentiality: It is important for the quality and the credibility of the proving that you discuss your symptoms **only** with your supervisor. Keep your symptoms to yourself and do not discuss them with fellow provers.

Your privacy is something that we will protect. Only your supervisor will know your identity and all information will be treated in the strictest confidence.

Persons to Contact in the Event of Any Problems or Queries:

Please contact the researcher: Tharushka Pillay (074 141 4923), my supervisor: Dr David Naude (082 370 1012) or the Institutional Research Ethics administrator on 031 373 2900. Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac.za.

General: Participation is purely voluntary and you can withdraw from the study at any given time. A total number of 26 participants will be involved in this proving. If you have any questions or require any information please feel free to contact the researcher or supervisor on the above contact details.

INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC) CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, _____ (name of researcher), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant Date Time Signature / Right Thumbprint

I, _____ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher Date Signature

Full Name of Witness (If applicable) Date Signature

Full Name of Legal Guardian (If applicable) Date Signature

References:

Department of Health: 2004. *Ethics in Health Research: Principles, Structures and Processes*
<http://www.doh.gov.za/docs/factsheets/guidelines/ethnics/>
Department of Health. 2006. *South African Good Clinical Practice Guidelines*. 2nd Ed. Available at:
http://www.nhrec.org.za/?page_id=14

Main Informed Consent Form*

*TO BE COMPLETED IN **TRIPLICATE** BY THE PROVER*

Working Title of Research Project: A double blind placebo controlled proving of XXX 30CH with subsequent comparison to its cultural significance.

Name of Supervisor: Dr David Naude

Names of Master's Research Students: Tharushka Pillay

PLEASE TICK THE APPROPRIATE ANSWER

1. Have you read the Main Information Form?

YES	NO
-----	----

2. Have you had an opportunity to ask questions regarding this proving?

YES	NO
-----	----

3. Have you received satisfactory answers to your questions?

YES	NO
-----	----

4. Have you had an opportunity to discuss the proving?

YES	NO
-----	----

5. With whom have you spoken? _____

6. Do you believe you have 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:
 at any time;
 without having to give a reason for withdrawing,
 and without affecting your future healthcare?

YES	NO
YES	NO
YES	NO

9.

YES	NO
-----	----

10 To participate in this proving you must meet all the inclusion criteria. These are as follows:

- You must be between the ages of 18 and 60 years of age;
- must not need any medication, including chemical, allopathic, homoeopathic or other;
- must not be on, or have been on the contraceptive pill or hormone replacement therapy in the last 6 months;
- must not be pregnant or breastfeeding;
- must not have had surgery in the last 6 weeks;
- must not use recreational drugs such as cannabis, LSD or Ecstasy (MDMA);
- must not consume more than two measures of alcohol per day;
- must not smoke more than 10 cigarettes a day;
- must not consume more than 3 cups of coffee or tea a day;
- must be in a general state of good health;
- must be willing to follow the proper procedure for the duration of the proving.

Have you completed Appendix C which outlines in detail all of the inclusion criteria above

YES	NO
-----	----

Additional notes:

1. ***Discomfort:***

Discomfort may be experienced as a result of participating in the proving. It is observed from previous homoeopathic provings that any discomfort experienced is generally of a transitory nature, and complete recovery is usual.

2. ***Benefits:***

- a) It has been postulated that each proving undertaken strengthens bodily vitality. Many provers report higher levels of mental and physical energy, and increased resistance after participation in homoeopathic drug proving. The mechanisms responsible for this perceived benefit are unclear.
- b) Provers learn and develop the skill of astute observation, and gain homoeopathic knowledge through direct involvement in the proving process; and
- c) Provers may be cured of certain ailments where the remedy being proved corresponds closely to the prover's pre-proving state.

3. There is no expense to the prover for participating in the proving and no remuneration is offered to the prover.

4. Every prover is provided with the names and telephone numbers of the research student and the supervisor of the proving, in the event of any questions or difficulties arising:

Name:	Office hours:	After hours:	Cellular:

N.B.: If you have answered “NO” to any of the above, please seek additional information before signing.

If the prover is between **18 and 21** years of age, written consent from a **guardian/parent** is required for the prover to participate in the proposed research:

I, _____ (guardian/parent) hereby consent to the proposed procedures associated with participation of _____ (prover) in the above-mentioned research project.

