

**A HOMOEOPATHIC DRUG PROVING OF A SOUTH
AFRICAN HERB, SCELETIUM TORTUOSUM.**

By

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DEDICATION

To Mom and Dad, who have given
me all the love and support I have
needed throughout my life to
fulfil my dreams.

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ABBREVIATIONS

CH - Centesimal Hahnemannienne - Hahnemann devised a two-step process whereby he diluted each remedy by succussion (shaking it vigorously and banging it down on a hard surface), at each stage of the dilution. Hahnemann called his new homoeopathic remedies "potentizations". In homoeopathy, "potency" describes the dilution (or strength) of a remedy. To produce different remedy potencies the mother tincture is diluted in an alcohol/water mixture. Between every stage of dilution the diluted tincture is succussed. In the centesimal scale it is 1:100. *Example:* To produce a 1 CH potency of a remedy, one drop of mother tincture is added to 99 drops of an alcohol/water mixture and succussed 100 times. (Lockie and Geddes 1995 : 11-13)

Sceletium tortuosum - Sceletium tortuosum N.E.Br (N.E.Br is written behind the name of this particular plant as N.E. Brown was the first known person to document this plant, his first documentation was conducted in his generic key of 1925 (Gerbaulet 1996)). The alkaloid *mesembrine* $C_{16}H_{19}O_4N$ has been isolated from this plant. Two other weaker alkaloids have also been isolated *mesembrenine* $C_{17}H_{23}O_3N$ and *channaine* $C_{16}H_{21}O_3N$. (Watt and Breyer-Brandwijk 1962 : 12.)

ABSTRACT

The purpose of this placebo-controlled study was to determine the morbid symptom-complex, in healthy people, produced by the administration of Sceletium tortuosum (a South African herb) in the 6 CH potency, so that it may be prescribed according to the Law of Similars, as required by homoeopathic principles.

The homoeopathic drug proving of Sceletium tortuosum 6 CH took the form of a double blind, placebo-controlled trial on 30 subjects whom met all the inclusion criteria. Fifty percent (15 of 30) of the subjects received placebo in a randomised fashion, resulting in neither the prover nor the researcher knowing who was receiving the placebo or verum. As suggested by Sherr (1994) the subjects were unaware of the substance they proved and which potency was proved. Data collection took the form of a journal of chronological referencing, in which the provers recorded their symptoms on a daily basis. This data was later extracted. Data recorded by the researcher from the case histories and physical examinations were also examined.

The data were then collated. This was the process of uniting the proving from many separate segments into a complete whole, in order to get a fully structured picture of the symptom-complex produced by the administration of Sceletium tortuosum 6 CH to healthy provers. The collation of data was assisted by the use of the software programme, **ProveIt!** Once the data had been collated into the relevant subdivisions (e.g. mind, vertigo, head etc.) all the subdivisions from all the provers were put together and sorted by subject and time of appearance.

There were three general symptoms that appeared in this proving, they are as follows:

- GENERALS - Pain - sudden
- GENERALS - Pain - cutting
- GENERALS - Pain - pulsating

There were two symptoms that appeared in this proving, namely:

- Incredible feeling of well-being
- Sensation in uterus as if vibrating / tickling

These symptoms are not in rubric language in *SYNTHESIS : Repertorium Homeopathicum Syntheticum* (Schroyens 1995 : edition 5.2). These rubrics have been created. The rubrics are as follows:

- GENERALS - WELLBEING - unusual feeling of
- FEMALE GENITALIA / SEX - UTERUS - Vibrating, sensation

The symptoms of Sceletium tortuosum 6 CH, produced by the proving, were similar to some remedies already present in our materia medica. A repertory sheet was drawn up to see which remedies were similar. In the repertorisation 17 rubrics were entered. The rubrics considered were experienced by two or more provers. The result of the repertory sheet indicated that *Sulphur*, *Conium maculatum*, *Phosphorus*, *Agaricus muscarius*, *Nux vomica*, *Lycopodium clavatum* and *Calcarea carbonica* were remedies with several rubrics that were the same. Yet on comparison, 9 of the 17 rubrics used appeared in *Agaricus muscarius*. *Agaricus muscarius* appears to be the remedy that is closely associated with Sceletium tortuosum.

From the results, it was apparent that Sceletium tortuosum 6 CH was effective in producing a morbid-symptom complex in healthy subjects. Therefore Sceletium tortuosum 6 CH may be prescribed according to the Law of Similars, as required by homoeopathic principles

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CHAPTER ONE

INTRODUCTION

Homoeopathy is a specialised system of therapeutics based on the natural law of healing: “*Similia Similibus Cureantur*” which means “Likes are cured by likes.” Homoeopathy is a system that treats disease by the administration of remedies which themselves have the power to produce similar symptoms to the disease (morbid symptom-complex) in healthy individuals. Hahnemann was the first to develop this Law of Similars into a complete system of therapeutics defining the law and its application in 1810. (Gupta 1978 : 1.)

Homoeopathic philosophy views disease as a dynamic process and not as an entity, though the direct producing causes of disease are seen as entities. It also states that the action of any disease-producing substance is always altered by the specific condition of an individual organism at that time. Such condition is determined by several factors, from the individual's genetic constitution to nutrition, to environmental influences. (Gaier 1991 : 390.)

The exact effect of any remedy on every individual (i.e. its morbid symptom-complex) cannot be predicted (Gaier 1991 : 390). In order to use drugs for therapeutic purposes their curative powers should be known. The curative powers of any remedy are its capability to produce disease symptoms when administered to healthy individuals. The curative power of a remedy is known by its pathogenesis. (Gupta 1978 : 2-3.) Thus to approximate its pathogenesis, a means was needed to fully assess the anticipated effects of a remedy on individuals. Hahnemann was the first to investigate this means of pathogenic

experimentation, known as a proving. (Gaier 1991 : 390.) Thus the pathogenesis or curative power of each remedy is determined by proving that individual drug on healthy individuals. This then serves as the record of the curative properties of the remedy, this type of record of all the remedies is termed *Materia Medica*. (Gupta 1978 : 3.)

Natural products and their derivatives represent more than 50% of all drugs used clinically in the world. Well-known examples of plant-derived medicines are aspirin, atropine, cocaine, codeine, morphine and reserpine. (Van Wyk *et al*, 1997 : 8.)

Medicinal plants are an important aspect of the daily lives of many African people and an essential part of the South African cultural heritage. Southern Africa has over 30 000 species of higher plants. The Cape Floral Kingdom alone has nearly 9 000 species and is the most diverse temperate flora on earth. Competing with the tropical rain forests of the lowlands of equatorial Africa, the Amazon River valley of South America, Central America, in Southeast Asia, in north-eastern Australia, and on the islands of Indonesia in terms of species richness. With South Africa's biodiversity and cultural diversity, it is not surprising to find that approximately 3 000 species of plants are used as medicines, and of these, approximately 350 species are the most commonly used and traded medicinal plants. (Van Wyk *et al* 1997 : 7.)

Traditional use by local South Africans includes one of intoxication if fermented or as a sedative if used from the fresh plant as a tincture. The first white settlers in South Africa,

i.e. Jan van Riebeeck, Simon van der Stel, Thunberg and others, have also documented the use of this plant, they bartered for the plant and also saw what the local inhabitants used it for. Although its local common use dates as far back as the 17th century. A homoeopathic study of Sceletium tortuosum has not been conducted. (Smith et al, 1996.)

Sceletium (Aizoaceae) was first published by N.E. Brown in his generic key of 1925. It consisted of several clustered or scrambling perennials with flat succulent leaves. The most striking feature of the genus are the skeletonized leaves from which the name Sceletium is derived. (Gerbaulet 1996.)

There is insufficient detailed documentation on the use of medicinal plants in South Africa. It is believed that with official support, formal documentation, research and systematisation, the beneficial practices of Africa's indigenous systems of medicine will claim their rightful place among the great healing traditions of the world. (Van Wyk et al 1997 : 7.)

Homoeopathy gaining recognition all over the world. Since its recent growth students and practitioners have shown great interest in the theory and practice of provings. Today society faces new and sometimes frightening changes in diseases. Thus it is essential that the homoeopathic practitioners meet these events with the confidence of a thorough, reliable *Materia Medica*. (Sherr 1994 : 5-6.)

Sceletium tortuosum certainly plays a role in South African heritage. Thus the objective of this study is to evaluate the pathogenesis of Sceletium tortuosum (an indigenous South

African plant) in the 6 CH, so that it may be prescribed according to the Law of Similars, as required by homoeopathic principles.

CHAPTER TWO

REVIEW OF THE RELATED LITERATURE

2.1. Introduction

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

Homoeopathy is defined as a system of drug-therapeutics which is based on the Law of Similars (Dhawale 1994 : 3). This Law states that the drug indicated in a certain case, when given to a healthy person is capable of producing the symptom complex most nearly approaching that of the diseased patient in question (Gaier 1991 : 327). The Law of Similars was advocated in the writings of Aristotle, Hippocrates, Paracelsus, von Haller and others, but Hahnemann was the person who placed this law on a sound experimental footing (Dhawale 1994 : 6). Hahnemann was the first to investigate the subjective effects of drugs on individual, healthy human organisms and then collate all the assessed responses of the individual prover both subjectively and objectively. His method for obtaining such detailed pathogenetic information has not changed, except that additional placebo control has become customary. (Gaier 1991 : 390.) An objection often raised by conventional medicine is that homoeopathy is nothing more than placebo treatment. This is a questionable criticism as many clinical drug trials report significant "placebo effect", and

there is no clear definition of the notion of placebo. There are significant reasons why homoeopathic drug provings in particular, should be carried out using some elements of placebo control. (Riley 1996 : 5.) It is useful to include placebo controls in parallel with the drug proving, in order to obtain double-blind conditions and to promote a self-critical attitude in the volunteers and the investigating physician (Walach 1994). Sherr (1994 : 57) writes that 15 to 20 provers will produce a very full remedy picture and he adopted a policy of using between 10% and 20% of the provers as placebo controls. Riley (1995) used 17 provers, 2 (11.8%) of whom were on placebo in his proving of *Veronica officinalis*. Pai (1965) used 16 provers, 4 (25%) of whom were on placebo in his proving of *Chlorpromazine*. Vithoulkas (1980 : 151) suggests 50 to 100 provers, 25% of whom receive placebo, while Nagpaul (1987) suggests the use of 20 to 30 provers, 25 to 30 % of whom will receive placebo.

2.2. Provings

As homoeopathy advances it is necessary to undertake provings on new remedies so that their actions can be further investigated (Vithoulkas 1980 : 143). When a new remedy is proved, it will find application in a class of cases that until then could only have been partially and/or unsatisfactorily covered by existing remedies. Once homoeopaths become acquainted with the newly proved remedy, it will be utilised more and more frequently, because nothing else can take its place. (Sherr 1994 : 8-9.) It is thus necessary to have clearly defined standards for the methods of performing an accurate and thorough proving. The fundamental theoretical basis for the proving of drugs on healthy persons (As described in the *Organon of Medicine*, 6th edition, Aphorisms 105 - 145 (Hahnemann

1992 : 161-162)) was originally stated by Samuel Hahnemann. (Vithoulkas 1980 : 143-145). Sherr (1994 : 7) has described provings as being "pillars upon which homoeopathic practice stands". There is no other way to predict the effect of any given substance as a remedy with any degree of accuracy without the precise knowledge gained by a thorough proving.

2.3.The selection of Sceletium tortuosum

2.3.1. Geographic distribution of Sceletium tortuosum

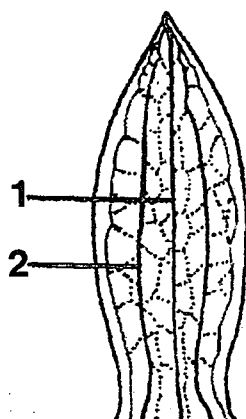
South Africa is both floristically rich and diverse, and in recent times attention has been focused on the use of information from folk medicine as a starting point in pharmaceutical research. As far back as the 17th century, the Little Karoo and Namaqualand were two localities where the Sceletium species were known to occur. These areas were inhabited by nomadic groups of Khoi and San. (Smith et al, 1996.)

Sceletium occurs in the Northern, Eastern and Western Cape Province of South Africa, Especially in the Little, Great and Upper Karoo. It is also found in the Namaqualand Rocky Hills, occasionally in moister parts of the Western Cape and along the south coast. (Gerbaulet 1996.)

2.3.2. Taxonomy

This is a decumbent or scrambling subshrub. The branches are slender, the basal ones are often robust with age. The leaves are flattened, mostly ovate in outline. Sceletium

tortuosum shows imbricate leaves with an incurved apex. The most striking character of the genus are the lignified leaf veins, which enable the withered leaves to retain their shape and assume the characteristic skeleton-like appearance. The dry leaves remain on the plant and protect the young buds during the dry season. (Gerbaulet 1996.)



KEY

1 = middle vein

2 = straight secondary vein

Figure 2.1. Venation pattern of dry leaves in Sceletium tortuosum. (Smith et al, 1996).

Flowers are more or less sessile, white to pale yellow, pale salmon or pale pink. Fruits are 1-1,5 cm in diameter. Seeds are 1,5-2 mm, D-shaped, brown with distinct crest. (Gerbaulet 1996.)

