

# **A Homoeopathic Drug Proving of the Venom of Bitis arietans arietans**

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

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This proving is dedicated to the provers who  
so willingly volunteered themselves for the  
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## ABSTRACT

The purpose of this investigation was to determine the effects of the thirtieth centesimal (30 CH) potency of the venom of Bitis arietans arietans (the Puffadder) on healthy individuals in order to elucidate the totality of morbid symptoms produced by the drug, so that it may be prescribed according to the Law of Similars, as required by homoeopathic science.

It was hypothesised that the 30 CH potency of Bitis arietans arietans would produce clearly observable symptoms and signs in healthy volunteers.

The experiment took the form of a double blind, placebo controlled trial on 30 subjects who met all the inclusion criteria. Fifty percent (15 of the 30) of the subjects received placebo in a randomised fashion, so that neither the subjects nor the researcher knew who received placebo or verum. As an added control measure the subjects were unaware of the nature of the substance which they took or in what potency it was administered. The study design was a single group with placebo controls as well as intra-individual controls in which the subject serves as their own control i.e. the recorded state of the subject prior to the administration of the proving substance serves as a control or baseline for comparison to the subject under the influence of the proving substance. Data collection primarily took a diary or journal format of chronological referencings, in which the subjects recorded their symptoms daily in journals from which the data was later extracted. Data recorded by the researcher from case histories and physical examination was also considered.

Data was analysed by qualitative methods, guidelines for which were clearly defined in the protocol, as the data was not amenable to standard statistical analysis.

A significant number of clear symptoms arose from this proving. Four hundred and seventy two symptoms were included in the Materia Medica

and, of these, 156 were in the Mind, 50 were General symptoms, 28 were in Extremities, 24 were in the head, 23 were Dreams and 18 were in the Back and Neck.

Bitis arietans arietans 30 CH appears to have had a profound effect on the mental state of the provers, producing sensations of spaciness and disconnectedness and their general energy levels were affected producing lethargy and fatigue. Notable effects were seen in the abdomen (pain and distention), rectum (tenesmus), respiratory system (asthmatic symptoms) and the musculoskeletal system (sprains and stiffness), as well as the female sexual system (menses early and heavy).

This investigation clearly supported the hypothesis that Bitis arietans arietans 30 CH would produce symptoms and signs in healthy volunteers. However, further provings of this venom in different potencies and clinical verification of the proving symptoms are necessary in order to ensure that this becomes a highly utilised and indispensable remedy in the homoeopathic armamentarium.

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## DEFINITIONS OF TERMS

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

A transliteration of the German 'Prufung', meaning test or assay (Gaier 1991:390).

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

**PLACEBO** - A dummy treatment administered to the control group in a controlled clinical trial in order that the specific and non-specific effects of the experimental treatment can be distinguished (Taylor et al 1988:1298).

For the purpose of this study, placebo will take the form of lactose pillules impregnated with 70% ethanol at a rate of 1% v/v.

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

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

**LAW OF SIMILARS** - "Similia Similibus Curentur", the fundamental law of homoeopathy, formulated by Hahnemann, meaning: Let Likes Be Cured (or Treated) By Likes. (Gaier 1991:323.) Any substance which can produce a totality of symptoms in a healthy human being can cure that totality of symptoms in a sick human being (Vithoulkas 1986:92).

## CHAPTER 1

### 1.1 INTRODUCTION

Cook (1989:93) has described homoeopathic research as being broadly centred on three main areas. These are:

- 1) Extension of the homoeopathic materia medica by proving new drugs.
- 2) Proof of the efficacy of homoeopathic remedies.
- 3) How homoeopathy works.

By definition, any substance capable of inducing disease symptoms when taken by a healthy person is potentially of therapeutic value when administered in potentised form according to homoeopathic principles. It follows, therefore, that the potential for new homoeopathic remedies is limitless, and healthy volunteers must continue to be recruited for the purposes of new provings. Proving is the only way of identifying new homoeopathic remedies which may be added to the Materia Medica and, as such, provings will always take up a major part of the homoeopathic research effort.

Provings are the pillars upon which homoeopathic practice stands (Sherr 1994:7; Walach 1997) or, as Whitmont (1993) puts it: "Such systematic testing of substances on average healthy humans (not animals, for the sake of eliciting the typical mental and emotional symptoms which only humans can describe) is fundamental to the practice of homoeopathy". According to Sherr (1994:7), there is no other way to predict the effect of any given substance as a remedy with any degree of accuracy. Virtually every homoeopath since Hahnemann has called for the proving of more remedies, but few have been willing to spend the large amount of time and effort required for a thorough proving. Nevertheless, as homoeopathy continues to advance, it is necessary to perform provings on new remedies so that the therapeutic armamentarium can be further expanded (Vithoulkas 1986:143; Nagpaul 1987). This is the crucial point. When a new remedy is proved reasonably well, it will cure a class of cases that, until then, could only have been partially and unsatisfactorily covered by existing remedies. As soon as homoeopaths get

to know a newly proved remedy, it will be utilised more and more frequently, because nothing else can take its place, just as nothing can take the place of *Lachesis* (venom of the Bushmaster snake) or *Pulsatilla* (Windflower) (Sherr 1994:8-9).

The need for new provings, therefore has been established, but why specifically a proving of the venom of *Bitis arietans arietans*, the Puffadder? A number of snake venoms (approximately 10) are presently being used in homoeopathy but very few of these have had thorough provings and their prescription relies mainly on toxicological data (Jouanny 1984:73; Vermeulen 1994:183,1001-2). The well proven snake venoms are powerful and indispensable remedies for the treatment of a wide range of conditions. The following are some examples: *Lachesis mutus* (the Bushmaster snake) is an excellent remedy for septic states, menopausal symptoms, alcoholism and nervous disorders such as paranoid delirium and specific neuroses (Jouanny 1984:218). *Naja tripudians* (Cobra) is an invaluable cardiac remedy for conditions such as palpitations, cardiac failure, angina pectoris and valvular lesions (Jouanny 1984:267). *Crotalus horridus* (Rattlesnake) is an indispensable remedy for haemorrhages, bleeding disorders, low septic states and Yellow fever (Boericke 1990:240; Vermeulen 1994:372). It can clearly be seen then, that the snake remedies have the potential of covering a wide range of common first and third world health problems and would therefore be ideal for use in Southern Africa. In the only homoeopathic reference to Puffadder, Clarke, as described in Boericke (1990), hypothesised that it should have a great sphere of usefulness in many conditions where excessive swelling is a leading feature. At the moment, there are very few indigenous South African substances in our homoeopathic materia medica - the *Buchus* (*Barosma* and *Diosma*) being the only ones used (Vermeulen 1994:154,398). This is a great pity if one examines the richness of our indigenous flora and fauna, and their potential for healing the commonly occurring health problems in our country (some homoeopaths subscribe to the idea that a useful remedy should be a local one, within easy reach of the patient, as nature will always provide an accessible cure [Sherr 1994:49]). At the moment, South African homoeopaths

still rely heavily on Europe and the United States as sources for crude drugs as evidenced by consulting any pharmaceutical companies' catalogue. It would be advantageous if, in future, South African homoeopaths could rely more on indigenous substances as sources of homoeopathic remedies. *To this end, South African homoeopaths should commence the systematic proving of substances indigenous to our country.* The venom of Bitis arietans arietans, once it has been proved, is expected to make a remedy as indispensable as the other snake venoms with the added advantage of it being indigenous.

Therefore, the purpose of this investigation is to determine the effects of the thirtieth centesimal (30 CH) potency of the venom of Bitis arietans arietans on healthy individuals in order to elucidate the totality of morbid symptoms produced by the drug, so that it may be prescribed according to the Law of Similars, as required by homoeopathic science.

## 1.2 THE HYPOTHESIS

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

## 1.3 THE DELIMITATIONS

The study will not:

- seek to explain the mechanism of action of the homoeopathic preparation in the production of symptoms in healthy individuals.
- determine the effects of potencies or deconcentrations of the venom other than the thirtieth centesimal.
- seek to perform multicentre trials of the drug.

## 1.4 THE ASSUMPTIONS

- the remedy used in the study has been prepared accurately according to the German Homoeopathic Pharmacopoeial standard for the preparation of the other snake venoms (*Lachesis mutus* and *Naja naja*) and that this was

the correct method of preparation for the venom of B. arietans arietans.  
(German Homoeopathic Pharmacopoeia 1991:255,289.)

- the provers will take the remedy in the dosage, frequency and manner required.
- the provers will conscientiously and closely observe themselves for the effects of the drug.
- the provers will conscientiously, accurately and honestly record all symptoms observed.
- the provers will not deviate from their normal lifestyle or dietary habits in a significant manner immediately prior to or for the duration of the proving.

## CHAPTER TWO

### THE REVIEW OF THE RELATED LITERATURE

#### 2.1 INTRODUCTION

Provings are an integral and fundamental part of the philosophy and practice of homoeopathy. Virtually every homoeopath who has written anything on homoeopathy has at some stage mentioned provings. Unfortunately, a lot of this writing consists of theoretical, second-hand knowledge which is passed on from generation to generation of homoeopaths. Campbell (1994) points out that little of the proving literature, which dates mainly from the 19<sup>th</sup> century, would stand up to serious criticism today. Wieland (1997) writes that although Hahnemann's provings have provided reliable symptoms, his methodology could not be considered reliable by current standards for clinical trials. Thankfully, in recent times, with the introduction of double-blind placebo controlled provings and the contributions of homoeopaths such as Vithoulkas (1986), Sherr (1994), Riley (1995a,b) and Riley (1996), provings are now far more structured and methodologically sound.

#### 2.2 HISTORICAL PERSPECTIVES

We can trace the concept of testing medicinal substances on healthy people as far back as Galen (b:129 A.D.) who required that trials of new drugs be made on the sick and on the healthy. One of the ways in which Paracelsus (b:1493) determined the therapeutic properties of substances was by observation of their effects (especially poisons) when ingested by healthy persons. However, he did not administer metals and minerals in a systematic way to healthy persons (as had been suggested by Galen), but this next step was, in fact, taken by Samuel Hahnemann (1755-1843), the founder of homoeopathic medicine, possibly through inspiration from Paracelsus. (Coulter 1975:442.) Hahnemann gave credit to von Haller for



observing the method of provings and others such as Alexander (1767), Menghini (1755) and Fontana (1765) - using snake venoms - experimented with the method (Stephenson 1960).

It was Hahnemann, however, who rationalised and systematised the concept of provings and used it as the basis for his new system of medicine. It was while translating Cullen's *A Treatise on Materia Medica* into German, that Hahnemann disagreed with Cullen's explanation of the mechanism of action of Cinchona bark (quinine) in the cure of malaria. Hahnemann then decided to take large amounts of quinine and found to his surprise that he developed symptoms of malaria which ceased as soon as he stopped taking the quinine. (Nagpaul 1987.) This led him to further experimentation on himself and others and six years later, he published his landmark essay on *New Principles for Ascertaining the Curative Power of Drugs* in which he enunciated for the first time the fundamental principle of homoeopathy - The Law of Similars (Cook 1989:8).

Hahnemann conducted repeated experimental drug studies on himself and 64 volunteers and, in total, he investigated the effects of 101 remedies over a period of about half a century. His immediate followers, Hering, Stapf, Kent and others carried out their own provings, but continued to turn to Hahnemann for advice. During the 19<sup>th</sup> century, provings multiplied in Germany, France, England and especially in the United States under the powerful influence of Hering. (Demarque 1987.)

In Austria, from 1842 onwards, the Homoeopathic Society of Vienna undertook many reprovings as well as new provings. All this activity resulted in the publication of two vast materia medicas, that of Allen in 1874, and that of Hering in 1892 (Demarque 1987). However, according to Fisher (1995), the reliability of the earlier provings is in doubt, the most serious flaw being that they were uncontrolled.

## 2.3 REFINEMENT OF PROVING METHODOLOGIES

As early as 1843 the concept of blinding was introduced into homoeopathic proving methodology when Gerstel carried out a proving of *Aconitum napellus* in which the provers were unaware of what they were taking. The double-blind technique was introduced by Bellows in 1906 in a reproving of *Belladonna* and, at the same time, Schulz was using the single-blind technique. (Demarque 1987.) The double-blind placebo controlled method has gained much support in more recent times (Davidson 1994,1995; Nagpaul 1987; Vithoulkas 1986).

The cross-over technique has been employed in some provings, notably by Raeside (1972), but this has come under heavy criticism as the carry over effects complicate the picture (Sherr 1994:38; Walach *et al.* 1995).

The concept of the so-called treble-blind design was introduced by Raeside (1972). This means that there is placebo control, the observer is blind and the nature of the substance is unknown both to the subjects and to the observer. Both Riley (1995a,b) and Sherr (1994) make use of this method in their provings however, this method is impossible in the present research environment at Technikon Natal. Many different directions of emphasis exist in modern provings. Some homoeopaths such as Jouanny (1993) lay more emphasis on the toxicological data while others such as Riley (1995a,b), Sherr (1994) and Schadde (1997) lay more emphasis on extracting mental and emotional symptoms from the provers. This perhaps is indicative of a wider trend in homoeopathy.

## 2.4 MODERN DEVELOPMENTS

A large number of provings have been done in recent years. Templeton conducted 9 drug provings between 1947 and 1956. Raeside conducted 13 provings up until his death in 1972 of which *Selenium* (1960), *Mimosa pudica* (Raeside 1971), *Hydrophis cyanocinctus* (sea snake) (1956), *Mandragora officinarum* (Raeside 1966) and *Hirudo medicinalis* (1963) are especially noteworthy. (Raeside 1972.)

The new provings of Stephenson (1960) and Julian (1984), although containing many useful symptoms, have been criticised for their lack of detail, especially of mental symptoms (Sherr 1994:9). In 1980, Vithoulkas published his landmark work, *The Science of Homoeopathy*, in which he devoted an entire chapter to the proving process. However, were all of Vithoulkas' elaborate controls to be instituted, every proving would become an extremely expensive and time-consuming exercise.

The year 1987 was especially rich in literature on homoeopathic provings. Demarque (1987) published his article on The Development of Proving Methods since Hahnemann, Nagpaul (1987) published an article on the planning and protocol of provings, Koppers (1987) published his personal experiences with drug testing and Bodman (1987) published an interesting article on provers.

In 1994, an exciting new development occurred with the publication of Sherr's ground-breaking work on *The Dynamics and Methodology of Homoeopathic Provings* which arose from his own extensive experience with provings on *Hydrogen, Scorpion, Neon, Germanium, Chocolate, Diamond, Brassica* and other substances. For the first time, a book was written solely on all aspects of homoeopathic provings. Sherr's major synthesis of all the diverse methodologies and clarification of many ambiguities which exist in homoeopathic provings provides a practical framework for comprehensive modern provings which will assuredly carry homoeopaths into the next century. Already other homoeopaths who are actively involved in provings such as David Riley, have been putting into practice Sherr's suggestions with positive results (Riley 1995a,b), examples being those of *Geranium robertianum* (Riley 1995a) and *Veronica officinalis* (Riley 1995b).

The period 1994 to 1998 saw ever increasing interest in provings and their methodology.

The need for Good Homoeopathic Provings guidelines was discussed by Wieland (1997), while Walach (1994, 1997) has, for the first time, made moves towards a quantitative analysis of symptoms in provings.

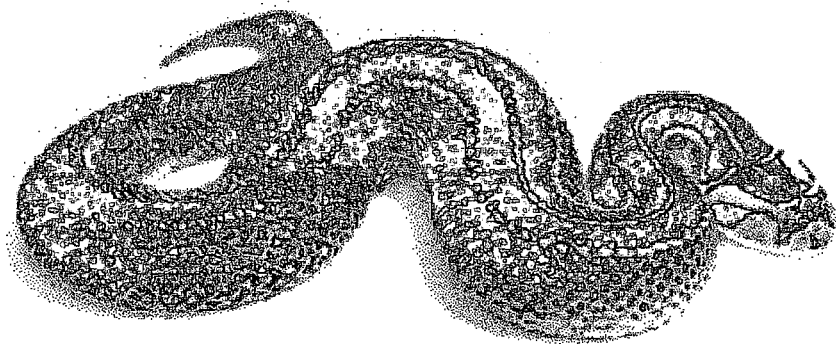
Riley (1996) has made a significant contribution to the development of consistent methods of conducting provings and of extracting symptoms from provings (Riley 1997).

Brillant (1997) has called for extensive provings with emphasis on the more dynamic symptoms which clearly identify the substance.

Many new provings have been conducted and published during this period. *Adamas*, *Androctonus*, and *Neon* were published by Sherr in his new book: *Dynamic Provings*, Volume 1 (Sherr 1997).

Other new provings include: *Luna* (King & Lawrence 1996), *Bamboo* (Schuster 1996), *Tungsten* (Bond 1997), *Ozone* (Schadde 1997) and *Parthenium hysterophorus* (Maishi et al. 1998).

## 2.5 BITIS ARIETANS ARIETANS AND ITS VENOM



### CLASSIFICATION (Christensen 1955:3)

- Group: Solenoglypha
- Family: Viperidae
- Genus: Bitis
- Species: arietans arietans (Merrem)
- Common name: Common Puff-Adder

B. arietans is the largest and most important species of the vipers. It is common throughout South Africa and its venom is more potent than that of other species of the same family. The Puff-Adder is the most common and widespread of all poisonous snakes and is probably responsible for more serious cases of snakebite than any other species. (Christensen 1955:3.)

Despite its heavy build and deceptively sluggish appearance, it can strike with amazing rapidity from a coiled position (Fitzsimons 1980:189).

