

**A double-blind placebo controlled homoeopathic  
proving of *Malus domestica* 30CH with a subsequent  
comparison of proving symptomatology to homoeopathic  
remedies of repertorial similarity**

**By**

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Dissertation submitted in fulfilment of the requirements of the degree of Master of Technology: Homoeopathy in the Faculty of Health Sciences at the Durban University of Technology

**I, Brenton Ricardo Moonsamy, do hereby declare that this dissertation is representative of my own work, both in conception and execution.**

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## **DEDICATION**

This dissertation is dedicated to all the individuals that tirelessly work to circumnavigate the cruel allopathic world that fears and despises homoeopathy. It is a monumental fight that passes the borders of monetary gain and power. To these few individuals keep up the good fight, Goliath was only slain when a couple of stones were thrown.....

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# ABSTRACT

## Introduction

The purpose of this investigation was to determine the effects of *Malus domestica* 30CH on a group of healthy provers and to compare these signs and symptoms to remedies of repertorial similarity. *Malus domestica* (common domestic apple) is an indigenous South African fruit which grows on the Drakensberg Mountains in Northern KwaZulu-Natal and is a regular part of the diet for those living there.

This study hypothesized that *Malus domestica* 30CH would prove observable signs and symptoms in healthy individuals. Further it was hypothesized that the comparison of *Malus domestica* to remedies of reportorial similarity would highlight similarities and differences between existing homoeopathic remedies and *Malus domestica* 30CH thereby clarifying the therapeutic action of this new remedy and its relative location in the materia medica.

The study was conducted by two researchers who each managed 15 provers and shared all primary data. The second researcher hypothesized that there would be a similarity between the proving symptoms of the remedy and the Doctrine of Signatures of the original substance (Ramnarayan 2014).

## Methodology

A double blind placebo controlled proving of *Malus domestica* 30CH was conducted on 30 healthy volunteers who met specific inclusion criteria, with 6 receiving placebo and 24 receiving verum. A case history and thorough physical examination was performed on every prover before commencement of the proving. Recording of the data collected was in the form of a journal. Once the proving was completed information from each prover was collated and assessed by the two researchers. The symptoms elicited were then translated into materia medica and repertory language and a complete homoeopathic picture of the remedy appeared. Information from case histories and physical examinations were also considered.

A repertorisation of 10 rubrics chosen to represent the essence of *Malus domestica* was conducted using *Radar Opus software*. Exclusion repertorization then followed in order to identify those remedies producing the highest numerical value and total number of rubrics within the animal, mineral and plant kingdoms in particular.

## Results

Vast arrays of symptoms were experienced by the provers. Polarities in the symptoms were often displayed. On the emotional plane, there were symptoms of depression, sadness and cheerfulness. Some provers experienced tranquility and others felt anger, frustration and irritation. On the mental plane there were symptoms of clarity, focused concentration and confusion. The presence of delusions was marked. The most prominent delusion which infiltrated the mental and physical plane was of disconnection and separation. The main symptoms were sensations as if the extremities were separated from other areas. There was cramping and itching of the extremities as well. Pulsating headaches with perspiration of the scalp and eye pain were experienced. Various gastrointestinal symptoms were experienced ranging from distention, eructations, cramping, and diarrhea to hemorrhage after stool. Constriction of the chest and a loose, dry cough was also experienced. Cervical and lumbar back pain was reported. Sleep was described as unrefreshing with sleeplessness. The themes that emerged from the dreams were of danger (including danger to family), banquets, parties and helping others. The provers had a craving for tea. The similar remedies that emerged from the repertorial analysis were; *Natrum muriaticum*, *Rhus toxicodendron*, *Lyssin*, *Cinchona officinalis* and *Pulsatilla pratensis*.

## Conclusion

The proving of *Malus domestica* 30CH did produce well defined symptoms that were clearly observed in healthy provers as proposed by the hypothesis. As hypothesized the comparison of *Malus domestica* to remedies of repertorial similarity did highlight similarities and differences between existing homoeopathic remedies and *Malus domestica* 30CH thereby clarifying the therapeutic range of this new remedy and its relative location in the materia medica.

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# DEFINITION OF TERMS

## LAW OF SIMILARS

This is the fundamental principle of homoeopathy, which states that if a substance can cause a disorder or manifestation in a healthy individual it may well be used to treat disorders whose manifestations are similar. Expressed as *similia similibus curentur* (let like be cured by like) (Swayne 2000: 193).

## PROVING

A term used by Hahnemann to explain homoeopathic trials in healthy individuals. Taking the form of a study to determine the medicinal properties of a substance; testing a substance on healthy volunteers by administering it to healthy individuals in infinitesimal doses to elicit effects from which the therapeutic potential, or *materia medica*, of the substance may be derived (Swayne 2000: 174).

## PROVER

Healthy volunteer that participates in a homoeopathic proving and records changes in his or her condition during and after the administration of the substance to be tested (Swayne, 2000: 173).

## POTENTISATION

A process comprising many steps developed by Hahnemann. “The medicinal potency (power) of a homoeopathic medicine is released or increased when involving serial dilution with succession or using trituration” (Swayne. 2000:169)

**Centesimal potency (CH)** “The ratio of a vehicle to an active ingredient in the proportion of one part per hundred” (Swayne, 2000: 36).

**Thirtieth Centesimal Potency (30CH)** “the thirtieth step of sequential dilution in the proportion of 1 in 100, with succussion at each step, having an effective concentration of  $1 \times 10^{-60}$ ” (Smal, 2004: XIII).

## **SUCCUSSION**

The action of vigorously shaking up a liquid dilution of a homoeopathic medicine in its phial or bottle, where each stroke ends against the palm of one's hand for a set number of strokes, according to certain homoeopathic principles (Gaier, 1991: 532).

# CHAPTER ONE

## OVERVIEW

### 1.1 INTRODUCTION

The basic system of homoeopathy predated Hahnemann by many centuries and can be traced back to the Greek physician Hippocrates (460-350BC) who realized that if substances that cause certain diseases can also be utilized to cure those diseases (Cook 1989).

Homoeopathy, founded by Dr Samuel Hahnemann (1755-1843) is based on the theoretical principle of *similia similibus curentur*, “like cures like”. It was on this premise that Hahnemann began his development of a “*prufung*”. The proving of medicinal substances on healthy persons to ascertain their curative powers forms a specific homoeopathic contribution to medicine and is the methodological basis of homoeopathic practice (Coulter 1998: 43).

Within the scope of homoeopathy, the purpose of conducting a proving of a remedy is to record the totality of morbid symptoms produced by the substance in question on healthy individuals, which will then be the curative remedy in a minute dose for prescription in the sick individual based on the totality of their makeup (Vithoulkas 2002: 144).

The homoeopathic proving is the investigation of the action of a drug upon the healthy body, and the recording of the unusual sensations and symptoms produced (Yasgar 1997). In essence a homoeopathic drug proving is a system created to produce reversible signs and symptoms in a healthy individual (Wieland 1997: 230).

Provings are the basis upon which a homoeopathic remedy is chosen for a patient, where the symptoms manifested by the patient matches the symptom manifestation

of the remedy, thus enabling the principle of resonance to strengthen the patient's immunity and bring about cure (Vithoulkas 2002: 96).

The continuation and development of homoeopathy relies to a large extent upon the new provings being carried out all over the world. As the number and types of new diseases increase so must the weapons against these increase in the form of new remedies (Sherr 1994: 2). There should always be an area of experimentation when it comes to homoeopathic remedies. There are many new substances that should be tested.

Vithoulkas explains that even though homoeopathy continues to advance as there are already a substantial number of proven remedies derived from various sources whose characteristics have been brought out through carefully constructed provings, it is still necessary to perform provings on new substances so that the homoeopathic armamentarium can be further expanded (Vithoulkas 2002: 143). There is an obvious need to expand the materia medica and many homoeopaths agree with the idea that local remedies are useful, providing an easy, accessible cure as Nature intended (Sherr 1994: 49).

## **1.2 THE RESEARCH PROBLEM**

There is no homoeopathic proving of *Malus domestica* 30CH with a subsequent comparison of proving symptomatology to homoeopathic remedies of repertorial similarity has not yet been conducted.

## **1.3 AIMS AND OBJECTIVES**

### **Aims**

The aim of the study was to:

- a) Determine the proving symptomatology of *Malus domestica* 30CH and subsequently perform a comparative analysis with remedies having repertorial similarity.

## Objectives

The objectives of the study were to:

- a) Conduct a double blind placebo controlled proving of *Malus domestica* 30CH;
- b) Determine the symptoms arising from the administration of *Malus domestica* to healthy individuals;
- c) Analyze the symptoms and convert them into rubrics;
- d) Compare the symptomatology of *Malus domestica* with homoeopathic remedies having similar indications in the repertory;
- e) Expand on the therapeutic armamentarium of the homoeopathic materia medica.

## 1.4 THE HYPOTHESES

It is hypothesised:

- a) That *Malus domestica* 30CH will produce clearly visible signs and symptoms in healthy provers.
- b) That the comparison of *Malus domestica* 30CH to existing remedies producing the highest numerical value and total number of rubrics on repertorization of the proving symptoms will highlight similarities and differences between the symptoms of the remedy and help to clarify its therapeutic value and relative location in the materia medica.

## 1.5 THE DELIMITATIONS

This study did not:

- Explain the mechanism of action of the homoeopathic remedy *Malus domestica*.
- Determine the potential effects of potencies of *Malus domestica* other than the thirtieth centesimal (30CH).

## 1.6 THE ASSUMPTIONS

It is assumed that:

- The preparation of *Malus domestica* 30CH was prepared in accordance with methods prescribed in the German Homeopathic Pharmacopoeia (GHP) (5<sup>th</sup> supplement to the 1<sup>st</sup> edition) (British Homoeopathic Association 2003).
- The sample of *Malus domestica* was appropriately procured and transported.
- The provers took the remedy in the dosage, frequency and manner required as outlined in the proving protocol.
- The provers recorded all symptoms experienced accurately and honestly.
- The provers did not change their normal lifestyle or dietary habits in a significant manner immediately prior to or for the duration of the proving.
- The randomization code sheet was adhered to when the verum and placebo was dispensed to the provers.
- The provers complied with proving methodology as outlined in the *Instructions to Provers* (see Appendix D).

## CHAPTER TWO

### REVIEW OF RELATED LITERATURE

#### 2.1 HISTORICAL PERSPECTIVES

Homoeopathy was founded by a German chemist and physician, Dr Samuel Hahnemann (1755-1843). He disapproved of many methods employed in conventional medicine such as blood letting and purging.

Whilst translating Cullen's *A Treatise on Materia Medica* into German, Hahnemann disagreed with Cullen's explanation of the mechanism of action of Cinchona bark (quinine) in the cure of malaria. Hahnemann decided to experiment on himself and administered large amounts of quinine to himself. He found that he developed the symptoms of malaria, which stopped as soon as he stopped taking the quinine (Nagpaul 1987). This famous experiment in 1790 formed a fundamental basis from which Hahnemann further developed the Law of Similars or Like cures Like and can be considered the first proving (De Schepper 2001: 33).

Hahnemann acknowledged that the principle of proving substances was a concept that had been originally put forward by some of his predecessors such as Anton Stark and William Alexander (Riley 1997: 4). Anton Stark (1731-1803), head of a Viennese hospital, made his contribution by frequently conducting experiments on himself using pharmaceutical substances (Walach 1994: 129).

The basic system of homoeopathy predated Hahnemann by many centuries and can be traced back to the Greek physician Hippocrates (460-350BC) who realised that like substances cause a disease and by the application of like it can be cured (Cook 1989). Paracelsus also performed provings as far back as 1493 AD (Walach 1994: 129).

Hahnemann mostly carried out experiments by testing various substances on himself and many other willing volunteers. These “provings” were carried out to ascertain the effects that these substances produced in healthy individuals and were known as “provings” (Hammond 1995: 21).

The continuation and development of homoeopathy relies to a large extent upon the new proving being carried out all over the world. As the number and types of new diseases increase so must the weapons against these increase in the form of new remedies (Sherr 1994: 2). There should always be an area of experimentation when it comes to homoeopathic remedies. There are many new substances that should be tested

### **2.1.2 Proving methodology**

Samuel Hahnemann was ahead of his time in many of the opinions he stated and the methodologies he used. He relied solely on drug trials to determine the actual application of a drug. He advocated hygiene and a healthy lifestyle and the quarantine of infectious patients (Lockie and Geddes 1995).

There has been great debate about the best protocols to be used for provings today. The growth in interest in provings and the need to present a consistent front to a skeptical scientific world has led to attempts to develop general guidelines and minimum standards for drug proving protocols such as the efforts by the Drug Proving Group of the European Committee for Homoeopathy (Wieland 1997: 231). The aim is to produce a scientific standard for good homoeopathic drug provings (Wieland 1997: 231).

In 1994 Jeremy Sherr published the 1<sup>st</sup> edition of his book entitled “*The dynamics and methodology of proving*”. This book covers every topic that is relevant to a good proving protocol.

The International Council for Classical Homoeopathy (ICCH, 1999: 35) also recommends Sherr’s proving methodology to perform a thorough and reliable Hahnemannian proving. The ICCH (1999) further expounds that the aim of the



homoeopathic drug proving is to elicit, observe and document proving symptoms which are essential for the prescription of a homoeopathic remedy according to the “law of similars”. A drug proving thus serves to broaden knowledge about insufficiently proved remedies and introduce new remedies to the materia medica.

According to the ICCH (1999) the aim of a homoeopathic drug proving is to gain knowledge about the innate character of a drug thus obtaining a remedy picture of good quality. The symptoms are then collated and communicated to the homoeopathic community so that they can be clinically verified. This means that a symptom which has occurred in a drug proving can now, if occurring in a sick patient, be alleviated by the proved remedy which produced the proving symptom after the administration of it to a healthy person.

## **2.2 MODERN DEVELOPMENTS**

Vithoulkas (2002: 143) states that for new remedies to be added to our current therapeutic armamentarium, clearly defined standards for the actual methods of performing an accurate and complete proving need to be established.

Contemporary provings based on Hahnemann’s original design are being introduced. David Riley and Jeremy Sherr are conducting provings based on the Hahnemannian method and are consistent with application and intent of their provings (Kreisberg 2000: 61).

Sherr (1994) expounds upon two opposing types of provings conducted in modern times. The first is an intensely organized and accurate proving on a considerable number of people, the purpose of which is to unfold the information of a new remedy in its totality, including the mental, physical and emotional signs and symptoms. This type of proving follows Hahnemann’s original framework as well as his protocols with regards to its purpose and intent (Kreisberg 2000). The second type of proving is impartial or unofficial. A direct and personal experience is obtained from the proving remedy. These provings are done on oneself or conducted in smaller groups (Sherr 1994).

Wright was the first to conduct a proving at Technikon Natal which is the predecessor to the current Durban University of Technology. He proved *Bitis arietans arietans* and with this proving he paved the way for many future provings (Louw 2002: 10).

## **2.3 TYPES OF PROVINGS**

There are a variety of modern proving methodologies as explained below

### **2.3.1 Dream provings**

Dream provings focus on the remedy's ability to actively influence our subconscious mind in the form of symptoms, with dreams being the important focus (Dam 1998). These provings focus upon eliciting the unconscious play of dreams. The idea is that the dream state is tainted by the proving, the dream state is now an indication of the mental and emotional state of the prover (Herscu 2002). Even though dreams are the main focus, other symptoms elicited are not excluded (Kreisberg 2000). The drawback to dream provings is deciding whether the dream is a minute part or fragment of the entire picture of the substance that is being qualified (Pillay 2002).

### **2.3.2 Meditation provings**

The correct procedure in meditation proving is that a group of individuals meet and meditate for a few minutes at a time. The group meditate together to create a bond that unifies the group as of one mind. The meditative state makes the prover group more sensitive to their individual selves and thus able to pick up variances in the mental, emotional and physical states. The substance can be ingested or be in close proximity to the meditation group (Herscu 2002).

Scholten (2007) was cautious in using the data gained from meditative provings unless they were verified in clinical cases. The lack of a scientific basis in the data was noted as recordings are provers' imaginations and manifestations on their meditation and on this basis he discarded them.

### **2.3.3 Seminar provings**

In this proving method, the remedy is administered to a group of people a few days prior to or during attendance at a seminar. The effect of the dose is then discussed during the seminar. The proving thus reveals the unconscious level of the remedy and its symptomatology on the mental, emotional and dream levels which are then discussed (Herscu 2002).

### **2.3.4 C4 Trituration provings**

C4 provings are carried out in groups during a trituration process; the trituration is carried out by hand. Provers grinding the proving substance experience the symptoms of the remedy although the identity is kept blinded (Hogeland and Schriebman, 2008). A proving of *Protea cynaroides* by Botha (2010) was conducted at the Durban University of Technology.

## **2.4 RANDOMISED CLINICAL TRIALS (RCT) AND PROVINGS**

Hahnemann's provings have confirmed reliable results as tested by the clinical application of these remedies, although his protocols can be regarded as unreliable according to the modern standard measures of clinical trials. The purpose of RCT is to demonstrate the efficiency and safety of a drug compared to placebo in terms of statistical significance (Wieland 1997).

Sherr (2003) explains the importance of placebo control in the perspective of provings as the only means to effectively assess the effects of the test substance specifically. He further recommends that the placebo control material undergoes the same manufacturing process only without adding the active ingredient. He suggests that this is the only way that probable pathogenetic effects can be properly associated with the presence of the original substance in the preparation. Placebo control is accomplished by administering a dose of the placebo which is identical to the verum, to a percentage of the placebo group thus to accurately evaluate which symptoms are produced due to the verum or the placebo (Dantas 1996: 232).

The use of placebo has major benefits when used in a proving; firstly, it can distinguish the pharmacodynamic effect of drug from the psychological effect of a drug- secondly it can distinguish between the drug effects and the normal or variant changes of the disease itself (Sherr 1994: 37).

Double blinding ensures that the secret codes identifying the verum and placebo groups remain hidden from both the researcher and the provers (Vithoulkas 2002: 23)

#### **2.4.1 The Liga Medicorum Homoeopathica Internationalis (LMHI) and the European Committee for Homoeopathy (ECH) Homoeopathic Proving Guidelines**

The International Council for Classical Homoeopathy in 1999 published “Recommended Guidelines for Good Provings” in 1999 with the aim of standardizing proving methodologies to ensure that the Hahnemannian method was adhered to (ICCH, 1999). Upon review and revision (Jansen and Ross) the Liga Medicorum Homoeopathica Internationalis (LMHI) and the European Committee for Homoeopathy (ECH) introduced “Homoeopathic Proving Guidelines” in 2014 to provide scientific recommendations and guidelines for conducting provings as an international standard to improve the quality and credibility of homeopathic provings.

The homoeopathic proving methodology is an imperative experimental mode of ascertaining the effects and subsequent clinical application of a new homoeopathic substance. There exist many common features between the homoeopathic proving and early-phase clinical trials. However due to the additional objectives of compiling a materia medica and repertory additions, provings cannot be defined purely as either a phase I or a phase 0 trial. The following table depicts a summary of the comparisons between early phase trials and the homoeopathic proving (Jansen and Ross, 2014).

**Table 1: Summary of the comparisons between early-phase clinical trials and the homoeopathic proving**

	Phase 0	Phase I	Proving
Aim	<i>Assess whether a high-risk drug behaves as would be expected from pre-clinical studies</i>	<i>Derive Pharmacokinetic and Pharmacodynamic data and determine safety</i>	<i>Collect subjective symptoms for formulation of a homeopathic drug picture</i>
Volunteers	<i>Patients, with few or no other therapeutic options</i>	<i>Healthy volunteers</i>	<i>Healthy volunteers, never patients</i>
Number of volunteers	<i>10-15</i>	<i>20-100</i>	<i>Any</i>
Placebo control	<i>No</i>	<i>No</i>	<i>Not essential</i>
Dose	<i>Micro-doses</i>	<i>Single ascending dose Multiple ascending dose</i>	<i>Repeated micro-dose until symptoms occur. Predefined maximum number of doses</i>
Safety	<i>Unknown, not a purpose</i>	<i>Variable, some risks prevented by pre-clinical studies</i>	<i>Almost perfect, toxic levels excluded. Concept of first safe dilution</i>
GCP/ICH guidelines	<i>Under development by EMA and FDA. Concept of IND (Investigational New Drug) studies</i>	<i>Exist, used by Ethical Boards</i>	<i>No official guidelines, but ECH/LMHI Guidelines conform to GCP/ICH guidelines</i>
Indication specified	<i>Yes</i>	<i>Yes</i>	<i>No</i>
Demonstrative purpose	<i>To confirm biological activity in line with early pre-clinical indications, ahead of formal phase I-IV studies</i>	<i>To ensure safety of drug in healthy human subjects, ahead of efficacy testing in subsequent phases</i>	<i>To investigate the therapeutic potential of a substance. No subsequent experimental phases</i>

Source: (Jansen and Ross, 2014)

## 2.5 REFINEMENT OF PROVING METHODOLOGIES

### 2.5.1 Potency selected

The selection of the appropriate potency has always been a debatable topic. There was a time when Hahnemann wanted to standardize on the 30CH potency but the idea never materialized (Sherr 1994: 56). The Vienna Homoeopathic Society did not agree with Hahnemann's suggestion of using the 30CH potency, and they subsequently reproved the remedies that he had proven. However, the results obtained from these reprovings compelled them to acknowledge that the symptomatology obtained from the 30CH potency were very strong (Wright 1999: 15).

According to Wieland (1997) there is much valid evidence as to the use of the 30CH potency in homoeopathic proving. Hahnemann insisted in the *Organon of Medicine* that the 30CH should be used for provings and Kent (1990) used this potency in all his provings. The 30CH still seems to be the most frequently used potency in drug proving. Walach (1995) compared the effects of *Belladonna* 30CH and 12CH in healthy individuals and found the 30CH to be more effective. Sherr (1994) found the 30CH to produce the most mental/emotional symptoms in his proving of *Hydrogen*. It is for this reason that *Malus domestica* 30CH will be prepared, according to the Hahnemannian method as written in aphorism 128 of the *Organon of Medicine*, 6<sup>th</sup> edition for this remedy (O'Reilly 1996: 111).

### 2.5.2 Blinding

The process of blinding carried out during provings ensures that the most accurate, true and fair result is obtained. Blinding ensures reliability and scientific accuracy of the research. According to the LMHI and ECH international guidelines for provings (Jansen and Ross 2014) the recommendations for blinding are as follows:

“Different levels of blinding are to be maintained.

- Blinding for the name of the remedy is ideally recommended to be maintained until the analysis of the symptoms has been finalised. Minimally, blinding for

the name is recommended to be maintained until the last exit interview has been completed.

- Blinding for allocation to blank or verum is recommended to be maintained until closure of the observation phase and all diaries have been handed in.
- Blinding for the level of the potency or potencies, when more than one potency is used, is recommended to be maintained until after finalisation of the analysis.”

### **2.5.3 Comparative materia medica**

Analyzing proving symptoms in a comparative study provides an understanding of the remedy in its totality enabling an understanding of its comparable and different characteristics in relation to other remedies (Cahill 2008).

Candegabe (1997) states that in the scope of homoeopathic practice, information on remedies comes from three different sources: pure materia medica, clinical materia medica and the repertories. The first source gives a detailed account of provings, but this source cannot be relied on alone as it lacks cohesion and synthesis. The second source is clinical materia medica, which is the knowledge gained by a physician through clinical practice. The third source of knowledge comes from the repertories. This is not a new concept to homoeopathy. In 1904 Kent described the relationship of various remedies in terms of the symptomatology shared by said remedies (Kent 2004). For example in describing the complete symptom picture of *Fluoricum acidum*, he illustrates similarities and differences between it, *Silica* and *Pulsatilla nigricans* (Kent, 2004: 539). He further compares aspects of *Fluoricum acidum* to *Picric acid* and Cuttlefish ink illustrating how these three remedies also have some symptoms in common (Kent 2004: 540). In this way he better enables the reader to understand the primary remedy under discussion and differentiate it from other remedies. This is only one example of many that may be found in his *Lectures on Homoeopathic Materia Medica* (Kent 2004).

Thomson (2004: 114) conducted a proving of *Bitis gabonica gabonica* and in his study recommended that comparative studies of a remedy with those remedies which bear a close resemblance to it should be undertaken to give the homoeopathic practitioner the best possible idea as to what differentiates each substance in the

healing context and as to where the remedy sits in the homoeopathic armamentarium (Thomson 2004: 114).

Other authors such as Cahill in her study of the comparison of the proving symptoms of *Hemachatus haemachatus* to *Lycopodium clavatus* (Club moss), *Sulphur*, *Alumina* (Aluminium oxide), *Sepia officianalis* (Cuttle fish) and *Calcareo carbonica* (Carbonate of Lime) highlighted differences and similarities between these remedies and *Hemachatus haemachatus* (Cahill 2008: 7). Cahill concludes that the results of her study produced a wide array of symptoms

Naidoo (2010: iv) compared *Strychnos henningsii* proving symptoms to the materia medica of *Sepia officianalis*, *Calcareo carbonica*, *Natrum carbonicum*, *Arsenicum album*, *Causticum*, *Lycopodium clavatum*, *China officinalis*, *Staphysagria*, *Rhus toxicodendron*, *Nux vomica*, *Ignatia amara*, *Spigelia anthelmia*, *Gelsemium sempervirens* and *Strychninum* and highlighted the similarities and differences between these remedies and *Strychnos henningsii*. The author concluded that *Strychnos henningsii* can potentially be a deep acting remedy with further proving and clinical verification.

Sankaran (2005) outlined the three main kingdoms from which remedies are derived, namely animal, and mineral and plant. Each kingdom has predominant concepts and features. The main features of the animal kingdom are fundamental issues of survival; competition and there is an inner split within oneself. The plant kingdom focuses on a vital sensation and revolves around concepts of sensitivity and reactivity. The mineral kingdom features are structure, identity, performance, attack and defence.

With the development of international standardized guidelines by Jansen and Ross (2014) the entire proving methodology processes used currently and in the past have been reviewed and renewed, to provide a contemporary offering to researchers willing to conduct scientific homoeopathic provings ethically and intellectually for homoeopathic advancement.



## **2.6 PROVING OF *MALUS DOMESTICA***

### **2.6.1 Proving of other *Malus* species**

*Malus domestica* is a member the rose family (*Rosaceae*). There are very few substances proven from the Rose family.

Jansen (2000) conducted research into the *Malus communis* species. The proving substance used was similar to *Malus domestica* however this research did not follow proper Hahnemannian guidelines as there was no placebo group and only a group of ten (10) provers was employed (Dynamis Proving Database 2010). This leaves room for error and prejudice when gathering symptomatology and information from this research study.

### **2.6.2 The proving substance**

#### **2.6.2.1 Substance classification**

Kingdom: *Plantae* (plants)

Subkingdom: *Tracheobianta* (vascular plant)

Super division: *Spermatophyta* (seed plant)

Division: *Magnoliophyta* (flowering plant)

Class: *Magnoliopsida* (monocotyledons)

Family: *Rosaceae* Maloideae

Subfamily: *Spiraeoideae*

Genus: *Malus*

Species: *M. domestica*

Botanical name: *Malus domestica*

Common name: Domestic apple (*Malus domestica* BIO 2007).

#### **2.6.2.2 The origin of *Malus domestica***

It is generally believed that the edible apple originated in central Asia. There are many other wild species of *Malus*, and it is generally assumed that *Malus domestica* evolved from chance hybridization among these wild species. The seeds of these early fruits would likely have been spread by birds and animals. They therefore

selectively spread seeds from better tasting fruit, aiding the evolution of these features. Historians have documented the presence of apples as early as 6500B.C. when the remains of apples were found among excavationist Jericho in the Jordan valley (Phipps et al. 1990: 303-332).