2.3.3. Historical records

With a few exceptions the people of Africa have exploited psychotropic plants to a limited degree, possibly because of cultural restraints. Use of the plants of the genus Sceletium

were reportedly highly esteemed and sought after by both Khoi pastoralists and San (Bushmen) hunter-gatherers. (Watt and Breyer-Brandwijk 1962.) The Khoi were originally hunter-gatherers who adopted pastoralism and this resulted in major changes in the economy, size and structure of the hunter-gatherer band. The utilisation of Sceletium species appears to be a convergence between Khoi and San, indicating a shared history of hunting the eland (*Taurotragus oryx* Pallas) and gathering. (Smith et al, 1996.) Whether or not Sceletium was chewed or mixed with 'dagga' (*Cannabis sativa*) and smoked, there are suggestions that it induced Khoi users to dance (Laidler 1928). The Khoi of the Little Karoo referred to Sceletium and the eland by the same term 'Kanna' (sometimes spelt 'channa' or 'canna'). Hence the derivation of the place-name "Kannaland" or "Canna Land" which was used by the early white settlers in reference to the Little Karoo, this reflected the abundance of Sceletium and eland in the area. It is recorded in 1662 that van Riebeeck bartered with the local inhabitants, in return receiving sheep and 'kanna'. (Smith et al, 1996.) Sceletium was prized by the Europeans as a ginseng-like herb (Laidler 1928).

It is recorded in 1685 by van der Stel, the second colonial governor of the Dutch Cape Colony, in his journal:

'They chew mostly a certain plant which they call Canna and which they bruise, roots as well as the stem, between the stones and store and preserve in sewn-up sheepskins. When we came to the Coperbergh in October, it was being gathered from the surrounding hills by everybody (to serve as a supply for the whole year). They use it as the Indians use betel or areca, and are of a very cheerful nature'.

This was possibly the first observation of the intoxicating properties of Sceletium. The value of Sceletium as a trade item and its value in suppressing hunger and thirst were noted by Thunberg, in his 1773 expedition he writes :

'The Hottentots come far and near to fetch this shrub with the root, leaves and all, which they beat together, and afterwards twist them up like pig-tail tobacco; after which they let the mass ferment and keep it by them for chewing, especially when they are thirsty. If chewed immediately after fermentation, it intoxicates...' (Smith et al, 1996.)

The impression is given by Herre in 1971 (*The Genera of the Mesembryanthemaceae*) that Sceletium is a richer source of alkaloids than any other *Mesembryanthemum*, although *Mesembryanthemum crystallinum* is also rich in alkaloids with higher levels of oxalates (Smith et al, 1996).

2.3.4. Active ingredients in medicinal plants

Plants were once a primary source of medication in the world and they continue to provide mankind with new remedies (Van Wyk et al, 1997 : 8). The active ingredient in medicinal plants are chemical compounds that act directly or indirectly to prevent and treat disease as well as maintaining health. The active compound may be extracted from the plant in the purest form. These phytomedicines ("phyto" meaning plant) are sold as extracts in which the concentrations are standardised to ensure safety and efficacy. Here are some of the chemical compounds used: Sugars and gums - Most common sugars are the monosaccharides (glucose and fructose) and the disaccharides (sucrose) (*Protea repens*). An example of a gum is Cape gum collected from *Acacia karoo*. Other compounds used

are as follows: glycosides and aglycones; amino acids, example cyanogenic glycosides, such as amygdalin (*Prunus africana*), the sulphur-containing compounds such as alliin (*Tulbaghia violacea*), and the so called phenethylamines (*Catha adulis*); Lectins (*Vibascum* spp.); Glycoproteins (*Bulbine natalensis*); Flavonoids (*Rhus undulata*, *Psidium guajava*, *Cyclopia* ect); Tannins, there are two types of tannins, Hydrolysable tannins known from the *Germanium* species and Condensed tannins (*Sclerocarya*); Quinones (*Plumbago auriculata*, *Bulbine natalensis*); Coumarins (*Pelargonium reniforme*, *Peucedanum galbanum*); Terpenoids (*Mentha longifolia*, *Zingiber officinalis*); Steroids (*Dioscorea dregeana*, *Typha capensis*) and Alkaloids (*Datura stramonium*, *Sceletium tortuosum*). (Van Wyk *et al*, 1997 : 20-22.)

2.3.4.1. Alkaloids

Alkaloids are basic, nitrogen-containing substances with a nitrogen atom (N) as a member of the ring system. Different classes of alkaloids are distinguished, depending on the ring system(skeleton) that is present. Sceletium alkaloids are predominantly **Mesembrine alkaloids** C₁₆H₁₉O₄N. The best known example of **tropane alkaloids** is atropine. Most alkaloids are toxic and have a wide range of pharmacological effects. (Van Wyk *et al*, 1997 : 22.)

2.3.4.1.1. Alkaloid distribution within the Mesembryanthemaceae

Sceletium tortuosum, commonly known as "kougoed" is a member of the Mesembryanthemum family. Currently two subfamilies are recognised in the Mesembryanthemum family, the Mesembryanthemoideae and Ruschioideae. The genus

Sceletium is one of the five subtribes in the subfamily Mesembryanthemoideae and five of the six genera investigated tested positive for alkaloid (*Aptenia*, *Prenia*, *Sceletium*, *Aridaria*, *Psilocaulon*). There are 116 genera recognised within the Mesembryanthemaceae, some of which contain fewer than 10 species. (Smith et al, 1996.)

It has been noted that levels of secondary plant products, which include alkaloids are strongly influenced by factors such as age of plant, growing conditions, seasons and even geographical race. When cultivated in Europe Sceletium tortuosum, the 'tortuose fig-marigold' acquired a considerable stem with age. It has also been recorded that *Sceletium strictum* indicated greater biosynthesis of alkaloids during the spring and summer months, suggesting that levels may change seasonally. (Stumpf 1982 : 40.)

Sceletium tortuosum was reported to contain 0.3% mesembrine in the leaves and 0.86% mesembrine in the stems. Research to date indicates that mesembrine is the most abundant alkaloid yet it is important to note that the phenolic alkaloid (that is, containing one or more phenols in the structure (Van Wyk et al, 1997 :20)) constituents of the plant represent a highly complex, multi-component mixture with as many as nine alkaloidal components (See Figure 2.1.). (Smith et al 1996.)

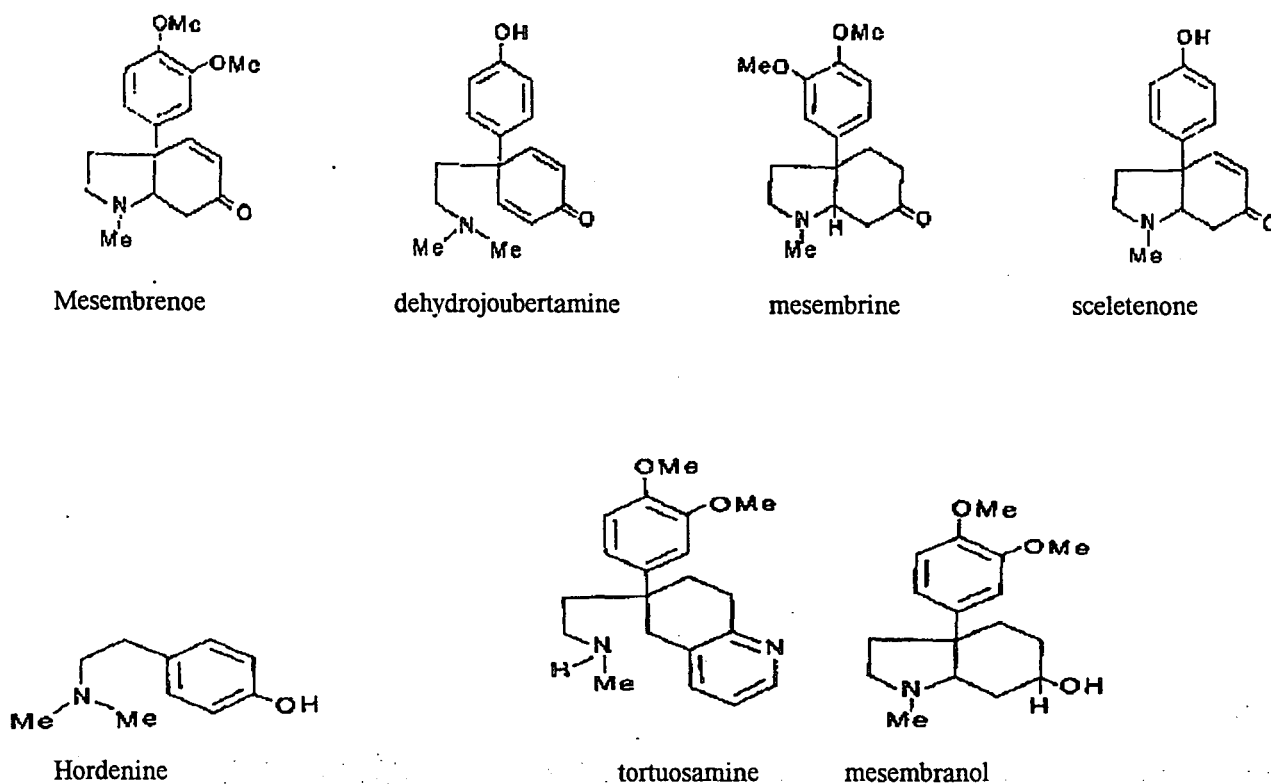


Figure 2.2. Some alkaloids present in Sceletium. (Smith et al, 1996)

2.3.5. Homoeopathic remedies with similar alkaloids

The mesembrine alkaloid is known to have a pharmacological action which is similar to that of atropine and hyoscyamine (Watt and Breyer-Brandwijk 1962 : 11). Atropine increases heart rate, relaxes smooth muscle, decreases saliva, sweat and other secretions, paralyses certain eye muscles. At low doses, it is a depressant and sedative, but at high doses may result in hallucinations, mental confusion and insomnia. (Van Wyk et al, 1997 : 102.)

The well proven plant remedies containing atropine and hyoscyamine alkaloid are indispensable in the homoeopathic treatment of a wide range of conditions. The following

are some examples: *Hyoscyamus niger* (Henbane) is an important remedy for acute delirium, nervous insomnia, sexual erethism and nocturnal spasmodic coughs (Jouanny 1984 : 181). *Belladonna* (Deadly nightshade) is a remedy which acts on the entire nervous system producing intense general or local congestion, excitement, perverted special senses, twitching, delirium and convulsions, restless sleep and pain. It is always associated with red, hot skin, flushed face, glaring eyes, excited mental state and hyperaesthesia of all senses. (Phatak 1977 : 94-95 Vermeulen 1994 : 161.) Herbally, these medicines were originally used as heart tonics. They are still used in modern medicine in eye drops, skin patches to treat motion sickness and injected to treat Parkinsonism. (Van Wyk et al, 1997: 8, 102.) *Datura stramonium* (Thorn Apple) is an invaluable remedy which produces marked and persistent disorder of the mental faculty, delirium, fixed notions and hallucinations (Vermeulen 1994 : 911). Clinically it is used to treat delirium tremors, maniacal states, chorea, congestive headaches as a result of sunstroke and insomnia due to nocturnal terrors (Jouanny 1984 : 392 Morrison 1993 : 365), abscesses, angina, arrhythmia, asthma, head injury, strabismus and sexual disorders (Morrison 1993 : 365). Herbally, this plant is used to relieve asthma and reduce pain. Weak infusions are used as hypnotics and as aphrodisiacs. The fresh plant is used as a poultice to relieve rheumatism pain, gout, boils, abscesses and wounds. (Van Wyk et al, 1997 : 102.)

2.4. Toxicology of Sceletium tortuosum

Common name: channa, kon, kougoed.

Distribution: Little Karoo, Montague Baths in the Cape Province.

Uses : This plant appears to have narcotic effects. (Steyn 1934 : 212.) The Khoi fermented the Sceletium in order to use it as a substitute for "chew" tobacco (Balkema 1981 : 34). This preparation was also chewed on to quench thirst, relieve toothache, and relieve abdominal pains. The fermented Sceletium was prized by the Khoi for increasing strength. The San and Khoi chewed the plant as an intoxicant, and say that the plant is strongly narcotic. The San people used the fresh juice as a sedative. Bushman mothers administered a drop of the fresh juice to quieten an infant, which resulted in 5 hours sleep. Farmers in older times also prepared a tincture and used it as a sedative. (Watt and Breyer-Brandwijk 1962 : 11-12.)

Plants of the genus Sceletium were first shown to contain an alkaloid by Meiring (1889) who isolated the mesembrine from Sceletium tortuosum. The alkaloid demonstrated marked narcotic effects when a "few drops" of mesembrine were injected into frogs. Guinea-pigs developed uneasiness and loss of appetite, one of the two experimental animals died after twenty-four hours. (Steyn 1934 : 212.) Later *Mesembryanthemum* samples were sent to Zurich by H.W.R. Marloth, a pharmacist, analytical chemist and botanist, where a student produced a dissertation 'Uber channa' in 1914 in which Sceletium expansum and Sceletium tortuosum were reported to contain alkaloids, to which the trivial name mesembrin (now mesembrine) was given. (Smith *et al*, 1996.) Cloetta and Waser conducted pharmacological tests with the mesembrine alkaloid. The alkaloid was dissolved in very weak aqueous hydrochloric acid and injected into the lymph glands of two frogs.

Five minutes afterwards both frogs showed progressive paralysis. Fifteen minutes later both frogs were completely paralysed. Thirty minutes later the heart action was retarded and respiration had almost ceased. A rabbit received the alkaloid subcutaneously resulting in paralysis of the respiratory centre and extremities and died after twenty-five minutes. While another rabbit received the alkaloid intravenously developed the same symptoms and died after one minute. (Steyn 1934 : 211.)

