



A retrospective chart review of the guiding symptoms of the successful prescription of *Natrum muriaticum* at a homoeopathic satellite clinic.

BY

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DECLARATION

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

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Dedication

This dissertation is dedicated to my mother Sinkie Sibeko, my father Amos Sibeko, my loving son Katlego Phala and the rest of my family for your endless encouragement and support.

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Abstract

Brief background

In the practice of Homoeopathy, widely acting remedies or polychrest homoeopathic medicines are prescribed in the treatment of a wide range of clinical conditions. The documenting of the guiding symptoms in successfully treated cases will assist in offering guidelines for the prescription of remedies in the future and thus serves as scientific and clinical verification of the remedies. The operational definition of success for the purposes of clinical verification is the alleviation or improvement of existing symptoms (Van Wassenhoven 2013). This definition was applied in the context of this study.

To facilitate high standards of health care as well as teaching and learning, Durban University of Technology (DUT) Department of Homoeopathy in collaboration with Lifeline established its first Homoeopathic Community Clinic in 2004 called Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC) located in Warwick Junction, Durban. UNHCC provides a free Homoeopathic primary health care service on the third floor of the Lifeline building in Acorn Road, Warwick Triangle, less than one kilometre from the main DUT campus. The area is classified as being disadvantaged with high crime rates, prostitution, violence, small informal businesses and low cost housing (Smillie 2010, Watson 2015 and Dube 2015).

Aim of the study

The study aimed to determine and compare the guiding symptoms of the successful prescription of *Natrum muriaticum* at Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC) between 2013 and 2016.

Methodology

A retrospective chart review was conducted at the Ukuba Nesibindi Homoeopathic Community Clinic on the patient files between 2013 and 2016. A rubric (Appendix B) was used to document the demographics, clinical conditions, homoeopathic guiding symptoms, posology and follow up presentation of each chart where *Natrum muriaticum* was successfully prescribed. Furthermore, a comparison of the guiding prescribing symptoms was made against existing materia medica.

A sample size of 197 patient files which had appropriate consent forms enclosed allowing for the use of information for research purposes was established. Prior to gathering the relevant information and the commencement of the study, gate keeper permission to conduct the study on patient files and at the mentioned location was requested and granted by all relevant stakeholders. The actual sample size was derived from the successful cases with follow ups until data saturation. Files that were excluded from the 197 patient files were of those patients who did not attend the follow up appointment and cases which were not treated successfully with the remedy. The sample size for the study was 37.

Descriptive statistics was derived and illustrated using bar graphs and pie charts. Tabulations and graphical presentation of the comparison were created. Themes and inferences were drawn based on the emerged data from the symptoms and rubrics. Thereafter, a comparison to the existing materia medica was conducted by comparing the arising symptomatology with the existing content in the materia medica.

Results

The results of the study showed that the symptoms that arise in the study corresponded with the symptoms in the existing materia medica, however there were additional symptoms that emerged in the study and these symptoms were not listed in the materia medica, but were successfully treated with *Natrum muriaticum*. It was concluded that the guiding symptoms that were considered in formulating the prescriptions of *Natrum muriaticum* correlate with the characteristic symptoms of *Natrum muriaticum* in the materia medica by Vermeulen, Boericke and Phatak.

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List of Acronyms

Acronym	Full Name
DUT	Durban University of Technology
KZN	KwaZulu-Natal
Hom	Homoeopathy
UNHCC	Ukuba Nesibindi Homoeopathic Community Clinic
BP	Blood pressure
RESP	Respiratory
TEMP	Temperature
PMDD	Premenstrual dysphoric disorder
PMS	Premenstrual syndrome

Definition of symbols

◀ - Worse for

◃ - Better for

DEFINITION OF TERMS

Consultation: a service provided by a physician whose opinion or advice regarding evaluation and management of a specific problem is requested (Schwalm 2006).

Follow up: all subsequent attendances to see the same consultant following a first Attendance (NHS 2016).

Homoeopathy: derived from the Greek words *homeos* and *pathos*, which mean 'similar suffering'. When a natural substance is given to a healthy individual, symptoms will arise and when that same substance is ingested by someone ill with similar symptoms its acts as a curative (Dancu 1996).