Signature: _____ Date: _____

I, _____ (prover) hereby consent to the proposed procedures associated with my participation in the above-mentioned research project.

Signature: _____ Date: _____

WITNESS:

Name _____ Signature: _____

RESEARCH STUDENT:

Name _____ Signature: _____

SUPERVISOR:

Name _____ Signature: _____

*This appendix has been adapted from Wright, C. (1999) *A Homoeopathic Drug Proving of Bitis arietans arietans*.



Follow Up Case History & Physical Examination*

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

PROVER NUMBER:		<input type="text"/>	
Name: _____		Sex: <input type="text" value="M"/> <input type="text" value="F"/>	
Date of Birth: _____		Age: _____	
Occupation: _____		Children: _____	
Marital Status:		<input type="text" value="S"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="W"/>	

1. Background Personal History:

Allergies:

Vaccinations:

Medication (including supplements):

Estimation of daily consumption:

Alcohol:

Cigarettes:

5. Generalities:

Energy:

Describe your energy levels on a scale from 1 to 10, where 1 is the lowest and 10 is the highest.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Sleep:

Quantity:

Quality:

Position:

Dreams:

Time modalities:

>	
<	

Weather modalities

>	
<	

Temperature modalities:

>	
<	

Perspiration:

Appetite:

Cravings	
Aversions	
<	
>	

Thirst:

Bowel habits:

Urination:

Menstrual cycle and menses:

Menarche:	yrs	Regular	Irregular	<u>Pre-menstrual:</u>
LMP:		Interval:	days	
<u>Nature of bleed:</u>		Duration:	days	
		Meno-	Metro-	
				<u>Post-menstrual:</u>
			Pain:	

6. Head-to-toe and Systems Overview:

Head:

Eyes and Vision:

Ears and Hearing:

Nose and Sinuses:

Mouth, Tongue and Teeth:

Throat:

Respiratory System:

Cardiovascular System:

Gastro-intestinal System:

Urinary System:

Genitalia and Sexuality:

Musculoskeletal System:

Extremities:

Upper:

Lower:

Skin:

Hair and Nails:

Other:

7. Psychic Overview:

<i>Disposition:</i>
<i>Fears:</i>
<i>Relationships:</i>
<i>Social interaction:</i>
<i>Ambition / Regret:</i>
<i>Hobbies/Interests:</i>

8. The Physical Examination:

d) Physical Description

Frame / Build:			
Hair colour:		Complexion:	
Eye colour:		Skin texture:	

e) Vital Signs

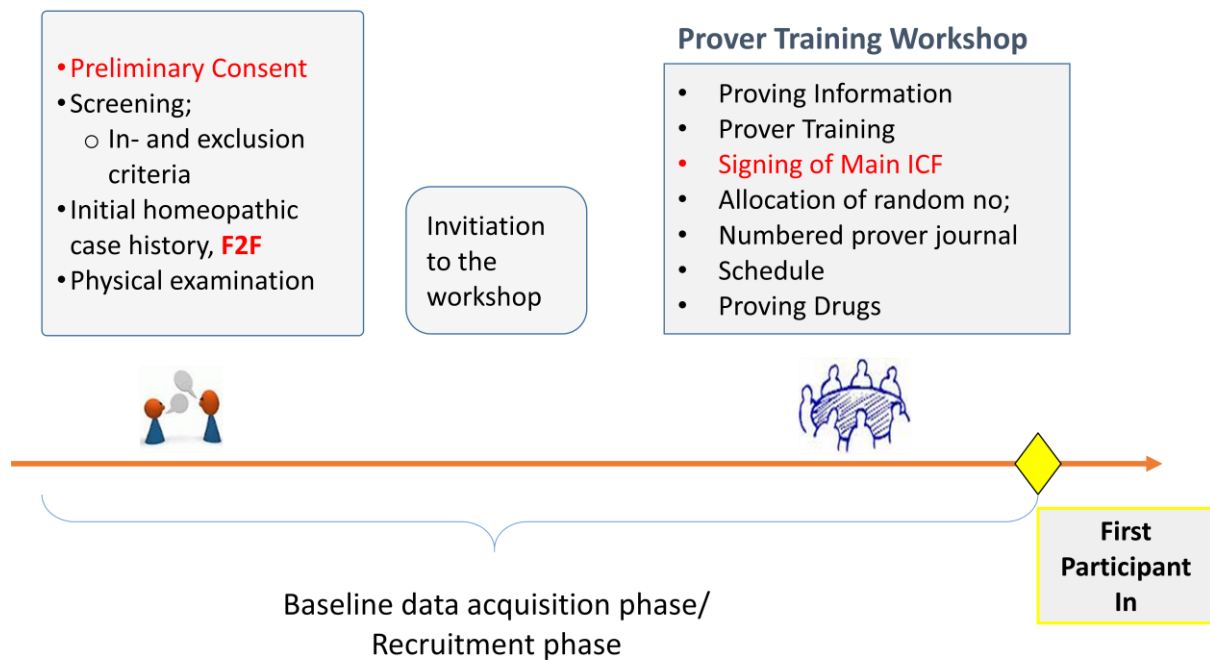
Height:	m
Weight:	kg
Pulse rate:	beats/min
Respiratory rate:	breaths/min
Temperature:	°C
Blood Pressure:	/ mmHg