2.5. Potency of Sceletium tortuosum selected for the proving

According to Nagpaul (1987), Gaier (1991 :267) and Roberts (1995 : 137), any drug which in its natural state (i.e. crude form) disturbs the vital energy (dynamis) of a person to functional manifestations, may be proven in a crude form. For example, drugs such as *Lobelia inflata*, *Cephaelis ipecacuanha*, or *Cicuta virosa* having a very strong action upon the human economy in their natural state, may be proved in crude form. (Roberts 1995 : 136.) Yet according to Vithoulkas (1980 : 147) for a remedy to be fully proved, symptoms must be recorded using toxic (as recorded from accidental poisonings), hypotoxic (i.e. low potencies), and highly potentized doses.

With Sceletium tortuosum there have been symptoms recorded from its use either as a tincture or fermented, therefore the next step would be to prove the remedy in hypotoxic doses, that is in a low potency. The question of which potency now arises and this is an area subject to variation in the field of proving methodology.

When Hahnemann initially conducted provings he administered the substance in the crude

form, as he did in his self experiment with *Cinchona officianalis*. Later he used potentized substances, experimenting with the 6 CH potencies for a period of time, then according to the 6th edition of his *Organon of Medicine*, he gave the 30 CH as the standard potency to be used in conducting a proving. (Walach 1994.) Sherr (1994 :56), has conducted several provings using a wide range of potencies : 6 CH, 15 CH, 30 CH, 200 CH. It is accepted to use a single potency, for example several doses of the 30 CH potency. It is up to the researcher and supervisor to decide on which potency and what dosage they will employ (Sherr 1994 : 45).

Taking into account the nature of Sceletium tortuosum (as seen in its toxicological effect, discussed above in 2.4, this is not a fatal plant to humans) and the need for it to be proved (i.e. to have documentation in our Materia Medica of such a plant that has been thoroughly used in its crude form) (Nagpaul 1987 Gaier 1991 : 267 Roberts 1995 : 137) it was decided by the researcher that only the 6 CH was to be used in the proving.

2.6. Preparation of Sceletium tortuosum

Hahnemann originally used trituration only for processing dry solid substances. Later he also triturated freshly pressed plant juices, establishing in the case of *Mezereum*, *Oleander* and *Thuja* that with trituration to the 3 CH followed by potentizing in fluid form these "acquire more of dynamization" compared to mother tincture-based potencies (Dellmour 1994.) Thus for purposes of this study the substance was triturated to the 3rd CH and then potentized in alcohol to the 6CH as stipulated in the German Homoeopathic Pharmacopoeia (GHP : 23)

2.7. South African Remedies

Barosma crenata and *Diosma Lincaris* are the only South African substances in our homoeopathic materia medica that are currently being used (Vermeulen 1994 : 155, 398). South Africa is a country extremely rich with indigenous flora and fauna, and their potential of healing commonly occurring health problems is vast as already seen with the Sceletium species. South Africa's herbal contribution to world medication includes Buchu (*Agathosma betulina*), Cape aloes (*Aloe ferox*) and Devil's claw (*Harpagophytum procumbens*). Local equivalents of remedies do exist for many well-known remedies found elsewhere. (Van Wyk et al, 1997 : 8.) It is essential that South African homoeopaths begin proving substances indigenous to our country.

2.8. Over exploitation of Sceletium tortuosum

According to the observations of plant gatherers, plants of Sceletium tortuosum and Sceletium strictum are becoming increasingly scarce, which could be a result of possible over exploitation (Smith et al 1996). Special care is taken in the preparation of homoeopathic medicinal substances, a minimal amount of plant substance is used. Insoluble base substances and some soluble substances are prepared by means of trituration in a mortar and pestle, one part substance is triturated with 99 parts lactose. After trituration to the 3 CH, these substances may be diluted in the same way as soluble products. The 3 CH is then diluted in a small quantity of distilled water and succussed 100 times producing a 4 CH. Thus further deconcentrations will be diluted to 1/100 of their original concentration successively. Each deconcentration is succussed vigorously 100 times. (Jouanny 1993: 82-83). The homoeopathic preparation of Sceletium will not add to

the over exploitation, as only a small quantity (0,500g) will be needed.(See Appendix D)

2.9. Homoeopathic applications of Sceletium tortuosum

Thus the purpose of this study is to evaluate Sceletium tortuosum. Once proved in potency it is hoped to be a remedy that is as indispensable as the other hyoscyamine containing alkaloids. With the added advantage of being indigenous to South Africa thus having medicines readily available to our country and people, as mentioned in 2.6 local equivalents may exist for many of our already well known remedies.

CHAPTER THREE

MATERIALS AND METHODS

3.1. Study Design

The purpose of this placebo-controlled study was to determine the morbid symptom-complex produced by the administration of Sceletium tortuosum (a South African herb) in the 6 CH potency, in healthy individuals, so that it may be prescribed according to the Law of Similars, as required by homoeopathic principles.

This drug proving took the form of a double blind, placebo controlled trial on 30 subjects who met all the inclusion criteria. Fifty percent of the subjects received placebo in a randomised fashion. The subjects were unaware of the substance they were proving. Data collection took the form of a journal of chronological referencing. This data was then later extracted. Data recorded by the researcher was also examined.

3.1.1. An outline of the method

- Subjects were recruited by word-of-mouth
- The initial interview then occurred during which the subjects were checked against the inclusion and exclusion criteria.(See 3.4.1)
- The subjects selected as provers attended the pre-proving training course in which all aspects of the proving were explained to them as well as what was required of them.
- The provers then sign the informed consent form. (Appendix A)
- A thorough case history and physical examination was then performed on each prover by the researcher. (Appendix B)

- Each prover was then given a proving code, a list of instructions (Appendix C), a journal, a list of contact telephone numbers, medication in the form of powders and a starting date
- In a staggered fashion of two provers per day, the provers began recording their symptoms (if any) daily in their journal for one week, this established the baseline for the provers (Vithoulkas 1980 : 150; Sherr 1994 : 60).
- The provers then commenced taking the substance three times a day while continuing to record their symptoms.
- The researcher was in daily telephonic contact with the provers, so that while symptoms were still fresh in their memories, provers could describe symptoms in detail (Sherr 1994 : 61).
- The prover ceased to take the substance as soon as he/she or the researcher noticed the onset of proving symptoms.
- If no symptoms occurred in the first week of taking the medication daily, the prover then ceased taking the substance, but continued recording his/her symptoms (if any) for a week.
- The prover continued to record his/her symptoms until all proving symptoms had abated.
- After the first week contact between prover and researcher frequently decreased from daily to every second then third day and then weekly, as the symptoms reduced and eventually abated.
- Once no symptoms had occurred for three weeks, the proving was then considered to be completed.

- All the journals were then collected and a case history and physical examination was repeated with each prover to ensure all proving symptoms had abated.
- The proving was then unblinded, by Dr M Whillier, to the researcher so that she may distinguish between placebo and verum groups.
- Extraction and collation of the data then occurred.
- The group discussion then took place.
- Statistics are found to be impractical in this study therefore no formal statistics were used. Due to the relatively small sample size only demographic analysis of age and sex was used.
- The proving was written up into Materia Medica and Repertory format by researcher and homoeopath, Dr Ruth Bloch, using the software package, **ProveIt!**.

3.2. The subjects

All the subjects in this proving came from word-of-mouth. Thirty-four subjects were accepted to participate in the proving. However only thirty completed the study. Since two withdrew during the proving and two others got influenza during the proving.

For the purpose of this study provers meant those subjects that met the inclusion and exclusion criteria.

3.3. Interventions

In this double-blind study, 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. (The function of the placebo group was to act as a control for the inclusion criteria of a symptom into the materia medica (See 3.4.1)). Randomisation was achieved 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 that pile were assigned doses of Sceletium tortuosum 6 CH. Similarly Pile B corresponded to the placebo group and provers whose codes appeared in that pile were assigned doses of placebo. The supervisor, Dr Ashley Ross sent a blinded proving list to Dr Mary Whillier who then dispensed the powders so that the researcher was not aware of which prover received placebo or verum.

3.3.1. Preparation of Sceletium tortuosum 6CH

Potencies of Sceletium tortuosum were prepared from the fresh plant obtained from Dr Neil Crouch, at the Natal Herbarium. For the purpose of this study, parts of the entire fresh plant were used. The plant was obtained in May 1998 from the Pietermaritzburg University. The first trituration was completed at 18h00 on the 29th May 1998. The following triturations, potentization and impregnation occurred on the 30th May 1998. The potencies were prepared by the researcher according to the methods 11a and 8 as specified in the German Homoeopathic Pharmacopoeia (GHP), Fifth supplement (1991) to the First Edition (1978). (See Appendix D)

3.3.2. Sceletium tortuosum 6CH provers

Sceletium tortuosum provers received the verum that was dispensed in the form of lactose granules which were triple impregnated at 1% volume/weight (i.e. 1ml: 100g) with Sceletium tortuosum 6 CH in 73% ethanol.

3.3.3. Placebo provers

The placebo provers also received lactose granules which were triple impregnated at 1% volume/weight with 73% ethanol only.

3.4. Measurements and other observations

3.4.1 Criteria for the inclusion of a subject in the proving

The subject

- was between the ages of 16 and 70 years (Fuller Royal 1991).
- was both competent and agreed to sign the consent form and to comply with instructions for keeping a journal (Riley 1995).
- was in a general state of good health, that is subjectively and objectively healthy before the drug proving, according to the researcher and the subject him/herself (Sherr 1994 : 44 Hahnemann 1996 : 154 Riley 1996).
- had not undergone surgery in the last 6 weeks (Riley 1995).
- did not engage in medical treatments (such as surgery, dental procedures or manipulation) during the drug proving (Riley 1995), or in the preceding 2 weeks.
- was neither on medication a month prior to the proving nor did he/she need any during

the proving (Walach et al 1995 Riley 1996).

- was not a user of recreational drugs (Sherr 1994 : 44 Walach et al. 1995)
- was not using the birth control pill or hormone replacement therapy in the six months prior to the proving (Sherr 1994 : 44 Riley 1995).
- was to continue as closely as possible to his/her normal habits and way of life (Riley 1996).
- did not consume more than 2 measures of alcohol, 3 cups of caffeine-containing beverages or herbal teas or 10 cigarettes per day (Koppers 1987 Sherr 1994 : 29 Walach et al. 1995).
- was not pregnant or nursing (Riley 1995).
- was capable of observing and describing the symptoms that arose during the proving (Fuller 1991 Sherr 1994 : 44 Riley 1995 Hahnemann 1996 : 154).
- had access to a telephone.

3.4.2 Monitoring of the provers

In a staggered manner two provers per day commenced proving, thus facilitating 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 appearance of symptoms appeared less frequently, daily contact with the researcher was reduced to every second day, then every third day, then every seventh day (Sherr 1994 58).

3.4.3. Symptom collection, extraction and evaluation

The aim of this stage was to convert the written journals of the provers into the format of

the materia medica. The symptoms were carefully examined, confirmed or rejected as set out in the criteria detailed below by the researcher. They were then edited into a proving format that is coherent, logical and unrepetitive. (Sherr 1994 : 67.)

3.4.3.1. Criteria for the admissibility of the data

- The symptoms did not appear clinically significantly in a prover in the placebo group
- The symptoms appeared soon after taking the substance, within one week of administering the substance.
- The symptoms appeared over a period of several days. (Riley 1996.)
- The symptoms appeared with marked or specific intensity and frequency (Sherr 1994 : 72; Riley 1996).
- The symptoms appeared in association with specific modalities
- The symptoms appeared in association with other symptoms
- The symptoms were rare, strange or striking, either in general or for that prover. (Riley 1996.)
- The symptoms appeared in more than one prover (Sherr 1994 : 71; Riley 1996).
- The symptoms could precisely be explained and clarified by the researcher (Sherr 1994 : 61).
- If the prover was under the influence of the substance (as could be seen by a general appearance of symptoms) then all new symptoms belonged to the proving
- A currently presenting symptom that had been modified or altered was included, the current and modified parts were clearly described
- Any symptoms that were usual or common to the prover were excluded unless

intensified to a marked degree

- Symptoms were excluded if they had occurred in the recent history of the prover, i.e. in one year or less
- Any old symptom, i.e. a symptom that occurred longer than five years ago, which had no reason to reappear naturally, could have been included
- A symptom which was present in the prover which disappeared during the proving could clearly be marked as a cured symptom (Sherr 1994 : 71). The homoeopathic *Materia Medica* has integrated symptoms from clinical observation, which include pathological symptoms which were cured in patients treated by this same substance in diluted and potentized form (Jouanny 1993 : 16). The nature of the symptom previous to the proving could be thoroughly investigated, to include if possible the location, sensation and function of the cured symptom (Sherr 1994 : 71).
- Accidents and coincidental events that occur to more than one prover (Sherr 1994 : 70).

3.4.4. Collating and editing data

This was the process of uniting the proving from many separate segments into a complete whole, in order to get a fully structured picture of the symptom-complex produced by the administration of Sceletium tortuosum 6 CH to healthy provers. The collation of data was assisted by the use of a software programme, **ProveIt!**. Once the data has been collated into the relevant subdivisions (e.g. mind, vertigo, head etc.) all the subdivisions from all the provers was put together and sorted into subject and time of appearance. Identical or similar symptoms from different provers appear as separate entries consecutively and were

sorted out by the following criteria:

- nature of the symptom
- prover number
- developmental sequence of symptom
- time of appearance of symptom

3.4.5. Group discussion

Once all the journals were collected a group discussion was held which all provers and researcher attended. This discussion clarified issues and enabled the group to validate or discard doubtful symptoms. This discussion helped to trigger the provers' memories for symptoms that they did not notice or were unsure about. (Sherr 1994 : 66.) This discussion served to highlight the most notable symptoms of the proving. It did not serve to add any data to the proving as all data had been extracted before hand.