Adult Puff-Adders average 60 to 90 cm in length and are viviparous, nocturnal and terrestrial (Visser & Chapman 1978:34-35). The venom, of which 100-350 mg may be discharged at a time - 100 mg usually being enough to kill an average healthy man - is viscid and straw-coloured and slow in its action - it may take 24 or more hours to cause eventual death. Puff-Adder venom is mainly haemotoxic, causing haemolysis, internal bleeding from the mucous surfaces and extensive haemorrhage. Suffusion of blood into the tissues is accompanied by profound swelling, extreme pain and nausea, leading eventually to death by sheer exhaustion. (Fitzsimons 1980:327.) It is easy to see why Clark considered one of the possible indications for the use of Puff-Adder venom homoeopathically to be conditions where excessive swelling is a leading feature (Boericke 1990:186). According to Russell (1980), symptoms and signs of Puff-Adder envenomation are very similar to those of rattlesnake (*Crotalus horridus*) bites and include: pain, swelling, ecchymosis, bleb formation, lymphadenitis, lymphangitis, tissue necrosis, nausea, vomiting, thrombophlebitis, shock and haematuria. These are, of course, symptoms of the actual venom and will not develop in the proving, as functional or general symptoms or changes in general behaviour occur in provings, and organic lesions are only produced by the toxic substance itself (Jouanny 1993). Whitmont (1993) corroborates this by stating that provings with potentised drugs are safer and less toxic than with material substances and they elicit more differentiated and specific fine points of symptomatology, especially in respect to emotional, mental and modality characteristics.

## 2.6 SUMMARY

Many different homoeopaths have written a number of different things on provings and proving methodology. There exists a vast array of diverse procedures and philosophies - all of which have their own merits and weak points to varying degrees. Nevertheless, most authors agree on the following points:

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

All of the abovementioned points will be found to be integral parts of this investigation.

## CHAPTER 3

### MATERIALS AND METHODS

#### 3.1 THE EXPERIMENTAL DESIGN

This homoeopathic drug proving of the venom of Bitis arietans arietans 30 CH took the form of a double blind, placebo controlled trial on 30 subjects who met all the inclusion criteria. Fifty percent (15 of the 30) of the subjects received placebo in a randomised fashion, so that neither the provers nor the researcher knew who received placebo or verum. As an added control measure the provers were unaware of the substance which they proved or in which potency it was proved in as suggested by Demarque (1987), Nagpaul (1987), Sherr (1994), Riley (1995a,b), and others. Data collection primarily took a diary or journal format of chronological referencings, in which the provers recorded their symptoms daily in journals from which the data was later extracted. Data recorded by the researcher from case histories and physical examination was also considered. The study design was a single group with placebo controls as well as intra-individual controls in which the prover serves as his or her own control i.e. the recorded state of the prover prior to the administration of the proving substance serves as a control or baseline for comparison to the prover under the influence of the proving substance. (Stephenson 1960; Vithoulkas 1986:150.)

#### 3.2 AN OUTLINE OF THE METHOD

- Provers were recruited from students in the Department of Homoeopathy, qualified homoeopaths, medical practitioners and pharmacists.
- The initial interview occurred in which the potential provers were screened for suitability and checked against the inclusion criteria. (Appendix A.)

- The provers attended a pre-proving training course during which all aspects of the proving are explained to them as well as what is required of them.
- The provers signed the consent form. (Appendix C.)
- A thorough case history (Appendix B.) and physical examination was performed on each prover by the researcher.
- Provers were each assigned a prover code, a list of instructions (Appendix D.), a journal, a list of contact telephone numbers, a starting date and medication in the form of powders.
- The provers commenced recording their symptoms at least three times daily in their journal for one week (Sherr 1994:60). This established the baseline for the provers.
- The provers commenced taking the substance three times a day while continuing to record their symptoms. *The researcher was in daily contact by telephone with each prover as this occurred.*
- The prover ceased to take the substance as soon as he/she or the researcher noted the onset of proving symptoms.
- If no symptoms were noted after one week of taking the medication, the prover ceased to take the substance, but continued to record his/her symptoms.
- The provers continued to record their symptoms until all proving symptoms abated.
- After the first week, contact frequency decreased from daily to every 2 then 3 days and then weekly.
- When no symptoms had occurred for three weeks, the proving was considered to be completed.
- A two week post-proving observation period then occurred.
- All the journals were then recalled and a case history and physical examination was then repeated with each prover.
- The group discussion took place. (See section 3.6)
- The proving was unblinded to the researcher so that he could distinguish between placebo and verum groups



- Extraction and collation of the data occurred.
- Statistics: after consultation with the statistician, statistics were found to be impractical in this study and consequently, no formal statistics will be used other than an age and sex analysis.
- The proving was written up into a materia medica and repertory format and published.

### 3.3 THE PROVING SUBSTANCE

#### 3.3.1 THE POTENCY

According to Nagpaul (1987), Gaier (1991) and Roberts (1993), any drug which, in its natural state, disturbs the bioenergy (dynamis) to destructive manifestations should be proved only in a potentised form.

This means that drugs such as the snake venoms and Mercuries, which are actively poisonous in the crude form, can be proved only in the high potencies (Roberts 1993:139).

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

As the venom of B. arietans arietans is clearly an active poison and causes destruction and organic pathology in its crude state, it must of necessity be proved in a high potency. This leaves the question of which potency to use and this is an area subject to great variation in the field of proving methodology.

Hahnemann insisted in paragraph 128 of the sixth edition of his Organon of Medicine that the 30 CH be used for provings (Hahnemann 1992b:111). However, as Kent (1990) says, the Vienna Society did not

fully endorse Hahnemann's provings and the use of the 30 CH recommended by him. Because of this, they decided to test the 30 CH in reprovings of Hahnemann's remedies and their results forced them to admit that the symptoms gathered from the 30 CH were very strong (Kent 1990:221). It is for this reason that Kent (1990) endorsed the use of the 30 CH in all his provings.

Over time, however, provings have been carried out in all the potencies from the very lowest to the very highest. *Phosphorus* was proved in the mother tincture, 15 CH and 30 CH, while *Cenchrus* was proved in the 6 CH and the 10 M (Sherr 1994:51). Raeside (1964) used the 6x, 6 CH and 30 CH in his proving of *Hirudo medicinalis*, noting that the most symptoms appeared from the 30 CH and the least from the 6x. Raeside (1972), in his proving of *Selenium*, used the 6 CH, 12 CH and 30 CH. Ideally, before a remedy can be considered to be fully proved it must be proved in all the potencies and in a number of different geographical locations and this is what Vithoulkas (1986) recommends. However, this requires a vast number of provers and a number of years to complete.

Sherr (1994) uses a wide range of potencies - 6 CH, 15 CH, 30 CH, 200 CH - but maintains that it is equally valid to use one potency only such as the 30 CH, or a single dose of 1 M (a very high potency). Sherr (1994) believes that it is up to each proving director to decide whether to use one or a range of potencies.

Pai (1965) in his proving of *Chlorpromazine* used the 30 CH only. Koppers (1987) carried out experiments in the range from mother tincture (crude substance) to the 30 CH and found that the 30 CH produced the most comprehensive and the most peculiar symptoms and above all also affected mental changes. Subsequent to this he almost always used the 30 CH, thereby confirming Hahnemann's assertion (Koppers 1987).

Sherr (1994) in his proving of *Hydrogen*, found that the 30 CH produced the most mental/emotional symptoms which are of the utmost importance in homoeopathy. Walach *et al.* (1995) investigated the effects of *Belladonna* 30 CH and 12 CH in healthy volunteers and reported that the 30 CH proved to be more effective.

Therefore, taking into account the nature of the venom of *B. arietans arietans* and the common use of the 30 CH with its promising effects, the 30 CH only was used in this proving.

### ***3.3.2 THE DOSE AND POSOLOGY***

- One powder was dissolved sublingually three times a day until the onset of symptoms, but for no longer than one week.
- No powders were taken after the onset of symptoms (Sherr 1994:53; Riley 1995a,b). This is in accordance with the rule of drug non-repetition in pathogenetic experiments, expressed as: There is to be no repetition of the dose until symptoms have run their course and completely abated from the dose already administered (Gaier 1991:267).
- Nothing was taken by mouth for twenty minutes before and after each dose.

### ***3.3.3 PREPARATION AND DISPENSING OF THE REMEDY TO BE PROVED***

Potencies of the venom of *Bitis arietans arietans* were prepared from freeze-dried venom -obtained from D. Muller, Professional Snake Catcher (Pty.) Ltd.- by the researcher, according to the method specified in the German Homoeopathic Pharmacopoeia (GHP), Fifth supplement (1991) to the First Edition (1978), for the other snake venoms *Naja naja* (GHP:289) and *Lachesis mutus* (GHP: 255). The verum was dispensed in the form of lactose granules which had been triple impregnated at 1% volume/volume with *Bitis arietans arietans* 30 CH in ethanol 73%. The placebo was dispensed in the form of lactose granules indistinguishable from those

used for the verum, which have been triple impregnated at 1% volume/volume with 73% ethanol only. The dispensing was done in such a manner that the researcher was unaware of which provers received placebo or verum. (See section 3.5.)

### 3.4 THE DURATION

A one week observation period preceded the commencement of proving of each prover. Provers took the substance until the onset of symptoms, but for no longer than one week. They continued to record their symptoms until they abated and the proving was considered completed when no symptoms had occurred for three weeks. (Sherr 1994:58.)

A two-week post-proving observation period followed (Riley 1995a,b). The duration of the proving itself was approximately six months.

### 3.5 PROVER POPULATION AND PERCENTAGE PLACEBO

The optimum number of provers to use for a proving and the percentage placebo to be used, if any, is one of the areas in proving methodology most subject to variation. The earliest provings by Hahnemann and his 64 volunteers, had no placebo controls although modern reprovings of the remedies originally proved by Hahnemann were hardly able to add or detract from them.

In America in the last century, sometimes very large numbers of provers were used - as many as 226 for the proving of Arsenic (Demarque 1987). However, Sherr (1994) has found that a hundred or more provers are far too many and that this will result in overcrowding of the repertory with symptoms and inflation of the remedy out of all proportion to the others. Raeside (1972), in his review of the 12 provings done since the war at the Royal London Homoeopathic Hospital, set out his method of using 15 to 20 provers, two-thirds of whom received verum and one-third served as placebo controls.

Sherr (1994) quotes Schadde who, after her very comprehensive proving of Ozone, felt that 55 provers were too many and that in future she would use smaller groups. Sherr (1994) himself writes that experience shows that 5 people will suffice for a small project and that 15 to 20 will produce a very full remedy picture. Sherr (1994) has also adopted a policy of using between 10% and 20% of the provers as placebo controls. Riley (1995a,b) used 17 provers, 2 (11,8%) of whom were on placebo in his provings of *Veronica officinalis* and *Geranium robertianum*. Pai (1965) in his proving of *Chlorpromazine* used 16 provers, 4 of whom served as controls. Fuller Royal (1991) suggests 10 provers as the minimum acceptable number, while Vithoulkas (1986) suggests 50 to 100 provers, 25% of whom serve as placebo controls. Nagpaul (1987) suggests the use of 20 to 30 provers 25 to 30 % of whom will receive placebo in a randomised fashion.

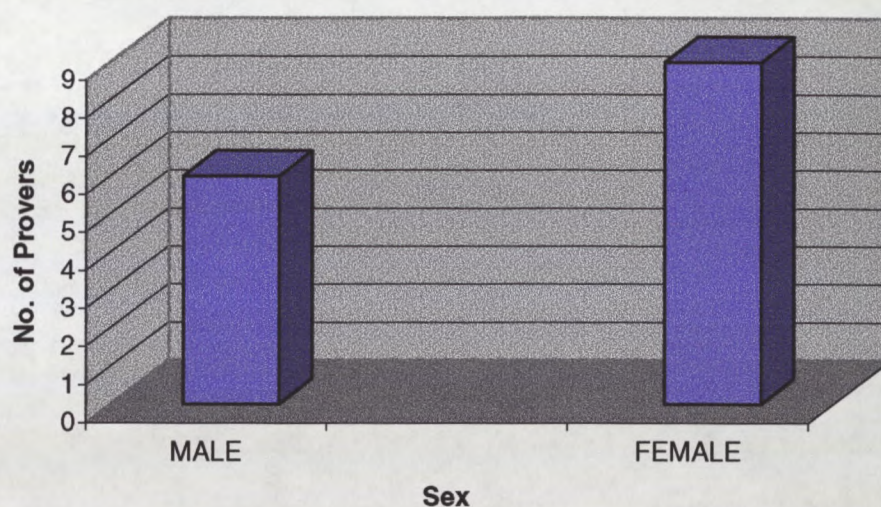
In this double-blind homoeopathic drug proving, thirty (30) provers were used, fifty percent (50%) of whom i.e. 15 of the 30 provers, were assigned placebo in a randomised fashion so as to act as placebo controls. This was done by writing the prover codes on small pieces of paper which were folded over and placed into a container and mixed thoroughly. Each piece of paper was then drawn out and placed in one of two piles: A or B, such that there were equal numbers of papers in each pile. Pile A corresponded to the verum group and provers whose codes appeared in this pile were assigned doses of Bitis arietans arietans 30 CH. Similarly, Pile B corresponded to the placebo group and provers whose codes appeared in this pile were assigned doses of placebo.

This left 15 provers on verum, which corresponded well with Sherr's assertion that 15 to 20 provers will produce a very full remedy picture (Sherr 1994:45). Of these 15 provers, 6 (40%) were male and 9 (60%) were female, giving a fairly even sex distribution. (See Graph 1.) Age distribution of the provers is illustrated in Graph 2.



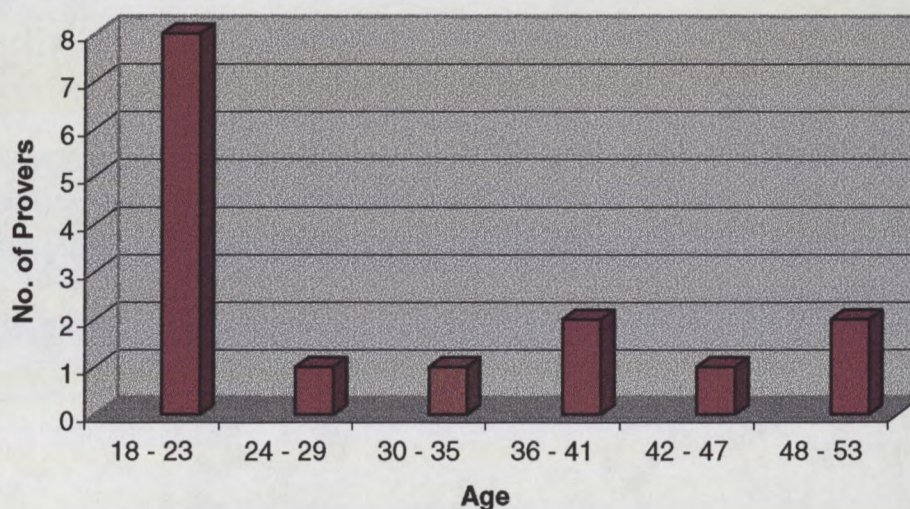
**GRAPH 1**

**Sex Distribution of Provers**



**GRAPH 2**

**Age Distribution of Provers**



***3.5.1 CRITERIA FOR THE INCLUSION OF A SUBJECT IN THE PROVING:***

**The subject:**

- was between the ages of 18 and 55 years
- was in a general state of good health as judged by the researcher and the subject him/herself (Koppers 1987; Riley 1995a,b).

- had no gross physical or mental pathology determined at case history and on physical examination (Sherr 1994:44).
- was neither on nor in need of any medication (chemical, homoeopathic or otherwise) (Walach *et al.* 1995; Riley 1995a,b).
- had not been on the birth control pill or hormone replacement therapy (HRT) in the six months prior to the proving (Koppers 1987; Sherr 1994:44; Riley 1995a,b).
- had not had surgery in the past six weeks (Riley 1995a,b).
- did not consume more than 2 measures of alcohol, 3 cups of caffeine-containing beverages or herb teas or 10 cigarettes per day (Koppers 1987; Sherr 1994:29; Walach *et al.* 1995).
- was not a user of recreational drugs such as Cannabis or LSD (Sherr 1994:44; Walach *et al.* 1995).
- was not pregnant or nursing ( Sherr 1994:44; Riley 1995a,b).
- did not suffer from hypersensitivity diseases such as asthma, hayfever, allergies or food hypersensitivities (Vithoulkas 1986:150; Nagpaul 1987).
- was able to intelligently adhere to the proper protocols (Fuller Royal 1991).
- was acquainted with the principles and methodology of homoeopathic provings.
- was competent and had signed the consent form (Riley 1995a,b).

### ***3.5.2 MONITORING OF THE PROVERS***

Provers commenced the proving process on an individual basis as close together as was possible, in order to facilitate better monitoring of the provers. *The researcher was in daily contact by telephone with each prover during the initial stages of the proving.* As the symptoms begin to abate, contact frequency decreased to every two, three and then seven days (Sherr 1994:58).

This ensured three main points:

- the researcher could ascertain when the substance had begun to act so that he could inform the prover to cease taking the substance.
- the prover had not neglected to record a symptom
- the provers were closely monitored for any reaction which needed to be antidoted with a remedy prescribed on the totality of the presenting symptoms.

### ***3.5.3 CHRONOLOGY***

The prover noted down the time elapsed since the beginning of the proving with each symptom (Hahnemann 1992:116). This was recorded in the form DD:HH:MM, where DD are the number of days since the proving began (day 1 will be 00), HH are the number of hours and MM the number of minutes.

The top of each page of each prover's journal was marked with the appropriate day code. After 24 hours, the minutes became redundant and were represented by an XX. After 2 days, the hours were considered redundant and were also represented by an XX. In instances where the time was insignificant or unclear, XX:XX:XX was used. When symptoms occur after each dose, the time was marked from that dose. Actual time of the day was only included in the proving if it was definite, significant and causal to the symptom. All irrelevant time data was erased in the initial extraction. (Sherr 1994:73-74.)