f) Findings on Physical Examination *[Tick positive blocks]*

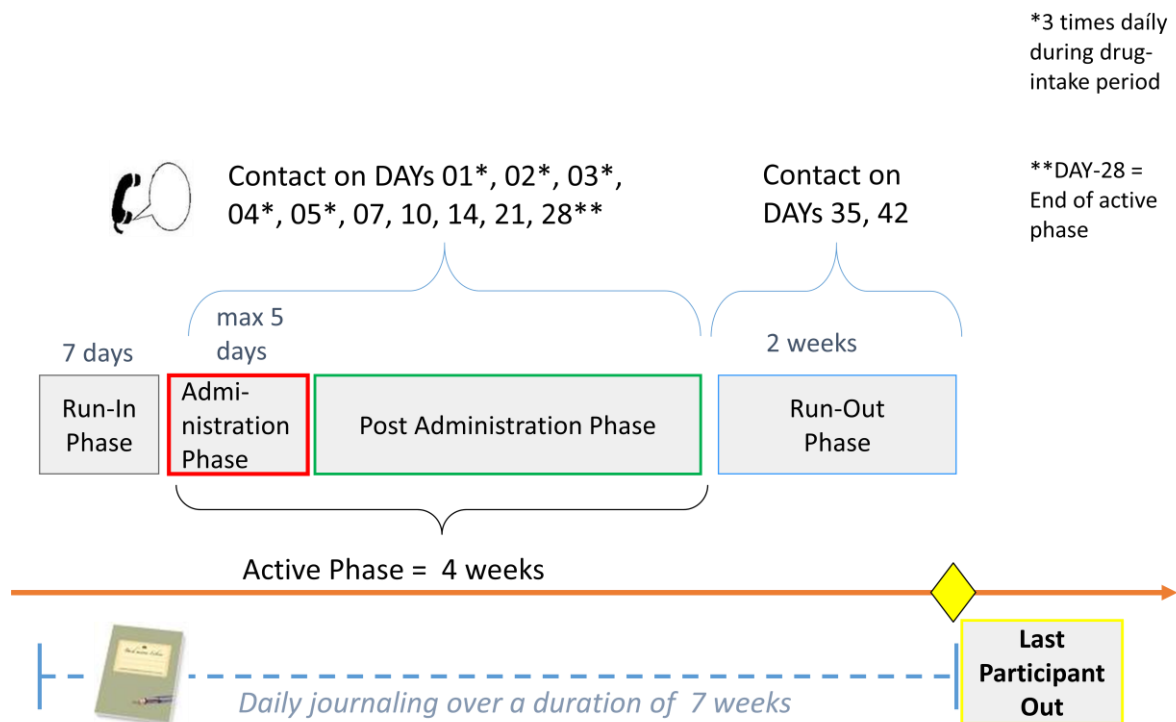
[illegible]