Potency: The therapeutic strength of a substance attained through a process of serial dilution and succession of that substance, known as potentization (Cook 1939: 50- 51)

Prescription: It is a written order by a physician or medical doctor to a pharmacist in the form of medication instructions for an individual patient (MedicineNet 2016).

Proving: The systemic procedure of testing substances on healthy human beings in order to elucidate the symptoms reflecting the action of the substance (Vithoulkas, 1980: 96).

Posology: A pharmacological determination of appropriate doses of drugs and medicine (Nicolai 2008).

Succussion: It is the action of vigorously shaking a solution of a medicine during its preparation between dilutions (Roy 1994: 147).

Materia Medica: It is Latin for “Materials of Medicine” and provides a reference that lists the curative indications and therapeutic actions of homoeopathic medicines (Bloch and Lewis 2003)

Rubric: the heading in a homeopathic repertory that labels the symptom and the medicines that induce that symptom. In addition to symptoms, syndromes and their constituent parts are also included (Medical dictionary 2005)

Miasm: It is a force within a person or an animal, creating a predisposition to certain kinds of illness. It defines our susceptibility (Croce 2017).

Repertory: An index of the homoeopathic materia medica by symptom. A list of remedies is indicated for each symptom. All modern day repertories use Kent's Repertory as their starting point (Leckridge 1997).

Remedy: It is a means for the cure of a disease or other disorder of body, mind or spirit; any medicine or treatment which promotes restoration of health (O'Reilly 2001).

Simillimum: is a drug picture most like the clinical picture in the patient. It is arrived at through careful analysis of information found in the homoeopathic case record (Swayne 2000:194)

Vital force: the “spirit-like life force that enlivens the material organism as dynamis, governs without restriction and keeps all parts of the organism in admirable, harmonious, vital operation, as regards both feelings and functions, so that our indwelling, rational spirit can freely avail itself of this living, healthy instrument for the higher purposes of our existence” (O’Reilley 1996).

CHAPTER 1: ORIENTATION TO THE STUDY

1.1. BACKGROUND TO THE STUDY

In the practice of Homoeopathy, widely acting remedies or homoeopathic medicines are prescribed in the treatment of a wide range of clinical conditions. These widely acting remedies are called polychrests. Some polychrests e.g. *Natrum muriaticum* are extensively prescribed as per the indications in existing Materia Medicas. The information in the Materia Medicas is traditionally derived from; homoeopathic provings, toxicological reports and clinical experience. Clinical verification of the guiding symptoms that formulate the Materia Medica should be encouraged in order to allow confirmation of the Materia Medica in an attempt to enhance the scientific validity of homoeopathic prescribing (Van Wassenhoven 2013).

The documenting of the guiding symptoms in successfully treated cases will assist to offer guidelines for the prescription of remedies in the future and thus serves as scientific and clinical verification of the remedies. The operational definition of success for the purposes of clinical verification is the alleviation or improvement of existing symptoms. This definition was applied in the context of this study. The range of conditions treated with *Natrum muriaticum* in the primary health care context was documented and allow for simple clinical prescription of the remedy. The guiding symptoms of *Natrum muriaticum* in terms of mental, emotional and physical symptoms were then compared to the existing symptoms in established Materia medica. This allowed for verification of the existing commentaries on *Natrum muriaticum* (Rutten 2005). The homoeopathic prescription consists of the homoeopathic remedy to be prescribed based on the case history, physical examination and the homoeopathic case analysis. The prescription also pays individualised attention to the posology i.e. the dosage, potency medium and repetition.

1.2. PROBLEM STATEMENT

The study aimed to compare and determine the guiding symptoms of the successful prescription of *Natrum muriaticum* at Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC) between 2013 and 2016.

1.3. ASSUMPTIONS

It was assumed that recording of information in patient files was truthful and accurate. It was also assumed that the correct remedy was prescribed for patients and that the patient administered the remedy as directed. It was again assumed that the remedy was as dynamically as the original proving drug.