### **3.6 GROUP DISCUSSION**

Once the provers had handed in their journals, a group discussion where all the provers and the researcher were present, was held. This has been found to be a valuable source of information (Sherr 1994:66) as it may help to stimulate the provers' memories to remember symptoms which they have forgotten or neglected to record as they were unsure of them, but in



the group session, they discover that other provers also experienced similar symptoms.

Sherr (1994) maintains that group discussions add a deep and dynamic dimension to the proving experience and that without them, many valuable symptoms would be lost. Group discussion clarifies issues and allows the researcher to validate or discard doubtful symptoms (Sherr 1994:66)

### 3.7 SYMPTOM COLLECTION, EXTRACTION AND EVALUATION

The aim of this stage was to convert the provers' written diaries into the format of the materia medica. Symptoms were scrutinised, validated or rejected according to the criteria detailed below by the researcher, then edited into a proving format that was coherent, logical and unrepitive (Sherr 1994:67).

#### 3.7.1. *CRITERIA FOR THE ACCEPTANCE OF A SYMPTOM AS A PROVING SYMPTOM*

The process of extracting valid symptoms from a proving has been described as the most difficult stage (Sherr 1994:68). The following criteria were used together as a whole rather than individually, as suggested by Sherr (1994).

This is the area in which the qualitative analysis of symptoms, using these criteria as guidelines (Sherr 1994:70), is of the utmost importance and outweighs any quantitative analysis - only embryonic methods of which exist at present (Walach 1997).

- The symptom did not appear in a prover in the placebo group.
- The symptom occurred shortly after taking the medication (Riley 1995a,b).
- The intensity of the symptom (Nagpaul 1987; Sherr 1994:72; Riley 1995a,b).

- The duration of the symptom (Nagpaul 1987; Riley 1995a,b).
- The number of subjects experiencing a symptom (Riley 1995a,b).
- The modalities and concomitants associated with a symptom (Riley 1995a,b).
- The symptom was strange, rare or peculiar, either in general or for that prover (Riley 1995a,b).
- The cure of a pre-existing chronic symptom (Sherr 1994:71; Riley 1995a,b).
- If a prover is under the influence of the proving substance (as can be seen by a general appearance of symptoms), then all other new symptoms are proving symptoms (Hahnemann 1992b:115; Sherr 1994:70).
- The symptom was not usual or current for the prover, unless intensified to a marked degree (Sherr 1994:70).
- The symptom did not occur in the prover in the last year (Sherr 1994:70).
- The symptom did not appear naturally or spontaneously i.e. did not have a clearly explainable cause extraneous to the proving (Sherr 1994:70).
- A current symptom that has been modified or altered - the current and modified parts will be clearly described (Sherr 1994:70).
- Accidents, coincidences and synchronistic events which occur to more than one prover (Hahnemann 1992b:115; Sherr 1994:71).
- The symptom occurred a long time previously (especially 5 or more years ago) and there is no explainable reason for its recurrence at the time of the proving (Hahnemann 1992b:115; Sherr 1994:70).

### 3.8 COLLATING AND EDITING

This was the actual process of uniting all the fragmented proving accounts into one comprehensive whole, in order to get an ordered and structured picture of the symptom-complex caused by B. arietans arietans 30CH in healthy provers. This was done with the assistance of the ProveIt!

computer software programme. Once the data from each prover had been collated into the relevant subdivisions (e.g. mind, stomach, vertigo etc.), all the subdivisions from all the provers were put together and sorted by subject and time of appearance. Identical or similar symptoms from different provers appear separately and consecutively and were sorted by the following criteria:

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

### **3.9 TOXICOLOGICAL DATA**

Toxicological data was taken into account to provide a more complete picture of the action of B. arietans arietans on healthy human beings, thereby widening the possible therapeutic spectrum of the homoeopathic preparation of B. arietans arietans. The toxicological data on B. arietans arietans was then incorporated into the data arising from the proving of B. arietans arietans 30CH before all the data was written up into the Materia Medica and Repertory formats.

### **3.10 REPORTING OF THE DATA**

For the data arising from this research project to be useful to homoeopaths in practice internationally, it was written up into the two standard accepted forms, viz. the Materia Medica and Repertory.

#### ***3.10.1 THE REPERTORY***

Data arising from the proving was converted into rubrics of a form compatible with the modern repertory: Synthesis - Edition 7, edited by Schroyens (1997).

### ***3.10.2 THE MATERIA MEDICA***

The collated and edited proving symptoms along with the toxicological symptoms were written up into a typical Materia Medica format which closely adheres to the sections of Synthesis - Edition 7 (1997), to ensure standardisation and ease of reference.

Symptoms were entered under the following main headings:

- |                   |                        |
|-------------------|------------------------|
| ◦ Mind            | ◦ Rectum               |
| ◦ Vertigo         | ◦ Stool                |
| ◦ Head            | ◦ Bladder              |
| ◦ Eye             | ◦ Urine                |
| ◦ Vision          | ◦ Male Genitalia/Sex   |
| ◦ Ear             | ◦ Female Genitalia/Sex |
| ◦ Hearing         | ◦ Larynx and Trachea   |
| ◦ Nose            | ◦ Respiration          |
| ◦ Face            | ◦ Chest                |
| ◦ Mouth           | ◦ Back and neck        |
| ◦ Teeth           | ◦ Extremities          |
| ◦ Throat          | ◦ Sleep                |
| ◦ External Throat | ◦ Dreams               |
| ◦ Stomach         | ◦ Generals             |
| ◦ Abdomen         |                        |

## CHAPTER 4

### THE RESULTS

#### THE MATERIA MEDICA AND REPERTORY OF *BITIS ARIETANS ARIETANS*

##### 4.1.1 KEY

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

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

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

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

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

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

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

4.1.2 PROVER LIST

PROVER NUMBER	SEX		AGE
02	M		31
04	F		18
07	M		23
08	M		20
10	M		22
13	F		37
16	F		22
18	F		48
19	F		18
21	F		18
26	F		37
27	M		47
30	M		53
31	F		23
34	F		28

## 4.2 MATERIA MEDICA

### 4.2.1 MIND

#### SPACINESS/SPACED-OUT

Spaced out and staring into space.

02M 01:XX:XX

Immediate sensation of a large space in my head after 2<sup>nd</sup> dose. It feels as if my awareness is shifting, sliding slightly. Perception is distorting slightly.

07M 00:03:30

Feeling tired all afternoon - battling to focus. It feels as if there is a veil between my mind and reality - a sort of spacedness.

07M 00:XX:XX

Feeling of space - dislocation in my head - slight shift in perception - everything seems to have a buzzing tone.

07M 00:15:XX

Displaced feeling in the head - slightly spacey feeling as if an empty ball is pushing out of my head, during an afternoon nap. Emptiness pushing out.

07M 01:XX:XX

Feeling of 'spaciness'. Removed from reality. Drunk like feeling with difficulty concentrating. Conversations seem to be unreal.

10M 01:33:30

Spacey feeling in conversation, consciousness and balance.

10M 04:XX:XX

Dreamy feeling. Extremely tired feeling.

10M 01:39:30

Still a feeling of floatiness - almost fatigue-like with mixing up of words and ideas.

10M 08:XX:XX

Light sensation in the body with tingling in the fingers. Feeling a bit spaced out.

19F 00:02:00

I feel "spaced out", slightly disconnected. Feel as if I can make mistakes.

26F 00:01:XX

Wanting to do everything at the same time but feeling 'spaced out'.

26F 03:XX:XX

I started feeling a bit lightheaded. I was cleaning up my room and as I was bustling around, it started feeling like my eyes were moving slower than my head.

31F 00:03:00

### INTOXICATED

Trippy feeling - boundaries are expanding almost as if I can see through the physicality of the world.

02M 00:01:00

Feeling of spaciness. Almost intoxicated -like state. Removed from reality.

10M 02:XX:XX

Feeling spacey, unsteady and unsettled - almost drunk like.

10M 03:XX:XX

The first couple of days I felt as if I was not with reality, as if I had been smoking Cannabis. Not very concerned with what is happening around me.

10M 06:XX:XX

An intoxicated feeling.

18F 15:XX:XX

### REMOVED FROM REALITY

Feeling removed from reality.

10M 05:XX:XX

I am not stressed about the upcoming test - it seems an unreality - I am not worried about it, which is unusual.

10M 12:XX:XX

Lack of centredness in the here and now, not really too aware of the reality of what was happening around me. This also happened last week Monday.

10M 17:XX:XX

I had a strange feeling of distantness.

30M 02:XX:XX



### THINKING BACK

Feeling very sentimental. Listening to old songs and feeling emotional and melancholy. I feel quite sad. I feel far away. I am looking back over the past few years of my life - choices made, what has or hasn't happened etc. Eventually I fall asleep.

07M 02:XX:XX

I tried to sit down and do some studying, but I found it hard to concentrate on work and my mind wandered. I thought of various things mostly of the past and especially of conversations I had had with friends.

31F 01:XX:XX

### CONCENTRATION DIFFICULT

Lack of concentration for details and not even noticing mistakes made. I was having a conversation with someone about a certain person. In my mind I was thinking about another person even though I had the first person's name in my head and was using it. I only realised the mistake much later.

10M 02:XX:XX

Easily distracted from work.

10M 12:XX:XX

Inability to concentrate fully on the task at hand with concomitant sleepiness and brain fog.

10M 18:XX:XX

Head feels thick - cannot concentrate. Mind foggy with a slight pressure headache.

26F 01:XX:XX

Difficulty concentrating. Not focussed. Feel like going home and lying down.

26F 09:XX:XX

When thinking, mind goes blank.

26F 11:XX:XX

Concentration difficult especially during conversation. Have to ask questions again. I 'hear without hearing'.

26F 13:XX:XX

I had persistent difficulty in concentrating. My thinking was slower. I stared into space a lot. Memory was weak. Recording symptoms was difficult - I had to really think about it.

26F XX:XX:XX

A feeling of having to concentrate and keep myself focussed. At one point I thought to myself: "It feels like I have cotton wool inside my head". Mildly clouded thinking.

30M 07:XX:XX

### DULLNESS

I am generally feeling dull.

04F 06:XX:XX

A feeling of sleepiness and dullness when working with the computer.

18F 15:XX:XX

My head felt as though it were full of cotton wool and thinking was slow.

30M 02:XX:XX

### DISCONNECTED FROM SELF

Out of sorts with myself - feel uncomfortable, disconnected and uneasy.

02M 01:XX:XX

It was as if I had taken some kind of drug. An experience of being detached from the world, as if I was tripping. Strange sensory experiences. Initially I enjoyed this but then the feeling moved towards anxiety and a sense of discomfort / uneasiness. This state can best be described as being out of my body. This experience decreased slowly from the morning of the second day to the evening, when I snapped back into my body.

02M XX:XX:XX

This afternoon, I felt 'not-all-there' - I went to a friend's house during lunch and fell asleep immediately and felt slightly better on waking.

04F 02:XX:XX

Started feeling spaced out, as if getting stoned. I was not completely with it - 'out of body'.

31F XX:XX:XX

### ENERGETIC/OVERSTIMULATED

Felt unusually energetic late at night.

04F 03:XX:XX

I feel quite manic. Highly energised and quite physical. It is 00h10 and I feel as if I have just woken up.

08M 00:08:XX

I have been feeling particularly excitable and sharp, especially a little while after taking the remedy.

08M 02:XX:XX

Very hyperactive with lots of energy - so much so that he did not want to sleep. "Manic".

08M XX:XX:XX

Feeling much more energetic with more zest and go for life. On top again (as with last week where Mon. and Tues. were bad, then by Wed. I was fine).

10M 19:XX:XX

After taking some of the powders, I felt 'spaced out' - like on a drug - overstimulated and a bit anxious. I did not like this feeling and wanted it to pass.

26F XX:XX:XX

### COMPANY

Craving company, but with little tolerance of people. Found conversation and concentration difficult. If people were telling me something, my mind would wander off in the middle of the conversation (I would think of things I had to do.)

31F 01:XX:XX

Feeling depressed and mopey. Not coping. Do not care i.e. not interested in work. Desire company and people's attention.

02M 02:XX:XX

### PLACEBO

"... I was convinced that I was taking placebo."

26F XX:XX:XX

I know that I shouldn't come to a conclusion, but I am sure that I am on placebo.

27F 06:XX:XX

I also still believe that I was on the placebo.

34F XX:XX:XX

### CLUMSY

My movements seem to be a bit uncoordinated - spilling drinks when pouring, dropping things.

19F 01:XX:XX

I have a tendency to drop items, like I cannot grip properly with my hands.  
Clumsy.

26F 09:XX:XX

I feel clumsy and slowed up, however although my movements are slow, they are not clumsy.

31F 00:03:00

Feeling clumsy, but now I have to control things mentally - e.g. I would have tripped over the chair unless I had made a concerted effort not to.

31F 00:06:00

### DEPRESSION

The depression is explosive with a sudden onset. I feel morbid, apathetic, despairing and unable to cope. Feeling of greyness; heavy in my being. Had a sensation all day that people were struggling - that there was general heaviness amongst my classmates. Felt drained by lectures - wondering how long I can keep all this work up. The depression was consuming and all-encompassing.

02M 02:XX:XX

Feeling a bit depressed at the pointlessness of a lot of life. It is a hard, often joyless existence.

10M 07:XX:XX

Feeling very depressed and wanting to cry and be comforted and at the same time not speak to anybody.

19F 02:XX:XX

Woke up feeling depressed and irritable.

21F 04:XX:XX

Feeling very emotionally drained and depressed.

21F 04:XX:XX

I felt sad and a little depressed on waking in the morning.

31F 04:XX:XX

Had to make a concerted effort to be cheery.

31F XX:XX:XX

Feeling a little down.

34F 06:XX:XX

## ANXIETY

Feeling shaky with poor concentration and a feeling of anxiety.  
02M 01:XX:XX

Feel spacey, hands sweaty and anxious.  
02M 01:XX:XX

## ANXIETY WHILE DRIVING

I felt quite worried about people's aggression - the other car drivers - when driving. I imagined specifically that this man would get out of his car and come and hit me. I was thinking of things to say to him to pacify him.  
08M 03:XX:XX

I started having anxiety attacks about driving my car. Absolute dread of having to drive to and from work. Feeling very nervous and paranoid while driving - visualising having a horrific accident at any moment. I did not acknowledge this fear to myself and it only came out much later after talking to someone.  
34F XX:XX:XX

## OUTDOORS

Feel very trippy. Quite happy and a desire to be outside in nature.  
02M 01:XX:XX

I crave nature - feel like being outdoors - in the mountains.  
08M XX:XX:XX

I want to be outdoors - gardening.  
26F 18:XX:XX

## LAZINESS

After an hour's exercise, I felt incredibly lethargic and lazy and unmotivated to do any work.  
08M XX:XX:XX

I have noticed how lazy and untidy I have been. I let things build up and build up without doing the tidying or necessary work. Then I get mad and do it all. Then it builds up all over again.  
08M XX:XX:XX

Feelings of laziness and indolence with a desire to sleep.  
19F 12:XX:XX

Feeling very lazy and irritable the whole day.

21F 05:XX:XX

I lazed about the house and did not feel like doing anything in particular.

31F 02:XX:XX

Felt very lazy - did not feel like making any effort. I had to make a concerted effort to get up - wanted to lie there all day and doze.

31F XX:XX:XX

### CLEANING AND TIDYING

Did a lot of dusting, cleaning and polishing.

07M 02:XX:XX

Living in chaos - clothes all over the floor, dishes pile up and no energy to tidy up.

19F XX:XX:XX

I feel the need for order and start tidying up at work. I need the order to think and work well.

26F 17:XX:XX

Manual tasks and chores were easier as no thinking was involved.

26F XX:XX:XX

### SENSITIVE TO THE OPINIONS OF OTHERS

I have been far less sensitive to opinions or feeling that I get from others. I am not as sensitive to insults as normal. I have been far more content to be by myself if I am in such a position, however I do still enjoy contact and company, but I feel as if I don't have to put in nearly as much effort.

10M XX:XX:XX

### POLARITY

Woke up naturally and 'dreamt' the following: I feel suspended between sleep and wakefulness with a semi-conscious awareness of daytime, light and noises. I feel also an amazing split in me. I feel split between two images. As I lie in bed, my body is split longitudinally. Superimposed on the left side is a grainy black-and-white image of a woman; on the right hand side is a grainy black-and-white image of a man. Both images are equal in size and have indistinct features. I feel a physical pull between the two halves. I am aware of a conflict between the two - the one wants something from the other, but what it is, I am not sure.

07M 02:XX:XX

My heart is saying one thing and my mind is saying different things.

10M 04:XX:XX

It seems to me that this remedy has a periodicity: at times I feel on top of the world, then at other times I have felt neglected and insignificant.

10M 31:XX:XX

### SOCIALLY DETACHED/LEFT OUT

Slightly detached - finding it hard to make social contact. I am not into superficiality.

02M 02:XX:XX

Feel stuck in myself socially - unable to get out of myself to make contact and conversation with people. Introverted.

02M 03:XX:XX

Felt claustrophobic when my girlfriend came to visit. I had thoughts of restlessness - needing space, not wanting to be with her, but without any reason to feel that way. Generally feeling a bit withdrawn and far away - feeling slightly detached.

07M 09:XX:XX

Felt very cynical this morning. People were putting across points of view that I found illogical and unscientific and I was very irritated by that. I also felt very isolated and estranged from people because of this cynical point of view.

08M 05:XX:XX

I felt quite isolated and alone just before our final lecture this afternoon.

08M XX:XX:XX

Feeling of being disconnected from groups of friends, but then times of connectedness. Almost a feeling of being left out.

10M 06:XX:XX

Feeling overwhelmed in a group. I am not enjoying the accentuated disconnected-from-the-group feeling, even though I'm preferring my own company or to be with my partner. I feel like I don't connect in a group (i.e. more than 3 people).

10M 18:XX:XX

Feeling neglected and excluded - left out of group discussion. Feel like I am an outsider.