3.4.6. Toxicological data

All pharmacologically active substances if administered to healthy subjects will bring about a group of symptoms which are characteristic of that particular substance (Jouanny 1984). Thus to complete the picture of Sceletium tortuosum the toxicological data has to be added, this will also expand the therapeutic spectrum of the homoeopathic preparation of Sceletium tortuosum. (See Chapter 2, 2.4 p. 14)

3.4.7. Reporting of the data

For the data arising from the proving of Sceletium tortuosum 6 CH to be useful to homoeopaths in practice universally, it needs to be written up into two standard accepted forms, i.e. the Materia Medica and Repertory. This was done with the assistance of the software programme, **ProveIt!**.

3.4.7.1. The Repertory

Data from the proving was converted into rubrics of a form compatible with the modern repertory: *SYNTHESIS : Repertorium Homeopathicum Syntheticum* (Schroyens 1995 : edition 5.2).

3.4.7.2 The Materia Medica

The toxicological symptoms as well as the collated and edited proving symptoms were written up into a typical Materia Medica format which closely adheres to: Materia Medica Pura (Hahnemann 1992).

The proving symptoms were entered under the following main headings:

- | | |
|-------------------|------------------|
| • Mind | Prostate gland |
| • Vertigo | Urethra |
| • Head | Urine |
| • Eye | Male genitalia |
| • Vision | Female genitalia |
| • Ear | Larynx |
| • Hearing | Respiration |
| • Nose | Cough |
| • Face | Expectoration |
| • Mouth | Chest |
| • Teeth | Back |
| • Throat | Extremities |
| • External throat | Sleep |
| • Stomach | Dreams |
| • Abdomen | Chill |
| • Rectum | Fever |
| • Stool | Perspiration |
| • Bladder | Skin |
| • Kidney | Generals |

CHAPTER FOUR

RESULTS

4.1. Introduction

All the data obtained from the case histories, journals and telephonic consultations were used. The subjects were assessed at their first visit by the researcher and if they complied with the inclusion criteria, obtained by a case history and physical examination they were accepted into the proving.

4.2. Sceletium tortuosum 6CH Proving - Placebo / Verum List

After the proving was conducted the researcher then received the unblinding list which indicated which subjects were on verum and which were on placebo.

Table 4.2. : The unblinded proving list

Placebo	Verum
001	003
004	005
008	006
009	007
011	010
013	016
015	017
018	019
020	022
021	023
024	025
026	028
027	029
032	031
033	034

4.3. Reports by Materia Medica Text

The aim of the extraction process is to convert the written journals into the format of materia medica. The symptoms were scrutinised, validated or rejected, and then edited into a proving format that is coherent, logical and unrepetitive

4.3.1. Report Text Materia Medica by Chapter with Verum

This report shows the symptoms that appeared in the proving under the specific chapter headings as set out in *SYNTHESIS : Repertorium Homeopathicum Syntheticum* (Schroyens 1995 : edition 5.2).

The intensity of each symptom has been considered as follows, how many provers experienced the same symptom and the intensity with which each symptom was experienced. There are 3 intensities considered, intensity 1 being the least important and intensity 3 the most significant :

Intensity 1 : All symptoms are recorded in the proving,

Intensity 2 : *confirmed by the toxicology and by the severity with which the symptom appeared and*

Intensity 3 : **verified upon a prover, a symptom that appeared in the toxicology to a marked degree (3).**

MIND

Fear

- "When fainting I thought: 'I pray I don't die of suffocation' " (005)

Irritability

- in the evenings (003)
- < evening (019)

Sensitive

- Nausea caused acuteness of all senses, became sensitive to all external impressions (019)

VERTIGO

- occurred for one hour before the appearance of a dull headache (019)
- on waking for three days (019)

Falling

- sensation as if falling < 15h30 (019)

HEAD

Constriction

- Pain in head, as if brain was being squeezed, pain came and went throughout day < early afternoon (028)
- Head pain, in the temples, which resulted in neck pain = stiff neck. Sensation as if a vice was on head, as if it were being pushed in. Headache is definitely ameliorated by cold applications (019)

Pain

- experienced after alcohol (003)
- dull headache (019)
- dull pain present on waking (010)
- dull pain, over left eyebrow (010)
- frontal above eyes, < left side. Thick, bruised sensation, < touch eyes, desires to close eyes

(005).

- piercing < behind eyes (028)
- at base of skull extending to temples (025)
- forehead between eyes, heavy sensation (007)
- throbbing type of pain, entire head > sleep i.e. catnap. Concomitant of fatigue and lethargy (009)
- temporal, < left side, bruised sensation, <pressure (017)
- inferior post auricular left side, throbbing pain (017)

EYE

Pain

- Head pain, < touch eyes, desires to close eyes (005)

Photophobia

- Nausea causes acuteness to all senses, i.e. eyes are sensitive to light especially sunlight (019)

HEARING

Acute

- Nausea causes acuteness of all senses, i.e. ears become sensitive to all sound which becomes sharp and distinct (019)

NOSE

Catarrh

- Postnasal catarrh with throat itching(016)

Obstruction

- Nose - right nostril blocked then on proving day 3 the left nostril was blocked (006)

Smell

- Nausea causes acuteness of all senses, i.e. sensitive to odours especially that of petrol and smoke (019)

Sneezing

- Sneezing in the morning (016; 019) [2 provers]

FACE

Discoloration

- Flushing of face in the evening, cheeks were red (019)

Pain

- Face pain, left side of face, awoke with pain, throughout day pain repeatedly came and went (028)

Tingling

- Face - tingling sensation on left side of nose and cheek, > sleep (028)

THROAT

Itching

- *Throat itching with postnasal drip (016)*

- *Throat itching which results in a cough (007)*
- *Throat tickling / scratchy sensation < 15h00 to 21h15 which results in coughing (019)*

Pain

- Throat painful (029)
- Throat pain, pressure type of pain (022)

Scratching

- Throat feeling a bit scratchy (003)
- Throat feels scratchy and is < evening (023)

Sensitive

- Throat feeling sensitive (006)

STOMACH

Anxiety

- Anxiety felt in stomach (034)

Appetite

- Appetite is slightly diminished (006)
- Appetite diminished (005)
- Appetite diminished, < evening (019)

Nausea

- Nausea < until 15h00, >sleep, > warmth (028)
- Nausea, < morning and < noon until 15h00, < riding in a car, > sleep. Nausea was ameliorated by coffee and in open air (010)
- Nausea < midmorning < on waking, comes and goes in bouts of 15 minutes, < standing, < walking, < driving in a car, > sitting, > lying.

Desires fresh air which ameliorates.

< food, > cold water, > open air, < travelling. (019)

- Nausea after eating the slightest (022)
- Nausea which was possibly caused by rich food (029)
- Nausea - sudden and intense (025)

Vomiting

- Vomiting after severe nausea, vomiting of an intense nature which required all the energy.

Vomiting ameliorates nausea (019)

- Nausea which progressed to vomiting (005)
- Vomiting sour (005)
- Fainted for 2/3 seconds while vomiting (005)

ABDOMEN

Distension

- Abdomen bloated and crampy with terrible flatulence (003)

Flatulence

- Flatulence could have been from onions eaten (003)

Pain

- Abdominal cramping due to alcohol (010)
- Abdominal cramping, < night (022)
- Abdominal cramping, pressure ameliorates (006)
- Sharp darting type pain in spots which last only a few seconds in the abdomen, < right hypochondrium and over ovarian region (019)

FEMALE GENITALIA/SEX

Menses

- Menses commenced three days early. *Blood was very dark* with clotting (019)
- Menses were painful, as if womb was being ripped out (023)
- Menses were profuse and *dark* (023)

Uterus

- Sensation in uterus as if vibrating / tickling (019)

COUGH

Cold and Dry

- Cough started dry for three days then became productive on waking on the third day. Cough was also aggravated in cold air (016)

Itching

- Throat itching which resulted in a cough (007)
- Throat tickling / scratchy sensation which resulted in coughing (019)

CHEST

Pain

- Sudden, sharp pain in right lower chest region (007)
- Chest pain, stabbing pain < below sternum (028)
- Chest pain, right side, intense stitch (025)

Swelling

- Mammae felt very much more swollen than usual before menses (019)

BACK

Itching

- Itchy sensation on back which was ameliorated scratching (019)

Stiffness

- Head pain, in temples which resulted in neck pain = stiff back (019)

EXTREMITIES

Pain

- Extremities pain, foot, left side, throbbing on ventral surface(017)
- Right thumb, interphalangeal joint, palmar surface, sharp pain, < movement (010)
- Pain in left wrist, < pressure, < exertion (006)

SLEEP

Restless

- *Restless sleep (025)*
- *Restlessness < night in sleep (005; 007; 019) [3 provers]*
- *Restlessness at night, mind full of thoughts jumping from one topic to the next in sleep.*

Proving day 4 woke at 4h30

Proving day 6 woke at 4h30

Proving day 9 woke at 4h00 (031)

PERSPIRATION

Cold

- Cold sweaty sensation over entire body (005)

Night

- Night sweats (019)

GENERALS

Food and Drink

- Flatulence were aggravated by onions (003)
- Craving for salty and sweet things(006)

Heat

- Flushes of heat and cold over entire body, < midday (019)

Strength

- ENERGY INCREASES IN MORNING ON WAKING (010)

Trembling

- General trembling (005)

Weakness

- Intense fatigue (019)
- Head pain with concomitants of intense fatigue and lethargy (019)

Weariness

- Fatigue (005)

Well

- INCREDIBLE FEELING OF WELL-BEING (003)

4.3.2. Report Text Materia Medica by Prover with Verum

This report shows the symptoms that appeared in the proving on the individual provers.

Code : 003

- Irritable in the evenings
- Head pain, alcohol after
- Throat feeling a bit scratchy
- Abdomen bloated and crampy with terrible flatulence
- Flatulence could have been from onions eaten
- Flatulence were aggravated by onions
- **INCREDIBLE FEELING OF WELL-BEING**

Code : 005

- "When fainting I thought: 'I pray I don't die of suffocation'
- Head pain, frontal above eyes, < left side. Thick, bruised sensation, < touch eyes, desires to close eyes.
- Head pain, < touch eyes, desires to close eyes
- Appetite diminished
- Nausea which progressed to vomiting
- Vomiting sour
- Fainted for 2/3 seconds while vomiting
- General trembling
- Fatigue

- Cold sweaty sensation over entire body
- *Restlessness < night in sleep*

Code : 006

- Nose - right nostril blocked then on proving day 3 the left nostril was blocked
- Throat feeling sensitive
- Appetite is slightly diminished
- Abdominal cramping, pressure ameliorates
- Pain in left wrist, < pressure, < exertion
- Craving for salty and sweet things

Code : 007

- Head pain, forehead between eyes, heavy sensation
- Throat itching which results in a cough
- *Throat itching which resulted in a cough*
- Sudden, sharp pain in right lower chest region
- *Restlessness < night in sleep*

Code : 010

- Head pain, dull pain, waking on
- Head pain, dull pain, over left eyebrow
- Nausea, < morning and < noon until 15h00, < riding in a car, > sleep. Nausea was

ameliorated by coffee and in open air

- Abdominal cramping due to alcohol
- Right thumb, interphalangeal joint, palmar surface, sharp pain, < movement
- **ENERGY INCREASES IN MORNING ON WAKING**

Code : 016

- Postnasal catarrh with throat itching
- Sneezing in the morning
- *Throat itching with postnasal drip*
- Cough started dry for three days then became productive on waking on the third day.

Cough was also aggravated in cold air

Code : 017

- Vertigo
- Head pain, temporal, < left side, bruised sensation, < pressure
- Head pain, inferior post auricular left side, throbbing pain
- Extremities pain, foot, left side, throbbing on ventral surface

Code : 019

- Irritability < evening
- Nausea caused acuteness of all senses, became sensitive to all external impressions
- Vertigo - proving day 3 - occurred for one hour before head pain (dull)

- proving day 4 - sensation as if falling < 15h30
- Vertigo on waking for three days
- Head pain, in the temples which resulted in neck pain = stiff neck. Sensation as if a vice was on head, as if it were being pushed in. Headache is definitely ameliorated by cold applications
- Head pain, dull
- Head pain, throbbing type of pain, entire head > sleep i.e. catnap. Concomitant of fatigue and lethargy
- Nausea causes acuteness to all senses, i.e. eyes are sensitive to light especially sunlight
- Nausea causes acuteness of all senses, i.e. ears become sensitive to all sound which becomes sharp and distinct
- Nausea causes acuteness of all senses, i.e. sensitive to odours especially that of petrol and smoke
- Sneezing in the morning
- Flushing of face in the evening, cheeks were red
- *Throat tickling / scratchy sensation < 15h00 to 21h15 which results in coughing*
- Appetite diminished, < evening
- Nausea < midmorning < on waking, comes and goes in bouts of 15 minutes, < standing, < walking, < driving in a car , > sitting, > lying.
Desires fresh air which ameliorates.
< food , > cold water , > open air, < travelling.
- Vomiting after severe nausea, vomiting of an intense nature which required all the energy.