1.4. HYPOTHESES

It was hypothesised that successful prescription of *Natrum muriaticum* at UNHCC will illicit improvement of symptoms of patients' main complaints and that there is a correlation between guiding symptoms of the successful prescription and existing Materia medica of *Natrum muriaticum*.

1.5. AIM

The purpose of this study is to determine the guiding symptoms of the successful prescription of *Natrum muriaticum* at Ukuba Nesibindi Homoeopathic Community Clinic.

1.6 OBJECTIVES

1.6.1. The first objective

To determine the number of cases that were treated successfully with a prescription of *Natrum muriaticum* at the Ukuba Nesibindi Homoeopathic Community Clinic.

1.6.2. The second objective

To determine the demographics and clinical conditions that were successfully treated with *Natrum muriaticum* at the Ukuba Nesibindi Homoeopathic Community Clinic.

1.6.3. The third objective

To determine the guiding symptoms that were considered in the formulation of the prescription of *Natrum muriaticum* in successful cases at the Ukuba Nesibindi Homoeopathic Community Clinic.

1.6.4. The fourth objective

To conduct a comparison of the guiding symptoms of the successful prescription of *Natrum muriaticum* at the Ukuba Nesibindi Homoeopathic Community Clinic to the existing *Materia medica*.

1.7. The significance of the study

The significance of the study highlighted the importance of successful prescription of *Natrum muriaticum* at UNHCC. This allowed for verification of the existing commentaries on *Natrum muriaticum* (Rutten 2005).

1.8. The benefits of the study

The benefit of the study was bringing into focus the area of verification of the existing commentaries on *Natrum muriaticum* (Rutten 2005) and through such focus to demonstrate the need for more research to be done in this field. This type of study will allow for understanding the importance of the contemporary guiding symptoms that led to the successful prescription of *Natrum muriaticum* or in the future, other polychrests.

1.9. CONCLUSION

As stated earlier, Homoeopathy is a unique and complete system of medicine and has a holistic approach to treatment which is not only to treat an individual for their physical complaints-but to rather consider the totality of their mental, emotional states and physical states as well in the complete healing and treatment process (Gray 2016). The high prescription rate of *Natrum muriaticum* is not surprising considering that *Natrum muriaticum* has been clinically prescribed at this clinic mainly for emotional complaints including grief due to the loss of loved ones, disappointed love and emotional abuse where patients find it difficult to socialise, are unable to express emotions and desire to be alone. It has also been prescribed for physical complaints like allergic rhinitis, headaches and leucorrhoea (Ngobese-Ngubane 2016). More information about successful prescription of *Natrum muriaticum* at other clinic sites is required to accurately ascertain the depth of this field of study.

CHAPTER 2: LITERATURE REVIEW

2.1. INTRODUCTION

Durban University of Technology (DUT) Department of Homoeopathy in collaboration with Lifeline established its first Homoeopathic Community Clinic in 2004 called Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC) located in Warwick Junction, Durban. UNHCC provides a free Homoeopathic primary health care service on the third floor of the Lifeline building in Acorn Road, Warwick Triangle, less than one kilometre from the main DUT campus. The area is classified as being disadvantaged with high crime rates, prostitution, violence, small informal businesses and low cost housing. Lifeline used to run community outreach programmes that offer free courses in beadwork, sewing, hair dressing and computer skills. These offered people a chance to better themselves and provide skills that help them find jobs. On the premises there was also a school day care for children, rape counselling and free HIV testing (Smillie 2010).

2.2. Homoeopathy

Homoeopathy is a holistic practice of medicine that aims to treat the person in totality. The word totality encompasses symptoms observable, pathology, personality, trauma and inherited tendencies and individual tendencies (Van Wyk 2009). Homoeopathic medicine works by stimulating the body's inherent ability to heal itself (Trivieri 2001). Homoeopathy was developed by the German Physician and Chemist Samuel Hahnemann (1755-1843) in 1796 based on the Law of Similars 'Like cures like' which states that in order to cure a disease, one must look for medical substances that can create similar symptomatology in a healthy body (Vithoulkas 2009; Dancu 1996). This idea was understood by Aristotle and Hippocrates and mentioned in ancient Hindu manuscripts. It was Hahnemann, however, who turned it into a scientific healing system (Schmukler 2012). De Schepper (2001) further states that it is a gentle, deeply-healing system which uses healing substances so diluted that they do not cause side effects like conventional

pharmaceuticals which can suppress symptoms that can later reoccur (often on a deeper level). Homoeopathy cures from the inside out. It removes the underlying emotional or mental stress of chronic disease first, and then moves the illness out of the body.