10M 40:XX:XX

I felt that I couldn't talk to people.

19F XX:XX:XX

### SENSE PERCEPTION

Merging of images as if they are about to change e.g. look at grass - colour images merge as if they are about to change or metamorphose.

02M 00:02:00

I view the world through my right eye.

02M 00:02:00

Common noises seem rather strange, and it takes me a couple of seconds to figure out what they are.

31F 00:03:00

### DIFFICULTY IN SPEAKING

Memory poor. Have made many mistakes while speaking. Calling people by the wrong names

10M 02:XX:XX

Mistakes while speaking. Using incorrect words in sentences while speaking. Battling to remember simple words, to convey ideas or express myself adequately. Feeling very foolish.

10M 03:XX:XX

Said: "A toe on my left pain" when giving history.

10M 05:XX:XX

It feels as if my mouth is disconnected from my brain.

10M 06:XX:XX

Saying wrong things at incorrect times i.e. use the subject of a sentence as a verb.

10M 06:XX:XX

Spoke of 'net' instead of 'tent'.

10M 25:XX:XX

My thoughts were clear but it was difficult to voice them. I stuttered and slurred and forgot which words to use, but it was all clear in my mind.

31F 00:07:00



### DIFFICULTY IN READING

Inability to concentrate on anything even reading.

10M 10:XX:XX

Difficulty reading and concentrating on what is being read or what is being said.

10M 11:XX:XX

Eye skipping out lines when reading i.e. reading from line 2 to line 4 and skipping out line 3 or skipping back to line 1.

10M 24:XX:XX

### DIFFICULTY IN WRITING

I battled to write notes in lectures. My hand was uncoordinated and I had that same shaky feeling.

19F 02:XX:XX

Made mistakes while writing. Wrote wrong letters in words. Spelling of words ridiculous. Spelt words totally wrong as if not really present and writing the words myself.

10M 14:XX:XX

Wrote 'amoke' instead of 'awoke' in journal.

10M 16:XX:XX

Wrote 'tak' instead of 'task' in journal.

10M 18:XX:XX

Writing words down which lack certain letters especially the first letter of these words and using incorrect words in sentences.

10M 28:XX:XX

### NO MOTIVATION/DIFFICULTY WORKING OR STUDYING

I felt unmotivated to work (study) and also did not feel like exercising.

08M XX:XX:XX

Fatigue while studying or working, but awake if get up and walk around or take a break.

10M 12:XX:XX

Feeling overwhelmed by the academic work and pessimistic about my future as a homoeopath.

19F 02:XX:XX

### HAPPINESS

I feel happy and friendly - more so than usual.

26F 00:XX:XX

Happy and feel great. Feel so good, I'm sure I am taking placebo. Clear constructive and focussed. Less caught up in work and more tolerant of co-workers.

26F 02:XX:XX

A customer observed: "You look different, more relaxed". I feel I am smiling a lot. I feel happy.

26F 04:XX:XX

### HOMESICK

For the first time in all these months, a strong desire to go home (back to Europe).

18F 15:XX:XX

### TALKATIVE

More talkative than usual with scattered thoughts. Mind would jump all over the place.

26F XX:XX:XX

Very talkative on a wide range of topics.

26F 10:XX:XX

### CONVERSATION

Supervisor noticed that the prover was speaking quickly when giving his case.

10M 04:XX:XX

When speaking it is as if the conversations were separated. As if I wasn't really understanding or discussing the same subjects as the other person. I do not answer their questions properly and keep on my own train of thought. Mind seems distant from where the conversation is.

10M 26:XX:XX

I hear conversation but I am not taking in the information. I repeat the question. My husband noticed this and joked about me not listening.

26F 12:XX:XX

## IRRITABLE

I felt very irritable this afternoon - I did not feel like doing anything or going anywhere. I just felt like relaxing.

08M XX:XX:XX

Feeling quite irritable with tiredness

10M 01:XX:XX

Feeling quite angry or irritable at times and not venting this because there is no need to. Just feeling quite edgy.

10M 03:XX:XX

Very moody - easily irritated. Extremely easily frustrated but suppressing this frustration except towards my partner and then I'm all irrational.

10M 06:XX:XX

More feelings of irrational irritability. > when alone with partner. < with a whole group of people.

10M 07:XX:XX

Moody and irritable for most of the day.

19F 02:XX:XX

A bit angry at my parents because a relative was staying with us and I couldn't be normal in my own house. Didn't feel like talking to them and a bit moody. Snappy and short with answers.

19F 05:XX:XX

Nothing seems to bother me much - usually small things bother me easily.

21F 02:XX:XX

Very irritable - easily aggravated the whole day. Seemed to get offended very quickly by petty things.

21F 03:XX:XX

A feeling of irritability and of being slightly stressed. I have no idea why I am dwelling on my problems.

21F 04:XX:XX

Tired, restless and very irritated and when someone was trying to tell me something, I did not listen.

31F 00:13:00

Went shopping, but was too irritated to deal with the crowd.

31F 04:XX:XX

### IMPATIENT

I felt very short-tempered and impatient with my work - if I did not remember how to do things or how to work them out.

08M 01:XX:XX

My preparations for going to bed seemed to take forever and I felt very impatient and had to make an effort to do them.

31F 00:XX:XX

I was very impatient with things (e.g. waiting for the kettle to boil) and people - not wanting to listen to what they had to say and cutting them off with a tactless remark.

31F 01:XX:XX

### EXHAUSTION AND SLOWING DOWN

Feeling tired, lethargic and having difficulty in motivating myself.

07M 01:XX:XX

Mental fatigue better in the evening than it was during the day and better after going for a run.

10M 10:XX:XX

It felt as if it were later than it was - it felt like 23h00 when it was only 21h00, possibly because I was feeling so tired.

10M 12:XX:XX

Feeling extremely tired and apathetic today. Feeling disinterested and lethargic; couldn't care about insults or arguments.

10M 17:XX:XX

Tiredness and fatigue after waking in the morning, > short nap.

10M 17:XX:XX

I can just sit and 'vegetate' and can stay awake for hours, but if I talk to people or work I get very tired very quickly

10M 26:XX:XX

Feeling as if everything has stagnated. There is no flow in the body.

18F 15:XX:XX

Extremely exhausted at night and seemed to calm down emotionally while resting.

19F 06:XX:XX

### ABSENTMINDED AND FORGETFUL

Collected bag from the security kiosk, then walked off without picking up my bag – the only thing I had to take was the bag!

10M 05:XX:XX

Forgetful, absentminded. Cannot remember what I wanted to do or fetch.

26F 11:XX:XX

### MEMORY POOR - NAMES

Cannot find the correct words or names for people or objects and struggling to express myself.

10M 17:XX:XX

It would seem as if my memory is totally asleep. I cannot remember the names of people to whom I have just been introduced - as if I paid no attention to the introduction.

10M 32:XX:XX

### PERIODICITY

Weekly periodicity – exacerbation of symptoms every Monday and improvement as the week progresses.

10M XX:XX:XX

### PERCEPTIONS

Strange hallucinatory state prior to falling asleep - a series of movie or dream images - cannot recall images. As if out of my body, awake but asleep.

02M 00:08:00

Feeling of having deep spiritual insights into my world - a sense of profundity.

02M 01:XX:XX

Image of a reptile coiled at the base of my skull during an afternoon nap.

07M 01:XX:XX

I have been getting strange light sensations in different areas of my body as if inside my body there is light which escapes through pinholes giving me a tingly, buzzy feeling where the light leaves. Specific areas have been my left earlobe and pinna and left eyebrow.

08M 02:XX:XX

On eating an orange during a lecture break, I felt as if I was a small child going to school on the first day. It was as if the smell of the orange spurred this feeling of fear and insecurity. I felt like I wanted to touch people or for them to touch me in order to feel better.

08M 03:XX:XX

I felt bloated and thought of myself as 'fat'.

31F 04:XX:XX

#### 4.2.2 VERTIGO

Feeling unbalanced and swaying about when I closed my eyes.

04F 01:XX:XX

I felt dizzy and off balance when I closed my eyes.

31F 01:XX:XX

Unsteadiness when standing on one foot. Sensation of swaying sometimes if standing with feet together

10M 03:XX:XX

A light feeling in the head. I felt like falling when I was stooping to pick something up off the floor.

19F 04:XX:XX

Slightly off balance especially when leaning forward with head down - as if I could fall over.

26F 09:XX:XX

A feeling of giddiness / unstable feeling while walking.

19F 06:XX:XX

Feels as if I am moving and can fall while sitting. It lasts about 5 minutes and then goes.

26F 09:XX:XX

Giddiness when turning around or turning the head.

26F 21:XX:XX

### 4.2.3 HEAD

My head (brain) feels congested.

04F 02:XX:XX

Head feels congested.

26F 10:XX:XX

Head feels foggy.

26F 03:XX:XX

Head feels heavy.

10M 11:XX:XX

Concomitant feelings of heaviness in the head and eyes.

10M 13:XX:XX

Head, neck and upper torso feel heavy and exhausted.

19F 02:XX:XX

Head feels as heavy as a concrete block.

31F 00:03:00

My head felt very stuffy and heavy. It felt like my sinuses were about to become congested.

31F 00:06:00

Sensation of heat in the head.

07M 00:XX:XX

Head and face feeling quite hot to me.

10M 19:XX:XX

Sensation of a very strong, slow heartbeat while half-awake during an afternoon nap. I felt the blood coursing in my head with each beat - could hear the sound and feel the rush of blood. I kept jerking/starting into a more wakeful state. Pulse 48/min.

07M 00:XX:XX

Jaw tight from biting teeth during sleep with a slight throbbing headache in the temples.

26F 10:XX:XX

## HEAD - PAIN

Headache in band across the front of the forehead. It feels like a pressure on the inside of the skull with intense points at the temples, < right, > squeezing face tight - making faces.

07M 00:09:XX

Band like headache, < left and in the middle of the forehead. Pain sharp but oscillates slowly - increasing and decreasing in intensity.

07M 00:15:XX

Aching in the upper cervical and occipital region.

07M 00:07:00

Mild occipital headache with neck feeling stiff and tense.

07M 06:XX:XX

Headache in forehead with a slow oscillation in focus between the right and left temple, < on shaking the head.

07M 03:XX:XX

Dull temporal headache, > stretching the neck. Neck and trapezius muscles feel very tight.

08M 01:XX:XX

Dull bitemporal headache with neck stiffness

10M 03:XX:XX

Left-sided temporal headache which came on while sitting in the sun, > rest.

21F 00:03:XX

Dull pulsating headache around the temples.

26F 09:XX:XX

Throbbing headache behind the eyes with sensation that the head was heavy and that the neck was unable to support the weight with aching in the neck.

31F 03:XX:XX

Slight pressure on the vertex.

26F 00:XX:XX



#### 4.2.4 EYE

Itchiness of the eyelids has been much less since the beginning of the proving.  
02M 02:XX:XX

Eyes feel itchy, < left.  
07M 00:03:30

Eyes - especially the left - watery and itchy in the evening - concern that I was getting conjunctivitis.  
08M 00:XX:XX

Eyes itchy, > rubbing and washing with cold water.  
19F 00:00:05

Deep aching pain in the right eye.  
10M 10:XX:XX

Eyes tired. Eye strain with desire to blink or close eyes to defer the tiredness.  
08M 17:XX:XX

Eyes, especially the right, feel very fatigued and heavy. > closing the eyes. > forced blinking.  
10M 11:XX:XX

Left eye feels sore as if overtired or strained.  
26F 03:XX:XX

It felt as if my eyes were moving slower than my head.  
31F 01:XX:XX

Burning sensation in both eyes.  
19F 02:XX:XX

Eyes blurry, contact lenses dry and blinking a lot.  
26F 01:XX:XX

Eyes feel dry.  
26F 04:XX:XX

Eyes are dry and my contact lenses feel scratchy - I have to blink a lot - and I take them out in the early afternoon.  
26F 18:XX:XX

#### 4.2.5 VISION

Difficulty in focussing.  
19F 00:07:00

Battling to focus the microscope and focus my eyes.  
19F 07:XX:XX

Vision blurred.  
26F 03:XX:XX

Vision blurred - have to blink to focus.  
26F 04:XX:XX

Photosensitivity.  
02M 02:XX:XX

#### 4.2.6 EAR

Difficulty equalising ears when diving.  
10M 29:XX:XX

#### 4.2.7 HEARING

Noises were echoing and seemed louder as if right next to me.  
31F XX:XX:XX

Ears slightly blocked - usually very sensitive to noise, now less sensitive as if noise is distant.  
26F 00:XX:XX

Awoke with blocked ears and could not hear properly - needed to yawn a few times to 'equalise'.  
10M 16:XX:XX

Less sensitive to noise - sounds seem distant. I feel as if I am in my own world - a bit disconnected - a good feeling.  
26F 10:XX:XX

Ringling in the ears especially the left, lasting for about 10 minutes and followed by a blocked sensation.  
26F 21:XX:XX

A rushing sound in my ears.  
07M 00:15:XX

Tingly buzzing sound in the left ear for 5 minutes, < bending neck towards left side.

08M 02:XX:XX

Shuddering sound in right ear lasting about 10 seconds.

10M XX:26:00

#### **4.2.8 NOSE**

Sneezing in the morning, > lemon juice.

08M 04:XX:XX

Sneezing a lot. My nose feels itchy on the inside especially the right nostril. Nose was extremely sensitive the whole day.

21F 04:XX:XX

Irritation in the nose with sneezing at night.

21F 05:XX:XX

Nasal congestion

30M 01:XX:XX

Nasal and maxillary sinus congestion, without a discharge. Not > blowing nose.

30M 02:XX:XX

Persistent fullness and stuffiness of the nose and maxillary sinuses, < at the bridge of the nose.

30M 04:XX:XX

#### **4.2.9 FACE**

Pain in right eyebrow radiating to temple.

07M 00:XX:XX

Right sided frontal sinus pain, greatly aggravated by diving down.

10M 29:XX:XX

Blister-like eruption on forehead.

16F 06:XX:XX

Face feels hot and flushed and the skin tight.

26F 00:04:XX

Complexion looks darker than normal - "tanned".

26F 01:XX:XX

#### 4.2.10 MOUTH

Lips dry.

02M 01:XX:XX

Lips feeling very dry and itchy.

02M 06:XX:XX

Lips dry especially the lower lip

07M 13:XX:XX

Lips very dry as if been exposed to the sun for too long.

26F 20:XX:XX

Woke up with a very dry mouth.

08M 01:XX:XX

Mouth dry and very thirsty on waking.

19F 01:XX:XX

Persistent dryness of the mouth and throat, drinking water does not ameliorate.

26F 00:XX:XX

Mouth and lips are dry. Drinking lots of water but staying thirsty.

26F 03:XX:XX

Stale taste in the mouth during the morning which remained even after brushing the teeth.

19F 02:XX:XX

Mouth sticky on waking with a brownish-yellow sticky saliva.

07M 01:XX:XX

Mouth dry and the teeth feel dirty, want to rinse mouth - > drinking water which cleans mouth.

26F 11:XX:XX

Tongue looks swollen and flabby.

26F 01:XX:XX

Tongue has impression of teeth on the edges. Tip of tongue sensitive as if burned.

26F 03:XX:XX

Sensation of a burnt tongue.

02M 04:XX:XX

Strange cold, glassy sensation in mouth - tongue, lower lip and cheek

10M 00:09:00

#### 4.2.11 TEETH

Teeth feel as though they are throbbing and my jaw feels stiff.

07M 00:15:XX

Aching in the right lower wisdom tooth.

18F 02:XX:XX

#### 4.2.12 THROAT

Difficulty in swallowing with a tight, constricted feeling around the throat and larynx, as if very tense and was constricting neck muscles.

02M 00:06:00

Lump sensation in the throat, < right.

02M 00:XX:XX

Sensation as if the throat is slightly closed.

07M 00:XX:XX

Throat pain, central, at the level of the lower oro-pharynx or upper larynx; > swallowing - empty swallowing or warm or cold drinks.

10M 13:XX:XX

Constant need to clear irritation in throat.

10M 13:XX:XX

Raw sensation in throat on waking, > swallowing, > warm drinks.

10M 15:XX:XX

Sore throat with difficulty swallowing and aching in the neck and occiput.

21F 01:XX:XX

#### 4.2.13 EXTERNAL THROAT

Cramp in left sternocleidomastoid muscle on waking, > kneading the muscle.

16F 01:XX:XX

#### 4.2.14 STOMACH

Thirsty and lips dry

02M 01:XX:XX

Very thirsty throughout the day with a dry mouth.

08M XX:XX:XX

Woke up at night with great thirst and drank cold water which quenched it.

31F 03:XX:XX

Quite thirsty because I forgot to drink today and am slightly dehydrated.

34F 04:XX:XX

Thirstless.

26F 05:XX:XX

Loss of appetite.

02M 01:XX:XX

Appetite decreased in the evening.

08M 03:XX:XX

Almost no appetite during the day, yet still eating food.

10M 25:XX:XX

Loss of appetite at night.

21F 06:XX:XX

Appetite decreased.

26F 01:XX:XX

Appetite decreased - stomach feels full with slight nausea.

26F 02:XX:XX

I did not feel like eating, but forced supper down my throat.

31F 03:XX:XX

I have eaten less than I usually would on a weekend at home I just wasn't hungry for much of the time

34F 01:XX:XX

I am hungry, but at the same time I do not feel like eating food.

04F 06:XX:XX

Ate a lot of little snacks which did not seem to satisfy my hunger.

08M 00:XX:XX

Appetite increased. Very hungry but no desire for anything in particular. Cannot find anything I would want to eat and the hunger ultimately goes away.

26F 10:XX:XX

Violent and frequent eructations which almost seemed to scrape the oesophagus when ejected, arising from deep in the stomach with a sensation of burning in the lower half of the oesophagus, 30 minutes after eating.

10M 21:XX:XX

#### 4.2.15 ABDOMEN

Abdomen feels distended, < eating breakfast.