APPENDIX H

PRE CLINICAL PHASE

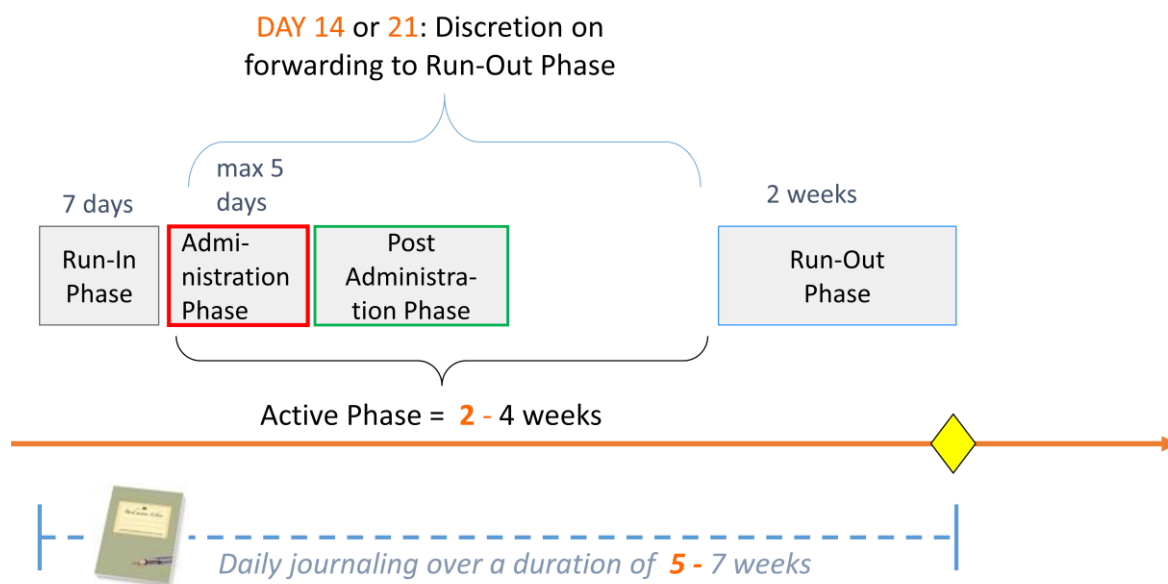


CLINICAL PHASE

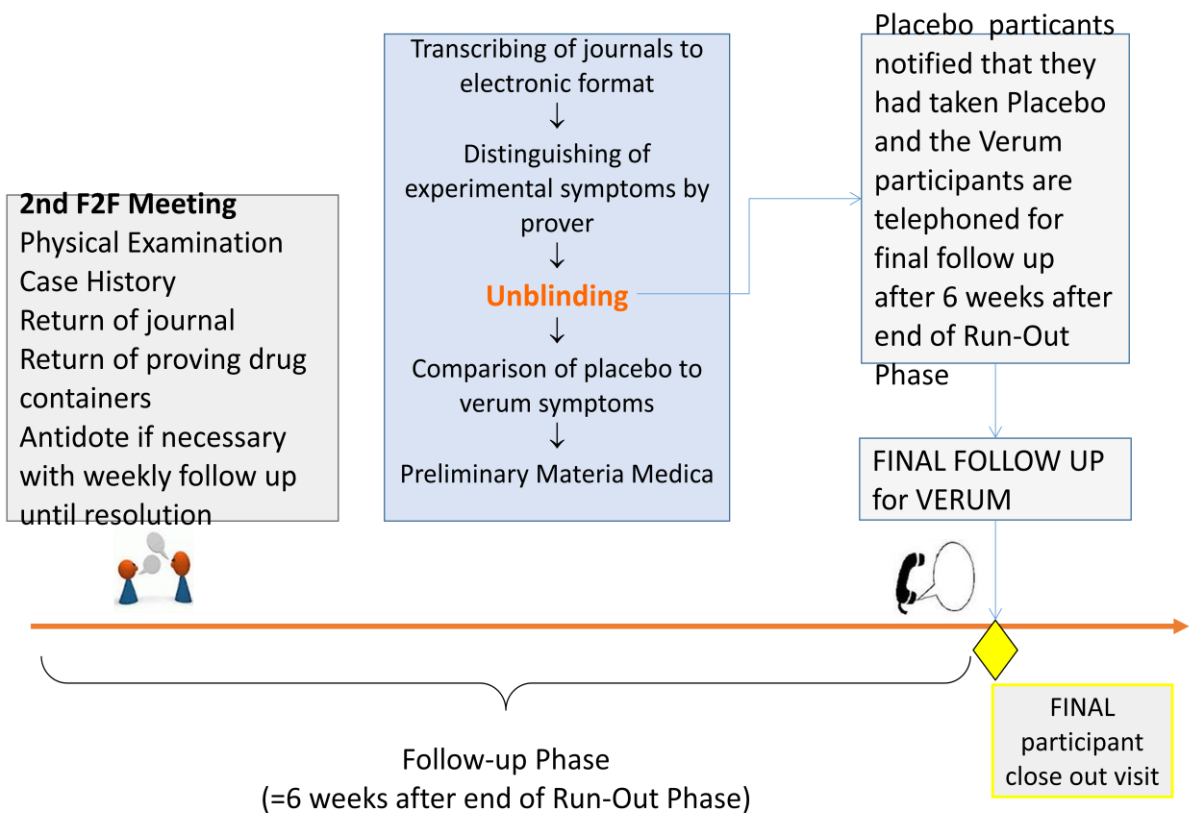


“Normal” Symptoms during Active Phase for two Weeks

*3 times daily
during drug-
intake period



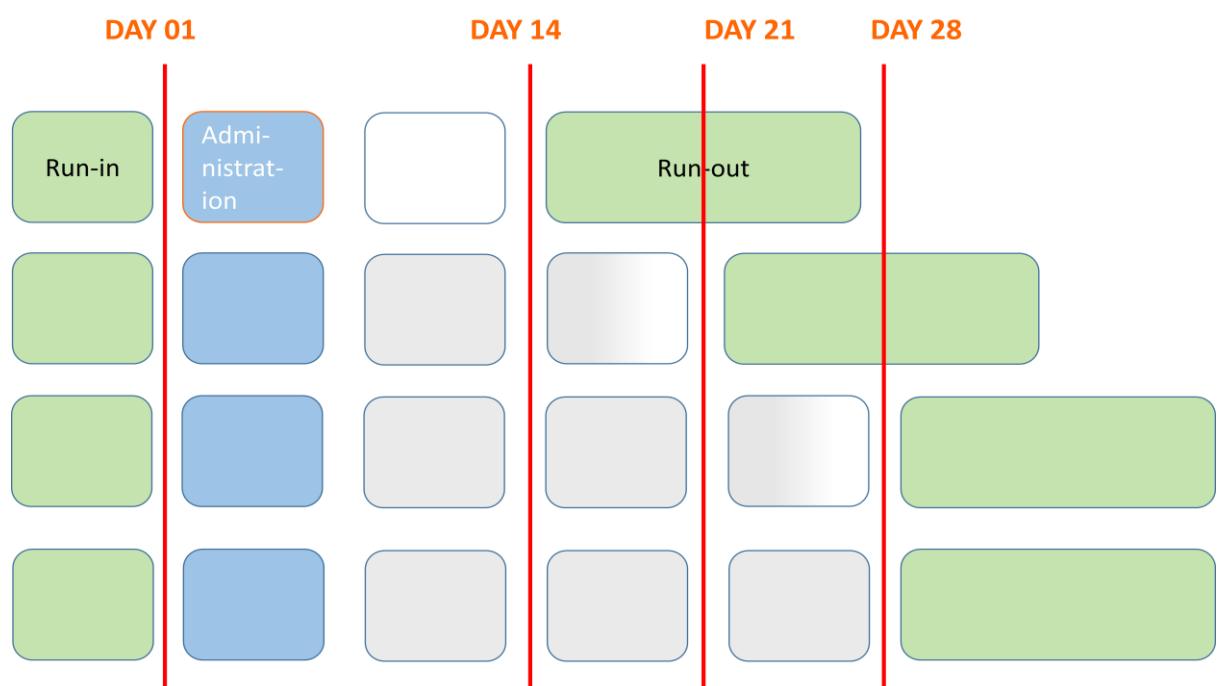
FOLLOW-UP CLINICAL PHASE



Questionnaire for FINAL FOLLOW UP
only for VERUM Participants (3 months later)

Done by Principal Investigator or by Proving Coordinator

1. Are you in the same state of health as you were in when you entered the proving?
2. Has there been any return of the “cured” symptoms reported during the proving (for those participants who reported cured symptoms)



APPENDIX I



ARE YOU A HEALTHY INDIVIDUAL BETWEEN
THE AGES OF 18-50?

WOULD YOU LIKE TO PARTICIPATE IN A
HOMOEOPATHIC RESEARCH STUDY?