The common domesticated apple is an interspecific mixed compound and usually designated *Malus x domestica* Borkh or *M. domestica* Borkh (Phipps et al. 1990). *Malus domestica* is grown in most parts of the world especially in areas of high altitudes in various continents. It is only not grown in Antarctica. The exact origin of this species remains unknown. It was believed to have originated as a compound derived from *M. sieversii*. *M. sieversii* is found in the mountains of central Asia, the forests are abundantly dense of this species of apple. Individual trees that resemble *M domestica* are found in the forests where *M seiversii* is cultivated (Phipps et al. 1990: 303-332).

### **2.6.2.3 Botanical description**

#### **2.6.2.3.1The Proving Substance**

The proving substance was prepared from *Malus domestica*, cultivar 'Golden Delicious', sourced from a wild tree located on the Cobham Nature Reserve in the KwaZulu-Natal Midlands (Figure 1).



**Figure 1: The Sample of *Malus domestica* Used for the Preparation of the Proving Remedy.**

#### 2.6.2.3.1 Plant

The small to medium sized tree develops a spreading canopy up to 10 metres in the wild, generally 3-5 metres in cultivation. Tree size and shape is heavily dependent on rootstock and training system used and consistent pruning. The leaves are elliptical with serrated margins, dark green with light pubescences on the underside (Rieger 2006).

The petals are white on top, but have red-pink undersides when opening hence the 'pink' bloom stage. The ovary is inferiorly embedded in the floral cup. It contains five cavities with two seeds. The inflorescences are a cluster of 4-8 flowers with the centre flower opening first. The central flower is often called the 'King blossom' and has the potential to produce larger fruit than the other flowers (Rieger 2006) (Figure 2).



**Figure 2: Flowers of *Malus domestica***  
Images taken from [www.garygardiner.com](http://www.garygardiner.com) (n.d)

#### 2.6.2.3.2 Pollination

Most cultivars are unsuccessful at self-pollination. Cross incompatibility is rare, so most cultivars that bloom at the same time will serve as pollinizers, including crab apples. A few cultivars are pollen sterile. Honey bees and mason bees are the most effective pollinators' (Rieger 2006).

#### 2.6.2.3.3 Fruit

An apple is a special type of fruit called the '*pome*'. The bulk of the edible fleshy portion derives from the floral cup, not the ovary as in other fruits. Seeds are relatively small, black and mildly poisonous. Fruiting usually starts 3-5 years after grafting. Most apples reach maturity about 120-150 days after bloom, with a few cultivars maturing in as short as 70 days and others as long as 180 (Rieger 2006).

#### **2.6.2.3.4 Soil and climate**

Deep, well drained, loamy soils with a pH of 6-7 are best, but apples are grown on a wide variety of soils worldwide. Apples are adaptable to their climate but can consider best adapted to the cool temperate zones from about 35 to 50 degrees latitude (Rieger 2006)

#### **2.6.2.3.5 Propagation**

Today all apple trees are propagated by grafting because they do not grow true to seed and it is difficult or impossible to either layer or root from cuttings. In order to maintain a high quality line of fruit trees, cuttings must be made from a successful tree and grafted on established and healthy roots (Rieger 2006)

#### **2.6.2.3.6 Apples in the family Rosaceae**

Apples belong to the genus *Malus Miller*, which is placed in the subfamily *Maloideae* of the family *Rosaceae*. There are other members of this family that are cultivated for their fruit include pears (*Pyrus L.spp*), quinces (*Cydonia obonga Mill.*) and species of *Amelanchier*, *Aronia*, *Crataegus* and *Sorbus*. The subfamily *Maloideae* is one of four in the family *Rosaceae*. The other subfamilies are *Rosoideae*, *Spirodeae* and *Amydaloideae*. The grouping of these families is not in conjunction with otherwise standard grouping of plant families (Rohrer, Robertson and Phipps 1994: 571-584).

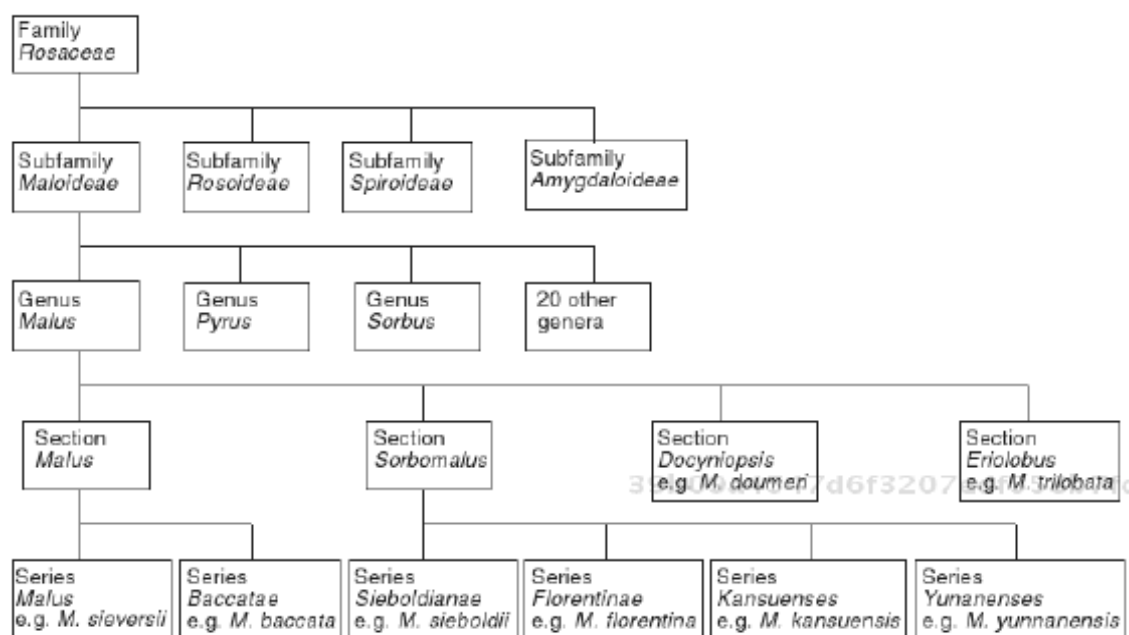


Fig. 1.2. Taxonomy of *Malus* (adapted from Phipps *et al.*, 1991).

Figure 3: Taxonomy of *Malus*

## 2.6.2.4 Apples and phytochemicals

Flavonoids as well as a variety of other phytochemicals are contained in apples. Some of the most well studied antioxidant compounds in apples include quercetin-3-galactoside, catechin, and epicatechin. Recently researchers have examined the average concentrations of the major phenolic compounds in six cultivars of apples. The findings show that the amount of flavonoids found in apples is high (Boyer and Lui, 2004:1-3).

### 2.6.2.4.1 Epidemiological evidence of cancer fighting benefits of apples

Numerous studies have specifically linked apple consumption with a reduced risk for cancer, especially lung cancer. A study of 77 283 women in the Nurses' Health Study and 47 778 men in the Health Professionals' Follow-up Study found an association between fruit and vegetable intake and a considerably reduced lung cancer risk in women only (Feskanich *et al.* 2000: 1812-1823).

#### **2.6.2.4.2 Cardiovascular disease**

A reduced risk of cardiovascular disease has been associated with apple consumption. The Women's Health Study surveyed nearly 40,000 women with a 6 to 9 month follow-up, and examined the association between flavonoids and cardiovascular disease. Women ingesting the highest amounts of flavonoids had a 35% reduction in risk of cardiovascular events. Flavonoid intake was not associated with risk of stroke, myocardial infarction, or cardiovascular disease death. Quercetin did not have any association with cardiovascular disease, cardiovascular events, myocardial infarction or stroke. However, both apple intake and broccoli intake were associated with reductions in the risk of both cardiovascular disease and cardiovascular events. Women ingesting apples had a 13-22% decrease in cardiovascular disease risk (Arts et al. 2001: 668-675).

#### **2.6.2.4.3 Asthma and pulmonary function**

Specific antioxidants, such as vitamin E, vitamin C, retinol, and  $\beta$ -carotene, were not associated with asthma or bronchial hypersensitivity. Previously it had been found that apple intake, as well as selenium intake, was associated with less asthma in adults in the United Kingdom. This study surveyed nearly 600 individuals with asthma and 900 individuals without asthma about their diet and lifestyle. Total fruit and vegetable intake was weakly associated with asthma, and apple intake showed a stronger inverse relationship with asthma (Shaheen et al. 2001: 1823-1828).

#### **2.6.2.4.4 Diabetes and weight loss**

Apple consumption may also be associated with a lower risk for diabetes. In a previous Finnish study of 10,000 people, a reduced risk of Type II diabetes was associated with apple consumption. Higher quercetin intake, a major component of apple peels, was also associated with a decreased risk in Type II diabetes. Myrectin and berry intake were also associated with a decreased risk in Type II diabetes, but onion, orange, grapefruit and white cabbage intake were not associated with a lowered risk (de Oliveira, Sichiera and Moura 2003: 253-256).

#### **2.6.2.4.5 Cholesterol-lowering effects**

Some of the apple's protective effect against cardiovascular disease may come from its potential cholesterol-lowering ability.

Aprikian et al. (2001) found that when rats were fed cholesterol and supplemented with lyophilized apples; there was a significant drop in plasma cholesterol and liver cholesterol and an increase in high-density lipoproteins (HDL) (Sertoki et al. 2009: 8, 39).

To summarize, studies show that a diet high in fruits and vegetables may decrease the risk of chronic diseases, as mentioned above. Apples contain phytochemicals including phenolics, flavonoids and carotenoids which may play a key role in reducing chronic disease risk. In the laboratory, apples have been found to have very strong antioxidant activity which can have the following effects on diseased states: inhibit cancer cell proliferation, lower cholesterol- and decrease lipid oxidation, Apples contains many phytochemicals, including quercetin, catechin, phloridzin and chlorogenic acid, all of which are strong antioxidants as well.

## **CHAPTER 3**

### **PROVING METHODOLOGY AND MATERIALS**

#### **3.1 THE EXPERIMENTAL DESIGN**

The proving of *Malus domestica* 30CH was a double blind, placebo controlled clinical trial.

Thirty provers were recruited by means of convenience sampling according to specific inclusion/exclusion criteria (Appendix A). These individuals were randomly placed into two groups. Twenty four provers received *Malus domestica* 30CH and six provers received the placebo. The identity and the potency of the substance were withheld from the subjects. Both the researcher and the subjects were blinded with regard to group allocation of each subject. Two researchers managed 15 provers each. The researchers were S Ramnarayan (B.Tech.Homoeopathy) and B. R. Moonsamy (B.Tech Homoeopathy).

Six saccharam lactis powders were dispensed to each prover and were taken sublingually. The placebo and verum sets of powders were identical in appearance and in taste. The provers took one powder for a maximum of three times a day for two days or until symptoms first appeared. The resulting symptomatology was recorded in journals by the provers who were closely monitored by the researchers.

At the end of the proving term, all journals were collected. The information gathered was carefully analyzed to see whether these symptoms were viable or not. The viable symptoms were compared with remedies of similar symptomatology.

#### **3.2 OUTLINE OF THE EXPERIMENTAL DESIGN**

- Volunteer provers were recruited from amongst homoeopathic students, homoeopathic practitioners and members of the general public. Posters were



displayed on the homoeopathic notice board as well as various other departmental notice boards at DUT (see Appendix F).

- An initial interview, was scheduled with each recruited prover, which took place at DUT Homoeopathic Clinic. Provers were subjected to a checklist to determine if they were suitable for inclusion into this proving (see Appendix A). After successful completion of Appendix A, provers were given the study Information Letter to read (Appendix D). The prover was given an opportunity to ask any questions or address any concerns that he/she may have had at the time. The researchers eased the provers concerns to the best of their ability, following which the provers signed the Consent Form attached to the Information Letter (Appendix D). A prover was only admitted into the proving once the informed consent form was signed. The interview lasted 15 minutes.
- Once the prover had signed the consent form a date was scheduled for the pre-proving consultation and physical examination. This took place on an individual basis between researchers and each of the provers.
- Once the provers were selected from the initial individual interviews, a group meeting was held between the total group of provers and the two researchers. This meeting served to inform the provers of what was expected of them during the study and they were given an Instruction to Prover's sheet (Appendix D outlining the basic procedure of the proving (Sherr 1994: 60).
- During the pre-proving consultation a thorough case history was taken by the researchers and a physical examination was performed (as per Appendix C)
- Once the consultation was complete, each prover was given the following:
  - Personal prover code;
  - A blank lined A5 book (the journal) in which to record symptoms;
  - Six powders;
  - Their date of commencement;
  - The Instructions to Provers sheet (Appendix D).
- An independent third party dispensed the powders to the provers according to a randomization list.
- A week before starting the proving, each prover recorded their "normal" day to day symptoms and activities in their journal, at least three times a day or as often as they occur. This was important to establish a baseline for each

person's normal state of health. This continued for one week before the first dose was taken (ICCH 1999: 35; Sherr 1994: 60).

- The provers were contacted by the researchers to ensure accuracy of symptom recording.
- One week after journal keeping each prover took their first dose of medicine and recorded any symptoms that had occurred.
- If symptoms did arise the prover stopped taking the medication immediately, unless the symptoms were very mild in which case one more dose was taken (Sherr 1994: 61).
- In the case of no symptoms then the provers continued their doses three times a day for a maximum of two days.
- Provers continued to record their symptoms daily for a total of four weeks.
- Telephonic monitoring of the provers was carried out by the researchers to discuss the prover's symptoms.
- For the remainder of the four weeks the researchers contacted their allocated 15 provers respectively by telephone every day for the first week thereafter every second day in the second week. Every third day in the third week and once a week in the fourth week.
- The prover continued recording the symptoms until all proving symptoms have disappeared.
- After these four weeks a further one week from the completion time of the last two groups of three subjects was allowed for general observation, in case any further symptoms arose.
- At the end of the observation period the journals were collected from each prover and a date for the post-proving group meeting was allocated, so as not to conflict with the need to retain secrecy during the proving (Sherr 1994: 66).
- This group meeting accomplished the following (Sherr 1994: 66):
  - Amalgamation of the separate provings into a totality, in which the separate symptoms of each prover could be considered as if they had all occurred in one person.
  - Clarification of issues and enable the group to validate or discard doubtful symptoms.

- Opportunity for provers' to remember and clarification of symptoms that they were unsure about.
- Assistance of provers with any personal difficulties that may have arisen, by the process of sharing the common experience of the proving.
- The proving was then un-blinded to the researchers so that the verum and placebo groups could be distinguished from one another before symptom extraction began.
- Extraction of symptoms and collation of data followed.
- Finally, valid symptoms were written up into materia medica and repertory format.
- The data thus organized was compared to other homoeopathic remedies with similar rubrics.

All information gathered from all provers was made available to both researchers as they both needed the full symptomatology picture to compile their dissertations.

### **3.3 THE PROVING SUBSTANCE**

#### **3.3.1 The potency**

The 30CH potency was chosen in the proving of *Malus domestica*. This is in accordance with the Hahnemannian method, as stated in aphorism 128 of the 6<sup>th</sup> edition of the Organon of the Medical Art (O'Reilly 1996: 111).

#### **3.3.2 The collection, preparation and dispensing of the proving substance**

The proving substance was sourced from a wild tree located on the premises of the Cobham Nature Reserve in the Natal Midlands. Two samples of the mature fruit were obtained and transported immediately to the Durban University of Technology. One fruit was immediately prepared into the proving remedy and the other scientifically identified and documented by a qualified horticulturist from the University of KwaZulu-Natal. A letter of certification was obtained from the horticulturist, clearly stating the identity of the proving substance (see Appendix G(b)).

The entire fruit was macerated and a sample was immediately triturated with inert saccharum lactis powder in a ratio of 1:99 up to the 3CH potency. This was in accordance with Method 6 of the German Homoeopathic Pharmacopoeia (5<sup>th</sup> supplement to the 1<sup>st</sup> edition). Liquid potencies were then manufactured from this preparation of *Malus domestica* 3CH to a potency level of 30CH, as per Method 8a of the German Homoeopathic Pharmacopoeia (5<sup>th</sup> supplement to the 1<sup>st</sup> edition). This 30CH liquid potency was then used to impregnate lactose granules at 1% volume: volume.

These impregnated granules were then added to each inert lactose powder sachet [*Homoeopathics Trading® chemically pure Lactose monohydrate BP (loss on drying + water max 6%); Illovo Limited Anhydrous alcohol 99.9% UN No 1170 Batch 52/12/67*] that was set aside for the verum group and administered to the provers allocated to the experimental group. The above procedures are in accordance to the standards and methodology laid out in the German Homoeopathic Pharmacopoeia (GHP) (5<sup>th</sup> supplement to the 1<sup>st</sup> edition) (British Homoeopathic Association 1993) (see Appendix E). The placebo was dispensed in the form of lactose granules impregnated at 1% volume: volume with 96% ethanol. This was administered to provers in the placebo group.

The verum and placebo powders were prepared in such a way that they appeared identical. The powders were then dispensed by the Homoeopathic Day Clinic's Laboratory Assistant as per the randomisation schedule. This ensured that the researchers remained blind to who received which preparation. The proving substance was assigned to 80% (24 individuals) and the placebo to 20% (six individuals) of the proving group respectively.

### **3.3.3 Dosage and posology**

As suggested by Sherr (1994), posology consisted of one powder dissolved sublingually three times a day over two consecutive days or until symptoms arose. After the onset of symptoms no further doses of the proving substance were to be taken. Each dose was to be taken sublingually and no food or drink to be taken half an hour before and after the dose.

### **3.4 SAMPLE**

The sample size of this study was 30 provers, as recommended by Sherr (2003) to produce a full remedy picture. Provers were randomized to a verum group or a placebo group. The randomization process was carried out by an independent third party, assigned by the Department of Homoeopathy Research Committee, namely a senior academic staff member, Dr I. Couchman (M.Tech. Hom). The verum group consisted of 24 provers and the placebo group six provers. Thus 15 provers each were assigned to two research students. The two researchers thus managed 15 provers each. The researchers were S Ramnarayan (B.Tech.Homoeopathy) and B. R Moonsamy (B.Tech Homoeopathy).

The racial demographic of the study population was not representative of the region in which the study was conducted, which is Durban Kwa-Zulu-Natal where the majority population is African. In this study there was a majority of Indian participants.

#### **3.4.1 Criteria for inclusion in the proving**

The inclusion criteria were that the participant would:

- Be between the ages of 18 and 70(Jansen and Ross 2014). Even though the elderly are known as a vulnerable group, their life experiences and reactions to medications are invaluable. There was a necessary screening procedure as a pre-proving interview which helped to educate this group. Individuals were questioned and educated. Any questions or reservations they may have had regarding the proving were answered.
- Be considered to be in a good state of health (Sherr 1994: 44).
- Be literate in English.
- Be free from taking any medication; chemical, homoeopathic or other herbal medication (Sherr 1994: 44).
- Not be taking the oral contraceptive pill or hormone replacement therapy for six months prior to the proving.
- Have had no surgery for at least 6 weeks prior to the proving.
- Not be pregnant or nursing (Sherr 1994 30; Wieland 1997: 233)

- Not be a user of recreational drugs such as cannabis, LSD or MDMA (Sherr 1994; Wright 1999).
- Consume no more than 2 measures of alcohol per day.
- Consume no more than 10 cigarettes per day.
- Consume no more than 3 cups of coffee or tea a day.
- Be able to maintain his/her normal lifestyle and usual daily activities as closely as possible and have no major lifestyle changes during the proving period.
- Be willing to follow the proper procedures for the duration of the proving (Wright 1999).

### **3.4.2 Criteria for exclusion from the proving**

#### Exclusion criteria

- Younger than 18 years old or older than 70 years old.
- In a state of poor health.
- Not literate in English.
- On chronic allopathic, homoeopathic, or herbal medication.
- On, or have been on, the oral contraceptive pill or hormone replacement therapy in the last six months.
- Pregnant or nursing.
- Have had surgery in the last six months.
- Use recreational drugs such as cannabis, LSD, or ecstasy (MDMA).
- Consume more than two measures of alcohol a day.
- Smoke more than 10 cigarettes a day.
- Consume more than 3 cups of coffee or tea a day.
- Unable to maintain his/her normal lifestyle and usual daily activities as closely as possible and have no major lifestyle changes during the proving period.
- Are not willing to follow the proper procedure for the duration of the proving.

### **3.4.3 Lifestyle of provers during the proving**

It was necessary for provers to avoid all anti-doting factors such as coffee, camphor, and mints (Sherr 2003: 92). If the prover did normally use these substances, he/she

was asked to stop consuming them for two weeks before, and for the duration of the proving (Sherr 2003: 92). Provers were asked to protect the powders dispensed to them as they would any potentized remedy, i.e. store them in a cool, dark place away from strong smelling substances, chemicals, and electric equipment and cell phones. For a successful proving, moderation in work, alcohol, exercise and diet need to be maintained (Sherr 2003: 92).

Provers were required to avoid taking medication of any sort, including antibiotics and any steroid or cortisone preparations, vitamins or mineral supplements, herbal or homoeopathic remedies (Sherr 2003: 92).

In the event of a medical or dental emergency provers were permitted to contact their doctor, dentist, or local hospital as necessary. Contact with the supervisor would be achieved as soon as possible.

### **3.5 MONITORING OF THE PROVERS**

In the first week the researcher contacted the provers by phone every day. This allowed for careful monitoring of the provers and gave them a chance to voice any problems they had and ensured compliance and effective recording of symptoms. The daily phone calls were then reduced to every second day in week two (2) then once every three (3) days in week three (3). Finally, a single call was made in the fourth (4<sup>th</sup>) week. The phone calls help to maintain a close relationship between the researcher and the prover.

### **3.6 DURATION OF THE PROVING**

#### **3.6.1 Pre-proving observation**

Each prover started recording their symptoms a minimum of three times daily for one week prior to consuming the proving substance, as an internal control. This period of mandatory pre-proving observation was carefully monitored by the researcher.

### **3.6.2 Commencement of proving**

On completion of the week of pre-proving observation and journaling, each prover commenced taking the powders a maximum of three times daily for three days, or until the first symptoms appeared, whereupon no further doses of the proving substance was taken. If there were no symptoms noted after the sixth powder, the prover stopped taking any further doses. The provers did however continue journaling as they previously did. The monitoring of the prover was carried out telephonically to confirm the onset of proving symptoms, that the methodology was being implemented correctly, and that the prover's interests were protected. Provers recorded symptoms at least once daily for the duration of the proving.

### **3.6.3 Post-proving observation**

The proving was rendered complete when proving symptoms ceased to manifest for a period of three weeks. Provers continued to journal for a period of two weeks thereafter; this was known as the post proving observation period. Upon completion the respective journal was recalled, and a post-proving case history and physical examination was conducted on the prover. The purpose of the post-proving case-history and physical examination was to confirm the return to the pre-proving state, and to confirm the disappearance of any 'cured symptoms'.

Although the duration of the individual prover's reaction to the proving substance cannot be predicted, the broad prediction of duration would be approximately 42 days as set out below:

- Pre-proving observation (1 week) 7 days
- Proving period (4 weeks) 28 days
- Post-proving observation (1 week) 7 days

### **3.6.4 Group discussion**

Once all provers completed their respective provings and handed in their journals, the randomisation was unblinded (identity of proving substance remained blinded), and all verum provers met with the research students for a group discussion of symptomatology experienced. Sherr (1994: 68) mentions that when it comes to methodology this is of utmost importance. The following reasons motivate the need



for a group discussion. The discussion often triggers provers' memories for symptoms which may have been forgotten, or of which the prover was uncertain about. The discussion assisted in defining, understanding and discarding doubtful symptoms.

### **3.7 ETHICAL CONSIDERATIONS**

Provers were volunteers who signed an informed consent form (Appendix D) after being made aware of the potential risks, objectives and benefits of the study. Provers were informed that they were under no obligation and were free to withdraw from the study at any point. Confidentiality was maintained throughout the study. Provers were only identified by prover numbers given to them randomly according to the randomisation process, discussed earlier, at the start of the proving

As mentioned in the Declaration of Helsinki: all clinical medical research projects that involve human subjects should be lead by careful assessment of the risks in comparison with the predictable benefits to the subjects in question. This does not prevent the involvement of healthy volunteers in medical research. The design of all the studies should be made publicly available (Bulletin of the World Health Organization 2001). This study will be publicly available in the hard copy and digital collection of the library system of Durban University of Technology. The likelihood of adverse effects is minimized due to the effect of the proving substance only lasting a short while (Sherr 2003: 62).

A homoeopathic proving allows for the possible manifestation of physical and sensational symptoms in the prover population. These symptoms disappear once the proving remedy has completed its effect. However, in the event that these symptoms become distressing to the participant then the proving remedy can be antidoted (Sherr 2003: 63). Distressing symptoms are regarded as a noticeable intensification of the proving symptoms observed (O'Reilly 1996: 171). An example of a distressing symptom is a headache. The antidoting process would be managed by the study supervisor according to the standard protocol for provings in the Department of Homoeopathy at DUT as follows

- The supervisor in charge performs a carefully detailed case history and physical examination of the participant (Sherr 2003: 63).
- The proving remedy is then discontinued (Sherr 2003: 63).
- If the symptoms persist then a suitable homoeopathic remedy is prescribed to eradicate the symptoms (Sherr 2003: 63).
- This information, along with the particular remedy used to antidote the prover, will be documented and included in the research study.
- This study adhered to the Adverse Event Protocol as set out by DUT IREC.

## **3.8 SYMPTOM EXTRACTION AND EVALUATION**

### **3.8.1 Extraction of symptoms**

Symptoms were extracted from each journal after being collected; it was then collated and converted into materia medica and repertory language (Sherr 1994: 67). Provers reports were written in ordinary, clear and grammatically correct English (Sherr 1994: 67). Uncomplicated language and the necessary expressions of the prover were taken in the provers own words (Sherr 1994: 68).

Data from the pre-proving consultation were taken into consideration when extracting the symptoms as this provided a baseline control for individual provers and served to confirm the validity of symptoms experienced during the proving period. Other forms of data monitoring included data from the telephone conversations, observations from independent parties and data from the group meeting were also considered.

### **3.8.2 Criteria for accepting proving symptoms**

**Inclusion criteria for the inclusion of a symptom were as follows:**

- New symptoms, unfamiliar to the prover (ICCH 1999: 36).
- Usual or current symptoms that are intensified to a marked degree (ICCH 1999: 36).
- Current symptoms that have been modified or altered (with clear description of current or modified components) (ICCH 1999: 36).
- Old symptoms that have not occurred for at least one year (note time of last appearance) (ICCH 1999: 36).

- Present symptoms that have disappeared during the proving (curative action) (ICCH 1999: 36).
- The time of day at which the symptom occurred should only be included if there is repetition of such times in one or more provers (ICCH 1999: 36).
- If a symptom is in doubt, include it in brackets. If another prover experiences the same symptom it could be valid, otherwise it must be excluded (ICCH 1999: 36).
- Modalities (something which makes a symptom better or worse) (Riley 1997: 227).
- Concomitants (something occurring in conjunction with a symptom) (Riley 1997: 227).
- Timing of the symptom (periodicity, specificity of timing) (Riley 1997: 227).
- Localisation (sides, extension) (Riley 1997: 227).
- Unique descriptions of a symptom (descriptive adjectives) (Riley 1997: 227).
- Intensity of the symptom.
- A symptom occurred after taking the medication on at least two occasions during the homoeopathic drug proving.
- A symptom experienced when the proving started and which disappeared or is significantly ameliorated after the administration of the proving medication is classified as a cured symptom (Riley 1997: 227).
- All symptoms occurring in more than one subject (Riley 1997: 227).
- If the prover is under general influence of the remedy then all new symptoms are proving symptoms (Sherr, 1994: 70).