- Vomiting ameliorates nausea
- Sharp darting type pain in spots which last only a few seconds in the abdomen, < right hypochondrium and over ovarian region
- Menses commenced three days early. *Blood was very dark* with clotting
- Sensation in uterus as if vibrating / tickling
- Mammae felt very much more swollen than usual before menses
- Itchy sensation on back which was ameliorated scratching
- Head pain, in temples which resulted in neck pain = stiff back
- Flushes of heat and cold over entire body, < midday
- Intense fatigue
- Head pain with concomitants of intense fatigue and lethargy
- Night sweats
- *Restlessness in the night during sleep*

Code : 022

- Throat pain, pressure type of pain
 - Nausea after eating the slightest
 - Abdominal cramping, < night
-

Code : 023

- Throat feels scratchy and is < evening

- Menses were painful, as if womb was being ripped out
- Menses were profuse and *dark*

Code : 025

- Head pain at base of skull extending to temples
- Nausea - sudden and intense
- Chest pain, right side, intense stitch
- *Restless sleep*

Code : 028

- Head pain, as if brain was being squeezed, pain came and went throughout day < early afternoon
- Head pain, piercing < behind eyes
- Face pain, left side of face, awoke with pain, throughout day pain repeatedly came and went
- Face - tingling sensation (3) on left side of nose and cheek, > sleep
- Nausea < until 15h00, >sleep, > warmth
- Chest pain, stabbing pain < below sternum

Code : 029

- Throat painful
- Nausea which was possibly caused by rich food

Code : 031

- *Restlessness at night, mind full of thoughts jumping from one topic to the next in sleep.*

Proving day 4 woke at 4h30

Proving day 6 woke at 4h30

Proving day 9 woke at 4h00

Code : 034

- Anxiety felt in stomach

4.4. Reports by Synthesis Symptoms

The following report show all the text-symptoms (referred to as *Materia Medica*) which have been linked to one or more repertory-symptoms, known as rubrics.

This report shows the rubrics according to the Chapters in *SYNTHESIS : Repertorium Homeopathicum Syntheticum* (Schroyens 1995 : edition 5.2).

MIND

FEAR	-suffocation, of
IRRITABILITY	-evening
SENSITIVE (= oversensitive)	-external impressions, to all

VERTIGO

VERTIGO	
FALLING	from a height; as if
HEADACHE	-before
MORNING	-waking, on

HEAD

CONSTRICION	-afternoon
	-Temples - band from temple to temple, like a

PAIN -closed eyes, compelled to

 -cold -applications - amel

 -cutting (= darting, stabbing)

 -dull pain

 -Forehead - eyes over

 -Forehead, in - eyes - above - left

 -morning - waking, on

 -Occiput - extending to - temples

 -periodical

 -pressing - Forehead - eyes - over

 -pressure, external - agg

 -pulsating - Sides - left

 -sleep - after - amel

 -sore (= bruised, sensitive to pressure) - Temples - left

 -spirituous liquors - from

 -Temples - extending to - neck

EYE

PAIN -touch - agg

PHOTOPHOBIA

HEARING

ACUTE

NOSE

CATARRH -Postnasal
OBSTRUCTION -one side
SMELL -acute - sensitive to odours
SNEEZING -morning

FACE

DISCOLORATION -red - headache, during
PAIN -left
 -periodical
TINGLING -Cheeks
 -left

THROAT

ITCHING
PAIN -pressure
SCRATCHING -evening
SENSITIVE

STOMACH

ANXIETY
APPETITE -diminished

-diminished - evening
 NAUSEA -afternoon - 15 h
 -air - open, in - amel
 -coffee - amel
 -drinks - cold - amel
 -eating - after
 -food - rich, from
 -forenoon
 -lying - amel
 -morning
 -morning - waking, on
 -noon
 -periodical
 -riding in a carriage or on the cars, while
 -sleep - amel
 -sudden
 -walking

VOMITING -nausea - with

VOMITING; TYPE OF -sour

ABDOMEN

DISTENSION -flatus, passing - with

FLATULENCE

PAIN -cramping, griping

-night

-pressure amel

-stitching - Hypochondria - right

FEMALE GENITALIA/SEX

MENSES -clotted

-copious

-dark

-early, too

-painful

PAIN -stitching - Ovaries - right

-tearing - Uterus - menses - during

UTERUS -vibrating sensation

COUGH

COLD -air

DRY

ITCHING -Throat, in

MUCUS -Larynx

TICKLING -Larynx, in

CHEST

PAIN -cutting (= sudden, sharp pain)

-Sides - right

-stitching - Sides - right

-stitching - Sternum - behind sternum

SWELLING -Mammæ - menses - before

BACK

ITCHING -scratching - anal

STIFFNESS -Cervical region - headache, during

EXTREMITIES

PAIN -cutting - Thumb

-Foot - left

-pulsating

-Thumb - right

-Wrist - exertion, after

-Wrist - left

-Wrist - pressure, on

SLEEP

RESTLESS

RESTLESS -night - midnight - after - 4h

PERSPIRATION

COLD

NIGHT

SKIN

ITCHING -eruptions - without

GENERALS

NOON

EFFICIENCY -increased

FAINTNESS -vomiting - with

FOOD and DRINKS -salt - desire

-sweets - desire

HEAT -flushes of - alternating with - chills

PAIN -appear suddenly

STRENGTH, sensation of

TREMBLING -externally

WEAKNESS -headache - during

WEARINESS

WELL -unusually well, then agg

WELL-BEING -unusual feeling of

4.5. Table Presentation

This report graphically represents the results of the proving of Sceletium tortuosum 6CH.

This table on the horizontal axis shows all the provers.

The intensity of each symptom (represented as 1, 2, or 3) is considered in these tables (See 4.3.1.).

Table 4.5.1. : Presentation by Prover

SYNTHESIS SYMPTOMS	003	005	006	007	010	016	017	019	022
1. MIND - FEAR - suffocation, of	1								
2. MIND - IRRITABILITY - evening	1							1	
3. MIND - SENSITIVE - external impressions, to all								1	
4. VERTIGO							1	1	
5. VERTIGO - FALLING - from a height, as if								1	
6. VERTIGO - HEADACHSE - before								1	
7. VERTIGO - MORNING - waking, on								1	
8. HEAD - CONSTRICTION - afternoon									
9. HEAD- CONSTRICTION - Temples - band from temple to temple, like								1	
10. HEAD - PAIN - closed eyes, compelled to		1							
11. HEAD - PAIN - cold - applications - amel								1	
12. HEAD - PAIN - cutting									
13. HEAD - PAIN - dull pain				1				1	
14. HEAD - PAIN - dull pain, Forehead - eyes - over				1					
15. HEAD - PAIN - dull pain - morning - waking				1					
16. HEAD - PAIN - Forehead, in - eyes - above - left		1							
17. HEAD - PAIN - Occiput - extending to - temples									
18. HEAD - PAIN - periodical									
19. HEAD - PAIN - pressing - Forehead - eyes - over				1					
20. HEAD - PAIN - pulsating								1	
21. HEAD - PAIN - pulsating - Sides - left							1		
22. HEAD - PAIN - sore (= bruised, sensitive to pressure)		1							
23. HEAD - PAIN - sore - Temples - left								1	
24. HEAD - PAIN - spirituous liquors - from	1								

SYNTHESIS SYMPTOMS	023	025	028	029	031	034
1. MIND - FEAR - suffocation, of						
2. MIND - IRRITABILITY - evening						
3. MIND - SENSITIVE - external impressions, to all						
4. VERTIGO						
5. VERTIGO - FALLING - from a height, as if						
6. VERTIGO - HEADACHE - before						
7. VERTIGO - MORNING - waking, on						
8. HEAD - CONSTRICTION - afternoon			1			
9. HEAD-CONSTRICTION - Temples - band from temple to temple, like						
10. HEAD - PAIN - closed eyes, compelled to						
11. HEAD - PAIN - cold - applications - amel						
12. HEAD - PAIN - cutting			1			
13. HEAD - PAIN - dull pain						
14. HEAD - PAIN - dull pain, Forehead - eyes - over						
15. HEAD - PAIN - dull pain - morning - waking						
16. HEAD - PAIN - Forehead, in - eyes - above - left						
17. HEAD - PAIN - Occiput - extending to - temples		1				
18. HEAD - PAIN - periodical			1			
19. HEAD - PAIN - pressing - Forehead - eyes - over						
20. HEAD - PAIN - pulsating						
21. HEAD - PAIN - pulsating - Sides - left						
22. HEAD - PAIN - sore (= bruised, sensitive to pressure)						
23. HEAD - PAIN - sore - Temples - left						
24. HEAD - PAIN - spirituous liquors - from						

SYNTHESIS SYMPTOMS									
25. HEAD - PAIN - Temples - extending to - neck	003	005	006	007	010	016	017	019	022
26. HEAD - PAIN - Temples - pressure - agg							1		
27. HEAD - PAIN - sleep - after, amel								1	
28. EYE - PAIN - touch - agg		1							
29. EYE - PHOTOPHOBIA								1	
30. HEARING - ACUTE								1	
31. NOSE - CATARRH - Postnasal						1			
32. NOSE - OBSTRUCTION - one side			1						
33. NOSE - SMELL - acute - sensitive to odours								1	
34. NOSE - SNEEZING - morning						1		1	
35. FACE - DISCOLORATION - red - headache, during								1	
36. FACE - PAIN - left									
37. FACE - PAIN - periodical									
38. FACE - TINGLING - Cheeks									
39. FACE - TINGLING - left									
40. THROAT - ITCHING				2		2		2	
41. THROAT - PAIN									
42. THROAT - PAIN - pressure									1
43. THROAT - SCRATCHING									
44. THROAT - SCRATCHING - evening									
45. THROAT - SENSITIVE									
46. STOMACH - APPETITE - diminished									
47. STOMACH - APPETITE - diminished - evening		1						1	
48. STOMACH - ANXIETY									
49. STOMACH - NAUSEA - afternoon									

SYNTHESIS SYMPTOMS									
		023	025	028	029	031	034		
25. HEAD - PAIN - Temples - extending to - neck									
26. HEAD - PAIN - Temples - pressure - agg									
27. HEAD - PAIN - sleep - after, amel									
28. EYE - PAIN - touch - agg									
29. EYE - PHOTOPHOBIA									
30. HEARING - ACUTE									
31. NOSE - CATARRH - Postnasal									
32. NOSE - OBSTRUCTION - one side									
33. NOSE - SMELL - acute - sensitive to odours									
34. NOSE - SNEEZING - morning									
35. FACE - DISCOLORATION - red - headache, during									
36. FACE - PAIN - left			1						
37. FACE - PAIN - periodical			1						
38. FACE - TINGLING - Cheeks			1						
39. FACE - TINGLING - left			1						
40. THROAT - ITCHING									
41. THROAT - PAIN					1				
42. THROAT - PAIN - pressure									
43. THROAT - SCRATCHING									
44. THROAT - SCRATCHING - evening		1							
45. THROAT - SENSITIVE									
46. STOMACH - APPETITE - diminished									
47. STOMACH - APPETITE - diminished - evening									
48. STOMACH - ANXIETY							1		
49. STOMACH - NAUSEA - afternoon					1				

SYNTHESIS SYMPTOMS										
50. STOMACH - NAUSEA - afternoon - 15h	003	005	006	007	010	016	017	019	022	
51. STOMACH - NAUSEA - air - open, in - amel					1			1		
52. STOMACH - NAUSEA - coffee, amel					1					
53. STOMACH - NAUSEA - drinks - cold - amel								1		
54. STOMACH - NAUSEA - eating - after									1	
55. STOMACH - NAUSEA - food - rich, from										
56. STOMACH - NAUSEA - forenoon										
57. STOMACH - NAUSEA - lying, amel								1		
58. STOMACH - NAUSEA - morning										
59. STOMACH - NAUSEA - morning - waking, on					1			1		
60. STOMACH - NAUSEA - noon								1		
61. STOMACH - NAUSEA - periodical								1		
62. STOMACH-NAUSEA-riding in a carriage or on the cars, while					1			1		
63. STOMACH - NAUSEA - sleep - amel					1					
64. STOMACH - NAUSEA - sudden										
65. STOMACH - NAUSEA - walking								1		
66. STOMACH - VOMITING - nausea - with		1						1		
67. STOMACH - VOMITING - TYPE OF - sour		1								
68. ABDOMEN - DISTENSION - flatus, passing - before	1									
69. ABDOMEN - FLATULENCE	1									
70. ABDOMEN - PAIN - cramping, griping					1					
71. ABDOMEN - PAIN - cramping, griping - night									1	
72. ABDOMEN - PAIN - cramping, griping, pressure amel			1							
73. ABDOMEN - PAIN - stitching - Hypochondria - right								1		
74. FEMALE GENITALIA/SEX - MENSES - clotted									1	

SYNTHESIS SYMPTOMS					023	025	028	029	031	034
50. STOMACH - NAUSEA - afternoon - 15h			1							
51. STOMACH - NAUSEA - air - open, in - amel										
52. STOMACH - NAUSEA - coffee, amel										
53. STOMACH - NAUSEA - drinks - cold - amel										
54. STOMACH - NAUSEA - eating - after										
55. STOMACH - NAUSEA - food - rich, from				1						
56. STOMACH - NAUSEA - forenoon				1						
57. STOMACH - NAUSEA - lying, amel										
58. STOMACH - NAUSEA - morning				1						
59. ST OMACH - NAUSEA - morning - waking, on										
60. STOMACH - NAUSEA - noon				1						
61. STOMACH - NAUSEA - periodical										
62. STOMACH - NAUSEA - riding in a carriage or on the cars, while										
63. STOMACH - NAUSEA - sleep - amel				1						
64. STOMACH - NAUSEA - sudden				1						
65. STOMACH - NAUSEA - walking										
66. STOMACH - VOMITING - nausea - with										
67. STOMACH - VOMITING - TYPE OF - sour										
68. ABDOMEN - DISTENSION - flatus, passing - before										
69. ABDOMEN - FLATULENCE										
70. ABDOMEN - PAIN - cramping, griping										
71. ABDOMEN - PAIN - cramping, griping - night										
72. ABDOMEN - PAIN - cramping, griping, pressure amel										
73. ABDOMEN - PAIN - stitching - Hypochondria - right										
74. FEMALE GENITALIA/SEX - MENSES - clotted										