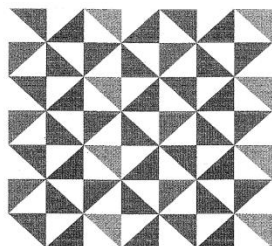
FOR MORE INFORMATION CONTACT:

THARUSHKA PILLAY

074 141 4923

tharushkapillay@yahoo.com

APPENDIX J



Institutional Research Ethics Committee
Faculty of Health Sciences
Room MS 49, Mansfield School Site
Gate 8, Ritson Campus
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2900
Fax: 031 373 2407
Email: lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

19 March 2015

IREC Reference Number: **REC 2/15**

Ms T Pillay
30 Palm Road
Isipingo Hills
Isipingo
4133

Dear Ms Pillay

A double blind placebo controlled proving of *Nelumbo nucifera* 30CH with subsequent comparison to its cultural significance

I am pleased to inform you that Full Approval has been granted to your proposal REC 2/15.

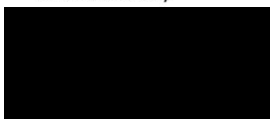
The Proposal has been allocated the following Ethical Clearance number **IREC 023/15**. Please use this number in all communication with this office.

Approval has been granted for a period of one year, before the expiry of which you are required to apply for safety monitoring and annual recertification. Please use the Safety Monitoring and Annual Recertification Report form which can be found in the Standard Operating Procedures [SOP's] of the IREC. This form must be submitted to the IREC at least 3 months before the ethics approval for the study expires.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC SOP's. In addition, you will be responsible to ensure gatekeeper permission.

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely



Professor J K Adam
Chairperson: IREC

APPENDIX K

30 Palm Road
Isipingo Hills
4133
South Africa

25 February 2015

Dear Dr Nienaber

I hereby request permission to use the DUT Homoeopathic Day Clinic facilities to conduct my research.

I will be conducting a Homoeopathic proving, and will require an initial and follow up consult session with each of my 30 provers.

Yours sincerely,

Tharushka Pillay

APPENDIX L

30 Palm Road
Isipingo Hills
Isipingo
4133

12 February 2015

Dear Dr Hall

I hereby request permission to conduct the below mentioned research within the homoeopathic day clinic at DUT and to potentially recruit homoeopathic students and staff for this study.

Title of Research Project:

A double blind placebo controlled proving of *Nelumbo nucifera*30CH with subsequent comparison to its cultural significance.

Principal Investigator/s/researcher: Tharushka Pillay, B:Tech Homoeopathy (DUT)

Supervisor/s: Dr David Naude, M:Tech Homoeopathy (DUT)

Co-Supervisor/s: Dr Izel Botha, D:Tech Homoeopathy (DUT)

We request permission to utilize the Homoeopathic Day Clinic at Durban University of Technology where the researcher will be under the constant supervision of a homoeopathic doctor. For further information on the study please refer to the proposal attached.

General: Participation is purely voluntary and participants can withdraw from the study at any given time without having to provide any reason for doing so. If participants have any questions or require any information they can feel free to contact the researcher or supervisor on the above contact details.

Risks or discomforts to the participant: There is no risk to participation or risk of discomfort in this preliminary stage of the proving, no medicine is tested at this stage. Prospective provers are only screened for suitability as provers as this preliminary stage of the proving.

Benefits, costs and remuneration: Although there is no direct benefit to participating in this preliminary stage of the proving, participants will receive an in depth assessment of their health status which may be of indirect benefit to them, there will be no charge for this assessment. No remuneration will be offered to participants who are requested to partake voluntarily.

Persons to contact in the event of any problems or queries:

Researcher: Tharushka Pillay (074 141 4923)

Supervisor: Dr David Naude (082 370 1012) email: david@dut.ac.za

Co-Supervisor: Dr Izel Botha email: izelbotha@gmail.com cell: +44 7452264230

Institutional Research Ethics administrator: 031 373 2900.

Complaints can be reported to the DVC: TIP, Prof F. Otieno 031 373 2382 or dvctip@dut.ac.za.

Yours sincerely,
Tharushka Pillay

APPENDIX M

30 Palm Road
Isipingo Hills
Isipingo
4133

25 February 2015

Dear DUT Research Director

I hereby request permission for DUT staff and students to participate in my Homoeopathic research as provers.