### **Exclusion criteria**

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

### **3.8.3 Collating and editing of the data**

The information obtained was scrupulously sifted through and unified as if all the symptoms came from one person (Sherr 1994: 75). While editing it was pivotal that the proving was comprehensible and easy to read. Language and grammar remained unaffected however unreadable sentences and unnecessary details were left out (Sherr 1994: 77).

Both researchers collated the data from their allocated group of independent provers according to the particular affected areas denoted by the symptoms e.g. mind, generals, and abdomen. Matching and similar symptoms from different provers emerge individually and consecutively under the various headings relating to area (Sherr 1994: 77). Any symptoms pertaining to a particular section that were repeated in one prover were recorded once with the relevant intensity taken into consideration (Sherr 1994: 77). Data from the various groups were entered into the various subheadings using materia medica format with the purpose of creating a comprehensive materia medica for *Malus domestica*.

## **3.9 REPORTING THE DATA**

The main objective of this stage was to report each symptom in a concise, fair and truthful manner.

The information collected from this study was recorded in two different formats that are both homoeopathically sound and standardised, namely the materia medica and repertory.

### **3.9.1 Repertory**

Symptoms or rubrics were taken from the journals that the provers reported and the appropriately corresponding existing rubric found. Clear symptoms produced by *Malus domestica* 30CH that were not found in existing rubrics necessitated the creation of the new rubrics. The repertory used for this purpose was the *Synthesis: Repertorium Homoeopathicum Syntheticum* edition 9.1 (Schroyens 2004). The remedy was then added under the appropriate rubric.

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

### **3.9.2 Materia medica**

The symptoms that were included from the proving of *Malus domestica* are presented in a typical materia medica format. These symptoms are listed under sections that are common to most materia medica and correspond to the sections of the Synthesis: *Repertorium Homoeopathicum Syntheticum*, edition 9.1 (Schroyens 2004). These sections are listed below:

1. Mind
2. Vertigo
3. Head
4. Eye
5. Vision
6. Ear
7. Hearing
8. Nose
9. Face
10. Mouth
11. Teeth
12. Throat
13. External throat
14. Stomach
15. Abdomen
16. Rectum
17. Stool
18. Bladder
19. Kidneys
20. Prostate

21. Urethra
22. Urine
23. Male genitalia/ Sex
24. Female genitalia/sex
25. Larynx
26. Respiration
27. Cough
28. Expectoration
29. Chest
30. Back
32. Sleep
33. Dreams
34. Chill
35. Fever
36. Skin
37. Generals

### **3.9.3 Comparison to remedies of repertorial similarity**

On completion of collation and editing of symptoms a group of ten symptoms were selected that were seen to form the essence of the remedy, the 'minimum characteristic syndrome'. This is said to be comprised of five to ten symptoms that are fundamental to the dynamic of the remedy (Candagabe 1997). The symptoms that comprise the minimum characteristic syndrome were repertorised (see Appendices H-L.) The top five remedies after repertorisation were considered for comparison (Candagabe 1997). The symptoms were repertorised using the software programme Radar Opus and the remedies that were numerically the highest and covered the most symptoms were regarded as being the minimum characteristic syndrome. These remedies were compared to *Malud domestica* 30CH highlighting the similarities and differences that exist.

Below are the rubrics chosen for the repertorisation (Table 2). These rubrics were chosen based on intensity, recurrence and their peculiar nature. In homeopathic

paradigms the 'strange, rare and peculiar' are more characteristic of a remedy than mere volume of repetition of symptoms.

**Table 2: Rubrics chosen for the repertorisation**

Mind delusions - persecuted he is persecuted
Mind delusions separated - body mind are separated, body
Mind tranquility
Head lightness sensation of
Head pain pulsating
Face shiny oily
Rectum diarrhea morning
Extremities cramps legs calves
Extremities separated sensation leg body, as if separated from his
Generals food and drink tea desire

# CHAPER FOUR

## THE RESULTS

### 4.1 INTRODUCTION

The symptoms obtained during the proving of *Malus domestica* 30CH were extracted from the relevant prover journals, collated and edited. The results were then converted into standard homoeopathic referencing formats as two subsections. In the first subsection of materia medica, symptoms were listed in the provers 'own words' then organized according to recognised sections of the materia medica. In the second subsection of repertory the symptoms were converted to repertory language and format and grouped into sections as per the *Synthesis: Repertorium Syntheticum* Edition 9.1 (Schroyens 2004).

### 4.2 COMPOSITION OF THE PROVER POPULATION

The recorded symptoms that compromise the materia medica and repertory of *Malus domestica* 30CH were obtained from a total number of 24 provers who received verum and six provers in the placebo group.

#### 4.2.1 Prover lists

The symptoms that comprise the materia medica and repertory of *Malus domestica* were taken from two groups of provers. The first was the group of provers that was supervised by this researcher for the purpose of this study. The second was the group of provers participating in the parallel proving of the same substance conducted concurrently by Sumir Ramnarayan (Ramnarayan, 2014).

In Table 3 both groups provers that were on placebo are indicated by a P, and those on verum are indicated by a V, in the appropriate column.



**Table 3: Details of the Provers**

<b>PROVER NUMBER</b>	<b>AGE</b>	<b>GENDER</b>	<b>PLACEBO/VERUM</b>
01	27	M	V
02	21	M	V
03	28	M	P
04	21	F	V
05	25	M	V
06	27	F	P
07	26	M	V
08	28	M	V
09	57	M	P
10	28	M	V
11	30	M	V
12	27	F	P
13	57	M	V
14	21	F	V
15	25	F	P
16	19	M	V
17	27	M	V
18	38	M	V
19	29	F	V
20	19	M	V
21	26	F	V
23	19	F	V
24	23	M	V
25	19	F	V
26	31	M	P
27	21	F	V
28	34	M	V
29	29	M	V
30	28	M	V
31	26	M	V

## 4.3 SYMPTOMS OF *MALUS DOMESTICA*: MATERIA MEDICA

### KEY

The symptoms are referenced as follows:

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

The time reference indicates the number of days, hours and minutes since the first dose was taken. After 24 hours the minutes are considered unimportant and represented by XX. After a few days the same applies to the hours.

Where the time is unclear it is represented by XX.XX.XX

Symptoms denoted with \* are symptoms that were conveyed either at the post proving group meeting or in one of the interviews with the provers. Symptoms from the journals of placebo provers were not considered.

Wording and sentence construction from the journal entries has been retained.

Words in brackets are clarifications from the researcher.

### **4.3.1 Mind**

#### **4.3.1.1 Anger/frustration**

Got into a huge fight with a client which ended in swearing.

01 M 19: XX: XX

If there was anything worrying me right now she'd be one of them (a problem I won't divulge). So all in all today I am EMOTIONALLY UNSTABLE.

[Frustrated, angry and irritable. Not being able to talk the problem out with her.]

02 M 03: XX: XX

What a ridiculous day I had!!! First time in my university life I had an exchange with a lecturer and it wasn't very pleasant. I know this won't sit well with my department H.O.D.

02 M 15: XX: XX

Angry from the time I woke up, went all day long fuming at most people. 13 M 17:  
XX: XX

Felt very edgy today, like I wanted to bite everyone's head off, I'm normally fine.  
16 M 18: XX: XX

Woke up thinking about previous nights (night's) dream. Felt sad and angry.  
[In the dream I had a fight with my boyfriend – I was angry because he didn't  
understand where I was coming from and I was sad because I love him so much and  
he doesn't understand.]  
21 F 07: XX: XX

#### **4.3.1.2 Anxious/nervousness**

A lot more to be done to secure future.  
[Need to secure myself financially as I don't have a permanent job. On the verge of  
getting married but not financially stable enough.]  
17 M 03: XX: XX

Apologies for not filling in yesterday, had a lot of work to do hence I forgot. Today  
was horrendous had so much of nervous energy didn't know what to do with it. I had  
to fidget a lot today which irritated everyone, felt weird emotions towards my  
girlfriend. I questioned my relationship with her which is a normal occurrence I guess  
however it felt out of the normal to me.  
[I felt anxious when I thought about her. The way she's been acting recently-it feels  
unstable to me. Felt weird cos(because) I trust her whole heartedly.]  
18 M 04: XX: XX

Experienced an anxiety attack around 5pm.  
21 F 32: XX: XX

Woke up from evening sleep had an anxiety attack, didn't know what I was seeing  
was real or fake.

[An anxiety attack was I was sweating, deep breathing, and confused thoughts. Because of my confused mind I think I couldn't process what I was seeing.]

22 M 03: XX: XX

Had a strange daydream today about a girl I've never met but was so scared about talking to her and telling her how I felt about her.

[I felt nervous and anxious towards her. My heart was racing.]

22 M 17: XX: XX

No pain but a bit nervous because I didn't know what was the systems of this pain from the start.

31 M 09: XX: XX

#### **4.3.1.3 Calmness**

Had a dream about being in a park that looked like botanics. Strange cos (because) I haven't been there in years haha I think it's time to take a break and visit the place. Felt like I had a deeper peace and calmness in this park like time didn't move-very deep.

08 M 02: XX: XX

I had a very easy day, relaxed. My mind was at ease.

11 M 09: XX: XX

My mind was calm this morning I was sitting on my bed feeling like I was dreaming.

13 M 08: XX: XX

Was feeling calm and relaxed this morning my thoughts seemed clearer than they normally are.

19 F 03: XX: XX

I am calm even though I know my future is uncertain. This confuses me cos (because) I normally am not so calm when it comes to work.

28 M 00: XX: XX

Powder 1: I felt extremely calm after taking the 1<sup>st</sup> sachet – I haven't felt like this in years. Took powder 2: didn't feel as calm as I did in the morning but I did have lots more energy and I found that I could think much clearer, even at work my mind was constantly running on full steam. Took powder 3: had a shower and my head felt light-no pain but was just feeling a bit dizzy. Had supper and a cup of tea – normally am a coffee person but felt for tea this evening.

[I felt a sense of serenity and inner peace.]

30 M: XX: XX

#### **4.3.1.4 Cheerful**

Woke up and went to the toilet for number 2, felt really free after that.

01 M 01: XX: XX

Relaxed, happy, in a good mood. The person responsible for my moodiness and reason for being distant decided to be nice and sweet to me, resulting in my mood remaining happy, relaxed, etc, etc.

[My boyfriend had a change of character and decided to be overly nice and spent quality time with me.]

04 F 01: XX: XX

People said I'm nicer.

[I'm normally introverted and I keep to myself. Everyone saw me as someone that would not open up to them and didn't consider their opinions. It means that then I was friendlier, open to discussion and much more free and easy going.]

04 F 01: XX: XX

Experienced happiness and I did not cry, was not moody, spoke to everybody and was back to my jolly self in general.

04 F 01: XX: XX

Number 2 was extremely pleasurable, felt a good release, relaxed.

22 M 04: XX: XX

#### **4.3.1.5 Concentration/clarity of mind**

But concentration levels were really good. Managed studying for long hours.

04 F 01: XX: XX

Feel like I think a bit more clearly I feel lighter in my head as in my thoughts are clearer for some reason.

16 M 21: XX: XX

I feel much better today, my thoughts are clear and I can function well.

16 M 27: XX: XX

Everything seems clearer, I can think and focus so much better than before.

19 F 02: XX: XX

These days I noticed I can't remember passed events like I used to.

28 M 00: XX: XX

#### **4.3.1.6 Confusion**

I am confused about my femininity.

[I found that I was crying more than usual. I like to be soft and gentle and dependent on my partner – I always felt like this but it came to the surface back then. I like my partner to be able to take care of me.]

07 M 02: XX: XX

My chest started to feel tight after 12pm, my brain still feels confused, and I'm insecure about my relationship.

11 M 05: XX: XX

#### **4.3.1.7 Delusions**

##### **4.3.1.7.1 Dirty**

Not feeling too good, got my periods. Feel dirty and just want to bath and get back to bed.

27 F 13: XX: XX

##### **4.3.1.7.2 Faces diabolical**

While I was daydreaming pictures of evil beings came across.

[Distorted and disfigured faces which seemed scary at the time and looked evil.]

13 M 03: XX: XX

##### **4.3.1.7.3 Forsaken**

I feel like I'm lacking in love-I don't really know who I am.

[Immediate family always pays less attention to me.]

16 M 03: XX: XX

##### **4.3.1.7.4 God**

When I went to bed and prayed last night it felt like God was talking to me.

[I physically felt that God spoke to me with an audible voice-I could literally hear it because his voice seemed very loud. It was late at night and I felt like praying. I was half asleep half awake.]

11 M 01: XX: XX

##### **4.3.1.7.5 Persecuted**

I feel persecuted by everyone around me like everyone is against me.

01 M 03: XX: XX

It feels like everyone is out to use me including my loved ones. 18 M 03: XX: XX

Sometimes I really feel that God himself hates me.

[Whatever I try to do is never easy to accomplish. I work hard with no guarantee that I'm going to be successful in anything. I feel that he could favour me more.]

24 M 07: XX: XX

Feels as though the whole world is against me.

28 M 02: XX: XX

#### **4.3.1.8 Depression/sadness**

Feeling depressed today. I need to start work so I can make some money. Feel worried about my girls they are small still. My nose was blocked the whole day again – this doesn't happen at all.

13 M 21: XX: XX

Felt sad and misunderstood by everyone. I try to explain my intentions but nobody understands me.

22 M 12: XX: XX

#### **4.3.1.9 Irritation**

Was really irritated in the morning today but playing with my daughters made the day so much better. Felt stressed but just a little.

01 M 05: XX: XX

Felt irritated then spoke to a friend about issues and felt really good.

[Felt edgy and agitated.]

01 M 07: XX: XX

Had a very irritated day strong emotions to everyone came out.

16 M 23: XX: XX

Was just annoyed with the crime rate in the country and how well criminals are protected.



[I hate it when the underprivileged and the poor are mistreated.]

17 M 14: XX: XX

Not feeling too good. I am a bit grumpy; I had a huge argument with a friend.

27 F 05: XX: XX

#### **4.3.2 Vertigo**

Head felt very light today, less issues that normally stress me out.

05 M 05: XX: XX

Took the 1<sup>st</sup> powder this morning but didn't feel anything out of the ordinary. But I noticed that at about an hour later I felt a bit light headed-not so much dizzy but just (just) felt like my head was floating. Very unusual for me.

08 M 00: XX: XX

A lot of dizziness and weak feeling in my head, a little bit of constipation.

11 M 00: XX: XX

My head was feeling different also – was feeling light.

13 M 05: XX: XX

Head seems to be floating-dunno (don't know) if the runny tummy in the morning caused that.

19 F 03: XX: XX

Took my 2<sup>nd</sup> powder @ 16: 00, again no pain but my head a bit lite (light), for about 30 mins, once I went outside and worked it was fine.

29 M 01: 16: 30

Powder 1: I felt extremely calm after taking the 1<sup>st</sup> sachet – I haven't felt like this in years. Took powder 2: didn't feel as calm as I did in the morning but I did have lots more energy and I found that I could think much clearer, even at work my mind was constantly running on full steam. Took powder 3: had a shower and my head felt light

– no pain but was just feeling a bit dizzy. Had supper and a cup of tea-normally am a coffee person but felt for tea this evening.

30 M 00: XX: XX

#### **4.3.3 Energy/amped**

Woke up normally, however felt a bit strange like I had brainpower. My body feels like there's a stronger motor driving the wheels. I feel great.

18 M 00: XX: XX

Started taking the medicine today. Felt amped at the end of the day like I am the king of my castle.

20 M 00: XX: XX

#### **4.3.4 Family**

Enjoyed spending time with the family.

[Normally I like being on my own but then I enjoyed being around family.]

01 M 08: XX: XX

Thought about spending more time with family and friends.

[With my busy, hectic lifestyle I decided I needed to spend more time with my family and friends.]

17 M 04: XX: XX

#### **4.3.5 Financial strife/business**

Powder 3 also gave me a bit more heightened senses and thinking was a lot deeper, thinking was more focused however I am at a stage in the business where every decision made is an important one long term wise.

17 M 02: XX: XX

A lot of ideas going through my mind, constantly thinking about how to improve the business and people's lives around you.

17 M 03: XX: XX

Made new plans for the business in terms of marketing and patient approach.

17 M 24: XX: XX

#### **4.3.6 Frustration**

Got really frustrated today with wife but I kept my cool.

01 M 11: XX: XX

#### **4.3.7 God/prayer/religion/religious**

Tendency toward being more spiritually inclined.

17 M 05: XX: XX

Being spiritually inclined helps heighten all senses since it seems to calm mind down and bring about inner peace.

[I was stressed about my situation and my future and after praying I felt the inner peace I speak about.]

17 M 05: XX: XX

Did some prayer before going to practice. Made me feel a lot better/motivated in the morning.

17 M 13: XX: XX

Visited the temple in the morning, felt like giving a larger donation than normal. The atmosphere in the temple brought me back down to a calmer place rather than thinking about work all the time.

[I felt that God wanted me to.]

17 M 14: XX: XX

Did prayers on Saturday helped to distress (de-stress) and clear mind for the morning and day. Had weird/strange dreams night before.

17 M 20: XX: XX

It feels as tho (though) my faith is being questioned all the time. [I have strong beliefs in my God and I trust him daily for most of the decisions. My everyday challenges at work.]

20 M 08: XX: XX

#### **4.3.8 Laughing/playing**

Usual day went to work laughed a lot today not usual for me, enjoying the positive attitude.

05 M 12: XX: XX

Seemed to want to play with the dogs a bit more than I normally do or play soccer since I hadn't play the sport in a while.

17 M 08: XX: XX

#### **4.3.9 Mental exhaustion**

Moderate mental exhaustion. Mental exhaustion resulted in feeling sleepy for several hours (3 hrs max) from 10: 30am.

02 M 01: XX: XX

#### **4.3.10 Nature**

Had a dream about being in a park that looked like botanics. Strange cos (because) I haven't been there in years haha I think it's time to take a break and visit the place. Felt like I had a deeper peace and calmness in this park like time didn't move – very deep.

08 M 02: XX: XX

Just wanted to go camping somewhere to get away from all the stress from daily living. Feel like I need to get back in touch with nature-small things seem to make me happy nowadays like looking at the birds eating and things.

08 M 10: XX: XX

I felt like spending time outdoors and being closer to nature. I just wanted the open air and the breeze from outside.

11 M 10: XX: XX

Felt like being outside a bit more enjoying nature and fresh air.

17 M 08: XX: XX

#### **4.3.11 Relationships**

Had a fairly short day today. Got a lot in mind such as upcoming test, assignments and a more personal thought....my female companion.

02 M 03: XX: XX

I'm starting to have doubts about my relationship and religion, double-minded, am I doing the right thing.

[Is there a future for us as in do I love her enough? When I say double-minded I mean is there somebody else out there for me?]

11 M 00: XX: XX

The doubts are getting stronger, am I with the right person, am I making the right decisions.

[Am I the right person to love her enough. To be there for her.]

11 M 01: XX: XX

My chest started to feel tight after 12pm, my brain still feels confused, I'm insecure about my relationship.

[I couldn't breathe in properly, I'm confused about whether I should stay in this relationship or not.]

11 M 05: XX: XX

After a week on these powders I'm starting to think more about my decisions and relationships.

11 M 07: XX: XX

#### **4.3.12 Romance**

Felt really nostalgic and romantic today out of the ordinary.

[Felt nostalgic over my girlfriend and our romance. Romantic feelings mean me being affectionate, paying attention, cuddling, kissing.]

22 M 09: XX: XX

#### **4.3.13 Senses heightened/acute**

Mind is lively even tho (though) in a bit of pain – I see I can think clearly and my concentration levels have heightened. It's like all my senses are heightened I can see sharper and hear clearly all the sounds around me.

08 M 01: XX: XX

Powder 2 after lunch made senses like the eyesight, hearing and taste a bit more heightened.

17 M 01: XX: XX

Day felt easier, senses felt a bit more heightened probably due to exercise.

17 M 23: XX: XX

#### **4.3.14 Separated/disconnected**

Something inside is missing.

[The thing that's missing is the zest for life, passion and the drive to succeed. It feels like a big hole in my chest.]

05 M 02: XX: XX

Woke up a bit late for work, a bit tired (tired) but feel very lazy, my legs feel like their separated from my body.

05 M 04: XX: XX

My legs feel like their (they're) not part of my body at times.

05 M 05: XX: XX

Felt like my head wasn't on my body – think I may be coming down with the flu or something.

08 M 03: XX: XX

But had this odd sensation that my feet weren't attached to my body when I was running. Very weird. This has never happened to me before.

[While I was running I lost sensation in my feet – that's why they went numb. Which was strange because normally my feet are hot and sweaty while I run.]

08 M 14: XX: XX

I feel stupid today went out with my friends and had a great time, felt great but something's missing, I can't see the point of everything.

[I don't know where my life is going. Nothing adds up in my life.]

11 M 18: XX: XX

Body is relaxed but subconscious is on its own mission I guess.

17 M 03: XX: XX

Leg cramps began again but this time it started from the top of my feet, feels like my feet are separated from my legs.

19 F 07: XX: XX

I feel a loss in connection between my mind and body.

[Things that I want to do I never seem to achieve. When I have a plan I find it difficult to follow through as I am tired or doing too many things at once.]

22 M 01: XX: XX

A very strange thing happened today while I was walking to work. It felt like my toes were cut off from my feet like they were separated.

[My toes first started cramping then went numb and felt as if I was only walking on the balls of my feet.]

24 M 04: XX: XX

Woke up with a sensation of a ball deep in my throat – even coughing didn't help clear my throat of this feeling. Had a strange dream of me on a thick carpet of grass and watched children playing in a rose garden – one of the children got cut and I ran over to help her. It made me feel weird holding her hand. Took the 4<sup>th</sup> powder: everything was normal – except my energy was heightened for a while. Had the 5<sup>th</sup> powder at work: had a supernatural experience! I literally could see myself at my workstation aimlessly typing away on my computer. This was my first "Out of body" experience – it was like my body was separated from my soul, like being in a dream. I am not taking any more of the powders from here on!

[I didn't know the child but somehow I really wanted to hold her hand – I felt a sense of attachment and a sense of responsibility to take care of her.]

30 M 02: XX: XX

#### **4.3.15 Sex**

##### **4.3.15.1 Fear before sexual intercourse**

I woke up very tired today with less energy which went on the whole day long. I had a strange sexual encounter today which I thought I needed to write down.

I felt tremendous fear before having sex with my girlfriend. Just lasted for the beginning then it was fine.

[The fear was lack of libido]

22 M 04: XX: XX

Felt that great fear again today was just before sex goes away after we start though.

22 M 26: XX: XX

##### **4.3.15.2 Sex/Watching**

I really felt like doing cocaine today even though I stopped many years ago, I love the spaced out feeling, I like to watch.

[I like to watch people having sex that is what I meant by I like to watch. Spaced out means I like to be care free, adventurous, open minded. My best friend introduced me to it.]

11 M 12: XX: XX



I have a secret obsession which over years has grown, I love to watch other people having **sex. Live**. I feel most alive when I watch a guy hammering a girl. I do not need to participate just watching is enough.

[I never had the opportunity to talk to somebody that was like my doctor that is why I kept quiet all this time.]

11M 14: XX: XX

I hope you don't think I'm a weirdo after reading yesterday's journal entry but I thought you should know who I really am. I looked up the word for **some** one who watches others and I feel like I love Voyeurism. It fills a gap I cannot explain. [for a long time now I have intimacy issues so it makes me feel more in line with my emotions-this is the thing that fills the gap.]

11 M 15: XX: XX

#### **4.3.16 Tension, stress**

Under a lot of pressure today from clients, a lot of cell phones to repair today. Handled pressure badly. Day ended well.

01 M 08: XX: XX

Hectic day felt rushed hate feeling rushed.

01 M 13: XX: XX

Had a stressful day with a lot of clients.

01 M 19: XX: XX

#### **4.3.17 Head**

##### **4.3.17.1 Pain**

Feel a slight headache coming on; right side of the brain on the region that's behind the ear. No eyes and ear pains. Feels like a slight, continuous prick of a needle, not too sharp a sensation, I can function **normally**.

02 M 02: XX: XX

End of the day I had a slight headache in the same manner as last night but other than that all is well that ends well.

02 M 02: XX: XX

Did not experience the pounding headache that I experience mainly on hot days (it was a very hot day).

[Normally it's a pounding headache at the back of the head that gets really bad when it hot when I stand in a cool dry place it subsides.]

04 F 01: XX: XX

Had a splitting headache more on the left side of my head face and jaw and going down my neck. Same type as yesterdays- felt sharp like a poking sort of type. It stopped after I rested for a while.

08 M 01: XX: XX

My eyes seem to be aching lately causing headaches that don't go away easily, have to rest my eyes to get the pain to subside.

08 M 14: XX: XX

Ate the 2<sup>nd</sup> powder at lunch time and noticed nothing out of the ordinary. When I got home I noticed that I didn't have the usual headache that I normally have after campus- no head pain what so ever.

[My forehead and temples throb after a long day at campus. [it feels as if they are being squashed.]

19 F 00: XX: XX

Came home and the itching stopped but the headache was back, there was pain at the back of the head and at the top- a pounding pain.

19 F 01: XX: XX

Headache around 2pm. Forehead region. Tightness. Bilateral. Duration – 30 minutes.

21 F 02: XX: XX

Headache around 2pm. Forehead region. Tightness. Bilateral. Duration – 30 minutes  
21 F 03: XX:XX

Experienced neck pain and a headache for about 2 hours (3pm). Forehead region and bilateral. Relieved after resting.  
21 F 07: XX: XX

Experienced slight headache at approximately 2 pm. Forehead region. Headache relieved after+-20 minutes.  
21 F 10: XX: XX

Headache (2: 30pm). Duration 60-70mins. orbital region.  
21 F 16: XX: XX

Headache +- 2PM. Duration 1 hour (OS).  
21 F 31: XX: XX

A severe headache followed this. Feeling of general unwellness.  
21 F 32: XX: XX

Have a slight headache, but may just be from dehydration, haven't been drinking a lot of water.

[There usually is a pulsating headache all over my head that goes away after I drink a lot of water.]

27 F 30: XX: XX

I have a headache on my front left side but I think it because of travelling and nature (causes the headache), I'm at Empangeni KZN.

#### **4.3.17.2 Pain, occiput**

Had a headache on the back of the head and it was there for the whole day until I had supper.

13 F 13: XX: XX

Woke up with a small headache at the back of my head and had the 4<sup>th</sup> powder. I usually get these headaches in the sun or when its very hot but I see I am getting them now (OS).

[At my forehead I usually get a dull head pain which gets really bad in hot weather.]

16 M 03: XX: XX

I had an afternoon nap but when I woke up I had a very bad headache on my neck and back of my head and saw silver stars.

[pounding type.]

18 M 17: XX: XX

#### **4.3.17.3 Pain, Vertex**

I woke up normally in the morning then I had an unusual headache situated on the top of my head. It got worse then after two hours it suddenly went away.

01 M 00: XX: XX

Had the headache after that again like yesterday but it went away after 5min.

01 M 01: XX: XX

Headache on top and back of head, ached the whole day.

[It felt like a nail pressing in my head.]

07 M 18: XX: XX

Same headache as yesterday, really sore.

07 M 19: XX: XX

#### **4.3.18 Eye**

Eyes were worrying me more than normal – both were burning and seemed to bring on a headache. Rested my eyes and the headache eased a bit.