SYNTHESIS SYMPTOMS	003	005	006	007	010	016	017	019	022
75. FEMALE GENITALIA/SEX - MENSES - copious									
76. FEMALE GENITALIA/SEX - MENSES - dark								2	
77. FEMALE GENITALIA/SEX - MENSES - early, too								1	
78. FEMALE GENITALIA/SEX - MENSES - painful									
79. FEMALE GENITALIA/SEX - PAIN - stitching - Ovaries - right								1	
80. FEMALE GENITALIA/SEX - PAIN - tearing - Uterus - menses - during									
81. FEMALE GENITALIA/SEX - UTERUS - vibrating sensation						1			1
82. COUGH - COLD - air						1			
83. COUGH - DRY						1			
84. COUGH - ITCHING - Throat, in				1				1	
85. COUGH - MUCUS - Larynx						1			
86. COUGH - TICKLING - Larynx, in				1				1	
87. CHEST - PAIN - cutting (= sudden, sharp pain)				1					
88. CHEST - PAIN - Sides - right				1					
89. CHEST - PAIN - stitching - Sternum - behind sternum									
90. CHEST - PAIN - stitching - sides - right									
91. CHEST - SWELLING - Mammae - menses - before								1	
92. BACK - ITCHING - scratching - amel								1	
93. BACK - STIFFNESS - Cervical region - headache during								1	
94. EXTREMITIES - PAIN - Foot - left							1		
95. EXTREMITIES - PAIN - Thumb - right					1				
96. EXTREMITIES - PAIN - Wrist - exertion - after			1						
97. EXTREMITIES - PAIN - Wrist - left			1						
98. EXTREMITIES - PAIN - Wrist - pressure, on			1						
99. EXTREMITIES - PAIN - cutting - thumb					1				

SYNTHESIS SYMPTOMS					023	025	028	029	031	034
75. FEMALE GENITALIA/SEX - MENSES - copious		1								
76. FEMALE GENITALIA/SEX - MENSES - dark		2								
77. FEMALE GENITALIA/SEX - MENSES - early, too										
78. FEMALE GENITALIA/SEX - MENSES - painful		1								
79. FEMALE GENITALIA/SEX - PAIN - stitching - Ovaries - right										
80. FEMALE GENITALIA/SEX - PAIN - tearing - Uterus - menses - during		1								
81. FEMALE GENITALIA/SEX - UTERUS - vibrating sensation										
82. COUGH - COLD - air										
83. COUGH - DRY										
84. COUGH - ITCHING - Throat, in										
85. COUGH - MUCUS - Larynx										
86. COUGH - TICKLING - Larynx, in										
87. CHEST - PAIN - cutting (= sudden, sharp pain)										
88. CHEST - PAIN - Sides - right										
89. CHEST - PAIN - stitching - Sternum - behind sternum				1						
90. CHEST - PAIN - stitching - sides - right				1						
91. CHEST - SWELLING - Mammae - menses - before										
92. BACK - ITCHING - scratching - amel										
93. BACK - STIFFNESS - Cervical region - headache during										
94. EXTREMITIES - PAIN - Foot - left										
95. EXTREMITIES - PAIN - Thumb - right										
96. EXTREMITIES - PAIN - Wrist - exertion - after										
97. EXTREMITIES - PAIN - Wrist - left										
98. EXTREMITIES - PAIN - Wrist - pressure, on										
99. EXTREMITIES - PAIN - cutting - thumb										

SYNTHESIS SYMPTOMS									
	003	005	006	007	010	016	017	019	022
100. EXTREMITIES - PAIN - pulsating							1		
101. SLEEP - RESTLESS		2		2				2	
102. SLEEP - RESTLESS - night - midnight - after - 4h									
103. PERSPIRATION - COLD		1							
104. PERSPIRATION - NIGHT								1	
105. SKIN - ITCHING - eruptions - without								1	
106. GENERALS - NOON								1	
107. GENERALS - EFFICIENCY - increased	2				2				
108. GENERALS - FAINTNESS - vomiting - with		1							
109. GENERALS - FOOD and DRINK - salt - desire			1						
110. GENERALS - FOOD and DRINK - sweets - desire			1						
111. GENERALS-HEAT-flushes of-alternating with- chills								1	
112. GENERALS - PAIN - appear suddenly					1				
113. GENERALS - STRENGTH - sensation of					1				
114. GENERALS - TREMBLING - externally			1						
115. GENERALS - WEAKNESS								1	
116. GENERALS - WEAKNESS - headache - during								1	
117. GENERALS - WEARINESS		1							
118. GENERALS - WELL - unusually well, then agg	1								
119. GENERALS - WELL-BEING - unusual feeling of	3								

SYNTHESIS SYMPTOMS					023	025	028	029	031	034
100. EXTREMITIES - PAIN - pulsating										
101. SLEEP - RESTLESS						2			2	
102. SLEEP - RESTLESS - night - midnight - after - 4h									1	
103. PERSPIRATION - COLD										
104. PERSPIRATION - NIGHT										
105. SKIN - ITCHING - eruptions - without										
106. GENERALS - NOON										
107. GENERALS - EFFICIENCY - increased										
108. GENERALS - FAINTNESS - vomiting - with										
109. GENERALS - FOOD and DRINK - salt - desire										
110. GENERALS - FOOD and DRINK - sweets - desire										
111. GENERALS-HEAT-flushes of-alternating with- chills										
112. GENERALS - PAIN - appear suddenly										
113. GENERALS - STRENGTH - sensation of										
114. GENERALS - TREMBLING - externally										
115. GENERALS - WEAKNESS										
116. GENERALS - WEAKNESS - headache - during										
117. GENERALS - WEARINESS										
118. GENERALS - WELL - unusually well, then agg										
119. GENERALS - WELL-BEING - unusual feeling of										

4.6. Demographic analysis of age and sex

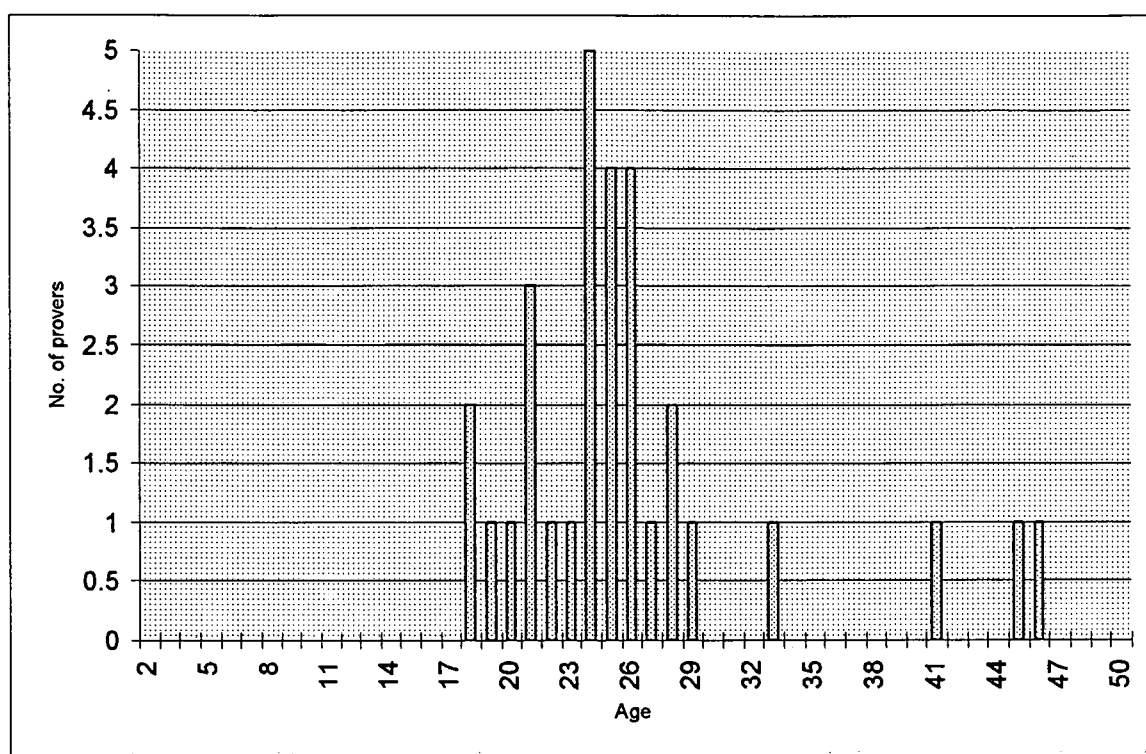
4.6.1. Age analysis

It is indicated through the figure below that the majority of the subjects who participated in the proving were young to middle aged.

Table 4.6.1. : Ages of the individual provers

Prover Code	Age
001	27
003	33
004	20
005	45
006	21
007	25
008	24
009	24
010	26
011	46
013	29
015	26
016	25
017	41
018	18
019	26
020	25
021	22
022	23
023	21
024	24
025	24
026	28
027	21
028	18
029	19
031	24
032	26
033	25
034	28

Figure 4.6.1.: Ages of the individual provers



4.6.2. Sex analysis

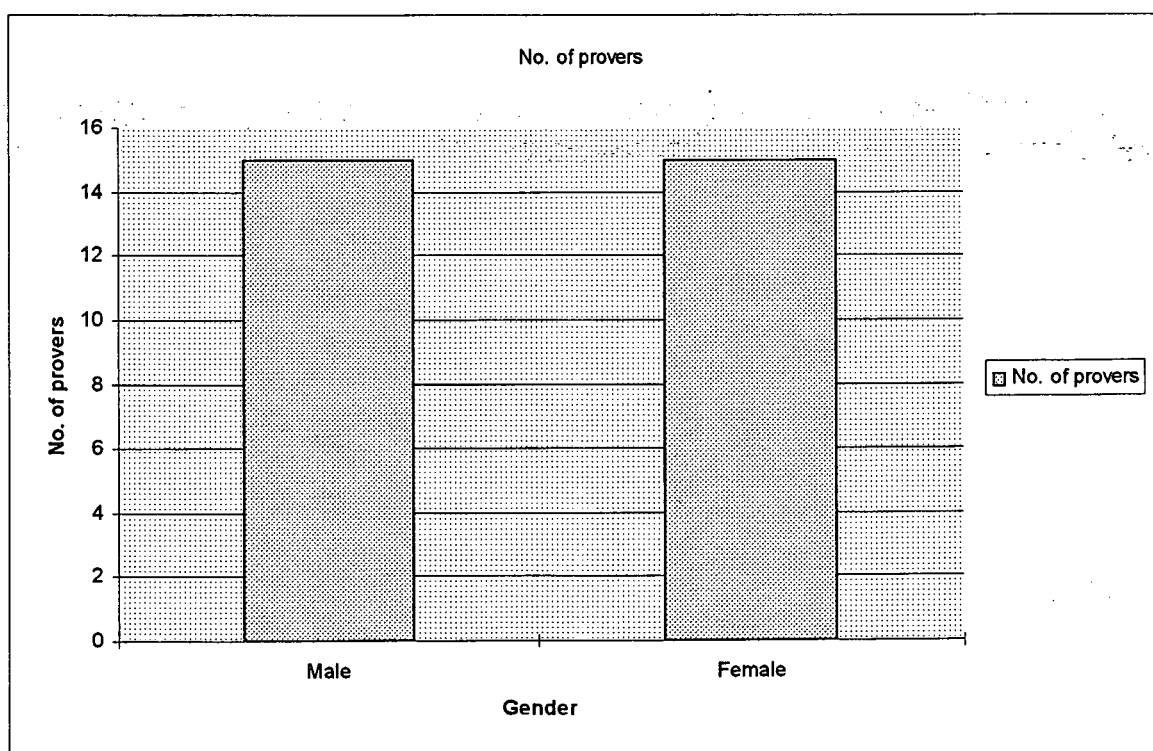
It is indicated through the figure below that from the 30 participants in the proving 15 (50%) were female and 15 (50%) were male.

Table 4.6.2. : Female to male ratio of provers

Prover Code	Male/Female
001	Female
003	Female
004	Male
005	Female
006	Female
007	Male
008	Male
009	Male
010	Female
011	Female
013	Female
015	Male
016	Female
017	Male

018	Male
019	Female
020	Male
021	Male
022	Female
023	Female
024	Female
025	Male
026	Female
027	Male
028	Female
029	Female
031	Male
032	Male
033	Male
034	Male

Figure 4.6.2.: Female to male ratio of provers



CHAPTER FIVE

DISCUSSION

In order to use Sceletium tortuosum for therapeutic purposes its morbid symptom-complex should be known. The curative power of a drug is its capability to produce disease symptoms when administered to healthy individuals (Gupta 1978 : 3). The proving of Sceletium tortuosum proved to be of value as it produced a morbid symptom-complex on the healthy individual provers.

Once the proving commenced symptoms appeared soon after taking the verum, these symptoms lasted over a period of several days while some provers experienced their symptoms for almost three weeks. No clinically significant symptoms appeared in a prover in the placebo group.