02M 02:XX:XX

Sensation of abdominal bloatedness with urging to go to stool

10M 00:16:XX

Abdominal bloating, painless, with flatulence.

19F 05:XX:XX

Abdomen feels bloated/distended and full of gas with a cramping pain when I eat anything.

26F 04:XX:XX

Abdominal cramps, > lying on back (history of spastic colon, last attack 5 years previously).

02M 01:XX:XX

Constricting cramp in the abdomen. Quite a severe central cramping pain that lasted for a minute or two which came on while sitting cross-legged.

08M 13:XX:XX

Short-lived cramping abdominal pain while standing which forced me to sit.

10M 11:XX:XX

Severe abdominal cramps with much flatulence.

19F 03:XX:XX

Cramping pain in the abdomen.

21F 06:XX:XX

Abdominal cramping began immediately after taking the remedy, < when running especially at the beginning of the run.

26F 07:XX:XX

Aching pain in lower abdomen and pelvic region with a desire to pass flatus. Very uncomfortable, gaseous pain in abdomen with borborygmi.  
07M 01:XX:XX

Onset of aching lower abdominal pain in the evening, aggravated by stretching out and pressure. Feels like a crease of pain and a pressing pain as from a full stomach. Concomitant flatulence and desire to defaecate which does not ameliorate the pain. Stool runny, came out as if under great pressure with flatulence, followed later by a desire to pass stool, but no stool was passed.  
07M 04:XX:XX

Warm unsettled feeling in my right and left upper quadrants  
10M 00:02:00

Indigestion with right side of abdomen sensitive to touch, painful and tender. Painful when lying on that side.  
26F 05:XX:XX

#### 4.2.16 RECTUM

Sudden desire to pass stool which was loose and then desire to pass stool again immediately after with a feeling of distention.  
02M 01:XX:XX

Unusually early and urgent urge to go to stool. An unfinished feeling remained after. Stool was soft.  
10M 00:00:25

Urge to pass stool and much stool was passed.  
10M 00:01:05

Bowel movement at normal time this morning, but with feeling of incompleteness and tenesmus afterwards. 30 minutes later an urge to go to stool again - this time with explosive diarrhoea.  
10M 07:XX:XX

Stool incomplete in the mornings with tenesmus during the day.  
10M 12:XX:XX

Frequent urge to pass stool and a loose stool passed.  
18F 01:XX:XX



Flatulence and stool - in small pieces - difficult to pass, with a feeling of having to push hard.

07M 01:XX:XX

Some difficulty in passing stool.

07M 03:XX:XX

Difficulty in passing stool. Stool seems drier and must strain very hard to pass it.

16F 01:XX:XX

Desire to go to stool with a bearing down sensation but only very little knotty stools produced.

10M 09:XX:XX

I felt the need to pass stool, but nothing came out.

08M XX:XX:XX

Tried to go to stool this morning as the urge was present but nothing was produced

10M 05:XX:XX

Desire to pass stool but could not.

19F 00:01:00

Ineffectual urging to pass stool.

19F 07:XX:XX

I felt that I wanted to pass stool, but could not.

31F 01:XX:XX

Numerous bowel movements during the day.

07M XX:XX:XX

Passed normal stool three times in the morning.

26F 06:XX:XX

#### 4.2.17 STOOL

Stool explosive, sudden, scanty and semi-solid.

02M 01:XX:XX

Stool copious and slightly soft.

07M 02:XX:XX

Stool loose in the evening possibly from anticipation of upcoming test.

08M 03:XX:XX

Unusually dark stool in the evening.

08M 07:XX:XX

Passed small amount of stool, rusty brown in colour.

10M 04:XX:XX

#### 4.2.18 BLADDER

Urination with incomplete sensation - ineffectual bearing down with no expulsion of urine. Followed a short while later by an urge to urinate again.

10M 03:XX:XX

Profuse urination before bed, woke up twice to urinate and a strong desire to urinate on waking in the morning.

10M 11:XX:XX

Urination more frequent.

10M 11:XX:XX

Urinating more frequently.

19F 00:XX:XX

#### 4.2.19 URINE

Urine profuse and disproportionate to amount of fluid taken in. Urine clear and strong smelling.

10M 03:XX:XX

#### 4.2.20 MALE GENITALIA/SEX

Libido greatly increased.

02M 01:XX:XX

Libido strong in the evening with many erotic thoughts.

08M XX:XX:XX

Libido returned with strong desires (had been decreased).

10M 10:XX:XX

Libido decreased

10M 21:XX:XX

Libido absent  
10M 32:XX:XX

Still no libido at all.  
10M 40:XX:XX

#### 4.2.21 FEMALE GENITALIA/SEX

Menses 6 days early, sudden onset and very heavy. Dark blood with many dark red / black clots. No pain, but felt very tired and lethargic. Flow so heavy that I had to change tampons every 1 1/2 - 2 hours. Could not walk around for fear of it all coming out. Heavier in the morning and progressively lighter into the evening. Lasted for 2 days (i.e. shorter than usual)  
16F 04:XX:XX

Menses 8 days early. Very heavy flow with dark red clots. Very uncomfortable - difficult to move around a lot, as it feels as if it will all come gushing out. Felt tired and lethargic.  
16F 22:XX:XX

Woke at 04h00 with terrible dysmenorrhoea. It felt as if the entire contents of my abdomen were falling out.  
31F 05:XX:XX

Menses about a week early and much heavier than normal.  
31F 05:XX:XX

Menstruation heavier than usual with none of the usual premenstrual bloating or other signs that my menses were due.  
04F 08:XX:XX

Menses started with abdominal cramping and a dull headache with a thick feeling in the head.  
26F 08:XX:XX

Body felt a bit achy and my abdomen felt large and crampy - similar to what I feel premenstrually, but my breasts were not enlarged and tender as they usually are before menses.  
31F 04:XX:XX

Menses started with none of the usual signs that it was on its way i.e. no abdominal pain.  
34F 02:XX:XX

Vaginal discharge - thin, watery, scanty and brownish - after the menses. A dirty muddy colour mixed with small amounts of blood giving a slight rusty colour.

16F 08:XX:XX

Burning sensation on skin around vagina. Feels raw.

13F 02:5:30

Libido increased and parts much more sensitive than usual.

16F 07:XX:XX

Libido very high.

19F 09:XX:XX

#### 4.2.22 RESPIRATION

Asthma attack. Sudden onset of high pitched expiratory wheeze at 23h00. Progressively worse until breathing difficult. Fine rattling of secretions in the chest. Need for cold fresh air, must sit up.

Concomitants:

- Itching on the back between the scapulae and on chest and external throat, > rubbing and scratching.
- Itching of the soft palate
- Nose blocked and stuffed up
- Feeling of anxiety
- Desire for water which did not ameliorate.
- Wheeze induces cough with no expectoration.

Ameliorated by:

- Slow, deep breathing.
- Company - I needed reassurance
- Wheezing aggravated by:
- Pressure on the chest.
- Lying down

Frustrated with inability to breathe and it feels as if I will suffocate when lying down.

It feels as if I cannot cough deeply enough into my chest to clear the secretions.

16F 02:XX:XX

Asthma attack at 18h00 in an enclosed, dusty environment which quickly progressed from an itching nose and sneezing to wheezing, fine rattling and then dyspnoea. Desire for cold air.

16F 05:XX:XX

Asthma and hayfever attack in the evening.

16F 06:XX:XX

Experienced asthma-like symptoms tonight after about 22h00. Tightness in the chest on inhalation and a slight wheeze on breathing out (never had anything like this before.) As if someone were squeezing my lungs. Ameliorated by standing still or sitting and fanning or movement of air.

Tried to cough but couldn't.

31F 10:XX:XX

Breathing feels harder, heavier - as if there is a weight on my chest.

07M 00:XX:XX

Needed to inspire deeply due to chest feeling closed – a sensation of tightness

10M 00:XX:XX

Regular need to take deep breaths and or sigh.

10M 01:XX:XX

Out of breath during evening run. Cannot get enough air.

26F 01:XX:XX

Chest feels congested - too full to breathe easily, < during running. Shallow breathing. Diaphragm tight - chest cannot expand to inhale.

26F 10:XX:XX

The airways feel unusually open.

02M 00:02:00

Sensation of coldness in my airways and lungs.

02M 00:02:00

#### 4.2.23 CHEST

Sensation of a weight and heat in the chest.

07M 00:XX:XX

Immediate sensation of heaviness in the chest after the 3<sup>rd</sup> dose. Breathing feels slightly laboured and the throat feels constricted, < end of exhalation.

07M 00:00:00

Chest felt very congested with cough which ameliorated slightly, > warm jersey, < driving in traffic.

08M 03:XX:XX

Almost immediately after the dose I developed heart palpitations which were quick and strong, but did not last long. I had a mini head-rush in my sinuses and front of my forehead, lasting for about 2 hours. My energy levels were elevated. An adrenaline surge, a bit of a high.

34F 07:XX:XX

Heart feels as if beating slower and more deliberately - pulse is slightly slower than usual - 50 per minute.

07M 00:00:00

#### 4.2.24 BACK AND NECK

Neck stiffness.

04F 08:XX:XX

Aching in the upper cervical and occipital regions.

07M 00:XX:XX

Neck and shoulder stiffness with knotted muscles for some days now.

07M 29:XX:XX

Stiffness of the neck around C1 and C2 and a stiffness in my knuckles.

08M 00:XX:XX

Dull, stiff, aching pain in the suboccipital area the whole day, < in the sun.

08M XX:XX:XX

Neck is very stiff.

19F 02:XX:XX

Stiffness in the neck which remained throughout the day.

19F 03:XX:XX

Stiff neck and right shoulder on waking.

26F 05:XX:XX

Left sided stiff neck and shoulder.

26F 06:XX:XX

Stiff neck on the right with tension in the muscle.

26F 07:XX:XX

Right-sided stiff neck - feels as if I have been clenching teeth in my sleep - teeth sensitive.

26F 08:XX:XX

Stiffness in the back of my neck as if from supporting my very heavy head.  
31F 00:07:00

Awareness of the area between the spine and the scapulae.  
07M 00:15:XX

Thoracic spine stiffness. < left. It feels as if my ribs are stuck to my spine at about T11 and T12 vertebrae. Stiffness on deep inspiration. Difficulty in breathing in deeply.  
10M 34:XX:XX

Stiffness in my back, shoulders and neck.  
19F 11:XX:XX

Muscular stiffness in the lower back due to exercise - paravertebral and posterior cervical muscles tight and tender.  
07M XX:XX:XX

Pain in lower back on sitting.  
21F 01:XX:XX

Lower back very sore, < at night, < sleeping on back, < waking in the morning.  
21F 02:XX:XX

Numb ache in the lower back as if been hit hard.  
26F 03:XX:XX

#### **4.2.25 EXTREMITIES**

I sprained my ankle, but there was surprisingly little swelling.  
04F 03:XX:XX

Left ankle aching and swollen after spraining it.  
08M XX:XX:XX

Twisted my left ankle quite badly today - I just lost my footing and tumbled down. It was immediately very painful with shooting pains radiating up the lateral side of my left leg with cramp-like pain medially in the left foot. > moving it around. Occasional bursts of short-lived aching shooting pain. Mild swelling.  
10M 13:XX:XX

Twisted my right ankle walking on a flat surface.  
10M 36:XX:XX

Almost twisted my ankle while walking in one of the classrooms.

10M 38:XX:XX

Pain in the right wrist during training.

07M 06:XX:XX

Went to see chiropractor about wrist sprain. This was an old sprain that is now playing up again. Aching pain at base of right thumb, < stretching, pressure; > rubbing.

07M 08:XX:XX

Right upper limb - hand and shoulder - very sore.

21F 04:XX:XX

Ankles felt sensitive today especially on walking, > if they are cool, > being stretched out.

08M 01:XX:XX

Sharp pain in the right ankle ( the unsprained one).

08M XX:XX:XX

Left ankle ached on exercise, much ameliorated by ice.

08M 02:XX:XX

Aching pain in the left ankle on waking.

08M 08:XX:XX

Left ankle quite tender especially supero-medially, < movement and < dorsiflexion.

08M 14:XX:XX

Right lateral knee aching on exercise, < motion, > rest.

10M 18:XX:XX

Deep right knee ache when swinging legs, although not when walking.

10M 19:XX:XX

Stitching pain above the right knee.

26F 23:XX:XX

Left tibialis anterior muscle extremely tender and aches on walking.

10M 32:XX:XX

Pain and stiffness on rising in the Achilles tendons.

19F 11:XX:XX



Muscle stiffness and tenderness extreme for the amount of exercise done a few days ago. Gluteal muscles, quadriceps femoris and extensor muscles of the forearm mainly affected.

10M 09:XX:XX

Muscular discomfort - I feel a bit rheumatic. Back of upper arm and thighs achy, restless, > hot bath. Fingers swollen.

02M 04:XX:XX

Extreme muscular pain in the hips/buttocks, < movement and accompanied by stiffness everywhere.

02M 09:XX:XX

Arms feel heavy.

19F 00:00:00

Aware of a heaviness in the lower limbs - as if there were water retention causing tightness during running.

26F 26:XX:XX

Extreme coldness of the fingers and toes.

04F 06:XX:XX

Hands feel very cold, since early morning run. Cannot warm them up.

26F 04:XX:XX

Hands and feet cold for most of the morning.

26F 11:XX:XX

Legs feel shaky - inside of body feels shaky.

02M 00:01:00

Pins and needles in the right leg.

18F 00:06:30

#### 4.2.26 SLEEP

Frequent yawning.

10M 26:XX:XX

Profuse yawning and much fatigue the whole day. Difficulty keeping the eyes open. Couldn't stop yawning the entire day especially during daylight hours.

10M 28:XX:XX

Yawning frequently on waking.

18F 15:XX:XX

Extremely tired around 20h00 with very heavy eyelids and burning eyes -  
battled to stay awake - then woke up and was active until 03h30.

16F 07:XX:XX

Only managed to feel tired and fall asleep at 03h30.

21F 04:XX:XX

Difficulty in falling asleep as if mind too awake. Sleep disturbed - wake up  
on and off.

26F 06:XX:XX

I felt very tired and my head was heavy, although I could not sleep.

31F 01:XX:XX

Feeling of dullness in the morning with a sensation of having slept deeply as  
if in a coma.

19F 11:XX:XX

Deep sleep without any dreams.

19F 12:XX:XX

Went to bed in the afternoon, after falling asleep on the couch. Slept for hours  
and wanted to stay in bed.

19F 13:XX:XX

Sleeping much more than usual.

19F XX:XX:XX

Feel I need more sleep than usual and I enjoy the extra sleep.

26F 11:XX:XX

Woke with a heavy feeling.

19F 15:XX:XX

#### 4.2.27 DREAMS

##### GAMBLING AND GETTING THINGS WHICH ARE NOT REALLY YOURS

Dreamt of being at my grandparents' farm - a twilight quality to the dream. My extended family is present. I talk to my dad who is telling me about going to gamble. I realise that there is a casino in town, so agree to go with to play the machines. I have a premonition of winning lots of money.

07M XX:XX:XX

A dream about a lottery. I was too late, so they were closing. When I found out that I was too late, some friends said that they already had the ticket with the winning number. They urged me to quickly get that number out of the role with numbers and tickets that was still on the table. I searched for the ticket which they said was number 8, so I took that number but didn't feel comfortable about it. I didn't want to cheat. When I found the number, I put it on the table and said that I had to go to the toilet. This was to cover my embarrassment about the foul play. When I got to the toilets, they had been taken away and the hole in the floor had been covered with a metal plate. This was the usual procedure, so I was not surprised - it only meant that I was too late, they were already closing the place. When I got back to the table, they had taken the food that I had been eating away. They were cleaning up. The evening was coming to an end. I was disappointed that my food was gone. A friend said: "Go and get your prize". I felt that I had to tell her that I didn't get the winning ticket in the proper way, so I told her. She said: "Well get the prize anyway."

18F 03:XX:XX

I was in a shopping centre with my friends and I go to the cashier to pay for the things that I had bought. I see the cashier taking a chocolate off the shelf and casually eating it. I jokingly ask her for one and with little hesitation, she hands me a chocolate. I walk out of the shop very surprised, as I did not pay for the chocolate she gave me. As I leave the shop, I remember checking to see if she gave me the right flavour - it was - mint crisp!

19F 03:XX:XX

##### SHOOTING, PURSUIT, IMPENDING DANGER, DETACHED AND HELPLESS

Dreamed of shooting and my rifle

10M 05:XX:XX

I was on a bus trip - overseas, possibly in the U.S.A. The bus driver was a pretty, petite lady with dark hair. She was dressed in black leather pants and a red top. A friendly lady. Along the way we get shot at, but nobody is injured. I wake up and do not feel afraid. I feel like an independent observer, although I am in the dream.

26F 25:XX:XX

A classmate and I entered a lift and she got out at the last minute after the lift had started to descend and she was left hanging. The counterweight of the lift started coming towards her - I screamed to her to watch out, as it would surely hit her. The overall feeling was one of detachment and horror - I could not help her, I could just watch.

02M 02:XX:XX

Dreamt that the tennis court was covered in water and waves like the sea. It was quite rough and my brother and sister decided to board a ship that was on it, while I stayed sitting on the tennis court fence. Whilst they were in it a big wave came along and capsized it. I had to go back to the house and tell my parents what had happened. I woke feeling sad and helpless.

31F 02:XX:XX

Dreamt about waves and the ocean. Battling against enormous waves. I felt quite awed by the power but more excited than afraid. I was trying to get back to the shore, but the waves kept pulling me back in. I get closer to the shore and see a girl who is also struggling with the waves. I am suddenly aware of a gigantic wave which is moving towards us. I tell her to dive down to the bottom where it is safer. On the seafloor is a glass room which has air in it and we can walk around in. I tell her we have to lie in the front corner to be most protected by the wave. She will not lie down and I feel more and more at risk from the approaching wave.