[Pain was above and over the eyes-was a dull throbbing sensation.]

### **4.3.19 Nose**

#### **4.3.19.1 Obstruction**

Sinuses also started acting up cos (because) my nose was blocked and head felt congested.

08 M 03: XX: XX

Have a blocked nose.

27 F 26: XX: XX

### **4.3.20 Mouth**

#### **4.3.20.1 Hairy tongue**

Tongue felt thick and fat and hairy at the back at my throat.

19 F 08: XX: XX

#### **4.3.20.2 Dryness**

Woke up with a very dry mouth, so I'm starting my day with a glass of water.

27 F 23: XX: XX

#### **4.3.20.3 Fatty, greasy**

Had a fatty taste when eating, lasted the whole day.

07 M 05: XX: XX

### **4.3.21 Throat**

#### **4.3.21.1 Scratching**

Scratchy throat, better with warm water.

14 F 02: XX: XX

I found that my throat was feeling extra dry and I needed to drink water to keep it from scratching. This doesn't happen at all.

16 M 06: XX: XX

#### **4.3.21.2 Sensation, lump**

Chest was ok but throat was still acting up – still feels swollen like theres a ball stuck in it. Drinking water helps ut warm drinks seem to be making things better overall.

08 M 04: XX: XX

#### **4.3.22 External throat**

##### **4.3.22.1 Pain**

Feel slight neck pain on the right side of the neck, head can move freely though.

02 M 01: XX: XX

#### **4.3.23 Stomach**

##### **4.3.23.1 Distension, eructations**

Felt bloated today with a lot of burping.

01 M 20: XX: XX

##### **4.3.23.2 Heartburn**

Heartburn decreased a bit (NS).

[Burning sensation on the chest, with chest pain and normally feel much better after moving around.]

17 M 01: XX: XX

##### **4.3.23.3 Thirst**

**Very thirsty (OS).**

04 F 02: XX: XX

#### **4.3.24 Abdomen**

##### **4.3.24.1 Emptiness, stool, after**

Went to the toilet to pass number 2 again. Was feeling like empty in my tummy after I was done. 01 M 20: XX: XX

#### **4.3.24.2 Pain, cramping**

Stomach cramps today after drinking yoghurt, not too bad (NS).

[The bottom of my stomach had a nagging, irritating pain and it led to farting.]

05 M 08: XX: XX

Cramps were twisting in my stomach and very sore.

[The area over my navel was sore-it started after eating.]

22 M 18: XX: XX

#### **4.3.24.3 Eructations**

I burped quite a bit today with bloated feeling in my tummy, I notice after I ate I felt much much better.

22 M 19: XX: XX

#### **4.3.24.4 Pain, constipation**

Felt very sluggish today it may be due to being constipated. I hate being constipated it hurts (hurts) and slows down my day (OS).

[Feels like the stool is hard in my intestines. Normally occurs many hours after eating.]

05 M 15: XX: XX

#### **4.3.25 Rectum**

##### **4.3.25.1 Discomfort/ frequent stool**

Woke up and went to the toilet for number 2 more than once, felt really free after that.

01 M 02: XX: XX

#### **4.3.26 Stool**

##### **4.3.26.1 Bloody**

Got scared today when I saw blood on the toilet paper, felt like pins in my rear.

08 M 08: XX: XX

Noticed today that when I went to the toilet I felt the number 2 pass out of my body. When I was wiping I saw thick blood on the toilet paper.

18 M 11: XX: XX

Was a bit shocked to see that there was little blood in the toilet. Normally never have a sore butt but it feels very sore now!

19 F 00: XX: XX

##### **4.3.26.2 Urgency/copious**

But found that when I woke up in the morning I needed to pass stool – almost straight after standing up from bed I had the need for the toilet. Used the toilet 2ce (twice) before having breakfast which was worrying me.

08 M 08: XX: XX

Woke up today late but my stomach was sore – felt like I needed the toilet as soon (soon) as I woke up. Never happened before. My stomach was running.

13 M 02: XX: XX

Needed the loo when I woke – I notice that my tummy was aching. Passed loose watery stool. 19 F 03: XX: XX

Needed the toilet urgently when I woke up. Seems like the diarrhea is back.

19 F 09: XX: XX

##### **4.3.26.3 Offensive**

Woke up with severe diarrhea, smelt like something died inside of me.

16 M 17: XX: XX



#### **4.3.27 Bladder**

##### **4.3.27.1 Copious urination/dysuria**

Had a good sleep but kept waking up to go to the toilet to pass urine. Woke up like 3 times during the night definitely not normal. Plus there was a burning sensation and lower back ache even tho (though) the colour was clear.

08 M 03: XX: XX

Woke up feeling tired had a broken sleep again cos(because) needed the toilet.

08 M 04: XX: XX

Went to the toilet for number 1 6 times today dark yellow pee and cramping on my sides.

18 M 07: XX: XX

Don't know why but I seem to be using the toilet to pass urine much more frequently now but I didn't have more water than I normally do.

19 F 02: XX: XX

Passing burning hot clear urine – not normal for me.

19 F 04: XX: XX

Went to the toilet more than normal today to pass urine. It was burning and yellow.

24 M 07: XX: XX

#### **4.3.28 Kidneys**

##### **4.3.28.1 Pain**

Had a good sleep but kept waking up to use the toilet to pass urine. Woke up like 3 times during the night definitely not normal. Plus there was a burning pain and lower back even but the colour was clear.

08 M 03: XX: XX

Getting some lower back ache while passing urine.

19 F 02: XX: XX

### **4.3.29 Respiration**

#### **4.3.29.1 Difficult/constriction**

Chest was a bit tight and throat felt swollen.

08 M 04: XX: XX

My chest started to feel tight after 12pm, my brain still feels confused, I'm insecure about my relationship.

11 M 05: XX: XX

I noticed that my chest started paining when I was laughing hard. Felt like less air was going into my chest (NS).

[I had pins and needles all over my chest. Breathing in mad it worse.]

18 M 25: XX: XX

Came home chest was still feeling tight but was coughing up less phlegm than at lunch time.

19 F 08: XX: XX

### **4.3.30 Cough**

Developed a cough during the day at lunchtime – was dry but started being productive toward the afternoon.

08 M 03: XX: XX

Developed a wet cough at around lunch time. Was coughing up lots of yellow-green phlegm- which is strange because I didn't have any chest symptoms earlier.

### **4.3.31 Chest**

#### **4.3.31.1 Pain – dull**

Dull chest pain – left side.

14 F 02: XX: XX

Pain on lower half of the sternum. Sharp pain. Occurred between 5 and 6pm.

14 F 10: XX: XX

### **4.3.32 Back**

#### **4.3.32.1 Heat**

Feeling hot on my shoulders and neck, it is burning. It is my first time feeling this pain but I think I slept with (in the) wrong position at night. When I touch these areas theres nothing I can feel on my superficial layer.

3 M 04: XX: XX

#### **4.3.32.2 Pain**

A lot of dizziness and a weak feeling in my head, a little bit of constipation (OS).  
[gassy feeling with a pain at my lower back. Warm water relieves it.]

11 M 00: XX: XX

A little bit of lower back pain.

[Pain when I bend over – sharp pain that runs down my thighs. Stretching helps.]

17 M 15: XX: XX

Woke up a bit late due a bit of lower back pain.

17 M 16: XX: XX

Slight lower back pain and heartburn.

17 M 24: XX: XX

Back pain (thoracic region) for most of the other day. Decreased my ability to perform at work optimally. Restless sleep due to the back pain.

Back pain persisted from previous day (+stiffness).

21 F 13: XX: XX

I was a bit difficult to wake up. I'm experiencing unusual upper back pain.

31 M 01: XX: XX

My neck is more difficult to turn now.

31 M 05: XX: XX

Just left early off campus my head is pumping flames of pain because of transformation and transfer of pain from neck.

31 M 05: XX: XX

The only pain that kills me is on the upper part of my neck.

31 M 06: XX: XX

I think this pain is getting out of hand it in the joint of the head and neck.

31 M 06: XX: XX

I feel like my joint is clicking but not too painful.

31 M 07: XX: XX

#### **4.3.33 Extremities**

##### **4.3.33.1 Cramps, lower limbs**

Wanted to play soccer indoor(s) with a few friends this afternoon to distress (de-stress) a bit, always helps clear my mind but ended up not going- my legs were cramping after clinic – both of them. Had to stretch them out and massage them to release some of the tension.

08 M 02: XX: XX

Noticed that the cramps at my legs came up again, both of them at my calves. Wasn't too severe was manageable but jus (just) had to stretch them and it eased a bit.

08 M 07: XX: XX

Both my legs were cramping in the afternoon I used a hot water bottle and the pain went away.

11 M 11: XX: XX

Was walking and my legs started cramping. My left calf – but I didn't do any sport or walk the day before.

13 M 13: XX: XX

Calf muscle cramp: +-4am. Right calf muscle. Muscles spasm cramp. Better when pressed or managed. Very painful.

14 F 16: XX: XX

Had powder number 2 and didn't have my coffee for the whole day. Just had powder number 3 and realized that my legs are cramping-slightly cramping.

Both my calves were cramping after I treated a patient. Not too severe but manageable – rose up from my heel to my calves.

19 F 04: XX: XX

Leg cramps began again but this time it started from the top of my feet, feels like my feet are separated from my legs. 19 F 07: XX: XX

Leg pain, tired, cramps.

24 N 10: XX: XX

#### **4.3.33.2 Itching, lower limbs, burning, foot**

Only my legs were itching today but it got better after midday.

01 M 04: XX: XX

Had itchy feet and sweat palms the whole morning.

01 M 16: XX: XX

Sweated a lot today especially on my palms.

01 M 21: XX: XX

Legs were red and itchy today put E45 cream and it helped.

#### **4.3.33.3 Pain, shooting**

Pain between left 2 fingers. Shooting, throbbing pain. Worse when pressure was applied. Occurred between 11 and 2. Very painful.

#### **4.3.33.4 Pain, burning, foot, sole**

Noticed the skin under my feet were burning and itchy when I woke up. I had to put them in water to cool them down.

24 M 03: XX: XX

#### **4.3.33.5 Weakness/numbness**

Felt weak in all extremities especially the legs at about 12pm-15: 00pm.

02 M 01: XX: XX

Feelings of weakness have gone away.

02 M 04: XX: XX

Legs were feeling weak today and numb at times got better in the afternoon after keeping them warm.

07 M 24: XX: XX

### **4.3.34 Sleep**

#### **4.3.34.1 Sleeplessness**

Sleepless night ket (kept) waking no reason though.

07 M 09: XX: XX

Felt like I needed sleep the whole day.

07 M 14: XX:XX

Very tiring day just wants to sleep but I'm battling to sleep, my mind wonders (wanders) a lot, nothing constructive though.

18 M 14: XX: XX

Sleepless night, sleep interrupted every hour.

21 F 02: XX: XX

Sleepless night. Sleep interrupted every hour.

21 F 02: XX: XX

#### **4.3.34.2 Sleep, short**

Woke up earlier which is really strange.

07 M 02: XX: XX

#### **4.3.35 Dreams**

##### **4.3.35.1 Animals**

Dreamt I bought another pet, a turtle. Cannot remember any further details.

[was exciting having a new pet- a bit joyous.]

##### **4.3.35.2 Beach**

Dreamt I was camping somewhere near the coastline. Cannot remember anything more.

[cant remember anything more.]

21 F 08: XX: XX

#### **4.3.35.3 Children, about**

Woke up with a sensation of a ball deep in my throat – even coughing didn't help clear my throat of this feeling. Had a strange dream of me on a thick carpet of grass and watched children playing in a rose garden – one of the children got cut and I ran over to help her. It made me feel weird holding her hand. Took the 4<sup>th</sup> powder: everything was normal – except my energy was heightened for a while. Had the 5<sup>th</sup> powder at work: had a supernatural experience! I literally could see myself at my workstation aimlessly typing away at my computer. This was my first "out of body experience" – I am not taking any more of the powders from here on!

30 M 02: XX: XX

#### **4.3.35.4 Country**

Dreamt I was in a different country with unknown people. I am not certain which country. However the people that was in my dream was extremely friendly and providing me with lunch. Cannot remember any other dreams

21 F 02: XX: XX

#### **4.3.35.5 Disorganized**

Dreamt about a movie I watched during the day. The scenes were disorganized. Cannot remember anything further.

[I cannot remember the movie name. cant remember it at all.]

21 F 11: XX: XX

Dream seemed odd. Was a **repeat from a movie** I watched earlier but in an disorganized fashion.

[cant remember the movie.]

21 F 30: XX: XX

#### **4.3.35.6 God and death**

Cannot remember dream clearly except for a talking to a friend of mine about God and death.

21 F 09: XX: XX



#### **4.3.35.7 Falling**

Dreamt I was falling in space. I was alone in the dream. It ended abruptly. Do not remember anything further.

21 F 04: XX: XX

#### **4.3.35.8 Family**

Slept well night before, dreamt about family and having a braai with everyone at my house since its been a while.

[Made me look forward to the next family occasion]

17 M 15: XX: XX

Dreamt I was with my family at the ocean. We were relaxing and talking about general things.

21 F 13: XX: XX

Dreamt about the day's events i.e. going for lunch with my mum and shopping.

21 F 15: XX: XX

Also dreamt about my parents that night. They were sharing a meal and talking. I saw my mum looking happy after a long time but it was just a dream.

21 F 24: XX: XX

Had a scary dream about mommy, she was in a car accident.

27 F 24: XX: XX

#### **4.3.35.9 Father**

Dreamt my dad was alive and at my house. We were watching TV and laughing. Also dreamt of the day my dad died and the events that occurred.

21 F 05: XX: XX

Dreamt of my dad again. He was alive and washing his car. (This was something he did often when he was alive.) He was also whistling and singing.

21 F 06: XX: XX

Dreamt my dad was with my mum and I at a mall buying **groceries.**

21 F 10: XX: XX

Dreamt of my dad. He was sitting in our lounge watching a concert dvd (usual activity for him).

21 F 17: XX: XX

Dreamt about my dad. He was building a wall outside our house. Dreamt my dad was cooking and singing his favorite song.

21 F 23: XX: XX

Dreamt my dad and I went to a restaurant and we were talking about my business while eating.

21 F 28: XX: XX

Dreamt of my dad again however it was about the day his funeral was conducted and events for that day.

21 F 29: XX: XX

#### **4.3.35.10 Guilt**

Had a weird dream last night. Dreamt I was at sum ones (someone's) party I don't know whose. But I didn't know anyone there. Was at a strange place that I couldn't recognize. People were staring at me like I wasn't suppose to be there – made me feel guilty like I was gate crashing or something. There was a lot of food on many tables.

08 M 01: XX: XX

Had dream about me and I took my mum shopping and we were accused of stealing by the security guards – was a **dumb dream** but it made me feel like I was a criminal on trial for murder or something.

08 M 07: XX: XX

Woke up from a strange dream – dreamt I was at a clinic treating a lot of patients but was rushing, didn't feel good that I rushed their treatment knowing that they were in pain.

19 F 01: XX: XX

Dreamed that I was accused of not treating a patient properly knowing I did my best. Made out to be a criminal, felt very guilty

19 F 23: XX: XX

#### **4.3.35.11 Parties/ strangers**

Dreamed that I was at a friend's birthday party back at home. Felt nice to be around people that I know.

19 F 08: XX: XX

Had a dream about a big party going on

27 F 23: XX: XX

I think I dreamt I was at a party but there were only strangers around me. It felt I was being alienated from the rest of the crowd. I woke up crying and thinking about my childhood.

[I missed my childhood intensely – wish I could go back. I miss the fun and the freedom that comes with being a child.]

28 M 00: XX: XX

#### **4.3.35.12 Rain**

I dreamt that I was playing in the rain. This was an unusual dream.

21 F 24: XX: XX

#### **4.3.35.13 Work**

Dreamt about going to work and talking to a patient that I see frequently. The conversation was about his rheumatoid arthritis and the prognosis.

21 F 20: XX: XX

Dreamt about being at work and teaching students about renal function.

21 F 23: XX: XX

#### **4.3.36 Chill**

##### **4.3.36.1 Fever, afternoon**

Had a fever in the afternoon, wasn't too bad – manageable.

07 M 22: XX: XX

#### **4.3.37 Perspiration**

##### **4.3.37.1 Cold**

Woke up in the morning in a cold sweat but could not remember my dream.

01 M 17: XX: XX

##### **4.3.37.2 Hot**

Woke up wud (with) hot sweat on my forehead, no memory of a dream though, went back to sleep.

05 M 06: XX: XX

##### **4.3.37.3 Profuse**

Had a busy day today in the clinic, seems though I'm sweating a lot cos (because) I had to perform a full body massage and I was sweating profusely, more than usual.

02 M 02: XX: XX

Very tiring day I was sweating litres today a lot of pressure at work, I can't handle pressure well sweat a lot when im under pressure.

18 M 06: XX: XX

#### **4.3.38 Skin**

##### **4.3.38.1 Dry**

Very dry skin in the morning.

07 M 12: XX: XX

##### **4.3.38.2 Itching , accompanied by burning**

At 12pm my entire **body** began to itch it was terrible, I put lotion because it was burning then eventually it went away.

01 M 00: XX: XX

Body was **itching** slightly but not bad

01 M 07: XX: XX

Ate the powder before lunch time, noticed that Im getting **some** irritation on the skin on my left hand side more around my eyebrow shoulder and face – irritation and itching and burning.

19 F 01: XX: XX

##### **4.3.38.2 Shiny**

Dry skin has gone skin feels smooth and seems shiny after shaving skin seemed white.

07 M 04: XX: XX

Woke up and my skin felt very oily – this is not normal my skin is usually dry.

18 M 21: XX: XX

The places where there was irritation became shiny – not normal for me.

19 F 01: XX: XX

At the end of these long days I noticed my skin is oilier, normally is dry.

19 F 07: XX: XX

Skin still oily

19 F 09: XX: XX

#### **4.3.38.3 Soft**

Skin: hydrated, unclear, soft, smooth.

04 F 02: XX: XX

#### **4.3.38.4 Waxy**

Noticed that my skin feels thick and oily for the past few days thawt (thought) it was the congestion that was causing it but still oily till now, feels like candle wax.

08 M 07: XX: XX

## **4.3.39 Generals**

### **4.3.39.1 Energy**

#### **4.3.39.1.1 Energy/ refreshed**

Woke up energetic, maybe because of unbroken of sleep.

04 F 02: XX: XX

Woke up today not as tired as usual lots of energy.

07 M 01: XX: XX

Feel more and more refreshed.

07 M 03: XX: XX

More energy in the morning.

07 M 13: XX: XX

After the 2<sup>nd</sup> one I felt I had a lot more energy than I normally do this time of the day – I'm normally sluggish at lunchtime and need to hav (have) a nap to be fine. Come to think of it I was also wide awake n the morning also.

08 M 00: XX: XX

Took powder 1 and felt a bit more lively, just wondering weather (wether) it was the glucose or psychological effect.

17 M 01: XX: XX

Felt a bit more energy through the day and into the afternoon after the second powder.

17 M 02: XX: XX

Woke up with more energy today, felt mentally strong and also had a lot of vigour.

18 M 02: XX: XX

Went for a morning jog felt really revitalized this morning, felt like studying the whole day which is really strange.

18 M 08: XX: XX

Had the next powder and went to campus and noticed that my energy levels were heightened at this time of morning.

19 F 01: XX: XXolo

Feels like I have unlimited energy.

19 F 02: XX: XX

Woke up feeling like I could be great. The medicine feels like it gives me 'rocket fuel'!

20 M 00: XX: XX

Immediately taking the remedy felt increase in strength and power, head felt clearer , thoughts were easier to make up.

20 M 01: XX: XX

Immense energy in the morning, felt like I can take over the world. Drained in the afternoon.

22 M 02: XX: XX

Powder 1: I felt extremely calm after taking the 1<sup>st</sup> sachet-I haven't felt like this in years. Took powder 2: didn't feel as calm as I did in the morning but I did have lots more energy and I found that I could think much clearer, even at work my mind was constantly running on full steam. Took powder 3: had a shower and my head felt light – no pain but was just feeling a bit dizzy. Had supper and a cup of tea – normally am a coffee person but felt for tea this evening.

30 M: XX: XX



#### 4.3.39.1.2 Weariness

Nothing special happened today other than the fact that I felt REALLY tired and weak. Other than that all were peaches and gravy.

02 M 02: XX: XX

Woke up feeling tired today, come to think of it I haven't been sleeping well for the past number of days i.e. maybe the last 3 days, waking up during the night for a few mins then id go back to sleep. No dreams or anything of the sort. I'm beginning to think its stress!!!

02 M 17: XX: XX

8 hours of sleep I'm still drained and very tired, feel extremely sleepy.

05 M 03: XX: XX

Went to gym today after quite a while felt weak and lazy, not enough energy.

05 M 06: XX: XX

Feel extremely sleepy during the morning.

05 M 09: XX: XX

Less energy tday (today), needed to eat a lot today to get through the day.

05 M 23: XX: XX

Felt tired in the morning.

07 M 08: XX: XX

Let me start by staying im very excited to be apart (a part) of Brent's research I felt really week today after taking the powder, I like being energetic but today I felt tired.

13 M 00: XX: XX

Had a lack of energy for most of the day.

21 F 09: XX: XX

Less energy in the morning.

24 M 00: XX: XX

Feel very drained after my test.

31 M 01: XX: XX

Still @ campus stressing about assignment during this hour I usually suffer from tiredness and brain shutting down but today I think it worse.

31 M 09: XX: XX

#### **4.3.39.2 Food and drinks**

Had a cup of hot sweet tea after supper – need to replenish electrolytes I think. Don't normally like hot drinks tho.

08 M 02: XX: XX

My mind was calm this morning I was sitting on my bed feeling like I was dreaming. Was feeling for my morning tea and bread. I don't normally drink tea but now I see I am more often.

13 M 08: XX: XX

Craving for tea – sweetnes, heat and taste.

14 F 09: XX: XX

Later on in the day felt for braai meat but thought about how difficult it has become to get everyone together.

17 M 15: XX: XX

Like coffee and more sweet things.

17 M 28: XX: XX

Been craving sweet hot drinks lately.

19 F 02: XX: XX

Went home and had a hot cup of tea and biscuits.

19 F 03: XX: XX

Have been craving chocolates a lot.

27 F 23: XX: XX

Powder 1: I felt extremely calm after taking the first sachet – I haven't felt like this in years. Took powder 2: didn't feel as calm as I did I the morning but I did have lots more energy and I found that I could think much clearer, even at work my mind was constantly running on full steam. Took powder 3: had a shower and my head felt light – no pain but was just feeling a bit dizzy. Had supper and a cup of tea – normally am a coffee person but felt for tea this evening.

30 M 01: XX: XX

#### **4.3.39.3 General muscle pains/soreness**

Experienced muscle aches.

21 F 03: XX: XX

Woke up feeling tired with generalized muscle soreness.

21 F 04: XX: XX

#### **4.3.39.4 Influenza**

Feeling sick today, must be coming down with the flu or something. Sinuses acting up, headache killing me, increased heart rate and ofcourse (of course) the fever.

Need to go to the doc or ill die LOL.

02 M 27: XX: XX

Running nose cough and flu.

07 M 23: XX: XX

Felt like I was developing the flu – my body felt weak and heavy.

19 F 03: XX: XX

Contracted the flu (cough, muscle ache, rhinitis).

21 F 19: XX: XX

Flu worsened – severe cough and chest pain. Productive cough. Received treatment for the flu (penicillin, I.V + medication for the other symptoms).

21 F 21: XX: XX

Flu symptoms worsened. Severe cough and malaise. Could not go to work.

21 F 24: XX: XX

Up for the day, feel like im getting the flu

29 M 08: XX: XX

#### **4.3.39.5 Side-left**

More on my left side my neck, arm and back had sum (some) pain. Was a sharp pain and moving was impaired for a short while. But it came right after a while.

08 M 00: XX: XX

Noticed the skin over the painful areas was a bit inflamed and itchy.

08 M 00: XX: XX

Woke up with the pain on my left side. My shoulder back head and neck are in pain.

19 F 01: XX: XX

Feeling itchy on my left side of the body, on top of the eye around my eyebrows left lower jaw on my arm around elbow, and on my kness. It a disturbing like stitching but not too fast. I see nothing on that affected areas.

31 M 03: XX: XX

#### 4.3.40 Miscellaneous symptoms

Music seems to calm me and put me in a good mood or should I say more positive mood.

[17 M 05: XX: XX

Had a very restless sleep. Not sure if I was dreaming or thinking of everything so im not taking any more of the powders!!!

29 M 01: XX: XX

#### 4.4 SYMPTOMS OF *MALUS DOMESTICA* 30CH: REPERTORY

The translation of proving symptomatology to repertory rubrics was conducted in accordance with the principles laid down by Schroyens (2001: 36-37). The method utilized for the grading of symptoms is a combination of grading according to frequency of symptom occurrence (Sherr 2003: 86) and according to the number of provers experiencing the particular symptom (Schroyens 2004). The average percentages of the 24 provers on verum were calculated – resulting in the grading structure outlined in Table 4.

The rubrics were graded as follows:

RUBRICS- SUBRUBRIC/S- DEGREE – SYNTHESIS PAGE NUMBER

- New rubrics suggested in this proving are underlined and marked with an N.
- Grade 1 rubrics are in plain type.
- Grade 2 rubrics are in italics.
- **Grade 3 rubrics are in bold type lower case.**
- **GRADE 4 RUBRICS ARE IN BOLD TYPE, HIGHER CASE.**

**Table -4: Prover table with percentage and gradings**

Number of provers	Average percentage	Grade
1-4	0-19	1
5-9	20-39	2
10-14	40-59	3
15 and above	60 and above	4

The following repertory consists of three columns composed of rubrics appearing in the identical order of sections present in the repertory. The first column is the rubric, the second column is the grading and the third column is the new symptom (N) or cured symptom (CS).