All the symptoms that appeared in the provers while on verum were clearly described by their location, sensation and modalities. *Example 1*, prover 019 experienced a headache in the temples which resulted in neck stiffness (location), sensation as if a vice was on my head, as if it were being pushed in. The headache is ameliorated by cold applications (modality). *Example 2*, prover 010 experienced a dull headache (sensation), over the left eyebrow (location) and it was experienced on waking (modality). *Example 3*, prover 005 experienced a frontal headache above the eyes (location). It felt thick and bruised (sensation). Touching the eyes aggravated the headache and there was a desire to close the eyes (modalities). *Example 4*, prover 028, experienced a tingling sensation on the left

side of the nose and cheek (location) which was ameliorated by sleep (modality). There are many more such examples, which can be found in Section 4.3.1.

Some symptoms that appeared in the proving have an aetiology. *Example 1*, prover 003 experienced a headache after the consumption of alcohol (aetiology). This prover also experienced flatulence which could have been from the onions eaten (suspected aetiology).

Example 2, prover 010 experienced abdominal cramping due to the consumption of alcohol (aetiology). *Example 3*, prover 022 experienced nausea after eating the slightest (aetiology).

Symptoms that appeared in association with other symptoms (concomitants), i.e. provers 005 and 019 experienced nausea which resulted in vomiting (concomitant) while provers 007 and 019 also experienced throat irritations with coughing (concomitant).

Symptoms that were usual or common to the prover were excluded unless intensified to a marked degree. *Example*: Prover 007 suffers chronically from joint pains due to old sport injuries which flare up occasionally, during the proving there was a flare up of the provers left wrist, this symptom was not considered as a proving symptom as it was not any more painful than usual. By contrast Prover 019 suffers from travel sickness but during the proving it resulted in acuteness of all the prover's senses as well as intense vomiting, this symptom was intensified to a marked degree.

Symptoms were excluded if they had occurred in the recent history of the prover, i.e. in one year or less. *Example:* as described above with Prover 007 who suffers with joint pains. No old symptoms, i.e. symptoms that occurred longer than five years ago reappeared during this proving.

Several of the symptoms that appeared in the proving were in common with other provers, these symptoms have been converted into rubrics as found in the *SYNTHESIS : Repertorium Homeopathicum Syntheticum* (Schroyens 1995 : edition 5.2). These rubrics are as follows:

MIND - IRRITABILITY - evening

VERTIGO

HEAD - PAIN - dull

NOSE - SNEEZING morning

THROAT - ITCHING

THROAT - SCRATCHING

STOMACH - APPETITE - diminished

STOMACH - NAUSEA - afternoon

STOMACH - NAUSEA - morning - waking on

STOMACH - NAUSEA - noon

STOMACH - NAUSEA - riding in a carriage or on the cars, while

STOMACH - NAUSEA - sleep - amel

STOMACH - VOMITING - nausea - with

FEMALE GENITALIA/SEX - MENSES - dark

COUGH - ITCHING - Throat, in

COUGH - TICKLING - Larynx, in

SLEEP - RESTLESS

GENERALS - EFFICIENCY - increased

The intensity of each symptom has been considered as follows, how many provers experienced the same symptom and the intensity with which each symptom was experienced. There are 3 intensities considered, intensity 1 being the least important and intensity 3 the most significant :

Intensity 1 : All symptoms are recorded in the proving,

Intensity 2 : *confirmed by the toxicology and by the severity with which the symptom appeared* and

Intensity 3 : **verified upon a prover, a symptom that appeared in the toxicology to a marked degree (3).** The following are symptoms with **intensity 3** and *intensity 2* respectively:

GENERALS - EFFICIENCY - increased

THROAT - ITCHING

FEMALE GENITALIA/SEX - MENSES - dark

SLEEP - RESTLESS

No accidents or coincidental events occurred to more than one prover during this proving. •

Symptoms that appeared repeatedly throughout the provers were: Generals - pain - sudden, the types of pains that were common to the provers were of a cutting or pulsating nature. There were three generals that appeared in this proving, they are as follows:

- GENERALS - Pain - sudden
- GENERALS - Pain - cutting
- GENERALS - Pain - pulsating

There were two symptoms that appeared in this proving that are not in rubric language in Synthesis, these rubrics will need to be created. The rubrics will be as follows:

1. GENERALS - WELLBEING - unusual feeling of
2. FEMALE GENITALIA / SEX - UTERUS - Vibrating, sensation

The fermented Sceletium was prized by the Khoi for increasing strength (Watt and Breyer-Brandwijk 1962 :11). As seen in the proving 2 provers experienced an unusual feeling of wellbeing, their energy levels were definitely increased. This being one of the important reasons for the intensity of the symptom been given a 3.

The fermented Sceletium was also used to relieve abdominal pains(Watt and Breyer-Brandwijk 1962 : 11). Three provers (010, 006, 022) experienced abdominal pains of a cramping, gripping nature while another prover (019) experienced a stitching type pain in the right hypochondria.

Zwicky chewed 5 gm of the plant resulting in a bitter astringent taste and an inclination to vomit, tingling of the tongue was followed by a weak and fairly persistent analgesia to the mouth. (Watt and Breyer-Brandwijk 1962 : 11.) Two provers (005, 019) had an intense inclination to vomit, and there were numerous complaints from the provers experiencing nausea.

Thunberg also noted the value of Sceletium in suppressing hunger and thirst (Smith et al, 1996). This was experienced by three provers (005, 006, 019). Their appetites were diminished with one prover (019) noting this symptom markedly in the evening.

The symptoms of Sceletium tortuosum 6 CH are similar to some remedies already present in our materia medica. These remedies will have possible relationships with Sceletium tortuosum, that means they will be similar to each other, complement each other, or follow each other well.

The following table (Table 5.1.) represents all the rubrics that appeared significantly in the proving. There were 17 rubrics used. The intensity of the rubrics was considered in the repertorisation. The results shown in the table indicate a score below the remedy name as follows : sulph 13/25.

This indicates that *Sulphur* appeared in 13 of the 17 rubrics selected. The degree that it has appeared in each rubric has been considered and added to give a total of 25. This table indicates that *Sulphur* (13/25), *Conium maculatum* (13/20), *Phosphorus* (13/18), *Agaricus muscarius* (13/17), *Nux vomica* (12/26) *Lycopodium clavatum* (12/24), and *Calcarea carbonica* (12/21) are remedies that have several of the same symptoms.

Table 5.1. : Repertory sheet : Symptoms experienced by more than one prover.



Sceletium tortuosum 6CH

Sum of symptoms (sort:deg)

This analysis contains 538 remedies and 17 symptoms.
Intensity is considered

1. GENERALS - EFFICIENCY - increased	3	12
2. THROAT - ITCHING	2	23
3. FEMALE GENITALIA/SEX - MENSES - dark	2	109
4. SLEEP - RESTLESS	2	387
5. MIND - IRRITABILITY - evening	1	65
6. VERTIGO - VERTIGO	1	361
7. HEAD - PAIN - dull pain	1	117
8. NOSE - SNEEZING - morning	1	45
9. STOMACH - APPETITE - diminished	1	126
10. STOMACH - NAUSEA - morning - waking, on	1	18
11. STOMACH - NAUSEA - noon	1	16
12. STOMACH - NAUSEA - riding in a carriage or on the cars, while	1	27
13. STOMACH - NAUSEA - sleep - amel.	1	2
14. STOMACH - VOMITING - nausea - with	1	1
15. COUGH - ITCHING - Throat; in	1	1
16. COUGH - TICKLING - Larynx; in	1	161
17. STOMACH - NAUSEA - afternoon	1	31

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	sulph.	con.	phos.	agar.	nux-v.	lyc.	calc.	lach.	ars.	sep.	nat-m.	coff.	puls.	cycl.	caust.	carbn-s.	mag-c.	ign.	kali-c.	borx.	cocc.
	13/25	13/20	13/18	13/17	12/26	12/24	12/21	12/21	11/20	11/20	11/18	11/13	10/26	10/19	10/17	10/16	10/16	10/15	10/15	10/10	9/22
1.	-	-	-	1	-	-	-	1	1	-	-	1	-	-	-	-	-	-	-	-	-
2.	-	1	-	1	1	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-
3.	2	1	1	-	3	1	2	2	2	2	1	1	3	2	-	1	2	2	-	1	2
4.	3	1	1	1	2	3	2	2	3	2	2	1	3	2	2	2	2	2	2	1	3
5.	3	2	1	-	-	2	2	1	-	-	1	-	2	1	-	1	1	1	2	-	-
6.	3	3	3	3	3	3	3	2	2	2	3	2	3	3	2	3	1	1	2	1	3
7.	1	1	1	2	3	2	1	2	-	1	1	1	3	-	1	2	-	1	-	-	2
8.	3	-	1	1	2	1	1	-	-	2	2	-	2	-	3	-	2	-	-	-	-
9.	1	2	1	1	1	2	1	2	1	1	1	2	1	2	2	1	-	1	1	1	-
10.	1	2	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	1	-
11.	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-
12.	1	-	1	-	2	2	2	-	-	3	-	-	-	2	-	-	2	-	-	1	3
13.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16.	1	3	3	2	3	3	2	3	3	2	3	1	3	2	2	2	1	2	2	1	1
17.	-	1	2	-	-	1	1	-	-	-	-	-	-	1	1	1	1	-	1	1	3

Sceletium contains several compounds, the best known of which is mesembrine. There have been no symptoms of poisoning recorded. Fermented Sceletium acts as an intoxicant to the brain. In the proving it produced vertigo and intense fatigue. Nausea and throat irritations and headaches are indicators of this remedy.

Agaricus muscarius (*Amanita muscaria*; the *Fly Agaric*), is found in South Africa almost always under pinewood trees. The colour of the cap varies from yellow to deep reddish orange. The rest of the fungus is white, or white with a yellowish tinge. Like other *Amanitas*, when young it is enclosed by a membranous volva which sticks tightly to the cap. As the stem lengthens the volva is carried up as a coating on the cap, leaving only scaly fragments here it was torn away from the base of the stem. As the cap expands, this volva is torn into small pieces which dot the red cap with white scraps. (Stephens 1953 : 13.)

Both popular and species name refer to its traditional use as a fly poison. It was broken up into a saucer of milk or water and the flies that ingested it would swell and die. (Stephens 1953 : 13; Levin et al, 1985 : 10.)

Agaricus muscarius seems to be the most closely related to Sceletium tortuosum. *Agaricus muscarius* contains several toxic compounds, the best known of which is an alkaloid, *muscarin*. (Boericke 1927 : 19.) It also contains muscimol and ibotenic acid (Levin et al, 1985 : 31). Thirty minutes to an hour after the ingestion of *Amanita muscaria* symptoms appear and they include nausea, vomiting and headache. The central

nervous system becomes affected 1 to 4 hours later, hallucinations and sometimes delirium result. (Levin et al, 1985 : 31.) Muscarin has power over secretions, it can either increase or decrease them. It is known to have increased lachrymal, salivary, and hepatic secretions yet it decreases renal secretions. (Boericke 1927 : 22.) Its poison acts first by exciting and then paralyzing the central nervous system. (Stephens 1953 : 14) *Agaricus muscarius* in potency acts as an intoxicant to the brain, producing more vertigo and delirium than alcohol, followed by profound sleepiness with lowered reflexes. It corresponds to various forms of cerebral excitement rather than congestion. (Vermeulen 1994 : 24)

Agaricus muscarius is a known remedy for general paralysis (Vermeulen 1994 : 25). Pharmacological tests using the mesembrine alkaloid of Sceletium on frogs showed progressive paralysis after 5 minutes and 15 minutes later resulting in total paralysis. Tests on a rabbit resulted in paralysis of the respiratory centre and extremities. (Steyn 1934 : 211.) It has been reported that mesembrine resembles cocaine, although weaker in action it produces depression of the central nervous system in the frog, the rabbit and man, preceded by convulsions in the case of the rabbit. (Watt and Breyer-Brandwijk 1962 : 12.)

Other symptoms that are similar to both remedies are: tingling sensation (prover 028), restlessness (provers 005, 007, 019, 025), the physical strength of an *Agaricus muscarius* patient is increased during an epileptic attack (Vermeulen 1994 : 25), while prover 010 experienced an increased feeling of strength.

Agaricus muscarius should be compared to *Hyoscyamus niger* (Boericke 1927 : 23) as the two alkaloids present are *muscarine* and *atropine* respectively. *Atropine* opposes *muscarine* (Boericke 1927 : 22). The *mesembrine* alkaloid in *Sceletium tortuosum* is known to have an action which is similar to that of *atropine* (Watt and Breyer-Brandwijk 1962 : 11). Thus there is a suggestion that these remedies are related, on further studies this should be clarified.

With regards to the symptoms produced in the proving, and the conversion of these symptoms into rubric language, it is found that a great many polychrests appear on the repertorisation. The similarity, or close association, of the alkaloids may well indicate a family of remedies which are complementary to *Sceletium tortuosum* and can be found under *Agaricus muscarius*, *Atropa belladonna*, *Datura stramonium* *datura* and *Hyoscyamus niger*'s remedy relationships. This can only be discerned by further provings in higher potencies and clinical findings. For example, *Calcareo carbonica* is a remedy that is complementary to *Agaricus muscarius* (Boericke 1927 : 23 Phatak 1977 : 18.) In the repertorisation *Calcareo carbonica* is clearly seen. This is a well known remedy, after further study of *Sceletium tortuosum* a definite relationship may perhaps become clearer.

The proving of *Sceletium tortuosum* in the 6 CH potency has already produced a clear picture. It should be proved in the other potencies in order to gain a more comprehensive picture. This proving produced a lot of physical symptoms, in a higher potency perhaps more mental symptoms will be produced. Provings of a variety of potencies may be useful in investigating the "action of different levels" of the potency. This will later help when

choosing the correct potency for a patient. We can thus use potencies in the way we follow the law of similars, *for example*, “Nausea in the morning on waking” was produced by the 6 CH potency of Sceletium tortuosum, the same potency could be used for cure. (Sherr 1994 : 56.)