Title of Research Project:

A double blind placebo controlled proving of XXX 30CH with subsequent comparison to its cultural significance.

Principal Investigator/s/researcher: Tharushka Pillay, B:Tech Homoeopathy (DUT)

Supervisor/s: Dr David Naude, M:Tech Homoeopathy (DUT)

Co-Supervisor/s: Dr Izel Botha, D:Tech Homoeopathy (DUT)

Brief Introduction and Purpose of the Study:

In a homoeopathic proving, a homoeopathically prepared substance is given to healthy individuals, who observe and record the symptoms experienced. These symptoms are then said to form the remedy picture for that substance, which can be used as a basis for prescription, according to the Law of Similars, when a patient displays a similar symptom picture. Provings are vitally important to homoeopathy; they form the foundation of homoeopathic theory and represent the only truly accurate manner in which to ascertain the action of the homoeopathic drugs.

Outline of the procedures:

1. Once the provers have read and understood the information letter fully and had the opportunity to ask questions, they will be asked to sign a preliminary consent form, which allows the researcher to take them through the preliminary stage of this research.
2. After signing the preliminary consent form, the researcher will determine if participants meet the required criteria for this study; this will take place in the form of a set of questions about their lifestyle and medical history.
3. If they meet the required criteria in order to participate, the next process can begin i.e. the prospective participant will be provided with the main letter of information and consent providing all the procedures and requirements of the main study which will be explained and consented to in writing by the participant.
4. The researcher will then conduct a homoeopathic case history; this is a detailed interview, where the researcher asks detailed questions about general health.
5. The researcher will then conduct a general physical examination and measuring vitals, such as blood pressure, pulse rate, height, weight. etc.
6. After all of the above are conducted (which should take about 1 hour to perform), the researcher will provide feedback on her findings. If all the necessary criteria are met, provers will be invited to a prover training workshop, where all the provers will be trained on how to conduct the proving.

At any stage in this preliminary process, provers are free to change their mind and withdraw without having to provide any reason for doing so. All of the above will be conducted at the Homoeopathic Day Clinic at Durban University of Technology; the researcher will be under the constant supervision of a homoeopathic doctor.

Risks or discomforts to the participant: There is no risk to participation or risk of discomfort in this preliminary stage of the proving, no medicine is tested at this stage. Prospective provers are only screened for suitability as provers as this preliminary stage of the proving.

Confidentiality: All of the above will be conducted in private, and all information is kept strictly confidential; only the researcher and her supervisor will have access to the information and at no stage will names be mentioned in the research process. Only the researcher will be present during the physical examination.

Please Note: A copy of the research proposal shall be attached for perusal.

Persons to contact in the event of any problems or queries:

Researcher: Tharushka Pillay (074 141 4923) email: tharushkapillay@yahoo.com

Supervisor: Dr David Naude (082 370 1012) email: david@dut.ac.za

Co-Supervisor: Dr Izel Botha email: izelbotha@gmail.com

Institutional Research Ethics administrator: 031 373 2900.

Complaints can be reported to the DVC: TIP, Prof F. Otieno 031 373 2382 or dvctip@dut.ac.za.

Yours sincerely,
Tharushka Pillay

APPENDIX N

Remedy Manufacture

Part 1: Trituration of Nelumbo nucifera crude substance to the third potency

Part 2: To potentise a soluble compound, Nelumbo nucifera 3CH, by dilution and succussion from 3CH to 30CH.

Part 3: Preparation and impregnation of single dose lactose powders of Nelumbo nucifera 30CH which will follow Method 10 of the German Homoeopathic Pharmacopoeia (Benyunes , 2005)

PART 1

AIM: Trituration of Nelumbo nucifera crude substance to the third potency

APPARATUS:

- Mass balance (accurate and calibrated)
- Pieces of paper
- Saccharum lactis
- Crude substances (Nelumbo nucifera)
- Stainless steel spatula
- Mortar and pestle
- Aqua distal and paper towelling
- 96% S.V.R
- Lighter
- Watch/timer
- Glass vials
- Labels and pens

METHOD:

Ensure controlled temperature and conditions of room

Wash mortar, pestle, spatula with soap and water; rinse with aqua distal; dry with paper towel

Flame using 96% S.V.R. (Set alight spatula and set alight mortar and pestle)

Allow mortar, pestle and spatula to cool sufficiently before use.