#### 4.4.1 Mind

MIND - AFFECTIONATE	1	4
MIND - AIR; in open - ameliorates	1	8
MIND - ALIENATED	1	9
MIND - ANGER	1	10
MIND - ANXIETY	2	16
MIND - ANXIETY - conscience; anxiety of	1	20
<u>MIND - ANXIETY - love relationship, over</u>	1	N
MIND - ANXIETY, paroxysms, in	1	23
MIND - APATHY	1	25
MIND - ARDENT-desires to be	1	26
MIND - BENEVOLENCE	1	29
MIND - CHEERFUL	1	34
MIND - CHEERFUL – stool - after	1	35
MIND - CLARITY of mind	1	36
MIND - COMPANY - desire for - friend, of a	1	40
<u>MIND - COMPANY - desire for - his family; of</u>	1	N
MIND - CONCENTRATION - active	1	41
MIND - CONFUSION - of mind	1	43

MIND - COUNTRYSIDE - desire for	1	49
MIND - DELUSIONS - appreciated, she is not	1	58
MIND - DELUSIONS - criminal - he is	1	63
MIND - DELUSIONS - faces, sees - diabolical faces crowd upon him	1	65
MIND - DELUSIONS - faces, sees - distorted	1	68
MIND - DELUSIONS - <b>friendless</b> ; he is	1	68
MIND - DELUSIONS - God - communication with God - he is in	1	71
MIND - DELUSIONS - God – vengeance; he is the objects of Gods	1	71
MIND - DELUSIONS - head - separated from body -is	1	71
MIND - DELUSIONS - misunderstood; she is	1	73
MIND - DELUSIONS – <b>neglected</b> - he or she is neglected	1	78
MIND - DELUSIONS - persecuted - he or she is persecuted	1	81
MIND - DELUSIONS - <i>Separated - body - extremities are separated from the body</i>	2	84
MIND - DELUSIONS - separated - body - feet are separated from the body	1	84
MIND - DELUSIONS - separated - body-mind are separated, body and	1	84
MIND - DELUSIONS - separated - body-soul; body is separated from	1	84
MIND - DELUSIONS - separated - body - spirit had separated from body	1	84
MIND - DELUSIONS-separated - toes - separated from feet; toes	1	N
MIND - DELUSIONS - thieves - accused of robbing;he has been	1	88
MIND - DOUBTFUL - <b>love</b> relationship; integrity - of his	1	N
MIND - DRUGS - desire – cocaine	1	N
MIND - FIGHTS, wants to	1	128
MIND - FORSAKEN feeling - isolation; sensation of	1	131
MIND - GENEROUS; too	1	132
MIND - GUILTY - as if	1	136
MIND - IDEAS - abundant	1	143
MIND - INDIFFERENCE	1	146
MIND - INJUSTICE, cannot support	1	150
MIND - INSECURITY; mental	1	152
MIND – IRRESOLUTION	1	153
MIND - <i>IRRITABILITY</i>	2	154
MIND - LOVE - romantic love; desire for	1	168
MIND - MEMORY - loss of memory	1	172

MIND - MEMORY - loss of memory - life;about his pas	1	172
MIND - MENTAL POWER - increased	1	176
MIND - MUSIC - ameliorates	1	184
MIND - PLANS - making many plans - realize them; but don't	1	189
MIND - PLAYFUL	1	189
MIND - PRAYING	1	190
MIND - PROSTRATION	1	191
MIND - PROSTRATION of mind	1	192
MIND - RELIGIOUS AFFECTIONS - want of religious feeling	1	196
MIND – SADNESS	1	204
MIND - SENSES – acute	1	211
MIND – SENTIMENTAL	1	215
MIND - TENSION, mental	1	233
MIND - THOUGHTS-family; of	1	234
MIND - THOUGHTS-partner, of	1	N
<b>MIND - TRANQUILITY (= calmness/serenity)</b>	<b>3</b>	<b>240</b>
MIND - VOYEURISM	1	N
MIND – WILDERNESS	1	252

#### 4.4.2 Vertigo

VERTIGO	1	255
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#### 4.4.3 Head

<b>HEAD - LIGHTNESS - sensation – of</b>	<b>3</b>	<b>302</b>
HEAD - PAIN - accompanied by eye-pain – burning	1	312
<u>HEAD PAIN afternoon - 14h</u>	1	N
HEAD PAIN - dull pain	1	322
HEAD PAIN - forehead	1	346
HEAD PAIN - forehead - eyes,around	1	364
HEAD PAIN - nail - as from a	1	329
HEAD PAIN - occiput	1	367
HEAD PAIN - occiput - pulsating pain	1	372
HEAD PAIN - occiput and vertex	1	377



<u>HEAD PAIN - occiput and vertex - aching</u>	1	N
<u>HEAD PAIN - occiput and vertex - pulsating</u>	1	N
HEAD PAIN - piercing pain	1	331
HEAD PAIN - posterior / occipital	1	367
HEAD PAIN - <i>pulsating</i>	2	(CS)
HEAD PAIN - pulsating	1	339
HEAD PAIN - pulsating - cold - ameliorates	1	HEAD PAIN - pulsating - heat - aggravates
HEAD PAIN - pulsating - temples		1
HEAD PAIN - pulsating pain	1	333
<u>HEAD PAIN - pulsating pain - resting eyes - ameliorates</u>	1	N
<u>HEAD PAIN - resting ameliorates</u>	1	N
HEAD PAIN - sides - left	1	379
HEAD PAIN - sides - right	1	378
HEAD PAIN - sore	1	336
HEAD PAIN - splitting	1	336
HEAD PAIN - splitting - left side	1	336
HEAD PAIN - sun - exposure to sun,from	1	338
HEAD PAIN - temples - pressing pain	1	386
<u>HEAD PAIN - throbbing pain - posterior/occipital</u>	1	N
HEAD PAIN - vertex	1	395
HEAD PAIN - vertex - pulsating pain	1	399
HEAD-PAIN - weather - warm - begins with the warm weather	1	342
HEAD-PERSPIRATION of scalp - Forehead - hot	1	402
HEAD-PERSPIRATION of scalp - forehead - morning	1	402
HEAD-WEAKNESS	1	417

#### **4.4.4 Eye**

EYE-LACHRYMATION-left	1	442
EYE-PAIN-accompanied by-head pain	1	447
EYE-PAIN-aching	1	447
EYE-PAIN-burning	1	447

#### 4.4.5 Vision

VISION-STARS - headache; during	1	N
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#### 4.4.6 Nose

NOSE – CONGESTION	2	546 OS
NOSE - CONGESTION-sinuses	1	546 OS
NOSE - CORYZA	1	546
NOSE - CORYZA-cough	1	548
NOSE - OBSTRUCTION	1	566
NOSE - OBSTRUCTION-sinuses	1	568

#### 4.4.7 Face

FACE – BLOCKED-sinuses	1	585
FACE - DISCOLORATION - white-shaving;after	1	N
FACE - ITCHING	1	617
FACE - ITCHING - eyebrows	1	618
FACE - ITCHING - eyebrows - left	1	N
FACE - ITCHING - sides - left	1	N
FACE - ITCHING - jaws - lower - sides;left	1	N
FACE - OBSTRUCTION - sinuses	1	N
FACE - PAIN - burning - eyebrows - around;left	1	N
FACE - PAIN - burning - sides - left	1	N
FACE - PAIN - jaws left	1	628
FACE - PAIN - left side	1	620
FACE - PAIN - piercing	1	625
FACE - PAIN - piercing - left side	1	625
FACE - PAIN-stitching pain	1	625
FACE - SHINY - oily	1	637

#### 4.4.8 Mouth

MOUTH - DRYNESS - morning - waking; on	1	661
MOUTH - ENLARGED - sensation as if	1	664

MOUTH - ENLARGED - tongue	1	664
MOUTH - HAIR; sensation of a - tongue-root of	1	666
MOUTH- TASTE - fatty, greasy	1	696
MOUTH - THICK; sensation as if-tongue was	1	702

#### 4.4.9 Throat

THROAT - BALL; sensation of a	1	733
THROAT - ITCHING	1	743
<u>THROAT - ITCHING - water; warm drinking – ameliorates</u>	1	N
<u>THROAT - ITCHING - water – ameliorates</u>	1	N
THROAT - LUMP - sensation of a	1	744
THROAT-LUMP - sensation of a - warm drinks - ameliorates	1	744
<u>THROAT-LUMP-sensation of a - water, drinking – ameliorate</u>	1	N
THROAT - SWELLING - sensation of	1	763

#### 4.4.10 Neck

NECK - CRACKING noise	1	775
<u>NECK - CRACKING noise - atlanto - occipital, in joints</u>	1	N
NECK - PAIN	1	776
<u>NECK - PAIN - atlanto - occipital, in - Joints</u>	1	N
<u>NECK - PAIN - right</u>	1	N
<u>NECK-PAIN-turning - head - aggravates</u>	1	N

#### 4.4.11 Stomach

STOMACH - CARDIALGIA	1	786
STOMACH - DISTENSION - accompanied by eructation's	1	790
STOMACH-DISTENSION - accompanied by - distension	1	791
STOMACH - ERUCTATIONS - excessive	1	794
STOMACH - ERUCTATIONS - excessive	1	795
STOMACH - HEARTBURN	1	805
STOMACH - PAIN - eating - after - aggravates - cramping	1	830
STOMACH - PAIN - eating - after - ameliorates	1	831

STOMACH - PAIN - epigastrium	1	840
STOMACH - THIRST-extreme	1	(OS)

#### 4.4.12 Abdomen

ABDOMEN - COMPLAINTS of abdomen - accompanied by - lumbar region; pain in	1	870
ABDOMEN - DISTENSION	1	874
<u>ABDOMEN - DISTENSION - eating - after - ameliorates</u>	1	N
ABDOMEN - DISTENSION - sensation of	1	876
ABDOMEN - DISTENSION - water;warm drinking-ameliorate	1	N
ABDOMEN - EMPTINESS - stool - after - aggravates	1	878
<b>ABDOMEN - PAIN</b>	<b>1</b>	<b>893</b>
<b>ABDOMEN - PAIN - aching</b>	1	897
ABDOMEN - PAIN - cramping	1	899
ABDOMEN - PAIN - diarrhea-during	1	900
ABDOMEN - PAIN - diarrhea - during - cramping	1	901
ABDOMEN - PAIN - hypogastrium	1	901
ABDOMEN - PAIN - hypogastrium - cramping	1	923
ABDOMEN - PAIN - sides - cramping	1	939
<u>ABDOMEN - PAIN-sides – flanks</u>	1	N
ABDOMEN - PAIN - sore (=bruised, tenderness, etc)	1	909
ABDOMEN - PAIN-twisting pain	1	912

#### 4.4.13 Rectum

RECTUM-CONSTIPATION	1	968
<u>RECTUM-CONSTIPATION-eating aggravates; after</u>	1	N
RECTUM-DIARRHEA	1	973
RECTUM-DIARRHEA	1	973
RECTUM - DIARRHEA - morning - rising - after - aggravates - immediately	1	973
RECTUM - HEMORRHAGE FROM ANUS - stool - after - aggravates	1	986
RECTUM - ITCHING	1	990
RECTUM - PAIN-sore	1	996
RECTUM - PAIN - stitching pain	1	997
RECTUM - PAIN - stitching pain - needles, as from	1	997

#### **4.4.14 Stool**

<b>STOOL - COPIOUS</b>	1	1012
STOOL - FREQUENT	1	1013
STOOL - FREQUENT – morning	1	1014
STOOL - LOOSE	1	1014
STOOL - ODOR - cadaverous (= cadaveric)	1	1016
STOOL - ODOR - carrion;like	1	1016
STOOL - ODOR - putrid	1	1016
STOOL - RISING - after - aggravates	1	1017
STOOL - WATERY	1	1019
STOOL - WATERY - morning	1	1019

#### **4.4.15 Bladder**

BLADDER - URINATION - frequent	1	1034
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#### **4.4.16 Urine**

URINE - BURNING	1	1066
URINE - BURNING - accompanied by - back; pain in	1	1066
URINE - COLOR - yellow - dark	1	1068
URINE - COLORLESS	1	1069
URINE - HOT	1	1070

#### **4.4.17 Male genitalia/sex**

MALE GENITALIA - SEXUAL DESIRES - wanting	1	1104
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#### **4.4.18 Respiration**

RESPIRATION - DEEP, anxiety, during	1	1190
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#### **4.4.19 Cough**

COUGH - DRY	1	1216
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COUGH - INFLUENZA - DURING	1	1223
COUGH - LOOSE	1	1224
COUGH - NOON (NOON (=12-13h)	1	1210
COUGH - WET	1	1237
COUGH - WET cough	1	1237

#### **4.4.20 Expectoration**

EXPECTORATION – YELLOW	1	1246
EXPECTORATION - YELLOW – greenish	1	1246

#### **4.4.21 Chest**

CHEST - CARDIALGIA	1	1250
CHEST - CONSTRICTION	1	1255
CHEST -CONSTRICTION – afternoon	1	1255
CHEST - CONSTRICTION - cough - during - aggravates	1	1256
CHEST - CONSTRICTION - night	1	1255
CHEST - FORMICATION	1	1263
CHEST - FORMICATION - respiration - aggravates	1	1263
CHEST - PAIN - burning	1	1280
CHEST - -PAIN - burning - motion - ameliorates-	1	1280
CHEST - PAIN - cough - during - aggravates	1	1281
CHEST - PAIN - dull pain	1	1282
CHEST - PAIN - laughing aggravates	1	1284
CHEST - PAIN - sides - left	1	1311
CHEST - PAIN - sides - left - dull pain	1	1311
CHEST - PAIN - sternum - evening	1	N
CHEST - palpitation	1	N
CHEST - palpitation of heart	1	1321
CHEST - palpitation of heart - anxiety with	1	1322
CHEST - TIGHTNESS	1	1334

#### 4.4.22 Back

BACK - PAIN - accompanied by – sleeplessness	1	1357
BACK - PAIN - accompanied by - urine - burning	1	1357
BACK - PAIN - burning	1	1358
BACK - PAIN - cervical region - accompanied by - head - pain in	1	1368
BACK - PAIN - cervical region - burning	1	1369
BACK - PAIN - cervical region - extending to - head	1	1372
BACK - PAIN - cervical region - left	1	1367
BACK - PAIN - cervical region - left - cutting	1	N
BACK - PAIN - cervical region - nape of neck	1	1373
BACK - PAIN - dorsal region	1	1376
BACK - PAIN - dorsal region - upper part	1	N
BACK - PAIN - left-cutting	1	1356
BACK - PAIN - left-pain	1	1388
BACK - PAIN - lumbar region	1	1390
BACK - PAIN - lumbar region - accompanied by - abdomen; complaints	1	1390
BACK - PAIN - lumbar region - accompanied by - lower limbs; complaints of	1	1391
BACK - PAIN - lumbar region-bending - aggravates	1	N
BACK - PAIN - lumbar region - flanks	1	1398
BACK - PAIN - lumbar region - urination - during	1	N
BACK - PAIN - Lumbar region - urine - while passing	1	N
BACK - PAIN - STIFFNESS	1	1414

#### 4.4.23 Extremities

<u>EXTREMITIES - CRAMPS - feet - of feet - extending to legs</u>	<u>1</u>	<u>N</u>
<u>EXTREMITIES - CRAMPS - feet - heels - extending to – calves</u>	<u>1</u>	<u>N</u>
EXTREMITIES - CRAMPS - legs	1	1449
EXTREMITIES - CRAMPS - legs - calves	1	1449
EXTREMITIES - CRAMPS - legs - calves-	1	1450
EXTREMITIES - CRAMPS - legs - calves - Stretching - leg - ameliorates	1	1450
EXTREMITIES - CRAMPS - legs - calves - walking aggravates	1	1451
EXTREMITIES - CRAMPS - legs - walking aggravates	1	1451
EXTREMITIES - CRAMPS - lower limb	1	1451

EXTREMITIES - CRAMPS - morning	1	1446
EXTREMITIES - CRAMPS - PAIN - legs	1	1449
EXTREMITIES - CRAMPS - PAIN - legs - cramping	1	1499
EXTREMITIES - ITCHING - elbows - left	1	1492
EXTREMITIES - ITCHING - knees	1	1495
EXTREMITIES - ITCHING - legs	1	1495
EXTREMITIES - ITCHING - lower limbs	1	1495
EXTREMITIES - ITCHING – feet	1	1492
EXTREMITIES - ITCHING - shoulders - burning - left	1	1496
EXTREMITIES - ITCHING - shoulders – left	1	1496
EXTREMITIES - NUMBNESS – feet	1	1508
EXTREMITIES - NUMBNESS – legs	1	1511
EXTREMITIES - NUMBNESS - lower limb	1	1511
<u>EXTREMITIES - PAIN - feet - heels - extending to - calves</u>	1	N
<u>EXTREMITIES - feet - soles - burning</u>	1	N
<u>EXTREMITIES - PAIN - feet - soles - cold - water - ameliorates – burning</u>	1	N
EXTREMITIES - PAIN - fingers - shooting pain	1	1544
<u>EXTREMITIES - PAIN - fingers - pressure aggravates</u>	1	N
EXTREMITIES - PAIN - fingers - pulsating	1	1544
EXTREMITIES - PAIN - legs	1	1582
EXTREMITIES - PAIN - legs - cramping	1	1584
EXTREMITIES - PAIN - lower limb	1	1593
EXTREMITIES - PAIN - lower limbs - stretching - ameliorates	1	1597
EXTREMITIES - PAIN - shoulders - burning	1	1604
EXTREMITIES - PAIN - thighs - shooting pain - downward	1	1615
EXTREMITIES - PAIN - upper limbs - left	1	1636
EXTREMITIES - PAIN - upper limbs - left-sharp	1	1636
EXTREMITIES - PERSPIRATION - HAND - palm	1	1653
EXTREMITIES - RUBBING - ameliorates - lower limbs	1	1660
<u>EXTREMITIES - SEPARATED - sensation - feet feel separated from lower limbs</u>	1	
NP		
EXTREMITIES - SEPARATED – SENSATION-legs-body;as if separated from his	1	1661
EXTREMITIES - SEPARATED - SENSATION- lower limbs	1	1661
EXTREMITIES - STRETCHING OUT - lower limbs-ameliorates	1	1668



EXTREMITIES - WARM - applications – ameliorates-Lower limbs	1	1694
EXTREMITIES - WEAKNESS - afternoon - 12h-15h	1	N
EXTREMITIES - WEAKNESS - legs	1	1699
EXTREMITIES - WEAKNESS - lower limbs	1	1700

#### **4.4.24 Sleep**

SLEEP - REFRESHING	1	1722
SLEEP - RESTLESS	1	1722
SLEEP- RESTLESS - pain, with	1	1723
SLEEP - SLEEPINESS	1	1724
SLEEP – SLEEPINESS-morning-during	1	1725
SLEEP - SLEEPLESSNESS	2	1731
SLEEP - SLEEPLESSNESS - causeless	1	1735
SLEEP - SLEEPLESSNESS - pain; from - back	1	1738
SLEEP - SLEEPLESSNESS – thoughts-activity of thoughts;from	1	1740
SLEEP - UNREFRESHING - morning	1	1741
SLEEP - UNREFRESHING - morning - waking; on	1	1741
SLEEP - WAKING - early too	1	1743
SLEEP - WAKING - frequent	1	1744
SLEEP - WAKING - periodical - hour; every	1	1745
SLEEP - WAKING - urinate; with desire to	1	1746

#### **4.4.25 Dreams**

DREAMS - BANQUET	1	1754
DREAMS - BEACH	1	1754
DREAMS - CAMPING	1	1756
DREAMS – CHILDREN-about-danger; in	1	1758
DREAMS – CHILDREN-about-help, requested to; unescorted	1	1758
DREAMS – COUNTRY-foreign	1	1760
DREAMS – CRIME-committing a crime- he had committed a crime	1	1761
DREAMS - DANGER	1	1761
DREAMS – DEAD; of the-relatives	1	1762
DREAMS – DEAD; of the- relatives-talking with dead relatives	1	1762

<u>DREAMS - DISORGANIZED - sequences disorganized</u>	1	N
DREAMS - EATING	1	1765
DREAMS – EVENTS-daily	1	1765
<u>DREAMS – FALLING-space; in</u>	1	N
DREAMS – FAMILY-own	1	1767
DREAMS - FATHER	1	1767
DREAMS – FLOWERS-roses	1	1768
DREAMS - FOOD	1	1769
DREAMS - FOREIGN COUNTRY	1	1769
DREAMS - FOREIGNERS - among foreigners; being	1	1769
DREAMS - FRIENDS - meeting friends	1	1769
DREAMS - GARDENS	1	1770
DREAMS - GARDENS - rose	1	N
DREAMS - HELPED; being - strangers; by	1	1771
DREAMS - HELPING - people	1	1771
DREAMS - MOTHER	1	1777
DREAMS - MOTHER - accident - car; in a	1	N
DREAMS - PARTIES	2	1780
DREAMS – PATIENTS	1	1780
DREAMS - PICNICS	1	1780
<u>DREAMS - PLAYING - rain; in</u>	1	N
DREAMS - SICK PEOPLE	1	1785
<u>DREAMS - SISTER-pit - falling into</u>	1	N
DREAMS - STRANGERS	1	1787
<u>DREAMS - TALKING - God and death - to ones friend; about</u>	1	N
<u>DREAMS - TALKING with someone - loved ones with his</u>	1	N
<b>DREAMS - TEACHING</b>	1	1788
DREAMS - TURTLES	1	1789
<i>DREAMS - UNREMEMBERED</i>	2	1790

#### **4.4.26 Fever**

FEVER - AFTERNOON (13-18h)	1	1811
FEVER - FEVER, heat in general	1	1811

#### 4.4.26 Perspiration

PERSPIRATION - anxiety; during	1	1831
PERSPIRATION - COLD - waking; on	1	1832
PERSPIRATION - HOT	1	1834
PERSPIRATION - PROFUSE	1	1836
PERSPIRATION - PROFUSE - exertion aggravates	1	1836

#### 4.4.27 Skin

SKIN - BURNING	1	1841
SKIN - DRY	1	1848
SKIN - ITCHING	1	1869
SKIN - ITCHING - burning	1	1870
SKIN - ITCHING - eruptions - without	1	1871
SKIN - ITCHING - noon - 12h	1	N
SKIN - OILY	1	1874
SKIN - SOFT - feels	1	1876
SKIN - WAX	1	1884

#### 4.4.28 Generals

GENERALS - ENDURANCE - increased	1	1932
<b>GENERALS - ENERGY - excess of energy</b>	<b>3</b>	<b>1932</b>
GENERALS - ENERGY - lack of energy	1	1932
GENERALS - FOOD AND DRINKS - chocolate - desire	1	1943
GENERALS - FOOD AND DRINKS - meat - desire - barbequed meat	1	1952
GENERALS - FOOD AND DRINKS - sweet drinks - desire	1	1958
GENERALS - FOOD AND DRINKS - sweets - desire	1	1958
GENERALS - FOOD AND DRINKS - tea - desire	2	1959
GENERALS - FOOD AND DRINKS - tea - desire - hot	1	1959
GENERALS - FOOD AND DRINKS - warm drinks - desire - hot	1	1960
GENERALS - HEAVINESS	1	1967
<b>GENERALS - INFLUENZA</b>	<b>3</b>	<b>1979</b>
GENERALS - INFLUENZA-sensation as if; beginning stage	1	1975

GENERALS - ITCHING - side, left	1	1977
GENERALS-ITCHING-skin of the	1	1978
GENERALS - LASSITUDE	1	1979
GENERALS - PAIN - aching	1	1998
GENERALS - PAIN - cutting pain	1	2000
GENERALS - PAIN-sharp	1	2005
GENERALS - PAIN - sore (=bruised)	1	2005
GENERALS - SICK FEELING; vague	1	2042
<u>GENERALS - SIDE - left</u>	2	N
<u>GENERALS - SIDE - one side; symptoms on</u>	1	N
GENERALS - SLUGGISHNESS of the body	1	2044
GENERAL - STRENGTH sensation of	1	2047
GENERALS - VIGOR	1	2064
GENERALS - WEAKNESS	2	2069
GENERALS - WEAKNESS - alternating with - strength; sensation of	1	2071
GENERALS - WEAKNESS - eating - ameliorates	1	2073
GENERALS - WEARINESS	1	2078 CS

The data obtained from the proving of *Malus domestica* 30CH presented a total of 264 rubrics. Most of these rubrics were located in the mind section (70), dream section (38), extremities section (47), and generals section (30).

#### **4.5 RESULTS OF REPERTORISATION OF PROVING SYMPTOMS OF *MALUS DOMESTICA***

The repertorisation of the ten rubrics chosen to represent the core of *Malus domestica* 30CH produced the following remedies present in the highest number of rubrics and yielding the highest numerical value. The rubrics below were chosen to represent the essence of the remedy.

**Table 2 (repeated): Rubrics chosen for the repertorisation**

Mind delusions - persecuted he is persecuted
Mind delusions separated - body mind are separated, body

Mind tranquility
Head lightness sensation of
Head pain pulsating
Face shiny oily
Rectum diarrhea morning
Extremities cramps legs calves
Extremities separated sensation leg body, as if separated from his
Generals food and drink tea desire

The top five remedies that emerged were *Natrum muriaticum*, *Cinchona officinalis*, *Pulsatilla pratensis*, *Rhus toxicodendron* and *Lyssin*.

- *Natrum muriaticum* had seven common rubrics with the chosen rubrics of *Malus domestica*.

Mind delusions - persecuted he is persecuted
Mind tranquility
Head pain pulsating
Face shiny oily
Rectum diarrhea morning
Extremities cramps legs calves
Generals food and drink tea desire

- *Cinchona officinalis* had six common rubrics with *Malus domestica*.

Mind delusions - persecuted he is persecuted
Mind tranquility
Head pain pulsating
Rectum diarrhea morning
Extremities cramps legs calves
Generals food and drink tea desire

- *Pulsatilla* had six common rubrics with the chosen rubrics of *Malus domestica*.

Mind delusions - persecuted he is persecuted
--

Mind tranquility
Head pain pulsating
Rectum diarrhea morning
Extremities cramps legs calves
Generals food and drink tea desire

- *Rhus toxicodendron* had six common rubrics with the chosen rubrics of *Malus domestica*.

Mind delusions - persecuted he is persecuted
Mind tranquility
Head pain pulsating
Face shiny oily
Rectum diarrhea morning
Extremities cramps legs calves

- *Lyssin* had six common rubrics with the chosen rubrics of *Malus domestica*.

Mind tranquility
Head lightness sensation of
Head pain pulsating
Rectum diarrhea morning
Extremities cramps legs calves
Generals food and drink tea desire

The repertorial analysis of the prominent remedies of the Plant kingdom yielded *Cinchona officinalis* followed by *Pulsatilla pratensis* and *Rhus toxicodendron* as the top three plant remedies that show repertorial similarity.

- *Cinchona officinalis* had six common rubrics with *Malus domestica*.

Mind delusions -persecuted he is persecuted
Mind tranquility
Head pain pulsating
Rectum diarrhea morning

Extremities cramps legs calves
Generals food and drink tea desire

- *Pulsatilla pratensis* had six common rubrics with the chosen rubrics of *Malus domestica*.

Mind delusions -persecuted he is persecuted
Mind tranquility
Head pain pulsating
Rectum diarrhea morning
Extremities cramps legs calves
Generals food and drink tea desire

- *Rhus toxicodendron* had six common rubrics with the chosen rubrics of *Malus domestica*.

Mind delusions -persecuted he is persecuted
Mind tranquility
Head pain pulsating
Face shiny oily
Rectum diarrhea morning
Extremities cramps legs calves

The repertorial analysis of the prominent remedies of the Animal kingdom yielded *Lyssin* followed by *Lachesis muta* and *Falco Peregrine* as the top three animal remedies that show repertorial similarity.

- *Lyssin* had six common rubrics with the chosen rubrics of *Malus domestica*.

Mind tranquility
Head lightness sensation of
Head pain pulsating
Rectum diarrhea morning
Extremities cramps legs calves
Generals food and drink tea desire

- *Lachesis muta* had five common rubrics with the chosen rubrics of *Malus domestica*.

Mind delusions - persecuted he is persecuted
Mind tranquillity
Head pain pulsating
Rectum diarrhea morning
Extremities cramps legs calves

- *Falco Peregrine* had five common rubrics with the chosen rubrics of *Malus domestica*.

Mind delusions - persecuted he is persecuted
Mind tranquillity
Head pain pulsating
Extremities cramps legs calves
Extremities separated sensation leg body, as if separated from his
Extremities separated sensation lower limbs

The repertorial analysis of the prominent remedies of the Mineral kingdom yielded *Natrum muriaticum* followed by *Sulphur* and *Arsenicum album* as the top three mineral remedies that show repertorial similarity.

- *Natrum muriaticum* had seven common rubrics with the chosen rubrics of *Malus domestica*.

Mind delusions - persecuted he is persecuted
Mind tranquillity
Head pain pulsating
Face shiny oily
Rectum diarrhea morning
Extremities cramps legs calves
Generals food and drink tea desire

- *Sulphur* had five common rubrics with the chosen rubrics of *Malus domestica*.