After a proving has been completed in lower potencies, a higher potency may produce finer and more characteristic symptoms (Sherr 1994 : 56). Thus in this proving the sensation of “well-being” may further be understood and perhaps raised to a mental symptom, using rubrics such as exhilaration, high spirited, elated etc.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion

Sceletium tortuosum 6 CH was found to be effective in producing a morbid symptom-complex. It must now be used in practice according to the Law of Similars, as required by homoeopathic principles. This will enable homoeopathic practitioners to confirm the newly obtained symptoms. Significant clinical symptoms may later be found and added to the picture of Sceletium tortuosum.

6.2. Recommendations

As the dilution of Sceletium tortuosum was effective in producing a morbid symptom-complex in the 6 CH potency, it is recommended to continue proving in order to obtain a fuller and clearer presentation of the remedy.

1. Further studies in highly potentized doses are needed to obtain a more comprehensive proven remedy. Such studies should include provings of Sceletium tortuosum 30 CH and 200 CH.
2. The age distribution of the provers used shows that the majority of the subjects who participated in the proving were young (i.e. in their twenties) [See Figure 4.6.1]. In future provings an older population should be used. This will enable us to see what effect Sceletium tortuosum has on an older population.

3. The proving of Sceletium tortuosum took place in Southern Africa during the winter months. Future provings should be conducted in other geographical locations as well as in other seasons.
4. This proving was only conducted on Caucasian and Indian South Africans, future provings should be conducted on other racial groups.

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Appendix A

INFORMED CONSENT FORM

(To be completed in duplicate by the prover)

TITLE OF RESEARCH PROJECT

A Homoeopathic Drug Proving

NAME OF SUPERVISOR

Dr Ashley Ross

NAME OF RESEARCH STUDENT

Antoinette dos Ramos.

DATE

PLEASE CIRCLE THE APPROPRIATE ANSWER

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

PROVER: Name _____ Signature _____

WITNESS: Name _____ Signature _____

RESEARCH

STUDENT: Name Antoinette dos Ramos Signature _____

Appendix B

Proving Case History

Prover Code:

Date:

Surname: **First Name:**

Home Address:

Telephone no.: (H) (W)

Sex: M / F

Date of Birth: **Age:**

Marital Status: S / M / W / D **Children:**

Occupation:

FAMILY HISTORY:

Is there a history of:

Bleeding Disorders (e.g. Haemophilia)	Yes / No
Cancer	Yes / No
Diabetes	Yes / No
Epilepsy	Yes / No
Heart Disease	Yes / No
High Blood Pressure	Yes / No
Mental Disease	Yes / No
Pernicious Anaemia	Yes / No
Porphria	Yes / No
Tuberculosis	Yes / No

PAST MEDICAL HISTORY:

List any illnesses you have had and at what age.

Do you have a history of any of the following:

Allergies	Yes / No
Asthma	Yes / No
Bleeding Disorders	Yes / No
Cancer	Yes / No
Chronic Bronchitis	Yes / No
Glandular Fever	Yes / No
Haemorrhoids	Yes / No
HIV	Yes / No
Oedema/Swelling	Yes / No
Parasitic Disease e.g. malaria	Yes / No
Pneumonia	Yes / No

Skin Diseases e.g. eczema	Yes / No
Smoking	Yes / No
Tendency to suppurate/ boils	Yes / No
Warts	Yes / No

Vaccinations:

Any reactions?

PAST SURGICAL HISTORY:

List any surgery you had and at what age

Medication currently on, including minerals and vitamins:

Daily consumption of:

Alcohol:

Cigarettes:

Recreational Drugs:

Recent laboratory tests or specialist consultations:

Physical Appearance:

Hair colour:

Eye colour:

Frame size:

Complexion:

Skin texture and type:

Rate your energy on a scale of 1 - 10 (1=lowest, 10 = highest)

1 2 3 4 5 6 7 8 9 10

Appetite:

Cravings:

Aversions:

Aggravations:

Thirst:

Perspiration:

Distribution:

Odour?

Colour:

Thermal Modalities:

Time Modalities:

Bowel Habits:

Stool:

Colour:

Consistency:

Form:

Urination:

Menstrual Cycle and Menstrual Period:

Libido:

Sleep:

Quality:

Position:

Dreams:

Recurrent:

Head:

Eyes:

Ears:

Nose and sinuses:

Face:

Mouth, Teeth and Tongue:

Throat and Tonsils:

Digestive System and Abdomen:

Rectum and Anus:

Urinary Organs:

Male Sexual organs incl. prostate gland:

Female Sexual Organs incl. mammae:

Respiratory Organs:

Chest and Heart incl. circulatory system:

Neck and Back:

Limbs:

Upper Limbs:

Lower Limbs:

Skin, Hair and Nails:

Describe your mental and/ emotional state as it is at this present time:

Physical Examination:

Height: m Weight: kg

Pulse Rate: /min / .

Blood Pressure (RHS Seated)

Temperature:

Respiratory Rate: /min.

General examination:

Cyanosis:

Anaemia:

Jaundice:

Clubbing:

Oedema:

Lymphadenopathy:

Dyspnoea:

Dehydration:

Findings on specific examinations:

Appendix C

Instructions to Provers

Dear Prover

Thank-you very much for taking part in this proving. I am confident that your participation will be beneficial to both you and the furtherance of Homoeopathy.

Before the Proving:

Check that you have:

- * the appropriate journal
- * read and understood these instructions
- * signed the informed consent form
- * attended the pre-proving training course

Your Supervisor (Antoinette dos Ramos) will:

- * take a case history and perform a physical examination on you
- * schedule a start date and a daily contact time

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

Beginning the Proving:

Record your symptoms daily in the journal one week prior to taking the remedy. This will help you get into the habit of observing and recording your symptoms, as well as bringing you into contact with your normal state. This is an important step, 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, at least half an hour after brushing your teeth. You must not eat or drink anything half an hour before and after each dose. Dissolve the powder under the tongue.

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

In the event that you experience symptoms or people around you observe any proving symptoms **do not take any further doses of the remedy.**

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**, that is a symptom which you have not experienced for more than one year.

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

Lifestyle during the Proving:

Avoid all antidoting factors such as camphor and coffee. 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 homoeopathic remedy, that is, store them in a cool, dark place always away from strong smelling substances.

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, also avoid manipulations.

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

Confidentiality:

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

Your privacy is something that will be protected. Your identity will be known only to the proving supervisor.

Contact with your Supervisor:

Your supervisor will telephone you to commence your one-week pre-proving observation and then daily once you commence taking the remedy. Daily contact later decreases to two or three times a week and then once a week, as soon as you and the supervisor agree that there is no longer a need for such close contact.

If you have any questions or problems during the proving, contact your supervisor on the following phone number at any time- 083 450 7397.

Recording of Symptoms:

When you begin 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 concisely and as frequently as possible so that details will be fresh in your memory.** Make a note even if nothing happens.

Please start each day on a new page in your journal with the date noted at the top of each page. Note which day of the proving it is. The day that you took the first dose is day zero.

Write clearly 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 the type of sensation e.g. burning, shooting, stitching, throbbing, dull, lancinating etc.
- * **MODALITY:** > (better) or < (worse) from weather, food, smells, dark, light, lying, standing, noise, 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. It is 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.
- * **CONCOMITANTS:** Do any symptoms appear simultaneously or do some symptoms seem to alternate with each other?

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

- | | |
|--------------------|------------------------|
| * Mind | * Male Sexual Organs |
| * Head | * Female Sexual Organs |
| * Eyes | * Respiratory Organs |
| * Ears | * Chest |
| * Nose | * Heart |
| * Face | * Neck and Back |
| * Teeth | * Limbs |
| * Mouth and Tongue | * Upper Limbs |
| * Throat | * Lower Limbs |

- | | |
|------------------|----------------|
| * Appetite | * Generalities |
| * Stomach | * Skin |
| * Abdomen | * Sleep |
| * Stool and Anus | * Dreams |
| * Urinary Organs | * Fever |

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 enlightening, Please include these if possible. Once the proving draws to an end please make a general summary of your experience, how the proving affected you in general. Would you participate in another proving?

Please try to classify each of your symptoms by making a notation, in RED ink, according to the following key in brackets next to each entry:

(RS) - Recent symptom, a symptom 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 sided now is on the right side.

(US) - An unusual symptom for you

NB - 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" -*S 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: The Dynamics and Methodology of Homoeopathic Provings by Jeremy Sherr, with sincere thanks.

Appendix D

METHOD FOR THE PREPARATION OF SCELETIUM TORTUOSUM 6CH

- i) AIM: To prepare 3CH trituration of Sceletium tortuosum

REQUIREMENTS:

Glass plate

Sharp knife

Glazed porcelain mortar and pestle

Spatula

96 % Alcohol (for flaming)

Cigarette lighter

Distilled water (Aq. dist)

Pure lactose powder

Watch plate

Chemical balance

Fresh plant

Paper (3 10x15 cm sheets)

3 glass jars

Labels

PROCEDURE:

- 1) Thoroughly clean glass plate, knife,

mortar, pestle and spatula before commencing preparation

viz.:

- i) wash well in hot water, rinse with Aq.dist., and dry carefully

- ii) flame all implements using 96% alcohol;
 - iii) allow to cool completely.
- 2) Remove several small quantities from parts (i.e. the leaves, the stem, the roots, and the flower) of the whole plant and place onto the glass plate.
 - 3) Finely slice the different parts of the plant and then mix the different parts together.
 - 4) Place a watch plate onto the chemical balance, and zero.
 - 5) Accurately mass 0.500g of the finely sliced fresh plant.
 - 6) Place a single sheet of paper on the chemical balance, and zero.
 - 7) Accurately mass 16.500g pure lactose powder.
 - 8) Repeat steps 6 – 7 twice more (i.e. three times in total).
 - 9) Transfer one of these quantities to the mortar.
 - 10) Add the 0.500g of base substance (i.e. the freshly sliced plant) to mortar, and mix well using a spatula.
 - 11) Triturate the mixture for twenty minutes, scraping the mass from the bottom of the mortar and pestle at regular intervals to ensure homogeneity.
 - 12) After the first twenty minutes, add the second quantity of lactose powder, stir briefly and triturate, as in step 11, for twenty minutes.

13) Finally, add the third 16.500g lactose powder, stir briefly, and repeat step 11.

14) The powder that has been prepared is stored in a tightly closed glass jar, protected from light, and labelled :
SCELETIUM TORTUOSUM 1CH.

15) The above process (steps 1, 6-14) is to be repeated twice more (i.e. three times in total), replacing step 10, by adding 0.200g of base substance (i.e. with Sceletium tortuosum 1CH/2CH)

ii) AIM: To prepare 6CH liquid potency from a 3CH trituration of Sceletium tortuosum

REQUIREMENTS: Sceletium tortuosum 3 CH triturate

Paper

Chemical balance

Distilled water (Aq. dist)

3 x 25ml amber dropper bottles

30 % alcohol

73 % alcohol

PROCEDURE:

- 1) Place a single sheet of paper on the chemical balance, and zero
- 2) Accurately mass 1 part (i.e. 0.160g of Sceletium tortuosum 3CH triturate (powder).
- 3) Transfer this quantity to a 25ml dropper bottle.

- 4) Add 100 parts (i.e. 16ml) of Aq. dist and mix well, allowing powder to dissolve. Succuss 100 times.
- 5) Label: Sceletium tortuosum 4CH (aqueous).
- 6) Add 2 drops of Sceletium tortuosum 4CH to 16ml of 30% alcohol in a 25 ml amber bottle (i.e. 99 drops Aq. dist = 8ml, therefore 2 drops to 16ml = 1:99).
- 7) Succuss 100 times.
- 8) Label: Sceletium tortuosum 5CH (30%alcohol).
- 9) Add 5 drops of Sceletium tortuosum 5CH to 16.5ml of 73% alcohol in a 25ml amber bottle (i.e. 99 drops of 30% alcohol = 3.1ml, therefore 5 drops to 16.5ml = 1:99).
- 10) Succuss 100 times.
- 11) Label: Sceletium tortuosum 6CH.

iii) AIM: To impregnate 6 CH granules from a 6 CH liquid potency of Sceletium tortuosum.

REQUIREMENTS: Sceletium tortuosum 6 CH (73 % ROH potency)

50ml Glass beaker

Chemical balance

96% alcohol

Cigarette lighter

Lactose granules

100ml amber bottle

PROCEDURE:

- 1) Clean and flame a 50ml glass beaker (as in APPENDIX D(i). Allow to cool.
- 2) Place the clean beaker onto the chemical balance, and zero.
- 3) Accurately measure 100g lactose granules into clean beaker
- 4) Add 12 drops of Sceletium tortuosum 6 CH to the lactose granules
- 5) Swirl beaker several times then allow to dry.
- 6) Repeats steps 4 - 5 twice more (i.e. three times in total)
(1ml : 100g = 1% volume/mass, therefore 1ml 73% alcohol = 36 drops)..
- 7) Transfer dry granules to a clean 100ml amber bottle and label: Sceletium tortuosum 6CH
- 8) Store all potencies prepared in a cool, dry place away from direct sunlight and strong odours.

For the purpose of this study Sceletium tortuosum 6CH was prepared according to methods 11a and 8 as stipulated in the German Homoeopathic Pharmacopoeia (GHP), Fifth supplement to the First Edition (1978).