07M 01:XX:XX

I went back to school and was playing waterpolo on the field which had become the sea. There were a few guys that were taking the game really seriously and dunking people. I thought that I would do the same. The guys started becoming aggressive. The focus of the game changed and we were swimming to find a corpse. On the leg of the corpse were 2 round labels. I took hold of 1 and my opponent took the other. I looked at it and it had the number 54 on it, so I swam to the edge of the field-pool and started running towards locker 54. I was suddenly incredibly afraid as one of the opponents ran after me with some sort of a weapon. Instead of running to the locker I was running away from him. I started leaping from one area of the building to another but he was still following me. Eventually I jumped out of the top floor window onto a railing and my pursuer arrived with a gun just as I did so. I did not want to be shot, so I jumped from the 4<sup>th</sup> floor. I landed on some grass and ran away. I was left with the feeling of fear and triumph.

08M 01:XX:XX

Three dreams of death.

02M XX:XX:XX

Dreams left feeling of not being able to escape, fear, fear of being harmed.

19F 01:XX:XX

Dreams of people trying to escape.

19F 02:XX:XX

I was walking on a footpath through a little courtyard garden of a house where I was living with a lot of people. On this path was a big hole almost like an erosion. Walking past this, I suddenly noticed that it was full of different kinds of snakes. There was a 2 metre long puffadder, some large yellow snakes and I also saw a 2m green mamba disappearing to the side of the garden. I felt terrified and ran into the house. I told one of the men about the danger outside the door. He just laughed and didn't believe me. A little while later he came inside and dropped a handful of earthworms on me as a joke. I felt petrified and furious with him.

13F 11:XX:XX

#### MOTHERS, CHILDREN AND VIOLENCE

I dreamt that I was standing outside my garage in the evening, when my neighbour walks past hitting her little daughter and dragging her home - she was a very strict, overprotective mother and I felt sorry for her child, and nothing I said would make her stop hitting the child.

19F 03:XX:XX

I dreamt of a mother and a daughter. The daughter was very vicious - she kills her mother with her bare hands - strangling her. A horrible, weird dream - I feel confused.

26F 24:XX:XX

Dreams of babies.

18F 01:XX:XX

#### AMBIGUOUS SEXUALITY

I dreamt that I had just made love to my girlfriend and I said that I wanted her to make love to me. Somehow she turned into a man - a friend of mine - and we were just about to make love when something interrupted. I was left with a strange ambiguous feeling about love and making love.

07M 00:XX:XX

Dreamt that someone kissed me - an Indian girl. I thought that my girlfriend would be fine with it. I was unfazed by the event, which is unusual, because something like this would never normally happen.

10M 12:XX:XX

I was in a large swimming pool with a well-known male homoeopath. He kept trying to hug and hold me. It felt nice, even though I also tried to get away from him by getting out of the water and going to lie on my towel, but he kept following. He keeps pursuing – doesn't give up. He is very randy.

13F 07:XX:XX

#### MISCELLANEOUS

Dreamt of taking medicines and doing a proving on them.

10M 14:XX:XX

Two dreams of cleaning my teeth.

10M 18:XX:XX

Cannot remember dreams and usually she does.

19F 01:XX:XX

#### 4.2.28 GENERALS

##### ENERGY

General weariness and tiredness.

02M 02:XX:XX

I want to be as bouncy as usual, but I just do not have the energy.

04F 01:XX:XX

Felt so tired after dancing that I went straight to bed and could not even read.

04F 06:XX:XX

Very tired - battling to stay awake in lectures.

07M 00:XX:XX

Feel physically uninspired and lazy.

07M 04:XX:XX

Feeling very tired at martial arts training and very pain-sensitive. Pain made more of an impact than usual.

07M 06:XX:XX

At gym in the afternoon, I felt particularly drained, bored and energyless.

08M XX:XX:XX

I am very tired. I had trouble waking up this morning. My body feels like lead. My eyelids are also very heavy. I sat down and almost fell asleep.

08M XX:XX:XX

Sleepiness, lethargy and extreme fatigue. So tired that writing is even an effort.

10M 10:XX:XX

Lack of stamina when exercising but feelings of fatigue better after exercise.

10M 10:XX:XX

About 6 different people commented on how tired and worn-out I looked. Feel drained and worn down.

10M 11:XX:XX

Mid-afternoon tiredness.

10M 31:XX:XX

Feeling very lethargic - reading and lying down.

19F 00:00:30

Easily exhausted by slightest exertion.

19F 01:XX:XX

Very tired - feeling very sleepy most of the afternoon, even at night.

21F 00:06:XX

Very exhausted at night - slept soundly and did not remember any dreams.

21F 01:XX:XX

Feeling tired and lazy.

21F 06:XX:XX

Cross-country run more difficult than usual. Tired.

26F 04:XX:XX

Body tired - feel too tired to lift up arms.

26F 15:XX:XX

Body tired - aching - as if a heavy object had fallen on me - a crushed feeling after a run 2 days previously. Thighs heavy and tired.

26F 20:XX:XX

### STIFFNESS

It seems that I am more stiff than seems natural for the amount of exercise which I have done. All of my muscles feel stiff - even my back, shoulders and neck.

19F 11:XX:XX

Stiffness in the morning on waking.

19F 12:XX:XX

Stiffness all over.

26F 15:XX:XX

A strong desire to stretch.

19F 12:XX:XX

### CHARGED

Feels as if body is vibrating - a sort of tingly feeling.

02M 01:XX:XX

A buzzing sensation in my body.

08M 00:XX:XX

Feeling very 'static' - keep shocking my fingers when I touch objects - even if I haven't been walking on a carpet or anything that could charge me (unusual in Durban's humid atmosphere). Strange static electricity feeling.

10M 34:XX:XX

Difficulty settling down to work in the afternoon due to excess of energy. Played tennis in the evening and felt very energetic - ran all over the court. Boundless energy; bouncy feeling.

26F 03:XX:XX

Pulse feels fast. Heart palpitations. It feels as if I have taken stimulants such as pseudo-ephedrine. An overstimulated feeling.

26F 03:XX:XX

### FOOD

Desiring ice-cream

10M 07:XX:XX

Desire ice-cream.

26F 17:XX:XX



Desire sweet foods.

10M 10:XX:XX

Persistent strong desire for peanut butter.

04F 00:XX:XX

Desire to eat something, but not sure what I want.

10M 15:XX:XX

Desire spicy food.

26F 03:XX:XX

Desire salty popcorn.

07M 02:XX:XX

I am eating less fruit than normal and I am desiring meat (steak), which is unusual.

26F 12:XX:XX

Desiring warm drinks - Rooibosch tea.

08M 13:XX:XX

Desire coffee.

26F 01:XX:XX

Bread aggravates the sleepiness.

10M 31:XX:XX

#### TEMPERATURE

Persistent chilliness.

04F 02:XX:XX

Cold sensitive

10M 17:XX:XX

I am feeling chilly.

19F 03:XX:XX

Body cannot feel warm even with warm clothing - indoors. Feel better outside in the sun.

26F 11:XX:XX

I felt very cold - especially my feet.

31F 04:XX:XX

More relaxed and generally better after a hot bath.

02M 01:XX:XX

Feeling very hot as if there is a layer of heat around my body.

19F 00:XX:XX

#### PERIODICITY

Weekly return of symptoms

10M XX:XX:XX

#### MISCELLANEOUS

Many mosquito and tick bites.

08M XX:XX:XX

A general feeling of bloatedness.

19F 06:XX:XX

Pulse 48/min.

07M 00:XX:XX

### 4.2.29 TOXICOLOGY

#### DATA ARISING FROM CASE STUDIES

##### SWELLING

Oedema

(Takahashi & Tu 1970)

Tissue oedema

(Hamby & Graybeal 1983)

Pitting oedema

(Warrell *et al* 1975)

Massive oedema of the extremity which may extend into the trunk

(Hamby & Graybeal 1983)

Progressive oedema

(Hamby & Graybeal 1983)

Massive local swelling

(Warrell *et al* 1975)

Local swelling was maximal 1 / 2 days after the bite and took 5 days to 3 weeks to resolve  
(Warrell *et al* 1975)

Swelling of the hand and forearm  
(Takahashi & Tu 1970)

Severe swelling in hand from fingers to wrist was observed after 2 hours  
(Takahashi & Tu 1970)

Hand very swollen  
(Blaylock 1960)

Swelling extended up arm to shoulder  
(Blaylock 1960)

Marked swelling of the right hand, forearm and right brachium  
(Hamby & Graybeal 1983)

Swelling and pain of the whole arm  
(Macvicar 1902)

The whole hand was much swollen and covered with foul sloughs from beneath which pus exuded  
(Macvicar 1902)

Tender oedema of the entire right arm including the pectoral and scapular regions  
(Warrell *et al* 1975)

Swelling of leg up to the knee  
(Warrell *et al* 1975)

Tender swelling extended down the right flank  
(Warrell *et al* 1975)

Mild decreased range of motion secondary to oedema  
(Hamby & Graybeal 1983)

#### **DISCOLOURATION**

A slightly bluish colour of the hand and arm after 10 hours  
(Takahashi & Tu 1970)

Finger discoloured  
(Blaylock 1960)

Thumb black and gangrenous  
(Macvicar 1902)

#### PAIN

Arm was painful and throbbing, shoulder tender to touch  
(Takahashi & Tu 1970)

Throbbing in the hand, very painful  
(Blaylock 1960)

Tenderness of leg  
(Warrell *et al* 1975)

Local pain and swelling were noticed within 20 minutes of being bitten [all cases]  
(Warrell *et al* 1975)

Pain and swelling in the extremities near the site of penetration  
(Hamby & Graybeal 1983)

Abdominal pain  
(Warrell *et al* 1975)

#### LYMPHADENOPATHY

Pain in right axilla from enlarged lymph nodes  
(Takahashi & Tu 1970)

Enlarged tender lymph nodes palpable in the right axilla  
(Warrell *et al* 1975)

Axillary lymph node painful  
(Blaylock 1960)

Right inguinal nodes painfully enlarged  
(Warrell *et al* 1975)

#### CIRCULATORY PROBLEMS

Vascular collapse and renal failure secondary to massive and rapid accumulation of blood in the bitten extremity  
(Hamby & Graybeal 1983)

Renal failure  
(Warrell *et al* 1975)

Circulatory collapse  
(Warrell *et al* 1975)

Bradycardia  
(Warrell *et al* 1975)

Hypotension [2 cases]  
(Warrell *et al* 1975)

#### PYREXIA

Fever reaching 38.7 ° - 40.5° C (mean: 39.3°C) [5 cases]  
(Warrell *et al* 1975)

Temperature rose to 50.4°C  
(Warrell *et al* 1975)

#### ANAEMIA

Haemoglobin dropped from 16.8g to 14g  
(Hamby & Graybeal 1983)

Hb: 10 g/dl, later falling to 7.4g/dl  
(Warrell *et al* 1975)

Severely anaemic: Hb - 3.6 g/dl  
(Warrell *et al* 1975)

Anaemia [3 cases] possible aetiologies being epistaxis, microangiopathic haemolysis and bleeding into the bitten limb  
(Warrell *et al* 1975)

#### THROMBOCYTOPOENIA

Thrombocytopoenia [3 cases]  
(Warrell *et al* 1975)

A moderate decrease in platelet count to 154 000 in 48 hours  
(Takahashi & Tu 1970)

Platelets:  $186 \times 10^9/l$   
(Warrell *et al* 1975)

## LEUCOCYTOSIS

Leukocytosis: 11.4 g/dl  
(Warrell *et al* 1975)

Leucocytes:  $16.2 \times 10^9/l$  (83% neutrophils)  
(Warrell *et al* 1975)

Neutrophil leucocytosis [5 cases]  
(Warrell *et al* 1975)

## TISSUE DESTRUCTION

Local destruction of soft tissue  
(Hamby & Graybeal 1983)

Extensive tissue destruction with chronic ulceration  
(Warrell *et al* 1975)

Frank necrosis or gangrene may complicate  
(Hamby & Graybeal 1983)

Limb was frankly gangrenous  
(Warrell *et al* 1975)

Thumb black and gangrenous  
(Macvicar 1902)

Necrosis  
(Warrell *et al* 1975[3 cases], Hamby & Graybeal 1983)

## HAEMORRHAGE

Spontaneous systemic bleeding [3 cases]  
(Warrell *et al* 1975)

Spontaneous bleeding  
(Warrell *et al* 1975)

Bleeding from healthy gums [1 case]  
(Warrell *et al* 1975)

Bleeding into aortic adventitia [1 case]  
(Warrell *et al* 1975)

Occasional blood loss into the affected area  
(Hamby & Graybeal 1983)

## EPISTAXIS

Epistaxis  
(Warrell *et al* 1975)

Arterial epistaxes  
(Warrell *et al* 1975)

Epistaxis on 4<sup>th</sup>, 9<sup>th</sup> & 10<sup>th</sup> days [1 case]  
(Warrell *et al* 1975)

Epistaxis on 4<sup>th</sup> day [1case]  
(Warrell *et al* 1975)

## HAEMORRHAGE FROM WOUNDS

Initial bleeding through the fang marks  
(Takahashi & Tu 1970)

Bite wounds bled profusely  
(Blaylock 1960)

Haemorrhage from the puncture sites  
(Hamby & Graybeal 1983)

Local bleeding  
(Hamby & Graybeal 1983)

## ECCHYMOSIS

Ecchymoses in the bitten limb [2 cases]  
(Warrell *et al* 1975)

Ecchymosis in right axilla  
(Warrell *et al* 1975)

Local ecchymosis  
(Hamby & Graybeal 1983)

Bruising  
(Warrell *et al* 1975)

## **BLISTERING**

Blood-filled blisters on palm and dorsum of the hand  
(Warrell *et al* 1975)

Local blistering [5 cases]  
(Warrell *et al* 1975)

Blisters  
(Warrell *et al* 1975)

Blistering  
(Hamby & Graybeal 1983)

## **BLOOD VESSELS**

Poikilocytes and schistocytes present suggesting microangiopathic haemolysis  
(Warrell *et al* 1975)

Enzymatic action of the venom causes lysis of vessels  
(Hamby & Graybeal 1983)

Popliteal artery thrombosis [1 case]  
(Warrell *et al* 1975)

Arterial thrombosis  
(Warrell *et al* 1975)

## **MISCELLANEOUS EFFECTS**

Drowsy but fully rousable [4 cases]  
(Warrell *et al* 1975)

Patient cold and sweating  
(Warrell *et al* 1975)

Vomiting [2 cases]  
(Warrell *et al* 1975)

Jaundice [2 cases]  
(Warrell *et al* 1975)

Muscle stiffness  
(Hamby & Graybeal 1983)



### 4.3 RUBRICS

#### MIND

Mind, Absentminded 1 S1

Mind, Answering, abruptly 1 S12

Mind, Anxiety 1 S16

Mind, Awkward, drops things 1 S25

Mind, Brooding 1 S27

Mind, Cheerful 1 S30

Mind, Company, desire for 1 S34

Mind, Concentration, difficult 1 S36

Mind, Concentration, difficult, conversation, during 1 S36

Mind, Concentration, difficult, sleepiness with 1 S36 N

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

Mind, Confusion 1 S37

Mind, Confusion, conversation, during 1 S39 N

Mind, Confusion, reading, while 1 S40

Mind, Conversation, aversion to 1 S43

Mind, Delusions, alone, being 1 S52

Mind, Delusions, body, out of the body 1 S55

Mind, Delusions, buzzing, everything seems to be 1 S56 N

Mind, Delusions, enlarged, body is, fat 1 S62

Mind, Delusions, eyes, moving slower than head 1 S62 N

Mind, Delusions, eyes, right eye, views the world through 1 S62

Mind, Delusions, fancy, illusions of 1 S63

Mind, Delusions, far off; as if 1 S64

Mind, Delusions, forsaken 1 S65

Mind, Delusions, images, phantoms; sees 1 S69

Mind, Delusions, light, is light; he 1 S71

Mind, Delusions, medicine, taken; he had, placebo 1 S72 N

Mind, Delusions, see, physicality of the world, through 1 S79 N

Mind, Delusions, separated, body, mind are separated; body and 1 S79

Mind, Delusions, separated, world, from the, he is separated 1 S79

Mind, Delusions, snakes, in and around her 1 S80

Mind, Delusions, space, large, head in 1 S81 N

Mind, Delusions, unreal, everything seems unreal 1 S85

Mind, Delusions, veil, mind and reality, between 1 S85 N

Mind, Despair 1 S89

Mind, Dream; as if in a 1 S94

Mind, Drugs, as if had taken 1 S95 N

Mind, Dullness 1 S95

Mind, Dullness, morning, waking, on 1 S96

Mind, Dullness, sleepiness with 1 S97

Mind, Energised feeling 1 S100 N

Mind, Excitement 1 S101

Mind, Exhilaration 1 S104

Mind, Fastidious 1 S106

Mind, Fear, attacked, fear of being 1 S107

Mind, Fear, accidents, of 1 S106

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Lutchnie

Archives

please!

Thanks ll

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*Generals, Weariness 2 S1711*

Generals, Weariness, night 1 S1712

Generals, Weariness, menses, during 1 S1712

Generals, Weariness, physical exertion amel. 1 S1712

Generals, Wounds, bleeding freely: 1 S 1719



#### **4.3.1 RUBRICS OF CHARACTERISTIC SYMPTOMS**

Rubrics included here are those of the second and third degrees only, for ease of reference.