Mind delusions - persecuted he is persecuted
--



Mind tranquility
Head pain pulsating
Rectum diarrhea morning
Extremities cramps legs calves

- *Arsenicum album* had five common rubrics with the chosen rubrics of *Malus domestica*.

Mind delusions - persecuted he is persecuted
Mind tranquility
Head pain pulsating
Rectum diarrhea morning
Extremities cramps legs calves

# CHAPTER FIVE

## DISCUSSION

### 5.1 INTRODUCTION

It was hypothesised that *Malus domestica* 30CH would produce transient and clearly observable signs and symptoms in healthy provers. It was also hypothesised that the proving symptoms of *Malus domestica* 30CH would be comparable to remedies of repertorial similarity. The data that was derived from this research study did not contradict but rather confirmed the above hypotheses.

In this chapter a discussion of the proving symptoms and themes that emerged from the proving of *Malus domestica* is presented. Subsequently, a comparison of *Malus domestica* to remedies of repertorial similarity was made and the discussion following various analyses is presented.

### 5.2 ABBREVIATION OF THE REMEDY

The proving remedy *Malus domestica* 30CH will be abbreviated as follows: Mal-dom.

### 5.3 THE SYMPTOMS

Sherr (1994: 32) delineates the importance of looking at a proving as if all the provers appear as one prover, and all the symptoms arise in one person. This allows for a natural cohesion to create a more complete understanding of the remedy in its entirety. Taking this into consideration the proving symptoms of *Malus domestica* have been grouped together for each of the various sections of the materia medica. This helps provide a clearer picture and a more vivid understanding of the themes that runs throughout the remedy.

### 5.3.1 MIND

#### Anger

The proving of *Malus domestica* produced various mind symptoms. A number of provers experienced varying degrees of anger. One of the provers got into a huge fight with a client which ended in swearing (01 M 19: XX: XX). Another prover felt emotionally unstable for an entire day (02 M 03: XX: XX). The same prover also had an exchange with a lecturer and it wasn't very pleasant (02 M 15: XX: XX). One of the provers was angry from the time he woke up (13 M 17: XX: XX). Feeling angry from the time he woke up was experienced by another prover (13 M 17: XX: XX).

#### Anxiousness /nervousness

Two provers experienced an anxiousness or nervousness, one prover woke up from their evening sleep with an anxiety attack and did not know if they seeing was real or fake (22 M 03: XX: XX). Another experienced an anxiety attack around 5pm (21 F 32: XX: XX).

#### Calmness/Cheerful

There was also a sense of calmness felt by some provers. A prover had a very easy day, relaxed and their mind was at ease (11 M 09: XX: XX). Another prover was calm while sitting in his bed, he was also feeling like he was dreaming (13 M 08: XX: XX). A prover felt calm even though his future is uncertain, this made him feel unusually calm, at work (28 M 00: XX: XX). Happiness was experienced, the prover felt relaxed, happy and in a good mood (04 F 01: XX: XX).

#### Concentration/ clarity of mind

A prover felt clarity of mind and concentration levels were really good (04 F 01: XX: XX). Another prover felt that everything felt clearer and their focus was so much better (19 F 02: XX: XX). The first prover mentioned earlier under this heading, could study for long hours and their concentration levels were very good (04 F 01: XX: XX).

#### Confusion

Confusion about her femininity was experienced by one prover (07 M 02: XX: XX). Another prover felt confused and insecure of his relationship (11 M 05: XX: XX).

## Delusions

There were five pertinent delusions that were felt by three different provers. The first felt like they were dirty after having their periods and needed to bathe and sleep (27 F 13: XX: XX). The second prover was daydreaming about evil beings that came across (13 M 03: XX: XX). Another prover felt lacking in love and not really knowing who he is (16 M 03: XX: XX). One prover felt the interaction with God and a feeling as if God was talking to him directly (11 M 01: XX: XX).

One of the most predominant and characteristic delusion was the feeling of being persecuted, the prover felt like everyone around him was against him (01 M 03: XX: XX). Another prover felt like everybody was using him including his loved ones (18 M 03: XX: XX). Feeling of hatred from God himself (24 M 02: XX: XX). Another prover felt like the whole world was against him (28 M 02: XX: XX).

## Dreams

There were many different dreams reported by provers such as dreaming about pets (21 F 22: XX: XX). Provers dreamt about the beach and outdoors (21 F 08: XX: XX). One specific dream was that of an out of body experience where a prover needed to help a child that was hurt (30 M 02: XX: XX). There were various other dreams such as: dreams about falling (21 F 04: XX: XX), dreams about family (17 M 15: XX: XX) (21 F 13: XX: XX) (21 F 15: XX: XX) (21 F 24: XX: XX) (27 F 24: XX: XX) (21 F 05: XX: XX) (21 F 06: XX: XX). **Some** of the provers dreamt about various family members (17 M 15: XX: XX) (21 F 15: XX: XX) (27 F 24: XX: XX) (21 F 05: XX: XX). Dreams of guilt and feeling like a criminal **were** also reported (08 M 07: XX: XX) (19 F 23: XX: XX). Parties and strangers did come up in certain provers while dreaming (19 F 08: XX: XX) (27 F 23: XX: XX) (28 M 00: XX: XX). Flora and fauna such as the collections found in parks and botanical gardens were predominant in certain provers' dreams and cravings (08 M 02: XX: XX). Provers also felt better when outside (11 M 10: XX: XX). Two provers wanted to experience fresh air and be closer to nature (11 M 10: XX: XX) (17 M 08: XX: XX).

### **Depression sadness/Irritation**

Depression and sadness was not a major occurrence however a prover did feel sad and misunderstood (22 M 12: XX: XX). Provers did feel irritated at times, one prover felt irritated in the morning but playing with his daughters made it better (01 M 05: XX: XX). The same was felt by another prover but he felt better when talking to a friend (01 M 07: XX: XX). Another prover had a very irritated day and strong emotions were shown to everyone around (16 M 23: XX: XX).

### **Vertigo/ lightheadedness**

At different time during the proving provers did experience vertigo, one prover felt lightheaded an hour after taking the first powder. A prover felt that his head was feeling light and different (13 M 05: XX: XX). Varying degrees of vertigo was felt as one prover experienced a lot of dizziness and a weak feeling in his head (11 M 00: XX: XX). Another prover felt like his head was floating (19 F 03: XX: XX). Two provers felt lightheaded (05 M 05: XX: XX) (13 M 05: XX: XX). Another prover felt like his head was floating (19 F 03: XX: XX).

### **Energy/ amped**

A burst of energy and more brain power was felt by one prover (18 M 00: XX: XX). Another prover felt amped at the end of the day after taking their first powder and then the prover felt like a king and felt amped at the end of the day (20 M 00: XX: XX). Some provers felt more energetic and refreshed (04 F 02: XX: XX) (07 M 01: XX: XX) (07 M 03: XX: XX). The following provers felt more energy (07 M 13: XX: XX) (08 M 00: XX: XX) (17 M 02: XX: XX). Provers also felt elevated mental energy levels at academic tasks (18 M 02: XX: XX) (18 M 08: XX: XX) (19 F 01: XX: XX) (19 F 02: XX: XX). There was also increased levels of physical energy such as strength and power (20 M 00: XX: XX) (20 M 01: XX: XX) (22 M 02: XX: XX) (30 M: XX: XX).

### **God/ prayer/ family**

One prover felt like his senses and thinking ability was heightened, he also felt like he had many new ideas concerning business (17 M 02: XX: XX) (17 M 03: XX: XX). The same prover felt motivated and much better after praying (17 M 13: XX: XX). On another occasion after doing prayers he felt it distressed him (17 M 20: XX: XX). Two provers enjoyed spending time with family (01 M 08: XX: XX). Another prover

thought about spending more time with family and friends (17 M 04: XX: XX). A prover experienced an inclination to be more spiritual (17 M 05: XX: XX). One prover explained that being spiritually inclined helps one to heighten all senses since it seems to calm mind down and bring about inner peace (17 M 05: XX: XX). Praying before going to practice motivated this prover (17 M 05: XX: XX). A prover experienced a sense of calmness and de stress (17 M 14: XX: XX). another prover felt like his faith was being questioned all the time (20 M 08: XX: XX).

## **Relationships**

Different types of relationships affected or were highlighted during this proving. One prover was affected by his girlfriend (02 M 03: XX: XX). **He also had many other relationships affected**. He had a lot of double mindedness concerning his relationship with the girlfriend (11 M 00: XX: XX). These doubts kept getting stronger (11 M 01: XX: XX). The doubts started to produce a physical manifestations (11 M 05: XX: XX). After a week of being on this proving the prover started to think about all his decisions and manifestations (11 M 07: XX: XX).

## **Disconnected/separated**

One of the most pertinent themes that ran throughout this proving is a sensation of being disconnected or separated from oneself. One prover felt like there was something missing inside which he later described as missing zest for life or passion to succeed (05 M 02: XX: XX). **The same prover** felt like his legs were separated from his body (05 M 04: XX: XX). Another prover felt similar (05 M 05: XX: XX). Another prover felt like his head was separated from his body (08 M 03: XX: XX). Two provers felt like their feet was separated from their legs (08 M 14: XX: XX) (19 F 07: XX: XX). Another prover felt a loss in connection between his mind and body (22 M 01: XX: XX). A particular separation was felt by another prover, he felt like his toes were separated from his feet (24 M 04: XX: XX). A state of relaxation caused one prover to feel like his subconscious on its own mission (17 M 03: XX: XX). The most strange sense of separation was an out of body experience (30 M 02: XX: XX).

### 5.3.2 Head

#### Head pain

The head pain felt by most was very characteristic, there was a pulsating pain felt by the following provers (19 F 01: XX: XX) (21 F 07: XX: XX) (21 F 30: XX: XX) (18 M 17: XX: XX) (01 M 00: XX: XX). A headache felt on the top of the head was felt by two provers (01 M 00: XX: XX) (07 M 18: XX: XX). A prover experienced a splitting headache more on the left side (08 M 01: XX: XX). Another prover experienced a headache on the left side as well (31 M 12: XX: XX). A prover felt neck pain at the right side of his neck (02 M 01: XX: XX). Three different provers experienced a headache at the occipital region (13 M 13: XX: XX) (16 M 03: XX: XX) (18 M 17: XX: XX). Another prover experienced a pounding pain at the back of their head and on top (19 F 01: XX: XX). One of the provers felt an easing of his headache after resting his eyes (19 F 02: XX: XX). One of the provers experienced a similar headache on both days (21 F 02: XX: XX) (21 F 03: XX: XX). Another prover experienced neck pain for about 2 hours which was relieved after resting (21 F 07: XX: XX). There were 3 provers that experienced headaches around 2pm (21 F 10: XX: XX) (21 F 16: XX: XX) (21 F 31: XX: XX). A prover was feeling unwell followed by a headache (21 F 32: XX: XX). A headache caused by dehydration (27 F 30: XX: XX). Another prover had a headache located on the front left side (27 F 30: XX: XX). The following prover had a headache on the back of his head and it was there for the whole day until he had supper (13 F 13: XX: XX). Woke up with a small headache at the back of my head and had then taken the 4<sup>th</sup> powder (16 M 03: XX: XX). A different type of pain was felt by a prover who also saw stars (18 M 17: XX: XX)

“I woke up normally in the morning then I had an unusual headache situated on the top of my head. It got worse than after two hours it suddenly went away.”

“Had the headache after that again like yesterday but it went away after 5min” (01 M 01: XX: XX)(01 M 00: XX: XX).

### 5.3.3 Abdomen

#### Abdominal cramps

Abdominal complaints were as follows, some provers experienced pain with cramping (05 M 08: XX: XX) (22 M 18: XX: XX) (19 F 03: XX: XX) and prover one (01 M 20: XX: XX) experienced an empty sensation “in his tummy” after defecation. Abdominal pain that occurred concurrently with constipation (05 M 15: XX: XX) (11 M 00: XX: XX) and (13 M 25: XX: XX) **was experienced.**

### 5.3.4 Rectum

#### Rectum and stool

Many provers experienced malodorous (“something died inside of me”) diarrhoea. The stool was copious and watery and worse in the morning on rising. Provers 08 and 19 reported hemorrhaging from the rectum. “Got scared today when I saw blood on the toilet paper, felt like pins in my rear” (08 M 08: XX: XX); “Was a bit shocked to see that there was little blood in the toilet. Normally never have a sore butt but it feels very sore now!” (19 F 00: XX: XX). It was noted that 5 provers experienced diarrhea upon waking in the morning and they described their experience in the following quotes respectively; “Woke up and went to the toilet for number 2 more than once” (01 M 02: XX: XX), “ when I woke up in the morning I needed to pass stool – almost straight after standing up from bed I had the need for the toilet ” (08 M 08: XX: XX). “Woke up today late but my stomach was sore – felt like I needed the toilet as soon (soon) as I woke up. Never happened before. My stomach was running.” (13 M 02: XX: XX). “Needed the loo when I woke – I notice that my tummy was aching. Passed loose watery stool.” (19 F 03: XX: XX,) “Needed the toilet urgently when I woke up. Seems like the diarrhea is back.” (19 F 09: XX: XX), “Woke up with severe diarrhoea, smelt like something died inside of me” (16 M 17: XX: XX).



### **5.3.5 Urine**

#### **Urination**

There was the experience of dysuria and increase in frequency of passing urine. Provers (18 M 07: XX: XX) and (19 F 02: XX:XX) observed that they were passing urine more frequently. Prover (24 M 07: XX: XX) reported a burning sensation when passing urine. Prover (04 F 28: XX:XX) reported severe kidney pain, ameliorated by drinking large quantities of water. Prover 8 (08 M 03: XX:XX) passed more urine at night and also experienced urgency and the desire to pass copious amounts of urine.

### **5.3.6 Respiration**

#### **Respiration**

Not many respiratory complaints were noted however there was one prover who had constricted respiration experienced due to anxiety (11 M 05: XX: XX). One prover experienced left sided chest pain (14 F 02: XX: XX). Provers (18 M 25: XX: XX) and (19 F 08: XX: XX) recorded difficulty in respiration – prover (18 M 25: XX: XX) stated: “I noticed that my chest started paining when I was laughing hard. Felt like less air was going into my chest”. A productive cough and a dry cough was observed by provers (19 F 08: XX: XX) and (08 M 03: XX: XX) respectively.

### **5.3.7 Chest**

#### **Chest**

Constriction was felt in the chest by three provers (08 M 04: XX: XX), (11 M 05: XX: XX), (19 F 08: XX: XX). (08 M 04: XX: XX) stated that his “Chest was a bit tight and throat felt swollen” (08 M 04: XX: XX); (11 M 05: XX: XX) described his chest as being “tight” (11 M 05: XX: XX); and a prover experienced a “tight” of her chest that was associated with the production of phlegm (19 F 08: XX: XX).

Prover (17 M 15: XX: XX) described a burning sensation on his chest. (14 F 16: XX: XX) experienced both dull and sharp chest pain on two separate occasions. Prover

(18 M 25: XX: XX) recorded chest pain when laughing. During an influenza infection, (21 F 12: XX: XX) reported severe cough and chest pain.

### 5.3.8 Back

#### Back pain

Prover (31 M 00 XX:XX) experienced a burning, heat sensation as back pain located in the neck and shoulder region as if he had slept incorrectly. Back pain was reported at various locations: lumbar region (17 M 15: XX: XX), the thoracic region (21 F 12: XX: XX), and cervical region (31 M 04: XX: XX).

### 5.3.9 Extremities

#### Extremities

As was noted in the abdominal region, cramping was predominant in the lower extremities especially in the calves (08 M 02: XX: XX) (08 M 07: XX: XX) (11 M 11: XX: XX) (13 M 13: XX: XX) (14 F 16: XX: XX) (16 M 00: XX: XX) (19 F 04: XX: XX) (19 F 07: XX: XX) (24 M 10: XX: XX). Itchy extremities were also felt by one prover on different occasions (01 M 04: XX: XX) (01 M 16: XX: XX) (01 M 22: XX: XX). Burning sensation experienced with pain was reported by prover 14 and 24. Weakness and numbness was also experienced by provers 2 and 7 respectively. Prover (14 F 16: XX: XX) reported a shooting, throbbing pain at her left upper limb between fingers.

Numbness was observed by a prover “Legs were feeling weak today and numb at times got better in the afternoon after keeping them warm” (07 M 24: XX: XX).

A sensation of separation was experienced in the lower limbs (08 M 14: XX:XX) and (24 M 04: XX: XX). Prover (08 M 14: XX: XX) felt as if his feet “were not attached” to his body when he was running. Prover 24 described the feeling that his toes were cut off from his feet “like they were separated”. Weakness in all extremities was reported and prover 2 felt weakness in the lower extremities.

### **5.3.10 Sleep**

#### **Sleeplessness**

There was a general feeling of sleeplessness with a lack of energy (07 M 09: XX: XX) (07 M 14: XX: XX) (18 M 14: XX: XX).

### **5.3.11 Skin**

#### **Skin**

One prover experienced very dry skin in the morning (07 M 12: XX: XX). Provers also experienced itching **accompanied by burning** (01 M 00: XX: XX) (01 M 07: XX: XX) (19 F 01: XX: XX). Shiny, oily skin conditions were experienced by some provers (07 M 04: XX: XX) (18 M 21: XX: XX) (19 F 01: XX: XX) and described as “thick and oily for the past few days” (08 M 07: XX: XX). Prover (04 F 02: XX: XX) reported that her skin was hydrated and soft.

### **5.3.12 Generals**

#### **Generals**

There was a predominant theme of excess energy running through the entire proving (04 F 02: XX: XX) (07 M 01: XX: XX) (07 M 03: XX: XX) (08 M 00: XX: XX) (17 M 01: XX: XX) (18 M 02: XX: XX) (19 F 01: XX: XX) (20 M 00: XX: XX) (30 M: XX: XX). Some provers **experienced weariness** (02 M 02: XX: XX) (05 M 03: XX: XX) (07 M 08: XX: XX) (13 M 00: XX: XX) (21 F 09: XX: XX) (24 M 00: XX: XX) (31 M 01: XX: XX). Many provers loved drinking tea (08 M 02: XX: XX) (13 M 08: XX: XX) (14 F 09: XX: XX) (19 F 02: XX: XX) (27 F 23: XX: XX) (30 M 01: XX: XX).

#### **Side – left**

There was a common thread of symptoms favouring the left side of the body in certain provers (08 M 00: XX: XX) (19 F 01: XX: XX) (31 M 03: XX: XX) (08 M 00: XX: XX) (08 M 00: XX: XX) (19 F 01: XX: XX) (31 M 03: XX: XX).

## Influenza

Some provers did experience influenza like symptoms (02 M 27: XX: XX) (07 M 23: XX: XX) (19 F 03: XX: XX) (21 F 19: XX: XX) (29 M 08: XX: XX) provers felt sick and experienced various flu-like symptoms such as a running nose, cough, chest pain and malaise (02 M 27: XX: XX) (07 M 23: XX: XX) (19 F 03: XX: XX) (21 F 19: XX: XX) (21 F 21: XX: XX) (21 F 24: XX: XX) (29 M 08: XX: XX). Prover 07 experienced fever in the afternoon and remarked: “Had a fever in the afternoon, wasn’t too bad – manageable”

### 5.2.13 Miscellaneous

#### Miscellaneous symptoms

Music gave one of the provers a sense of calm (17 M 05: XX: XX). One prover stopped taking the powders once he felt unsure of thinking or daydreaming (29 M 01: XX: XX).

## 5.4 THE REPERTORISATION OF THE PROVING SYMPTOMS AND SUBSEQUENT COMPARISONS

### 5.4.1 Repertorisation of the 10 characteristic rubrics – top five remedies

Two different comparisons were compiled; the first was a repertorisation of 10 characteristic rubrics chosen and the top five remedies that emerged were subsequently compared to *Malus domestica*. The first repertorisation produced the following remedies; *Natrum muriaticum* (*Nat mur*), *Cinchona officinalis* (*China*) *Pulsatilla pratensis* (*Pulsatilla*), *Rhus toxicodendron* (*Rhus tox*) and *Lyssin* as the top five remedies that emerged. In the second repertorial comparison performed subsequently, *Cinchona officinalis* and *Pulsatilla pratensis* emerged as the top two remedies of the plant kingdom, *Nat mur* and *Sulphur* emerged as the top two remedies of the mineral kingdom and *Lyssin*, *Lachesis muta* and *Falco peregrinus* emerged as the top remedies of the animal kingdom.

#### 5.4.1.1 *Malus domestica* and *Natrum muriaticum*

*Natrum muriaticum* (*Nat mur*) was the most prominent remedy that emerged after the repertorisation of the 10 symptoms representing the essence of *Malus domestica*.

The common symptoms after the repertorisation were persecuted feeling, tranquillity, pulsating headache, oily skin that was shiny on the face, morning diarrhoea, cramps in the calves and the desire for tea. Both *Malus domestica* and *Natrum muriaticum* experience a forsaken feeling especially by loved ones. In *Malus domestica* it is taken further to feeling forsaken and persecuted by God as well. Both remedies question relationships and have concerns about trust in a relationship. In *Malus domestica* there is insecurity in the matter of the love relationships with regards to having made the right decision in the choice of partner. Both remedies feel sentimental in the presence of music. In *Malus domestica* there is a feeling of calmness and tranquillity in response to music. In *Natrum muriaticum* there is a sadness and depression from grief and loss (Boericke 2013: 464), in *Malus domestica* there is sadness, a feeling of a lack of love with irritability. In *Natrum muriaticum* there is sadness and sentimentality experienced in response to music (Scholten 1993: 33). Both remedies also have a feeling of nostalgia and thinking of the past relationships. Both remedies have severe pulsating headaches that are worse when it is warm and when exposed to the sun, in *Malus domestica* there is a warmth aggravation and an amelioration when standing in a cool space. In *Natrum muriaticum* there is a greasy oily face (Boericke 2013: 465) as is seen in *Malus domestica* which is described as oily with a shiny appearance. In *Malus domestica* there is a feeling of cramping in the calves and in *Natrum muriaticum* there is a painful contraction of the hamstrings (Boericke 2013: 465) and calves. In *Natrum muriaticum* there is diarrhoea with a painful, torn anus with bleeding (Boericke 2013: 465) and in *Malus domestica* there is an urgent morning diarrhoea upon rising with bleeding from the anus when passing stool.

#### **5.4.1.2 *Malus domestica* and *Cinchona officinalis***

*Cinchona officinalis* (*China*) was the second most prominent remedy that emerged after the repertorisation of the 10 symptoms representing the essence of *Malus domestica*.

The common symptoms after the repertorisation were persecuted feeling, tranquillity, pulsating headache, oily skin that was shiny on the face, morning diarrhoea, cramps in the calves and the desire for tea.

In *China* there is a feeling of persecution and feeling of being hindered and obstructed in his pursuits, as if obstacles being placed in his path. This makes him/her depressed, irritable and withdrawn (Sankaran 1997: 60). The feeling is similar in *Malus domestica* in that he/she feels that some of his/her pursuits are useless and he/she does not succeed with a feeling of being persecuted by loved ones and God as well. The pulsating headache is described as if the skull would burst and there is intense throbbing of the head and carotids in *China* (Boericke, 2013: 197) In *Malus domestica* there is a pulsating, throbbing headache with eye pain and a radiation to the neck area as well. The headache is worse from being dehydrated as it is in *China* (Boericke 2013: 197) There is a frothy, **lienteric** stool in *China* which weakens the patient and in *Malus domestica* the diarrhoea **is frequently** experienced in the morning on rising. The stool is loose, copious and was malodorous smelling of carrion.

#### **5.4.1.3 *Malus domestica* and *Pulsatilla pratensis***

*Pulsatilla pratensis* was the third most prominent remedy that emerged after the repertorisation of the 10 symptoms representing the essence of *Malus domestica*.

The common symptoms after the repertorisation were persecuted feeling, tranquillity, pulsating headache, morning diarrhoea, cramps in the calves and the desire for tea.

The weather cock amongst remedies, the mind state of the patient often dictates the selection of *Pulsatilla* (Vermeulen 2000: 796). There is **an** anxiety and uneasiness

especially in bed with marked irritability which leads to wandering thoughts (Vermeulen 2000: 797). The highly emotional nature of *Pulsatilla pratensis* leads to sentimental behaviour. They feel forsaken and require consolation (Vermeulen 2000, 797). Their sadness and irritability stems from a lack of sympathy from a friend or family member. The forsaken feeling in *Pulsatilla* is experienced as being alone in the world with no love and affection (Vermeulen 2000: 797) and in *Malus domestica* the feeling is also lack of love and being forsaken by loved ones and even by God. However in *Malus domestica* the forsaken feeling extends as a result of not being successful as is found in *Psoric* remedies. The headache is also similar in both remedies as *Pulsatilla* experiences a pulsating headache that is ameliorated by pressure and tight bandaging and has concomitant eye discomfort during the headache (Vermeulen 2000: 797). Similar to *Malus domestica* is the diarrhoea in the morning and the watery, bloody stool found in *Pulsatilla*. In *Pulsatilla* there is a high degree of mucous found in the stool and sometimes haemorrhage from the anus even when not defecating (Vermeulen 2000: 799). There is a drawing tensive pain experienced in the thighs and legs in *Pulsatilla* (Boericke 2013: 548) which is similar to the cramping in the calves experienced in *Malus domestica*; however in *Malus domestica* there is also a predominant separated sensation experienced in the lower limbs. The predominant craving in *Malus domestica* was for tea, especially if it was sweet. *Pulsatilla pratensis* has cravings for which disagrees and even though *Pulsatilla* has a minor craving for tea it causes an 'all- gone' sensation in the stomach (Boericke 2013: 547).

#### **5.4.1.4 *Malus domestica* and *Rhus toxicodendron***

*Rhus toxicodendron* (*Rhus tox*) was the fourth most prominent remedy that emerged after the repertorisation of the 10 symptoms representing the essence of *Malus domestica*. The common symptoms after the repertorisation were persecuted feeling, tranquillity, pulsating headache, morning diarrhoea and cramps in the calves.

*Rhus tox* has similar diarrhoeal symptoms to *Malus domestica* with bloody stool having a cadaverous odour. However in *Rhus tox* the stool is often slimy and painless and is similar to the disease process of dysentery. Similar to *Malus domestica* is the type of itching found in *Rhus tox*. In *Rhus tox* there is itching with a

burning sensation with vesicular and urticarial eruptions (Boericke 2013: 563) and in *Malus domestica* there is itching without eruptions.

Both *Malus domestica* and *Rhus tox* have extensive musculoskeletal symptoms especially in the back and lower extremities. In *Malus domestica* back pain was experienced at the lumbar region, thoracic region and cervical region. The pain was described as hot, as if flames were present and burning. In *Rhus tox* the pains are described as bruised and stiff especially in the small of the back and the nape of the neck (Vermeulen 2000: 826). Peculiar and quite similar is the stiff sensation found in *Malus domestica* of neck pain as if “I had slept in the wrong position” as is found in *Rhus tox* “as if it had been lying in an uncomfortable position”

In *Malus domestica* cramping was experienced in the calves similar to *Rhus tox*. This was ameliorated by stretching and walking (Vermeulen 2000: 826). In *Malus domestica* shooting, throbbing pains of the extremities were experienced with burning sensation of the feet were accompanied by an increase in perspiration of feet and palms.

Both *Malus domestica* and *Rhus tox* have symptoms of numbness. In *Malus domestica* it is described as “Legs were feeling weak today and numb at times got better in the afternoon after keeping them warm”. In *Rhus tox* there is also the amelioration from warmth and numbness from overexposure and overwork (Vermeulen 2000: 826).