Weigh out 0,1g of Nelumbo nucifera on mass balance with piece of paper

Weigh out 3 x 3,3g of Saccharum lactis on mass balance on separate pieces of paper

Empty the 0,1g of Nelumbo nucifera and first part of 3,3g Saccharum lactis into mortar

Trituration Process:

- 6 minutes trituration with pestle, 4 minutes scraping and mixing with large spatula
- 6 minutes trituration with pestle, 4 minutes scraping and mixing with large spatula
- Add next part of 3,3g Saccharum lactis to mortar
- Repeat above process for this second and the third part of Saccharum lactis
- Nelumbo nucifera 1CH. Total time: 60 minutes (per potency level)

Repeat above procedure for 2CH and 3CH potencies

Part 2:

AIM: To potentise a soluble compound, Nelumbo nucifera 3CH, by dilution and succussion from 3CH to 30CH.

APPARATUS:

- Mass balance
- 2 x spatulas
- 25ml amber screw top bottles
- Dropper pipettes
- Neoprene dropper bulbs
- 5ml clear glass screw top bottles
- Alcohol: 96%
- Aqua distal

METHOD:

Preparation of Nelumbo nucifera 4CH:

- Weigh out $1/100 \times 10\text{ml} = 0,1\text{g}$ Nelumbo nucifera 3CH using mass balance and piece of paper
- Empty into 25ml amber screw top bottle
- Measure $99/100 \times 10\text{ml} = 9,9\text{ml}$ of Aqua distal using 10ml measuring cylinder
- Pour into the 25ml amber screw top bottle with Nelumbo nucifera 3CH and swirl bottle to allow triturate to dissolve
- Succuss 10 times (GHP) → Nelumbo nucifera 4CH

Preparation of Nelumbo nucifera 5CH:

- Measure $99/100 \times 10\text{ml} = 9,9\text{ml}$ of 96% S.V.R. using a 10ml measuring cylinder
- Empty into a 25ml amber screw top bottle
- Measure $1/100 \times 10\text{ml} = 0,1\text{ml} \times 32 = 3$ drops of Nelumbo nucifera 4CH using a Pasteur pipette
- Succuss 10 times (GHP) → Nelumbo nucifera 5CH

Preparation of Nelumbo nucifera 6CH:

- Measure $99/100 \times 3\text{ml} = 2,97\text{ml}$ of 96% S.V.R. using measuring cylinders
- Empty into a 5ml screw top bottle
- Using a clean Pasteur pipette add $1/100 \times 3\text{ml} = 0,03\text{ml} \times 86 = 2,58 = 3$ drops of Nelumbo nucifera 5CH
- Succuss 10 times (GHP) → Nelumbo nucifera 6CH

*Repeat above process to make Nelumbo nucifera 7CH to 29CH

Preparation of Nelumbo nucifera 30CH:

- Measure $99/100 \times 10\text{ml} = 9,9\text{ml}$ of 96% S.V.R. using a 10ml measuring cylinder
- Empty into a 25ml amber screw top bottle
- Measure $1/100 \times 10\text{ml} = 0,1\text{ml} \times 86 = 8,6 = 9$ drops of Nelumbo nucifera 29CH using a Pasteur pipette
- Succuss 10 times (GHP) → Nelumbo nucifera 30CH

Part 3:

AIM: Preparation and impregnation of single dose lactose powders of Nelumbo nucifera 30CH

APPARATUS:

204 single dose lactose powders
Neutral granules
Nelumbo nucifera 30CH
Dropper pipette
Neoprene dropper bulbs
96% S.V.R

METHOD:

Preparation of verum powders (6 powders x 26 provers = 156 verum powders) + 12 extra verum powders in case of drop outs

- 168 single dose lactose powders required
- In each powder, place 10 neutral granules
- Thereafter, place 1 drop of Nelumbo nucifera 30CH inside directly onto the lactose powder and granules using a dropper pipette

Preparation of placebo powders (6 powders x 4 provers = 24 placebo powders) + 12 extra placebo powders in case of drop outs

- 36 single dose lactose powders required
- In each powder, place 10 neutral granules
- Thereafter, place 1 drop of 96% S.V.R inside directly onto the lactose powder and granules using a dropper pippette