**Mind, Spaced-out feeling 3 S202**

*Mind, Forsaken feeling, isolation, sensation of 2 S120*

*Mind, Stupefaction 2 S208*

*Head, Pain, Temples 2 S310*

*Eye, Itching 2 S387*

*Mouth, Dryness 2 S566*

*Mouth, Dryness, Lips 2 S567*

*Stomach, Appetite, diminished 2 S653*

*Abdomen, Distention 2 S721*

*Abdomen, Pain, cramping, griping 2 S751*

*Rectum, Constipation, ineffectual urging and straining 2 S791*

*Rectum, Pain, tenesmus 2 S815*

*Female Genitalia/Sex, Menses, copious 2 S924*

*Female Genitalia/Sex, Menses, early, too 2 S925*

*Respiration, Asthmatic 2 S970*

*Chest, Oppression 2 S1043*

*Back, Pain, Lumbar region 2 S1113*

*Back, Stiffness 2 S1152*

*Back, Stiffness, Cervical region 2 S1153*

*Extremities, Coldness 2 S1164*

*Extremities, Sprains, Ankle 2 S1373*

*Extremities, Stiffness 2 S1373*

*Sleep, Sleepiness 2 S1424*

*Dreams, Death 2 S1459*

*Dreams, Nightmares 2 S1469*

*Generals, Heat, lack of vital heat 2 S1621*

*Generals, Lassitude 2 S1630*

*Generals, Injuries, sprains 2 S1628*

*Generals, Menses, before 2 S1636*

*Generals, Stiffness 2 S1684*

*Generals, Swelling, general, in: 2 S 1687*

*Generals, Weakness 2 S1701*

*Generals, Weakness, exertion 2 S1705*

## CHAPTER FIVE

### DISCUSSION

It was hypothesised that the 30 CH potency of Bitis arietans arietans would produce clearly observable symptoms and signs in healthy provers. A significant number of clear symptoms arose from this proving. Four hundred and seventy two symptoms were included in the Materia Medica and, of these, 156 were in the Mind, 50 were General symptoms, 28 were in Extremities, 24 were in the Head, 23 were Dreams and 18 were in the Back. These were the areas quantitatively most affected by *Bit-a*. Appendix E illustrates this and other information graphically. Prover 10M had the most profound and clear response to the proving substance and was used as the core of the proving, to which the other provers' symptoms were added. No evidence exists to contradict the hypothesis and it must therefore be concluded that the hypothesis is valid.

#### 5.1 THE ABBREVIATION OF THE REMEDY

The nomenclature of Bitis arietans arietans has been revised many times and this has led to the abbreviation of one of its old names being retained in Synthesis ed.7 (1997:66). The name *Clotho arietans* has not been in use since c.1842 (Fitzimons 1962:324), however *Cloth.* has been retained as an abbreviation. It is suggested that, as Bitis arietans arietans is now the commonly used and official name, the abbreviation *Bit-a* be used, in accordance with the binary system described in Synthesis ed.7 (1997).

#### 5.2 THE SYMPTOMS

As an overview, the snake venom appears to have had a profound effect on the mental state of the provers and their general energy levels. Notable effects were seen in the abdomen, rectum, respiratory system and the musculoskeletal system, as well as the female sexual system.

## MIND

A number of themes emerged in the proving:

- Spaciness / Spaced-out
- Intoxicated
- Removed from reality
- Disconnected from self
- Socially detached / Left-out
- Dullness
- Laziness
- Exhaustion and slowing down
- No motivation / difficulty in working or studying
- Concentration difficult
- Absentminded and forgetful
- Memory poor - names
- Difficulty in reading
- Difficulty in writing
- Difficulty in speaking
- Talkative
- Conversation
- Depression
- Happiness
- Homesick
- Thinking back
- Company - desire
- Clumsy
- Irritable
- Impatient
- Anxiety
- Anxiety while driving
- Sensitive to the opinions of others
- Placebo
- Cleaning and tidying
- Energetic / overstimulated
- Outdoors
- Polarity
- Sense perception
- Perceptions
- Weekly periodicity

In accordance with Sherr's (1994) suggestion that the proving be analysed as if the symptoms were occurring in one person, what follows is an attempt to describe the mental symptoms as if they were all presenting in a fictional 'perfect' prover.

The most characteristic symptom is clearly the spaciness or spaced-out feeling also described as being intoxicated with alcohol or Cannabis. They feel spacey and disconnected, detached or removed from reality - separated from their environment or from their body, feeling left out of the group. The theme of detachment also occurs in the dreams. Their detachment translates into the physical body as clumsiness. Together with the spaced-out feeling and detachment comes a depleted, energyless state. They become slothful, sluggish, lazy and dull - doing anything is a major undertaking, requiring an enormous effort to get going. It is almost as if they are 'not there'. They make mistakes in speech and writing. Conversation and reading are difficult. They have difficulty in concentrating and studying and become absentminded and forgetful. They can become depressed and feel overwhelmed - they feel they cannot cope. They can become nostalgic and homesick. They like to be out of doors. Sometimes they feel anxious, especially while in their car and they can be very irritable and impatient. However, they may feel very energised and full of life, happy, talkative and may speak fast. They feel capable of doing many things especially cleaning and tidying and may have difficulty sleeping when in this state. These two seemingly contradictory states are seen in many of the larger homoeopathic remedies.

### DREAMS

The dreams show a number of themes:

- Gambling and getting things which are not really yours

A casino, a lottery - and winning this lottery by obtaining the winning ticket in a improper way, as well as the dream of getting the chocolate without paying for it - in effect shoplifting - illustrate this theme.

- Shooting, pursuit, impending danger

Pursuit, escape, climbing and running are recurrent themes. Shooting, guns, violence, trauma, death, corpses, murder and fear all appear in various dreams. This is perhaps relevant to the current situation in South Africa.

- Detached and helpless

The theme of being detached - an observer - is a theme which also presents itself in the mental symptoms. These dreams link up with the feelings that the provers describe of being socially detached, of being left out of the group, of being disconnected or detached from oneself and being removed from reality. A feeling of helplessness is present in a number of instances and this is linked with the detached feeling or feeling that the dreamer is an observer i.e. has no control over the events in the dream "...nothing I said would make her stop..." (19F 03:XX:XX). This introduces a theme of impotence.

- Water, waves and sea

"Battling against enormous waves" (07M 01:XX:XX), waves capsizing ships, aggressive play in the sea, swimming to escape danger, swimming to find a corpse and rough sea all seem to point to the violent, powerful and deadly force of the sea (mare = mother) and therefore possibly links with the theme of violence between mothers and their children. These dreams may also point to aspects of the collective unconscious (after C.G. Jung), of which the sea is a powerful symbol.

- Mothers, children and violence

Dreams of a mother hitting her daughter and a vicious daughter strangling her mother point to the mother-daughter relationship as a possible area of influence of this remedy. Dreams of babies by a female prover also connect with this theme.

- Ambiguous sexuality

This is evidenced by enjoying advances but rejecting them, a woman turning into a man and the dreamer's response to this change, and a man uncharacteristically experiencing contact with a person that he would not usually have contact with, outside the context of his steady relationship.

- Only one prover dreamt of snakes.

### GENERALS

Tiredness, lethargy, fatigue, exhaustion were characteristic features. A drained energyless state. The puffadder is known to be a slow, slothful animal and is responsible for many snakebites simply because it does not get out of the way. The laziness experienced by the provers has reference here and this seems to be more from the physical energy-depleted state than from a mental causation. However, once the puffadder is roused, it is an exceptionally fast striker - so fast in fact, that it has given rise to the myth that the snake can strike backwards. A similar theme seems to appear in the proving, where provers let things build up (such as housework) and then in a flurry of activity would clean up. This energised, 'manic' state also appeared in a number of provers.

Stiffness occurred in many provers in a generalised form and seems to be a characteristic of this remedy.

Few prominent food cravings or aversions were caused, however, the desire for ice cream and peanut butter was fairly strong.

Appetite was predominantly diminished and thirst was predominantly increased.

The remedy seems to be cold sensitive and chilly and this symptom is confirmed in a case of envenomation, where the patient was cold and sweating (Warrell *et al* 1975). Coldness also occurred in the upper and lower limbs and cold sensations occurred in the mouth and airways.

The symptoms displayed a clear weekly periodicity in Prover 10M.

The oedema which is so characteristic of puffadder envenomation, did not seem to develop from the 30 CH in this proving. The only symptoms which would seem to suggest this were: "A general feeling of bloatedness" (19F 06:XX:XX), "I felt bloated and thought of myself as 'fat'" (31F 04:XX:XX) and "Aware of a heaviness in the lower limbs - as if there were water retention causing tightness during running." (26F 26:XX:XX). Clark's hypothesis (Boericke 1990) that this would be a useful remedy in many conditions where excessive swelling was a leading feature, although borne out by the toxicology, cannot be confirmed by this proving.

It is possible that lower potencies such as the 6 CH would produce more physical symptoms such as oedema.

The bradycardia noted in the toxicology (Warrell *et al* 1975) was confirmed by the symptoms: "Pulse 48/min" (07M 00:XX:XX) and "Heart feels as if beating slower and more deliberately - pulse is slightly slower than usual - 50 per minute" (07M 00:15:00).

The haemorrhage, necrosis and ecchymosis so characteristic of a puffadder bite were not produced in this proving, as was expected, because of the potency used.

No clear laterality could be discerned, however, a word-count on the materia medica indicates that the right side is slightly more affected than the left.

Heaviness occurred in the head, neck and upper torso, eyelids, arms, thighs and as a general sensation. One prover described a sensation of being "heavy in my being" (02F 02:XX:XX).

Dryness occurred in the mouth, lips, throat, eyes, stool and cough. Increased thirst could be grouped together with these symptoms.



Only two clear modalities were discovered on analysis: Rubbing ameliorates (3 separate particulars) and Movement aggravates (4 separate particulars)

### SLEEP

The drained, fatigued state carried through into the sleep, where the provers slept more heavily and longer and were generally tired and sleepy and yawning, although the opposite i.e. sleeplessness did also occur.

### MUSCULOSKELETAL

Stiffness was produced in the neck and back as well as in the extremities, but was often experienced as an overall sensation, i.e. generalised. Stiffness after exercise, which was out of proportion to the amount of exercise undertaken, was also produced. Muscle stiffness was noticed in one case of envenomation (Hamby & Graybeal 1983). Interestingly, a number of provers sprained joints, often repeatedly, or experienced an exacerbation of symptoms of old sprains. The ankle was most commonly affected. In the back and neck, the cervical region was most affected with stiffness and pain.

### HEAD

In the head, the sensation of heaviness and headaches - especially in the temples - were produced.

The eyes were affected with itchiness and tiredness and itching also occurred in the nose.

### THROAT

Lump sensations, pain and a sense of constriction were all produced.

### ABDOMEN

Much abdominal pain of a cramping nature and distention of the abdomen was caused, with concomitant flatulence, borborygmi and rectal tenesmus.

Abdominal pain was noted in the toxicology of Bitis arietans arietans (Warrell *et al* 1975).

**Tenesmus** occurred especially in the rectum, but also in the bladder. Provers had constant urgings to pass stool - sometimes with no effect, or would feel the need to pass stool immediately after having passed a stool. The stool was commonly **copious** and **soft**.

#### FEMALE GENITALIA/SEX

The menses were **too early** and much **heavier** - even to the point of flooding and there was some **dysmenorrhoea**, or the prover's usual pain was absent. The **libido** was **increased**.

#### RESPIRATION

Clear symptoms of **bronchial asthma** were produced with **expiratory wheeze**, **tightness** in the chest and fine rattling of secretions. There was concomitant **hayfever**, **itching** and **sneezing** which would point to an allergic basis to the asthma. Attacks were at **night**. **Congested** or **weight** sensations were produced in the chest.

### **5.3 RELATED REMEDIES**

A repertorisation of 13 of the most important symptoms that occurred in the proving was made on computer using RADAR v.7. The rubrics were chosen in an attempt to represent the essence or core of the remedy, as far as it can be ascertained at this stage. The repertorisation may be viewed at **Appendix F**.

Related remedies that should be considered include *Cannabis sativa* and *Hydrogen* (cf. spaciness), while *Lachesis mutus* appears to be the closest snake remedy. *Rhus toxicodendron* is another remedy to consider, especially with regards to the stiffness and sprains.

#### 5.4 OTHER CONSIDERATIONS

Close supervision of the provers is vital in any proving and it is difficult for one proving supervisor to thoroughly and meticulously supervise 30 provers on his or her own. It is suggested that provision be made in future provings for the proving supervisor to be assisted in a minor role by one or more people so that better quality information is obtained from the provers and less information is lost in the process.

This researcher found that there was considerable scope for variation even within the strict protocols which were set up for this proving. One of the areas that would be readjusted in future provings would be the area of dosage and posology. While the administration of the proving remedy in powder form was very satisfactory, better prover compliance and less variation would be ensured if the doses of placebo or verum were restricted to 6 i.e. 3 doses daily for up to 2 days or until proving symptoms started, as suggested by Sherr (1994:53). This is preferable to the one week allowed in this proving.

Another area that could be improved on in future provings is the quality of provers that are used. It was noted, as a generalisation, that the individuals who were more thoroughly acquainted with the principles of homoeopathy and in particular with the quality and detail of symptoms which are required by a homoeopath, made better provers. It is suggested that, in future, only highly trained and self-aware individuals be used as provers and, preferably, a group of suitable and willing people should be formed which proving supervisors can draw upon for provings. This would help in ensuring high quality provings that yield reliable information.

It was also found that a number of suitable provers had to be excluded as they were over the age limit of 55 years. While the lower limit of 18 years should be retained, it is suggested that the upper age range be raised to 65 or 70 years, provided that these individuals are vital and active and also meet the other inclusion criteria.

## CHAPTER 6

### CONCLUSIONS AND RECOMMENDATIONS

#### 6.1 CONCLUSIONS

The symptoms produced in this proving would seem to indicate that, like the other snake venoms already in use, Bitis arietans arietans has the potential to become a significant homoeopathic remedy in the hands of skilled practitioners. The wide range of symptoms produced would make it a remedy to be considered in many conditions. However, further provings and clinical verification are now of the utmost importance to ensure that this remedy obtains an indispensable position in the homoeopathic armamentarium. It is hoped that homoeopathic physicians will begin to use this remedy and thereby begin to discover what type of patient calls for the prescription of *Bit-a* and in what sort of clinical situations this remedy may be called upon.

Although this proving represents one of the first steps towards the development of a South African Materia Medica, it is this researcher's sincerest wish that further provings be made on indigenous South African fauna, flora and minerals and that others take up this rewarding work for the improvement of the health of the people of our country.

#### 6.2 RECOMMENDATIONS

##### 6.2.1 FURTHER PROVINGS IN DIFFERENT POTENCIES

Although this proving will create a foundation for the use of this remedy, more provings should be done to further elucidate the characteristic symptoms of Bitis arietans arietans. A proving in a low potency, preferably the 6 CH, should be done to gather more information on the physical effects of *Bit-a*, and to see if the more physical symptoms such as oedema and haemorrhage are produced with a lower attenuation of the venom. Extensive blood-work should be done on provers participating in this proving in an



attempt to discover if any of the haematological abnormalities caused by envenomation also occur in a low-potency proving.

Following a proving in the 6 CH, provings in the 200 CH and the 1M potencies should be undertaken in order to elucidate the characteristic mental and emotional symptoms of this remedy. These provings should preferably take place in a number of separate geographical areas and using as wide a range of provers as possible.

#### **6.2.2 CLINICAL INFORMATION**

The remedy needs to be distributed as widely as possible and practitioners need to use the remedy in everyday practice. This will serve to verify the reliability of the proving symptoms as well as add additional depth to the information e.g. clarifying and discovering new modalities and aetiologies. Clinical use of the remedy will also help to build up the Materia Medica picture of the remedy by adding new clinical symptoms. Cases of patients successfully treated with *Bit-a* need to be published so that information on the remedy can be widely disseminated.

#### **6.2.3 REMEDY RELATIONS**

Information on the remedy relations of *Bit-a* must be collected and, in particular, a detailed analysis must be made of the symptoms of *Bit-a* to determine the relationship it bears to the other snake remedies.

#### **6.2.4 PROVINGS OF RELATED REMEDIES**

Provings of other indigenous South African substances must be undertaken, especially the other African Snake venoms, *Bitis gabonica* in particular, as this is the closest relative of *Bit-a*. More new provings of indigenous substances should be undertaken systematically and, ultimately, the results must be collated with the intent of producing a South African Homoeopathic Materia Medica. Suggestions for further provings include: Preying Mantis (*Sphodromantis gastrica*), Gaboon Adder (*Bitis gabonica gabonica*), Cape Cobra

(*Naja nivea*), Baobab (*Adansonia digitata*), Suikerbos Protea (*Protea repens*), *Aloe ferox*, *Artemisia affra*, Coral Tree (*Erythrina lysistemon*), *Hypoxis hemerocallidea*, *Zantedeschia aethiopica* (Arum lily) and Table Mountain sandstone.