In *Malus domestica* a sensation of separation between areas of the lower limb was observed, as though “his toes were cut off from his feet like they were separated”. In *Rhus tox* however a sense of lameness, paralysis and stiffness is felt throughout. (Vermeulen 2000: 826.)



#### **5.4.1.5 *Malus domestica* and *Lyssin***

*Lyssin (Hydrophobinum)* was the fifth most prominent remedy that emerged after the repertorisation of the 10 symptoms representing the essence of *Malus domestica*. The common symptoms after the repertorisation were tranquillity, light sensation of the head, pulsating headache, morning diarrhoea, cramps in the calves and a desire for tea.

In *Lyssin* there is a fear of water and of becoming mad or lyssophobia. An intense, violent mental state of fear and excitability is manifested. There is a fear of water and a desire to curse, strike and cut with a knife. There is a feeling of persecution of being tormented and having suffered wrong (Vermeulen 2000: 616.) The cramping in the calves are similar in *Malus domestica* accompanied by quivering throughout the body and a pressive pain in the right hip bone and sacrum (Vermeulen 2000: 616). In *Lyssin* there is a desire for stool on seeing or hearing running water and as in *Malus domestica* the stool is watery and profuse, worse in the morning (Vermeulen 2000: 616.) The feeling of lightness of the head and a boring pulsating pain is similar to *Malus domestica*.

#### **5.4.2 Comparisons of *Malus domestica* to remedies from the Mineral Kingdom**

The repertorial analysis of the prominent remedies of the Mineral kingdom yielded *Natrum muriaticum* followed by *Sulphur* and *Arsenicum album* as the top three mineral remedies that show repertorial similarity. *Natrum muriaticum* was the most prominent remedy that emerged after the repertorisation of the 10 symptoms representing the essence of *Malus domestica* were subjected to a further delimitation of only the remedies from the animal kingdom. The comparison to *Natrum muriaticum* was made earlier in this chapter.

##### **5.4.2.1 *Malus domestica* and *Sulphur***

*Sulphur* was the second most prominent remedy that emerged after the repertorisation of the 10 symptoms representing the essence of *Malus domestica* were subjected to a further delimitation of only the remedies from the mineral

kingdom. *Nat mur* was the first remedy in this case and *Arsenicum album* followed *Sulphur*. The common symptoms between *Sulphur* and *Malus domestica* after the repertorisation were persecuted feeling, tranquillity, pulsating headache, morning diarrhoea, cramps in the calves.

In both *Malus domestica* and *Sulphur*, when one looks at the mental symptoms there is an irritability and sentimentality shared by both remedies. There is also a headache characterized by a strong pulsating pain though in *Sulphur* there is a heat and burning sensation at the vertex (Boericke 2013: 630). Both remedies have diarrhoea that is worse in the morning which drives the patient out of bed on rising (Boericke 2013: 630). The chest symptoms that occur in *Malus domestica* and *Sulphur* is a feeling of constriction of the chest during respiration though in *Sulphur* this symptom is accompanied with burning and a feeling of oppression with the patient wanting the windows opened for fresh air (Boericke 2013: 630). There is a characteristic back pain located in the lumbar region in *Sulphur* which is similar to *Malus domestica* though in *Sulphur* there is the characteristic burning sensation which accompanies the pain and is worse for standing (Boericke 2013: 630.) The cramps located in the calf muscles of *Malus domestica* are also similar to that of *Sulphur* though in *Sulphur* these cramps are extended to the soles and are felt mainly at night. The sleeplessness that occurs after a night's sleep or during the day/night also occurs in *Sulphur* patients. There is marked itching of the skin which is a keynote symptom when choosing *Sulphur* as an appropriate remedy. In *Malus domestica* there is itching of the skin with a dry sensation which is worse in the morning.

#### **5.4.2.2 *Malus domestica* and *Arsenicum album***

The common symptoms between *Arsenicum album* (*Ars alb*) and *Malus domestica* after the repertorisation were persecuted feeling, tranquillity, pulsating headache, morning diarrhoea, and cramps in the calves.

In *Arsenicum album* there is great anguish and restlessness. There is fear of being left alone and of death. Further, there is despair that drives him from place to place (Boericke 2013: 95). The anxiety in *Malus domestica* is similar in that it is felt in the

afternoon and at night and is about not being sure of the origin of a symptom. The anxiety in *Malus domestica* is also about the financial security of the future which is similar to *Ars alb*. In *Arsenicum album*, there is a pulsating and throbbing headache similar to *Malus domestica* though in *Ars alb*. It is located in the region of the forehead (Vermeulen 2000: 168). The diarrhoea in *Arsenicum album*, is accompanied by coldness of the limbs and face and is accompanied by vomiting and prostration (Vermeulen 2000: 172). The stool is dark, black, green and mucoid (Vermeulen 2000: 172) unlike in *Malus domestica* which is copious, watery and bloody. The extremities in *Ars alb* are restless, yet weak, with a tearing, periosteal pain along the leg to the big toe (Vermeulen 2000: 175). Similar to *Malus domestica*, *Ars alb* has cramps in the calves though in *Ars alb* they occur, at night whilst in bed (Vermeulen 2000: 175).

#### **5.4.2.3 *Malus domestica* and *Kalium bromatum***

Despite the fact that *Kalium bromatum* was not comprehensively represented in the repertorial analysis, upon reading the symptoms of the provers and whilst compiling a tentative Materia medica it became evident that *Malus domestica* and *Kalium bromatum* were similar in some respects and a short comparison was worthy of mention here.

The following delusions are common to *Malus domestica* and *Kalium bromatum*:

- He/she is the object of God's vengeance
- He/she is persecuted
- He/she has committed a crime

There is a melancholic feeling and religious depression in *Kalium bromatum* similar to *Malus domestica* where he feels as if he/she is the object of God's wrath and singled out for divine vengeance (Vermeulen 2000: 856). In *Malus domestica* it has been expressed that there was direct communication with God, "When I went to bed and prayed last night it felt like God was talking to me." There was a similar persecuted feeling as in *Kali brom* in *Malus domestica* expressed by various provers as if "persecuted by everyone around me like everyone is against me. It feels like everybody is out to use me including my loved ones. Sometimes I really feel that

God himself hates me. Whatever I try to do is never easy to accomplish. I work hard with no guarantee that I'm going to be successful in anything. I feel that He could favour me more" There were also dreams of danger to the family which is similar to *Kali brom*. The intense guilt felt in *Kali brom* as if he/she has committed a crime or is accused of a crime is similar in *Malus domestica* where it is expressed as "I am made out to be a criminal, felt very guilty" and being falsely accused of stealing .The headaches in *Kali brom* are throbbing and accompanied by eye discomfort (Vermeulen 2000: 858) like those experienced in *Malus domestica*. In *Kali brom* there is constant diarrhoea with bloody stool as there is in *Malus domestica* (Vermeulen 2000: 856) though in *Kali brom* there is the protusion of other wormlike bodies in the stool (Vermeulen 2000: 856.) In the lower extremities *Kali.brom* has a staggering, uncertain gait with weakness and trembling (Vermeulen 2000: 856).

#### **5.4.3 Comparisons of *Malus domestica* to remedies from the Animal Kingdom**

The repertorial analysis of the prominent remedies of the Animal Kingdom yielded *Lyssin* followed by *Lachesis muta* and *Falco Peregrine domesticatus* as the top three animal remedies that show repertorial similarity. *Lyssin* was the most prominent remedy that emerged after the repertorisation of the 10 symptoms representing the essence of *Malus domestica* were subjected to a further delimitation of only the remedies from the animal kingdom. The other two remedies that were most similar were *Lachesis muta* and *Falco peregrine* respectively. The comparison to *Lyssin* was made earlier in this chapter.

##### **5.4.3.1 *Malus domestica* and *Lachesis muta***

The common symptoms between *Lachesis muta* and *Malus domestica* after the repertorisation were persecuted feeling, tranquillity, pulsating headache, morning diarrhoea, and cramps in the calves. The feeling of persecution in *Lachesis muta* is of others speaking of him/her, conspiring to commit him/her to an asylum and of being hated and despised. There is a forsaken feeling in the morning similar to *Malus domestica* (Vermeulen 2000: 919.) There are feelings of jealousy attending complaints and the presence of an overwhelming loquacity in *Lachesis muta* (Vermeulen 2000: 919.) In *Malus domestica* it is more of a feeling of being forsaken and not being successful as a result of being persecuted by loved ones and even

God. As in *Malus domestica*, *Lachesis muta* has a calm, tranquil feeling when in nature. The characteristic headache in *Lachesis muta* is a sensation of heat and pressure felt on the vertex and worse from the sun. In *Malus domestica* there is a pulsating, throbbing headache which is also worse for warmth and the sun. In *Lachesis muta*, similar to *Malus domestica* there is haemorrhage when passing stool which is described as charred straw (Vermeulen 2000: 925) as opposed to *Malus domestica* where the haemorrhaging is bright red in colour. In *Lachesis muta* there is diarrhoea during the menses and during climaxis sometimes alternating with constipation (Vermeulen 2000: 925.) In *Malus domestica* there is a separated feeling in the lower extremities and cramps experienced in the calves. In *Lachesis muta* there is a sharp, drawing sensation experienced in the lower extremities and lancinating, jerking cramps in the calves, sometimes as a result of the fear of cholera (Vermeulen 2000: 928).

#### **5.4.3.2 *Malus domestica* and *Falco peregrinus domestica* (*Falco-p*)**

The common symptoms between *Falco peregrinus domestica* and *Malus domestica* after the repertorisation were persecuted feeling, tranquillity, pulsating headache, cramps in the calves, a sensation of the legs and lower limbs being separated from the rest of the body.

The homoeopathic proving of *Falco Peregrinus Disciplinatus* (Trained Peregrine Falcon) was conducted by Misha Norland in 1997. The remedy was prepared from the blood and feather of a Peregrine Tiercel that had been bred in captivity (Norland 2006).

Peregrine Falcons are extensively distributed globally and have highly adapted, specialised skills that enable them to be precision hunters. They are famous for diving on prey at great speed. The symptoms appear as a wave that comes and goes (Boericke 2013: 282.) *Falco peregrinus* loves nature (Boericke 2013: 282) similar to *Malus domestica* and they feel calm and tranquil in nature. Similar to *Malus domestica* is the feeling of flying and floating (Boericke 2013: 282). There is also a feeling of being “out of body” (Norland 2006) as is seen in *Malus domestica* where there is a sense of disconnection and an out of body sensation. In **Falco-p** they feel

that their small needs have to be taken care of and there is a feeling of empty despair which leaves them isolated and lonely. They experience self-pity, and feel rejected and scorned (Fraser 2002). They have an inner coldness which makes them appear emotionally cold or distant. They feel controlled and oppressed which leads to the inner coldness mentioned earlier (Boericke 2013: 282.) Both *Malus domestica* and *Falco-p* exhibit watery, copious diarrhoea though in *Falco-p* the stool is pressurised and explosive and there is pain in the lower abdomen (Norland 2006). The extremities of the *Falco-p* and *Malus domestica* show uncanny similarities. Both remedies experience cramps in the calves, a sensation of the legs and lower limbs being separated from the rest of the body. In *Falco-p* it is described as the “legs are detached from the body” whereas in *Malus* the degree of separation extends to the feet as well and was described as “my toes were cut off from my feet like they were separated” and further described as “Leg cramps began again but this time it started from the top of my feet, feels like my feet are separated from my legs.” In *Falco-p* there is also coldness in the finger nails and legs and a sensation of prickling and numbness in the lower extremities (Boericke 2013: 283). In *Falco-p* there is “strong cramps, like energy trapped” experienced in the calves (Norland 2006) as there is in *Malus domestica*. The headaches are also quite similar as both in *Malus domestica* and *Falco-p* with there being a pulsating, throbbing headache with eye discomfort on the left side (Norland 2006). Further, though in *Falco-p* other headaches are described as strong and moving from temple to temple, worse on the left side (Boericke 2013: 282).

#### **5.4.4 Comparisons of *Malus domestica* to remedies from the Plant Kingdom**

The repertorial analysis of the prominent remedies of the Plant kingdom yielded *Cinchona officinalis*, *Pulsatilla pratensis* and *Rhus toxicodendron* as the top three plant remedies that show repertorial similarity. *Cinchona officinalis* was the most prominent remedy that emerged after the repertorisation of the 10 symptoms representing the essence of *Malus domestica* were subjected to a further delimitation of only the remedies from the animal kingdom. The comparison to *Cinchona officinalis*, *Pulsatilla pratensis* and *Rhus toxicodendron* was made earlier in this chapter.

## 5.5 PROPOSED MIASMATIC INDICATIONS OF *MALUS DOMESTICA*

It is proposed that *Malus domestica* may have features of the sycotic miasm predominantly and to lesser degree features of the malarial miasm. The symptoms that arose from the proving study correspond to the description as laid out by Sankaran (2005: 10) of these two miasms.

Worthy of mention is the representation of features of the AIDS miasm as described by Fraser (2002). The important theme of connection and disconnection together with the confusion and feminization principles were reported by some provers. This however requires expansion as the AIDS miasm features continue to be developed and expanded.

### 5.5.1 The Sycotic Miasm

According to Sankaran (2005: 10) the sycotic miasm has the features discussed below.

The key feature of the sycotic miasm is rigidity, inflexibility and being fixed in their perceptions. This is often as a result of having the feeling of having a weakness within. This weakness is perceived as fixed and is dealt with, with resignation and a vast amount of hiding and covering up. As a result there is a feeling of disconnection, anxiety of conscience, self-reproach and anxiety.

The following symptoms reported in the proving correspond to the Sycotic miasm:

- Anxiety and insecurity around decisions especially regarding sexuality and the emotional relationships.
- Sexuality was reported as being fearful before intercourse. Voyeurism was reported as a secret obsession as the desire to watch others engage in sexual intercourse. Here the themes of secrecy and hiding and covering up were seen.
- Dissociation characteristic of the sycotic miasm was extensively depicted as disconnection feelings and delusions in the mind and in the extremities as sensations.

- Thick green discharges from the mucous membranes seen in the influenza symptoms, sinusitis and phlegm produced by the provers.
- Sycotic miasm is also depicted by the oily, shiny skin of the provers as a result overproduction of sebaceous secretions.

### 5.5.2 The Malarial Miasm

According to Sankaran (2005: 8-9) the **Malarial** Miasm has the following features:

- Periodic and acute feeling of threat that is intermittent.
- A feeling of weakness and dependence with resignation.
- Feeling of being hindered and obstructed.
- Persecuted feeling with feeling of being unfortunate and stuck.
- Worried about the future.
- Suppressed anger.
- Migraines, neuralgia, colic, colitis, rheumatism, asthma.

During the proving of *Malus domestica* the feeling of being persecuted by people and by God was reported by the provers. There were outbursts of anger and feelings of being hindered and stuck by decisions reported as well. There was also the concern for the future financially as well as in terms of relationships. Also present was the abdominal cramping, diarrhoea, severe headaches, neuralgia and fibrositis characteristic of the malarial miasm.

## 5.6 CLINICAL INDICATIONS OF *MALUS DOMESTICA*

Many symptoms were reported during the proving of *Malus domestica* which resemble a variety of clinical conditions. It is proposed that *Malus domestica* be considered in the clinical management of the following conditions:

- Generalised Anxiety Disorder.
- Gastrointestinal disorders:
  - Anal fissures;
  - Diarrhoea;
  - Haemorrhoids;



- Irritable bowel syndrome;
- Abdominal pain with cramping.
- Backache, Sciatica, parasthesias of the extremities.
- Fibrositis.
- Headaches.
- Vertigo.
- Respiratory afflictions:
  - Influenza;
  - Sinusitis;
  - Bronchitis.
- Renal disorders:
  - Dysuria.

## 5.7 CONCLUSION

The homoeopathic drug proving of *Malus domestica* 30CH produced an extensive range of symptoms on the mental, physical and emotional planes. The mental and physical planes were prominent areas where the vast majority of symptoms occurred. The comparisons in both sets of repertorisations elucidated the various similarities between remedies. The most prominent themes: feelings of disconnection, delusions that one is chastised by God, a strong longing for family and friends. There were a number of symptoms on the mental plane that are characteristic to *Malus domestica* such as delusions of persecution from GOD AND FAMILY, delusions that they are forsaken. The other mental symptoms are irritability, being sentimental and longing tranquility. The other major area that produced symptoms was the lower extremities. There was a distinctive, burning, throbbing pain felt on the lower extremities. There was also a separated or disconnected sensation associated with the lower extremities. Taking these findings into consideration it is hoped that *Malus domestica* can be used to treat various conditions associated with these symptoms. It is also hoped that further research into *Malus domestica* will provide a clearer insight into this remedy and validate the findings in this study.

The repertorisation of ten symptoms taken to best represent the essence of *Malus domestica* produced *Natrum muriaticum*, *Cinchona officinalis*, *Pulsatilla nigricans*,

*Rhus toxicodendron* and *Lyssin* as the remedies having the highest number of rubrics and total numeric value on repertorisation of proving symptoms. This method of study provides a better understanding of the remedies compared as well as their relationship. The comparison of *Malus domestica* to the remedies that resulted from the repertorisation highlights similarities and differences between *Malus domestica* and seemingly similar remedies and provides a list of differential remedies in which *Malus domestica* could be considered

## CHAPTER SIX:

# CONCLUSION AND RECOMMENDATIONS

### 6.1 CONCLUSION

As hypothesised, a transient, observable change was witnessed in the state of health of the proving participants, in response to the administration of *Malus domestica* in the thirtieth centesimal potency [30CH]. The symptoms thus produced were utilized to develop a complete materia medica and repertory for *Malus domestica*. In addition, the comprehensive symptoms produced were comparable to the remedies of repertorial similarity that emerged from various repertory analyses.

### 6.2 RECOMMENDATIONS

#### 6.2.1 Further proving of *Malus domestica*

It is recommended that further provings of *Malus domestica* are conducted. These further provings of the 30CH potency would add to and validate the materia medica developed in this proving. It is hoped that further proving of with higher and lower potencies may elicit symptoms that did not occur with this 30CH proving. Sherr (1994) states that a proving is only complete when the latest proving repeats or confirms the previous ones. It is also recommended that a more diverse racial mix of provers be recruited because this will extend the range of symptoms produced during the proving. An example of ethnic influence in this study could be the affinity for strong sweet tea amongst the provers which is a common drink in the Indian community, the majority of provers were of Indian ethnicity.

#### 6.2.2 Coordination of provers

This proving consisted of two researchers who equally divided the proving group of thirty between each other, therefore the researchers supervised 15 provers each. It is advised that in future proving each researcher keep the number of provers per

researcher at a maximum of 15 each as this ensures thorough evaluation and supervision of the provers.

Sherr (1994: 32) recommends that a close team of two people co-ordinating a proving will be able to preserve the unity required during the collating and editing of symptoms, but that with more than two this unity is often lost. Van der Hulst (2002: 170) recommends that the number be limited to one principle co-ordinator. The experience of this study suggests to the researcher that having two co-ordinators has the dual advantage of allowing each co-ordinator closer contact with individual provers as each co-ordinator is responsible for a smaller group, while still allowing a wide variety of symptoms to be produced by the larger total group; while the unity described as essential by Sherr (1999: 32) is still maintained.

### 6.2.3 Other comparative studies

It is recommended that various other comparative studies be conducted using the proving symptoms of *Malus domestica*:

- A group analysis approach to comparison of *Malus domestica* to other remedies from the *Rosaceae* family should be undertaken.
- Comparison of symptoms of other *Malus* species should be conducted to highlight similarities and differences.

### 6.2.4 Clinical information

Vithoulkas (2002: 147) amongst others, believes that a remedy can only be said to be fully proven when symptoms are included that have been cured in the process of the treatment of sick individuals. During the course of the proving a number of symptoms seem to have been incidentally cured for the duration of the proving in some of the provers, which corresponded to the symptoms produced in other provers. However, the symptomatology revealed in the proving needs to be verified through repeated clinical use of the remedy. The information thus acquired needs to be widely disseminated so as to allow for the use of *Malus domestica* by a greater proportion of the homoeopathic community.

### 6.2.5 Researcher's conclusion

The hypothesis that the proving of *Malus domestica* 30CH would produce clearly observable signs and symptoms in healthy provers was accomplished.

This remedy produced a varied number of symptoms on the mental, emotional and physical levels. Mental symptoms were prominent in the proving with a polarity of the mental symptomatology. There is a possible usefulness of this remedy in generalized anxiety order.

Ten symptoms were taken to best represent the essence of *Malus domestica*. Upon repertorization the following remedies were produced *Natrum muriaticum*, *Cinchona officinalis*, *Pulsatilla nigricans*, *Rhus toxicodendron* and *Lyssin* as the remedies having highest numerical value. This method of study proved a better understanding of the remedies compared as well as their relationship. The comparison of *Malus domestica* to the remedies that resulted from the repertorisation highlighted similarities and differences between *Malus domestica* and similar remedies and provided a list of differential remedies in which *Malus domestica* could be considered

Sherr (1994) states that a proving is the most intimate way in which one can gain intimate knowledge of the materia medica. The proving of *Malus domestica* 30CH was an informative process in which provers, the researcher and the supervisor gained great insight into *Malus domestica*. The addition of *Malus domestica* to the vast list of substances already proven will prove to be valuable in future years in its treatment as a simillimum remedy and a remedy for clinical conditions. *Malus domestica* will be the beginning of many provings in the *Roseacea* family which is clearly overlooked.

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# APPENDIXES

## Appendix A: Suitability for Inclusion in the Proving

(All information will be treated as strictly confidential)

SURNAME:

FIRST NAMES:

SEX: M/F

TELEPHONE NUMBER:

### **PLEASE CIRCLE THE APPROPRIATE ANSWER:**

- Are you between the ages of 18 and 70? YES/NO
- Are you on or in need of any medication?
  - Chemical/allopathic YES/NO
  - Homoeopathic YES/NO
  - Other YES/NO
- Have you been on the birth control pill/any form of contraceptive or hormone replacement therapy in the last 6 months? YES/NO
- Are you pregnant or nursing? YES/NO
- Have you had surgery in the last six weeks? YES/NO
- Must not have any surgical or medical procedures planned for the duration of the proving period YES/NO
- Do you use recreational drugs such as cannabis, LSD or MDMA (ecstasy)? YES/NO
- Do you consume more than:
  - Two measures of alcohol per day? YES/NO
  - (1 measure=) 1 tot/1 beer/ ½ glass of wine per day? YES/NO
  - 10 cigarettes per day? YES/NO
  - 3 cups of tea or coffee per day? YES/NO
- Do you consider yourself to be in a general state of good health? YES/NO
- Are you willing to follow proper procedures for the duration of the proving? YES/NO

This appendix has been adapted from Wright, C. 1999. A Homoeopathic Drug Proving of Bitis arietans arietans. M. Tech. Hom. Dissertation, Durban University of Technology, Durban.

## Appendix B: Institutional Research Ethics Committee Consent



### **INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC) CONSENT**

#### **Statement of Agreement to Participate in the Research**

##### **Study:**

- I hereby confirm that I have been informed by the researcher, Brenton Moonsamy, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: \_\_\_\_\_,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate  
to my participation will be made available to me.

---

**Full Name of Participant**

---

**Date**

---

**Time**

---

**Signature**

**/**

---

**Right**

**Thumbprint**

I, \_\_\_\_\_ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

_____	_____	_____
<b>Full Name of Researcher</b>	<b>Date</b>	<b>Signature</b>

_____	_____	_____
<b>Full Name of Witness (If applicable)</b>	<b>Date</b>	<b>Signature</b>

_____	_____	_____
<b>Full Name of Legal Guardian (If applicable)</b>	<b>Date</b>	<b>Signature</b>



## Appendix C: Case History Sheet

### Case History Sheet

This appendix has been adapted from Wright, C. 1999. A Homoeopathic Drug Proving of the Venom of *Bitis arietans arietans*. M-Tech. Hom. Dissertation, Durban University of Technology, Durban.

**Prover Number:** .....

**Surname:** .....

**Name:** .....

**Sex:** .....

**Age:** .....

**Date of birth:** ..... **Number of Children:** .....

**Marital status:** .....

**Occupation:** .....

### Past Medical History:

Please list any previous health problems and their approximate dates:

Do you have any of the following?

Cancer		Asthma	
HIV		Pneumonia / Chronic bronchitis	
Parasitic infections		Tuberculosis	
Glandular fever		Tendency to suppuration / boils	
Bleeding disorders		Haemorrhoids	
Eczema or skin conditions		Cardiovascular disease	
Arthritic / rheumatic conditions		Warts	

**Surgical History:**

Please list any past surgical procedures you have undergone, and the approximate dates. (Including the removal of tonsils, warts, moles, appendix)

**Allergies:****Vaccinations:****Medication (including supplements):****Estimation of daily consumption of:**

Alcohol:

Cigarettes:

**Family History:**

Is there a history of any of the following within your family?

Cardiovascular disease		Cerebrovascular disease	
Diabetes mellitus		Tuberculosis	
Mental disease		Cancer	
Epilepsy		Bleeding disorders	
Arthritic / Rheumatic conditions			

Please list any other medical conditions within your family:

**General Health:****Energy:**

Please describe your energy levels on a scale from 1 to 10, where 1 is the lowest and 10 is the highest.

**Stress:**

Please describe your stress levels on a scale from 1 to 10, where 1 is the lowest and 10 is the highest.

**Sleep:**

- Quantity
- Quality
- Position

**Dreams:**

Include any recurrent dreams and themes, and any significance related to life situations at the time of the dream.

**Time modalities:****Weather modalities:**

## **Temperature modalities:**

### **Perspiration:**

- Distribution
- Odour
- Colour

### **Appetite:**

- Hunger
- Cravings
- Aversions
- Aggravations

### **Thirst:**

- What do you normally drink?
- Quantity
- How do you drink? (small / large sips...)

### **Travel:**

### **Specific Body Systems:**

Symptoms from each system will be concentrated on more than pathologies – these headings are just guidelines for the researchers.

#### **Head:**

- Scalp, hair
- Headache
- Trauma, whiplash
- Concomitants
- Modalities

#### **Neurological:**

- Seizures
- Weakness / palsy
- Sensations
- Concomitants
- Modalities

#### **Eyes:**

- Pain
- Inflammation
- Discoloration
- Vision
- Concomitants
- Modalities

#### **Ears:**

- Otitis
- Balance / vertigo
- Tinnitus
- Hearing
- Concomitants
- Modalities

**Nose:**

- Allergic rhinitis
- Coryza
- Sneezing
- Sinusitis
- Post-nasal drip
- Concomitants
- Modalities

**Throat:**

- Sore throats
- Hoarseness
- Tonsils – IN or OUT
- Concomitants
- Modalities

**Pulmonary:**

- Chest
- Cough
- Sputum
- Asthma
- SOB
- Bronchitis
- Pneumonia
- Concomitants

- Modalities

### **CVS:**

- Hyper / hypotension
- Pain / discomfort (chest)
- Palpitations
- Syncope
- Oedema
- Phlebitis, varices, telangiectasias, anaemia, easy bruising...
- Concomitants
- Modalities

### **GIT and Abdomen:**

- Nausea / vomiting
- Indigestion / heartburn
- Hernia
- Ulcers
- Abdominal pain
- Bloating
- Bowel movements
- Constipation
- Flatulence
- Any organ particularly affected (liver, pancreas, gall bladder...)
- Haemorrhoids

- Any GI surgery
- Concomitants
- Modalities

#### **Urinary system:**

- Urine output per day (quantity, colour, odour...)
- Fluid intake (what, how much, hot / cold...)
- Infections
- Nocturia
- Haematuria
- Past stones
- Concomitants
- Modalities

#### **Male system:**

- Libido
- Pain
- Impotence
- Emissions
- Prostate
- Swellings
- Lesions
- STD's
- Concomitants
- Modalities



**Female system:**

- Contraception
- Libido
- Coital pain
- Pain (other)
- Bloating
- Cysts
- PMS
- Menstrual cycle
  - Interval
  - No. of days
  - Amt of flow
  - Colour of blood
  - Clots
  - Pain
  - Menarche
- Menopause
- Discharge
- Breast pain
- Check ups
- PAP smear
- Last gynaecological appointment
- Pregnancy

For how long:  
Past history of:

- Labour
- Infections
- STD'S
- Concomitants
- Modalities

**Skin:**

- General appearance
- Eruptions
- Dryness
- Turgor
- Nails
- Concomitants
- Modalities

**Musculoskeletal:**

- Muscle pain / stiffness
- Joints
  - Pain
  - Stiffness
  - Inflammation
- Concomitants
- Modalities

**Mental:**

Please describe your mental and emotional state as it is at this present time.

**Physical Examination:****Vital signs:**

- Pulse
- Temperature
- Blood pressure
- Height
- Weight (any recent change...)

**JACCOLD:**

- Jaundice
- Anaemia
- Capillary refill
- Cyanosis

- Oedema
- Lymphadenopathy
- Dehydration
- Dyspnoea

**Cursory examination:**

Brief head to toe examination of all your systems.

- Skin
- Head and neck
- Respiratory
- CVS
- Abdomen
- Extremities
  - Reflexes
  - Range of motion
  - Muscle tone

## Appendix D: Institutional Research Ethics Committee Letter of Information and Instructions to Provers



### **INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC) LETTER OF INFORMATION**

**Title of the Research Study:** *A homoeopathic study.....*

**Principal Investigator/s/researcher:** Mr. B. Moonsamy BTech Hom

**Co-Investigator/s/supervisor/s:**

Supervisor: Dr. M. Maharaj (M.tech: Homoeopathy)

Co-supervisor: Dr. N. Somaru (M.tech: Homoeopathy)

Co-investigator: Sumir Ramnarayan (M.tech: Homoeopathy)

#### **Brief Introduction and Purpose of the Study:**

##### **Greeting to you Sir/Madam**

It is with great pleasure that I welcome you into this journey of discovery. The proving you are about to undertake is vital to the continuance of homoeopathy and for this reason I thank you in advance for taking part. To date, accurate research into the medicinal application of this particular substance has never before been conducted, providing the ideal window of opportunity for homoeopathic research to be undertaken. In the year 2000, brief research was conducted into the substance in question. The symptomatology resulting from this study is debatable as to its authenticity and accuracy as there was no designated placebo group and only a group of ten (10) provers was utilized (Dynamis Proving Database). This leaves room for error and prejudice when gathering symptomatology and information from this research study

A comprehensive proving has not yet been conducted even though it is such a widely used substance. The substance is currently used as nourishment and in various tonics. These properties make it highly beneficial in promoting good health.

**Purpose:**

Aim:

1. To determine the proving symptomatology of ..... with a subsequent comparative analysis of remedies having reportorial similarity

**Objectives:**

1. To conduct a double blind placebo controlled proving of .....
2. To perform a comprehensive analysis of the symptoms of .....with remedies having reportorial similarity

**Outline of the Procedures:****Responsibilities of the provers:****Before the proving:**

Provers have to ensure that they have the following:

- The correct journal
- Read and understood these instructions
- Had a case history taken and a physical examination performed
- Signed the informed consent form.

The proving supervisor will contact the prover with the date that he/she is required to commence the pre proving observation period and the date he/she is required to start taking the remedy. The prover will also agree on a daily contact time for the supervisor to contact him/her.

**Taking the remedy:**

Provers will begin taking the remedy on the day that the prover and supervisor have agreed upon. They will be required to record the time that the prover takes each dose. Time keeping is an important element of the proving.

The remedy should be taken on an empty stomach with a clean mouth. Neither food nor drink should be taken for a half hour before or after taking the remedy. The remedy should not be taken for more than 3 doses a day for two days (6 powders maximum). In the event that the prover experiences symptoms or those in close proximity to the prover observe any proving symptoms, the prover will not take any further doses of the remedy. This is very important.

The term “proving symptoms” implies:

- 1) Any new symptoms, i.e. symptoms that the prover has never experienced before.
- 2) Any change or intensification of any existing symptom.
- 3) Any strong return of an old symptom, i.e. a symptom that the prover has not experienced for more than a year.

If there is any doubt within the prover, they will be encouraged to contact the proving supervisor.

### **Lifestyle during the proving:**

It will be necessary for provers to avoid all anti-doting factors such as coffee, camphor, and mints. If the prover does normally use these substances, he/she will be asked to stop consuming them for two weeks before, and for the duration of the proving. Provers will be asked to protect the powders they are proving like any other potentized remedy, i.e. store them in a cool place, dark place away from strong smelling substances, chemicals, and electric equipment and cell phones. For a successful proving, moderation in work, alcohol, exercise and diet has to be maintained.

Provers will be required to avoid taking medication of any sort, including antibiotics and any steroid or cortisone preparations, vitamins or mineral supplements, herbal or homoeopathic remedies.

In the event of a medical or dental emergency of course common sense will prevail. Provers will contact their doctor, dentist, or local hospital as necessary. Contact with the supervisor will need to be made as soon as possible.

### **Recording of symptoms:**

Once the prover has commenced the proving, he/she will carefully note down any symptoms that arise, whether they are old or new, and the time of the day or night that they occurred.

This should be done as vigilantly and frequently as possible so that the details of the symptom will be as accurate as possible. Provers will be encouraged to make a note even if no symptoms arise.

Each day will begin on a new journal page with the date noted at the top of each page, as will the day of the proving. Symptoms will be noted in an accurate, detailed but brief manner. Provers will be encouraged to note symptoms in their own language.

Information about location, sensation, modality, time, and intensity is particularly important:

**Location:** Provers need be accurate with anatomical descriptions. Simple, clear diagrams may be used, with attention to which side of the body is affected.

**Sensation:** Description of this has to be as careful and as thorough as possible e.g. burning, shooting, stitching, throbbing, and dull, etc.

**Modality:** A modality describes how a symptom is affected by different situations/stimuli. Better (>) or worse (<) from weather, food, smells, dark, lying, standing, light, people, etc.

**Time:** Noting of the time of onset of the symptoms is important, when they cease or are altered. Is it generally > or < at a particular time of day, and whether it is unusual for the prover.

**Intensity:** This is a brief description of the sensation of any symptomatology and the effect it has on the prover.

**Aetiology:** This determines whether anything seems to cause or set off the symptom and whether this does do this repeatedly.

**Concomitants:** Any symptomatology arising in the prover will be classified as a concomitant sign or symptom whether or not these symptoms appear:

- together,
- always seem to accompany each other, or
- seem to alternate with each other.

**This is remembered as:**

**C** - Concomitants

**L** - Location

**A** - Aetiology

**M** - Modality

**I** - Intensity

**T** - Time

**S** – Sensation

Full description of dreams is of importance to the proving study, and in particular, noting the general feeling or impression the dream left on the prover.

Mental and emotional symptoms are important, and sometimes difficult to describe-provers will be enthused to take special care in noting these.



Reports from friends and relatives can be particularly useful; provers will be required to include these where possible. A general summary of the proving will be made at the end of proving period. Detailed notes discussing how the proving affected the prover in general is required

As far as possible each symptom will be classified by making a notion according to the following key in brackets next to each entry:

**(RS) – Recent symptom** i.e. a symptom that the prover is suffering from now, of has been suffering from in the last year.

**(NS) – New symptom**

**(OS) – Old symptom.** Stating when the symptom occurred previously is required.

**(AS) – Alteration** in the present or old symptom. (E.g. used to be on the left side, now on the right side).

**(US) – An unusual symptom** for the prover.

### **Experimental method:**

- An interview will be conducted with each chosen prover to decide whether they have met the necessary criteria. If they have met the criteria, they will be given a Proving Information Sheet.
- After the provers have been selected in the above mentioned process, a meeting will be conducted in the seminar room at the Department of Homoeopathy between the 30 chosen provers and the two researchers this serves to inform the provers of what is expected of them during the proving and will then be given an overview of the basic procedure of the proving (Sherr 2003: 30).
- An Informed Consent Form will be given to the selected provers and a physical examination will be conducted on a scheduled date. The meeting will take place between each prover and the researchers.
- A thorough case history (following the given outline in the Case History Sheet in Appendix C) of each prover will be taken by the researchers prior to the commencement of the proving.
- After the completion of the consultation, each prover will be given the following:
  - A personal prover code
  - A journal, in which symptoms will be recorded
  - The powders that the provers will have to consume
  - A starting date
  - The instruction to Provers Sheet (see Appendix D)
- On the assigned starting date of the proving, each prover will have to record their 'normal' state in the given journal, at a minimum of three times a day. This is important to get the prover familiarized with self-observation and to set a standard for each prover's normal state of health.
- The researchers will contact the provers to ensure accuracy and compliance in the recording of symptoms.
- One week after the pre proving journal keeping, each prover will take one dose of the proving remedy and record any symptoms that they come across. If severe symptoms do occur then the prover must not take any further doses of the proving remedy, if the symptoms are very mild, the prover may take one more dose (Sherr 2003: 34).

- If no symptoms occur, then the provers will continue taking the remedy three times a day for two days. If any symptoms do occur, they should not take any further doses.
- The daily recording of symptoms by the provers will continue for a total of four weeks.
- Telephonic communication between the researcher and the prover will be carried out to discuss the symptoms of each prover during the first week of the proving.
- During the second week, researchers will contact provers via the telephone every second day, during the third week researchers will contact the provers every third day and in the fourth week the researchers will contact the provers once a week.
- Recording of the symptoms will have to be done by the prover until all proving symptoms have run their full course.
- The journals from the provers will be collected at the end of the four weeks and a post proving meeting will be scheduled (Sherr 2003: 32).
- Before symptom extraction begins, the proving will be disclosed to the researchers so that the verum and placebo groups may be distinguished.
- A study of the data collected and extraction of symptoms will proceed.
- Any symptomatology obtained from the proving research study will be collected and either included or excluded as valid symptoms according to their specific criteria. This information will then be written into materia medica and repertory format.

#### **Inclusion criteria:**

To participate in this proving the prover must meet all the inclusion criteria:

- He/she must be between the ages of 18 and 60 years old;
- Must not need any medication, including chemical, allopathic, homoeopathic or other;
- Must not be on, or have been on the contraceptive pill or hormone replacement therapy in the last 6 months;
- Must not be pregnant or breastfeeding;
- Must not have had surgery in the last 6 weeks;
- Must not use recreational drugs such as cannabis, LSD or ecstasy (MDMA);
- Must not consume more than two measures of alcohol a day;
- Must not consume more than 10 cigarettes a day;
- Must not consume more than 3 cups of tea or coffee a day;
- Must be in a general good state of good health;
- Must be willing to follow the proper procedure for the duration of the proving.

#### **Exclusion Criteria:**

You may not participate in this study if:

- You are younger than 18 years old or older than 70 years old,
- You are on chronic allopathic, homoeopathic, or herbal medication,
- You are on, or have been on, the oral contraceptive pill or hormone replacement therapy in the last six months,
- You are pregnant,
- You have had surgery in the last six weeks,
- You use recreational drugs such as cannabis, LSD, or ecstasy (MDMA),
- You consume more than two measures of alcohol a day,

- You smoke more than 10 cigarettes a day,
- You consume more than 3 cups of coffee or tea a day,
- You are in a poor state of health,
- You are not willing to follow the proper procedure for the duration of the proving.

### **Randomisation:**

The randomisation process will be carried out electronically. The aim of this process is so that neither the researchers nor the provers will have knowledge of who is in the placebo or verum group. Thus, a double blind status is achieved.

The powders of both the verum and control groups will be identical in presentation. An independent third party will administer the powders to the provers. This further ensures that the identity of the provers within the two groups remains unknown to the researcher.

### **Risks or Discomforts to the Participant:**

Mild discomfort may be experienced as a result of participating in the proving. These symptoms are “proving” symptoms and are functional and sensational in nature. Upon discontinuing the remedy these symptoms subside. Complete recovery is usual. On rare occasions that a symptom becomes distressing then the supervisor in charge will antidote the effects of the remedy. A specific remedy will be prescribed by the supervisor to antidote the symptoms. This will be done after a complete physical examination and case history process by the supervisor in charge.

All provers will be informed and warned about the inconveniences, potential risks, objectives and benefits of the study and they will be made to sign a consent form before commencing with the study.

Participants are free to withdraw from the study with no repercussions at any stage.

### **Benefits:**

It is postulated that each proving undertaken strengthens the body's vital force (Hahnemann, 1996: 208). Provers learn and develop the skill of observation and gain homoeopathic knowledge through direct involvement in proving. A prover may be cured of certain ailments if the remedy is his/her simillimum.

### **Reason/s why the Participant May Be Withdrawn from the Study:**

- Anti-doting of the prover if too severe aggravations such as illnesses that threaten the patients health may occur or if he/she experiences extreme discomfort during the course of the proving period.
- Acute medical emergencies not related to proving study occurring e.g. acute appendicitis, motor vehicle accident or any incident requiring immediate hospitalization/medical intervention.
- Non-compliance of the prover to the instructions presented to him/her.

#### **Remuneration:**

No remuneration is offered to the prover.

#### **Costs of the Study:**

There is no expense to the prover for participating in the proving

#### **Confidentiality:**

It is important for the quality and the credibility of the proving that the prover discusses their symptoms only with the supervisor. Provers are to keep their symptoms to themselves and will not discuss them with fellow provers.

Prover privacy is something that will be protected. Only the supervisor will know the prover's identity and all the information will be treated in the strictest confidence.

#### **Research-related Injury:**

No compensation will be offered to the prover.

#### **Persons to Contact in the Event of Any Problems or Queries:**

Please contact the researcher, Mr. B Moonsamy (B.tech: Homoeopathy) (0834760549), Mr S Ramnarayan (B,tech Homoeopathy) (079 460 9602), the supervisor Dr. M. Maharaj (M.tech: Homoeopathy) (0833882688) or the Institutional Research Ethics administrator on 031 373 2900. Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or [dvctip@dut.ac.za](mailto:dvctip@dut.ac.za).

## Appendix E: Methods of Preparation

This appendix has been adapted from Olivier, M. 2007. An vvaluation of the triple-blind homoeopathic proving of an indigenous South African substance, *Erythrina lysistemon* 30CH, and the traditional uses of the crude substance. M. Tech: Homoeopathy dissertation, Durban Institute of Technology, Durban.

### **Methods of Preparation: (German Homoeopathic Pharmacopoeia)**

#### **1. Method 6: Triturations**

Preparations made according to Method 6 are triturations of solid basic drug materials with lactose as the vehicle unless otherwise specified. Triturations up to and including the 4<sup>th</sup> dilution are triturated by hand or machine in a ratio of (1 to 10 [decimal dilution] or) 1 to 100 (centesimal dilution). Unless otherwise stated, the basic drug materials are reduced to the particle size given in the Monograph (Mesh Aperture). Quantities of more than 1000g are triturated by mechanical means.

The duration and intensity of triturations should be such that the resulting particle size of the basic drug material in the 1<sup>st</sup> decimal or centesimal dilution is below 10 ug at 80 percent level. No drug particle should be more than 50 ug.

#### Trituration by hand:

Divide the vehicle (lactose) into three parts and triturate the first part for a short period in a porcelain mortar. Add the basic drug material and triturate for 6 minutes, scrape down again for 4 minutes with a porcelain spatula, triturate for a further 6 minutes, scrape down again for 4 minutes, add the second of the vehicle and continue as above. Lastly add the third part and proceed as before. The minimum time required for the entire process will be 1 (one) hour. The same method follows for subsequent dilutions.

(For triturations above the 4X or 4C, dilute 1 part of the dilution with 9 parts of lactose or 99 parts of lactose as follows: in a mortar, combine one third of the required amount of lactose with the whole of the previous dilution and mix until

homogonous. Add the second third of the lactose, mix until homogonous and repeat for the last third.)

Trituration by machine: (not applicable)

## **2. Method 8a: liquid preparations made from triturations**

Preparations made by Method 8 are liquid preparations produced from triturations made by Method 6.

To produce a 6C liquid dilution, one part of the 4C trituration is dissolved in 99 parts of water and succussed. One part of this dilution is combined with 99 parts of ethanol 30 percent to produce the 6C liquid dilution by succession. In the same way, the 7C liquid dilution is made from the 5C trituration, and the 8C liquid dilution is made from the 6C trituration. From the 9C upward, liquid decimal dilutions are made from the previous decimal dilution with ethanol 43 percent in a ratio of 1 to 100.

# **WANTED**

**Provers wanted for an exciting new  
research  
PROVING**

**Department of Homoeopathy**

**If you are between the ages of 18 and  
70, not pregnant and in general good  
health. Those interested in being  
provers will be asked to complete a  
form with several questions to  
determine their eligibility to the study.**

**Contact:**

**Sumir Ramnarayan (031-564-7036 / 079-460-9602) or  
Brenton Moonsamy (031-461-3409 / 083-476-0549)**

## Appendix G (a): Criteria for Inclusion of Symptomatology

The following list of criteria will determine whether any symptomatology should be included or rejected.

### **Inclusion Criteria:**

- New symptom that is unfamiliar to the prover (ICCH 1999 : 36)
- Usual or current symptoms that are intensified to a marked degree (ICCH 1999 : 36)
- Current symptoms that have been modified or altered – with clear description of current and modified components. (ICCH 1999 : 36)
- Old symptoms that have not occurred for at least one year – note the time of last appearance. (ICCH 1999 : 36)
- Present symptoms that have disappeared during the proving (curative action) (ICCH 1999 : 36)
- The time of day at which the symptom occurred should only be included if there is repetition of such times in one or more provers (ICCH 1999 : 36)
- If a symptom is in doubt – include it in brackets. If another prover experiences the same symptom, it could be valid. Otherwise it must be included. (ICCH 1999 : 36)
- A symptom occurred after taking the medication on at least 2 (two) occasions during the homoeopathic drug proving.
- A symptom experienced when the proving started and which disappeared or is significantly ameliorated after the administration of the proving medication, is classified as a cured symptom (Riley, 1997 : 227)
- All symptoms occurring in more than one subject (Riley, 1997 : 227)
- If the prover is under the general influence of the remedy then all the new symptoms are proving symptoms (Sherr 2003 : 76)

### **Exclusion Criteria:**

- Symptoms should not be included if they have occurred in recent history i.e. In one year or less (Sherr 2003 : 76)
- Symptoms that are usual or current for the prover should be excluded (Sherr 2003 : 76)
- If there is any serious doubt as to the validity of the symptom, it should be excluded.

Any information that is collected will then be collated. “Collating” is the process of combining all the information obtained from each prover and putting it together ‘as if one person’ (Sherr 2003 : 76); this collated information will then be written in standard materia medica and repertory format to be added to synthesis repertory.



Homoeopaths both locally and internationally will be able to use *Malus domestica* in clinical practice.

## Appendix G(b): Identification of Malus spp.

**From:** Isa Bertling <[BertlingI@ukzn.ac.za](mailto:BertlingI@ukzn.ac.za)>

**Date:** Mon, 27 Aug 2012 14: 09: 38 +0000

**To:** Madhueshwaree Maharaj<[madhum@dut.ac.za](mailto:madhum@dut.ac.za)>

**Subject:** RE: Identification of Malus spp.

Not a problem (hopefully!).... I come from the home of apple growing (almost...) and the identification by picture should work. Please also give an indication of apple size and photographs of the calyx as well as the stem end.

Thanks

isa

**From:** Madhueshwaree Maharaj [mailto:[madhum@dut.ac.za](mailto:madhum@dut.ac.za)]  
**Sent:** 27 August 2012 03: 23 PM  
**To:** Isa Bertling  
**Subject:** Identification of Malus spp.

Hello Dr Bertling

I just spoke to you today regarding my Master's student and the homoeopathic research we are embarking on. Thank you for agreeing to help us. I will send through a picture as soon as the student brings it in to the office.

It was great speaking to you.

Thank you

# APPENDIX H

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1. Clipboard 1																								
1. MIND - DELUSIONS - persecuted - ...	(66)	1	1	3	1	1			1	1	1	2	1	1	1	2		1	2	2	1		1	1
2. MIND - DELUSIONS - separated - b...	(25)	1					1																	
3. MIND - TRANQUILITY	(204)	1	1	2	1	1	1		1	1	1	1	2		1	1	2	1	2	1	1	1	2	1
4. HEAD - LIGHTNESS; sensation of	(30)	1				1		1										1						
5. HEAD - PAIN - pulsating pain	(203)	1	3	3	3	2	2	1	1	1	1	3	3	2	2	2	1	3	1	2		2	1	1
6. FACE - SHINY - oily; as if	(7)	1	2			2		1													1			
7. RECTUM - DIARRHEA - morning	(189)	1	1	1	2	1	1	1	1	1	1	3	2	2	2	1	2	1	1		1	3	2	1
8. EXTREMITIES - CRAMPS - Legs - Ca...	(201)	1	2	1	1	2	1	1	1	1	1	3	3	2	2	3	2	2	1	1	1	2	2	1
9. EXTREMITIES - SEPARATED sensati...	(5)	1																						1
10. GENERALS - FOOD and DRINKS - t...	(48)	1	1	2	2		1	1		1	1			1		1				1	1			

nat-m.  
chin.  
puls.  
thus-t.  
lyss.  
thuj.  
merc.  
petr-ra.  
staph.  
sulph.  
lyc.  
ars.  
nux-v.  
sil.  
zinc.  
alum.  
bell.  
hyos.  
lach.  
podo.  
sel.  
verat.  
falco-pe.  
nat-c.

# APPENDIX I

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1. Clipboard 1																								
1. MIND - DELUSIONS - persecuted - ...	(66) 1	1	3	1	1			1	1	1	2	1	1	1	2		1	2	2	1		1	1	1
2. MIND - DELUSIONS - separated - b...	(25) 1									1														
3. MIND - TRANQUILLITY	(204) 1	1	2	1	1	1		1	1	1	1	2		1	1	2	1	2	1	1	1	2	1	
4. HEAD - LIGHTNESS; sensation of	(30) 1					1																		
5. HEAD - PAIN - pulsating pain	(203) 1	3	3	2	2	1	1	1	1	3	3	2	2	2	2	1	1	3	1	2		2	1	1
6. FACE - SHINY - oily; as if	(7) 1	2				2		1													1			
7. RECTUM - DIARRHEA - morning	(189) 1	1	1	2	1	1	2	1	1	1	1	3	2	2	2	1	2	1	1		3	2	1	1
8. EXTREMITIES - CRAMPS - Legs - Ca...	(201) 1	2	1	1	2	1	1	1	1	1	3	3	2	2	2	2	2	1	1	1	2	2	1	2
9. EXTREMITIES - SEPARATED sensati...	(5) 1																							1
10. GENERALS - FOOD and DRINKS - L...	(48) 1	1	2	2		1	1		1	1				1		1				1	1			

nat-m.  
chin.  
puls.  
rhus-t.  
lyss.  
thuj.  
manc.  
petr-ra.  
staph.  
sulph.  
lyc.  
ars.  
nux-v.  
sil.  
zinc.  
alum.  
bell.  
hyos.  
lach.  
podo.  
sel.  
verat.  
falco-pe.  
nat-c.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
7	7	7	7	7	7	6	6	6	6	6	6	6	5	5	5	5	5	5	5	5	5	4	4
13	11	10	8	7	7	11	9	8	8	8	8	6	8	7	7	6	6	6	6	5	5	8	6

[illegible]

# APPENDIX K

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1. Clipboard 1																							
1. MIND - DELUSIONS - persecuted - ...	(66)	1	1		2	1		1	1				1			1		1		1		1	2
2. MIND - DELUSIONS - separated - b...	(25)	1					1						1								1		
3. MIND - TRANQUILITY	(204)	1	1	1	1	2	1	1		3	1	2	1	1			2	1			1	1	
4. HEAD - LIGHTNESS; sensation of	(30)	1		1																1			
5. HEAD - PAIN - pulsating pain	(203)	1	3	2	2	1		1	2	2	2		1	1	1	2	1			1	1	1	
6. FACE - SHINY - oily; as if	(7)	1	2																				
7. RECTUM - DIARRHEA - morning	(189)	1	1	1	1		1		2		2	1	1	1		1		1	1		1	1	2
8. EXTREMITIES - CRAMPS - Legs - Ca...	(201)	1	2	1	1	1	1	1	3	2	1			1	2	2		1	1				
9. EXTREMITIES - SEPARATED sensati...	(5)	1				1		1															
10. GENERALS - FOOD and DRINKS - t...	(48)	1	1	1			1		1			1											
11. Animals	(308)	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
12. Analogic groups	(74)	1	1					1	1			1	1	1	1	1	1			1	1	1	

# APPENDIX L

ATTENDANCE

# 1. Clipboard 1

1. MIND - DELUSIONS - persecuted -...
2. MIND - DELUSIONS - separated - ...
3. MIND - TRANQUILITY
4. HEAD - LIGHTNESS, sensation of
5. HEAD - PAIN - pulsating pain
6. FACE - SHINY - oily, as if
7. RECTUM - DIARRHEA - morning
8. EXTREMITIES - CRAMPS - Legs - C...
9. EXTREMITIES - SEPARATED sensat...
10. GENERALS - FOOD and DRINKS -...
11. IMPONDERABLES
12. MINERALS and CHEMICALS

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
nat-m.																								
sulph.																								
ars.																								
sil.																								
zinc.																								
alum.																								
nat-c.																								
sel.																								
Kali-p.																								
calc.																								
ph-ac.																								
phos.																								
ferr.																								
hep.																								
op.																								
caust.																								
nit-ac.																								
petr.																								
calc-s.																								
ferr-ar.																								
positr.																								
nat-ar.																								
nat-p.																								
allox.																								

1. Clipboard 1																									
1. MIND - DELUSIONS - persecuted -...	(66)	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
2. MIND - DELUSIONS - separated - ...	(25)	1	1	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
3. MIND - TRANQUILITY	(204)	1	1	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
4. HEAD - LIGHTNESS; sensation of	(30)	1	1	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
5. HEAD - PAIN - pulsating pain	(203)	1	3	3	2	2	2	1	1	1	2	1	2	1	2	3	2	2	1	1	2	2	1	1	1
6. FACE - SHINY - oily; as if	(7)	1	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
7. RECTUM - DIARRHEA - morning	(189)	1	1	3	2	2	1	2	1	1	1	1	2	2	3	2	1	1	1	2	1	2	1	1	
8. EXTREMITIES - CRAMPS - Legs - C...	(201)	1	2	3	2	2	3	2	2	2	2	1	3	2	2	2	3	2	2	2	1	1	1	1	
9. EXTREMITIES - SEPARATED sensat...	(5)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
10. GENERALS - FOOD and DRINKS -...	(48)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
11. IMPONDERABLES	(11)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
12. MINERALS and CHEMICALS	(1006)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	

# APPENDIX M

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1. Clipboard 1																								
1. MIND - DELUSIONS - persecuted - ...																								
2. MIND - DELUSIONS - separated - b...																								
3. MIND - TRANQUILITY																								
4. HEAD - LIGHTNESS; sensation of																								
5. HEAD - PAIN - pulsating pain																								
6. FACE - SHINY - oily; as if																								
7. RECTUM - DIARRHEA - morning																								
8. EXTREMITIES - CRAMPS - Legs - Ca...																								
9. EXTREMITIES - SEPARATED sensati...																								
10. GENERALS - FOOD and DRINKS - t...																								