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## APPENDIX A

# Suitability for Inclusion in the Proving

*All information will be treated as strictly confidential*

SURNAME:

SEX: M / F

FIRST NAMES:

TELEPHONE NUMBER/METHOD OF CONTACT:

PLEASE CIRCLE THE APPROPRIATE WORD:

- Are you between the ages of 18 and 55 years YES / NO
- Do you consider yourself to be in a general state of good health? YES / NO
- Are you on or in need of any medication?
  - Chemical/Allopathic YES / NO
  - Homoeopathic YES / NO
  - Other (e.g. Herbal) YES / NO
- Have you been on the birth control pill or hormone replacement therapy in the last six months? YES / NO
- Are you pregnant or nursing? YES / NO
- Have you had surgery in the last six weeks? YES / NO
- Do you use recreational drugs such as cannabis, LSD or MDMA? YES / NO
- Do you suffer from hypersensitivity diseases such as:
  - Asthma YES / NO
  - Hayfever YES / NO
  - Allergies YES / NO
  - Food Hypersensitivities YES / NO
- Do you consume more than:
  - two measures of alcohol per day? YES / NO  
(1 measure = 1 tot/1 beer/1/2 glass of wine)
  - 10 cigarettes per day? YES / NO
  - 3 cups of tea, coffee or herb tea per day? YES / NO
- Are you willing to follow the proper procedures for the duration of the proving and to attend a short programme to inform you about the proving? YES / NO

**APPENDIX B**

Surname: \_\_\_\_\_ Sex: **M / F**  
 First Names: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Prover code: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Marital Status: **M / S / W / D** Children: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

**FAMILY HISTORY**

**In your family, is there a history of:**

Bleeding disorders (e.g. Haemophilia)	<b>YES</b>	<b>NO</b>
Cancer	<b>YES</b>	<b>NO</b>
Diabetes	<b>YES</b>	<b>NO</b>
Epilepsy	<b>YES</b>	<b>NO</b>
Heart disease	<b>YES</b>	<b>NO</b>
High Blood Pressure	<b>YES</b>	<b>NO</b>
Mental disease	<b>YES</b>	<b>NO</b>
Pernicious anaemia	<b>YES</b>	<b>NO</b>
Porphyria	<b>YES</b>	<b>NO</b>
Tuberculosis	<b>YES</b>	<b>NO</b>

**Medication (including vitamins and minerals) which you are taking:**

**Allergies:**

**Vaccinations:**

A bad reaction to:

No reaction to:

**Previous surgical history:**

Please list any past surgery and its approximate date:

Tonsils

<b>IN</b>	<b>OUT</b>
-----------	------------

Proving Case History Sheet

Adenoids  
Appendix  
Warts/Moles Removed

IN	OUT
IN	OUT
YES	NO

**Past Medical History:**

Please list any serious health problems in your past and their approximate dates:

**History of:**

Asthma  
Bleeding disorders (e.g. Haemophilia)  
Cancer  
Chronic Bronchitis  
Eczema/ Skin diseases  
Glandular Fever  
Haemorrhoids  
HIV  
Oedema/ Swelling  
Parasitic disease (e.g. Malaria/ Bilharzia)  
Pneumonia  
Smoking  
Tendency to suppuration/ boils  
Warts

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

**Estimate your daily consumption of:**

Alcohol:  
Cigarettes:  
Recreational Drugs:

**Detail any recent laboratory tests or specialist consultations:**

**Physical Description:**

Hair Colour

Proving Case History Sheet

Eye Colour  
Frame Size/ Build  
Height (m)  
Weight (kg)  
Complexion  
Skin texture & type

Physical Examination:

Blood Pressure (RHS Seated):

Temperature:

Pulse rate:        / min /        /

Respiratory rate:

General Examination (CAJCLODD):

Findings of specific examinations:

Briefly describe your mental/ emotional state and mood as it is at the present time:

Proving Case History Sheet

Rate your general levels of energy on a scale of 1 - 10 (1= lowest; 10= highest):

1 2 3 4 5 6 7 8 9 10

Description of the Menstrual cycle and menstrual period:

Sleep:

Quantity:

Quality:

Position:

Dreams:

Sexuality:

Weather & environmental modalities:

Temperature modalities:

Time modalities:



Proving Case History Sheet

Appetite:

Cravings:

Aversions:

Food aggravations:

Thirst:

Perspiration:

Distribution:

Description:

Bowel habits:

Stool:

Urination:

Skin, hair & nails:

Musculoskeletal system:

Head:

Proving Case History Sheet

Eyes:

Ears:

Nose & Sinuses

Mouth, Tongue & Teeth:

Throat & Tonsils:

Respiratory system:

Cardiac & circulatory system:

G.I.T. and Abdomen:

Proving Case History Sheet

Female genitalia & Mammae:

Male genitalia & prostate gland:

Rectum & Anus:

Extremities:

Upper:

Lower:

Urinary tract:

## APPENDIX C

### INFORMED CONSENT FORM

(To be completed in duplicate by the prover)

#### TITLE OF THE RESEARCH PROJECT

*A Homoeopathic Drug Proving*

#### NAME OF SUPERVISOR

*Dr Ruth Bloch*

#### NAME OF RESEARCH STUDENT

*Craig Wright*

#### PLEASE CIRCLE THE APPROPRIATE ANSWER:

1. Have you read the research information sheet? YES/NO
2. Have you had opportunity to ask questions regarding this proving? YES/NO
3. Have you received satisfactory answers to your questions? YES/NO
4. Have you had an opportunity to discuss this proving? YES/NO
5. Who have you spoken to? \_\_\_\_\_
6. Have you received enough information about this proving? YES/NO
7. Do you understand the implications of your involvement in this proving? YES/NO
8. Do you understand that you are free to withdraw from this proving:
  - at any time
  - without having to give a reason for withdrawing, and
  - without affecting your future health care? YES/NO
9. Do you agree to voluntarily participate in this proving ? YES/NO

PROVER: NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

WITNESS: NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

#### RESEARCH

STUDENT: NAME Craig Wright SIGNATURE \_\_\_\_\_

## APPENDIX D

# Instructions to Provers

## Dear Prover

Welcome to an exciting opportunity to participate in an invaluable experience in homoeopathy. I am sure that you will benefit from this proving in many ways.

## Before the Proving:

### Ensure that you have:

- the correct journal
- read and understood these instructions
- had a case history taken & a physical examination performed
- signed the informed consent form
- attended the pre-proving training course

The proving supervisor (Craig Wright) will contact you with the date that you are required to commence the pre-proving observation period and the date you are required to start taking the remedy. You will also agree on a daily contact time for the supervisor to contact you.

Should there be any problems or anything you don't fully understand, please do not hesitate to contact your supervisor.

## Beginning the Proving:

Record your symptoms daily in the journal for 1 week prior to taking the remedy, after having been contacted by the supervisor and asked to commence. This will help you get into the habit of observing & recording your symptoms, as well as bringing you into contact with your normal state. This is an important step which will form a baseline for you as an individual prover.

## Taking the Remedy:

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

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

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

In the event that you experience symptoms or those around you observe any proving symptoms do not take any further doses of the remedy (This is very important).

By proving symptoms I mean:

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

If in doubt, speak to your supervisor. Be on the safe side and do not take further doses. *Experience has shown repeatedly that the proving symptoms usually begin very subtly, often before the prover recognises that the remedy has begun to act.*

### Lifestyle during the Proving:

Avoid all antidoting factors such as camphor, menthol and mints. If you normally use these substances, please stop taking them 2 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 and electrical equipment.

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

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

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

### Confidentiality:

It is important for the quality and credibility of the proving that you discuss your symptoms only with your supervisor. Keep your symptoms to yourself and do not discuss them with fellow provers.

Your privacy is something that I will protect. Your identity will be known only to the proving supervisor and all information will be treated in the strictest confidence.

### Contact with your Supervisor:

Your supervisor will telephone you to inform you to begin your 1 week observation period and then daily from the day that you begin to take the remedy. This will later decrease to 2 or 3 times a week and then to once a week, as soon as you and the supervisor agree that there is no longer a need for such close contact. This will serve

to check up on your progress, ensure that you are recording the best quality symptoms possible and to judge when you need to cease taking the remedy.

If you have any doubts, queries or problems during the proving, contact your supervisor on the phone number provided at any time.

### 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 as frequently as possible so that the details will be fresh in your memory and that no information will be lost. Make a note even if nothing happens.

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, dull, lancinating etc.
- **MODALITY:** > or < from weather, food, smells, dark, light, lying, standing, people etc. Try different things out to see if they affect the symptom and record any changes.
- **TIME:** Note the time of onset of the symptoms and when they cease or are altered. Is it generally > or < at a particular time of day or night and is this unusual for you?
- **INTENSITY:** Briefly describe the sensation and the effect of the symptom on you.
- **AETIOLOGY:** Did anything seem to cause or set off the symptom and does it do this repeatedly?
- **CONCOMITANTS:** Do any symptoms appear together or always seem to accompany each other or do some symptoms seem to alternate with each other?

### REMEMBER

C - concomitants

I - intensity

L - location

T - time

A - aetiology

S - sensation

M - modality

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

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

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

*Mental and emotional symptoms* are very 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 if possible. At the end of the proving, please make a general summary of the proving. Note how the proving affected you in general. How has this experience affected your health? Would you do another proving?

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

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

(NS) - New symptom

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

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

(US) - An Unusual Symptom for you.

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

*Please remember that detailed observation and concise, legible recording is crucial to the proving!*



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

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

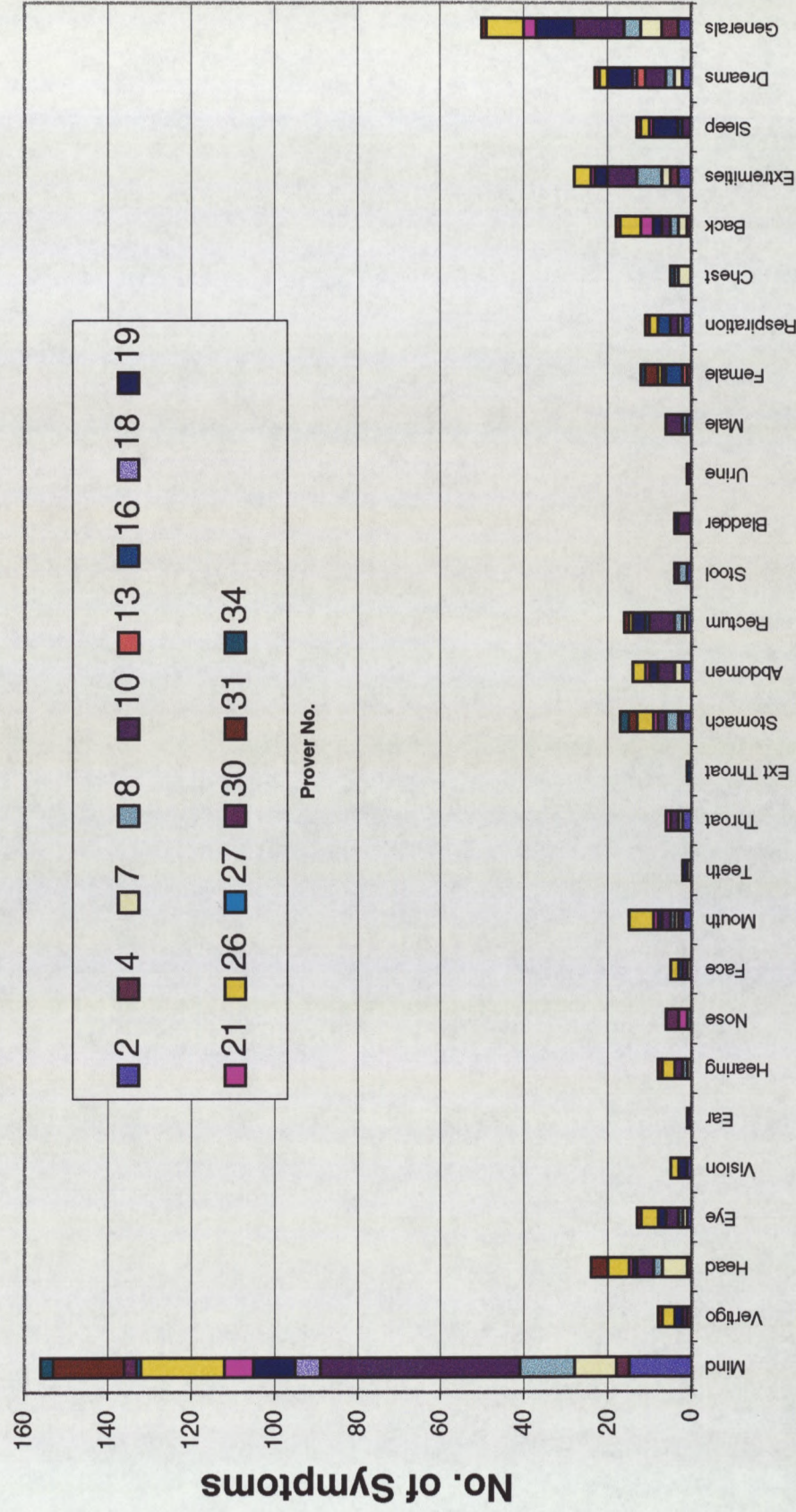
*Organon Aph. 126*

THANK YOU FOR PARTICIPATING IN THIS PROVING. I AM SURE THAT YOU WILL FIND THAT THERE IS NO BETTER WAY OF LEARNING AND ADVANCING HOMOEOPATHY.

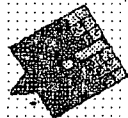
Freely adapted from Jeremy Sherr - The Dynamics and Methodology of Homoeopathic Provings with many thanks.

Section	Prover															Total
	2	4	7	8	10	13	16	18	19	21	26	27	30	31	34	
Mind	15	3	10	13	48			6	10	7	20	1	3	17	3	156
Vertigo		1			1				2		3			1		8
Head		1	6	2	4				1	1	5			4		24
Eye	1		1	1	3				2		4			1		13
Vision	1								2		2					5
Ear					1											1
Hearing			1	1	2						3			1		8
Nose				1						2			3			6
Face			1		1		1				2					5
Mouth	2	1	1	1	2				1	1	6					15
Teeth			1						1							2
Throat	2		1		2					1						6
Ext Throat							1									1
Stomach	2	1		3	2					1	4			2	2	17
Abdomen	2		2		4				2	1	3					14
Rectum	1		1	2	6		1		3		1			1		16
Stool	1			2	1											4
Bladder					3				1							4
Urine					1											1
Male	1			1	4											6
Female		1				1	4		1		1			3	1	12
Respiration	2		1		2		3				2			1		11
Chest			3	1											1	5
Back		1	2	2	2				2	3	5			1		18
Extremities	3	2	2	6	7				3	1	4					28
Sleep					2		1		6	1	2			1		13
Dreams	2		2	2	5			1	6		2			1		23
Generals	3	4	5	4	12				9	3	9			1		50
	38	15	40	42	115	3	11	7	52	22	78	1	6	35	7	472

# DISTRIBUTION OF SYMPTOMS



## Materia Medica Section



This analysis contains 686 remedies and 13 symptoms.  
Intensity is considered

1. MIND - FORSAKEN feeling - isolation, sensation of	1	17
2. MIND - DELUSIONS - unreal - everything seems unreal	1	20
3. MIND - STUPEFACTION	1	246
4. MIND - LAZINESS	1	291
5. EYE - ITCHING	1	122
6. MOUTH - DRYNESS	1	225
7. ABDOMEN - PAIN - cramping, griping	1	257
8. RECTUM - PAIN - tenesmus	1	182
9. RESPIRATION - ASTHMATIC	1	245
10. SLEEP - SLEEPINESS	1	487
11. GENERALS - HEAT - lack of vital heat	1	177
12. GENERALS - STIFFNESS	1	18
13. GENERALS - INJURIES - sprains	1	96

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
sulph.	rh.	lys.	lys.	canst.	sep.	lach.	sil.	calc.	canst.	merc.	nat-m.	arg-n.	carb-v.	nit-ac.	alum.	phos.	anac.	nat-c.	ars.	mez.	petr.
1305	1300	1239	1239	1225	1214	1189	1189	1139	1130	1130	1129	1125	1119	1119	1114	1109	1100	1090	1089	1089	1089
1.	-	-	-	-	-	-	-	-	1	-	-	2	-	-	-	-	2	-	-	-	-
2.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	-	2	-	-	-	-
3.	2	3	2	3	1	1	1	2	1	2	1	2	2	2	2	3	1	1	2	1	2
4.	3	1	2	3	2	3	2	2	2	2	3	2	2	3	2	3	2	1	1	2	1
5.	3	1	2	2	2	1	1	2	1	2	2	2	2	1	2	2	-	2	1	2	2
6.	3	3	3	2	3	3	3	2	2	3	3	1	3	2	2	3	1	3	3	2	2
7.	3	2	3	2	2	2	3	3	1	2	2	2	3	2	2	1	2	2	2	2	2
8.	3	2	2	2	2	2	2	2	1	3	2	3	2	3	1	1	2	2	2	2	1
9.	3	-	2	1	2	2	3	2	2	1	2	3	2	2	1	2	1	1	3	1	1
10.	3	2	3	3	2	3	2	2	1	2	2	1	3	2	3	3	2	2	3	1	1
11.	2	3	2	3	2	2	3	3	-	2	2	2	2	3	2	3	1	1	2	2	2
12.	2	3	1	1	2	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13.	2	3	3	2	1	1	1	3	1	2	3	-	1	2	-	3	-	3	1	1	3

PROMINENCE ANALYSIS

APPENDIX F

REPERTORISATION

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
cann-s.	caust.	lach.	lyc.	mux-v.	sep.	sil.	sulph.	acon.	agar.	alum.	anac.	arg-n.	ars.	bar-c.	bell.	bry.	calc.	carb-an.	carb-v.	con.	merc.	mez.	nat-c.
11	11	11	11	11	11	11	11	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
1.	1	-	-	-	-	-	-	-	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-
2.	1	-	-	-	-	-	-	-	-	2	2	-	-	-	-	-	-	-	-	1	-	-	-
3.	1	1	1	2	3	1	1	2	1	2	1	2	2	1	3	3	2	1	2	2	2	1	1
4.	2	2	3	2	3	3	2	3	1	2	2	2	1	2	1	2	2	1	2	1	2	2	1
5.	1	2	1	2	2	1	1	3	1	2	2	-	2	1	2	1	2	1	2	-	2	2	2
6.	2	2	3	3	3	3	3	3	1	2	1	1	3	3	3	3	2	1	3	1	3	2	3
7.	1	2	2	3	3	2	3	3	2	3	2	2	2	1	3	2	3	2	3	2	2	2	2
8.	1	2	2	2	2	2	2	3	1	1	2	3	2	1	2	1	2	1	2	1	3	2	2
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11.	-	3	2	2	3	2	3	2	2	2	1	2	2	3	-	-	3	3	2	2	2	2	1
12.	-	2	1	1	1	2	1	2	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
13.	1	1	1	3	2	1	1	2	2	1	-	-	1	1	1	2	3	2	1	1	2	1	3