Homoeopathy works with the body's own healing energy to strengthen it, using remedies that are safe, non-toxic and totally individualized to the patient for both acute and chronic illnesses. Homeopathy treats the whole person and not the disease or symptoms (Kent 2009). The word totality encompasses symptoms, pathology, personality, trauma and inherited tendencies and individual tendencies (Van Wyk 2009). It is a therapeutic system that holds the ideal of cure that is rapid, gentle and permanent restoration of the health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable, and most harmless way, on easily comprehensible principles (O'Reilley 1996).

2.3. Case taking

Case taking is a unique art of getting into conversation observation and collecting information from patient as well as from bystanders to define the patient as a person and the disease. The Homoeopathic consultation is guided by particular philosophical standpoints which dictate the basic approach towards the patient and his/her disease (De Schepper 2001). Of these standpoints, the concept of a characteristic totality is paramount as the aim of a homoeopathic practitioner is to treat the man and not the disease. In this light, the homoeopathic case taking exercise is detailed and comprehensive often spanning over a longer time frame than other basic medical consultations (Kent 2004).

In the case history the practitioner seeks to elicit detailed information about the patient's main complaint, past medical, family, social and travel history. Further details are recorded about the patient's lifestyle, weather preferences, diet and other distressing symptoms in other aspects of the body that may be seemingly unrelated to the main complaint. The patient's mental and emotional demeanour and stress factors are also recorded. As the various areas in a patient's clinical picture are

elicited and documented, a totality of the patient emerges which reflects symptomatology on mental, general and physical levels. In Homoeopathy the complete picture of the patient's state, guide the remedy selection and not merely the main complaint. In this exercise the practitioner attempts to create a clinical space to allow the patient to describe these categories of symptoms in an individual manner highlighting what is characteristic or peculiar to the patient. These peculiar and characteristic symptoms, which are unique to the patient, are highlighted and are utilized to create a unique symptom picture to choose a relevant, similar remedy for the patient. It is those symptoms that guide the remedy choice and subsequent prescription. Each case is unique in all respects. Only a true individualized approach can explore the true picture and help a physician to arrive at a totality in its true sense. Every individual is different in health as well as in disease and hence every case has to be examined individually giving importance to its unique expressions during health and disease (Gafoo 2012). Dube (2015) states that the Homoeopathic consultation is a gentle yet thorough exploration of physical and emotional make up or constitution of the individual and endeavours to build a well-rounded picture of a patient.

After a detailed anamnesis the characteristic symptoms are recorded and analysed in the context of the findings of the physical examination, further laboratory testing and medical diagnosis. Thereafter symptoms are chosen that reflect a characteristic totality and thus rubrics are created, repertories are consulted, repertorisations are conducted, materia are consulted and the remedy is chosen and subsequently prescribed. Medicas (Kent 2013).

2.4. Classification of symptoms

Classification of symptoms involves the categorisation and subsequent of grading or ranking of different types of symptoms in order of priority. Symptoms are ranked according to their intensity, how deeply they reach into the organism (mental will & emotional symptoms are considered most important) and according to their degree of peculiarity. All symptoms of will and affections including desires and aversions are the most important as they relate to the innermost of the man. Those relating to

intellect are of less value, while those of memory are to be ranked lowest (Homeobook 2017).

Kent has classified the symptoms into three main categories i.e. general symptoms, common symptoms and particular symptoms.

General symptoms are sensations or symptoms that the patient predicates of himself or in the relating of which he uses the personal pronoun. General symptoms affect the patient as a whole. They are naturally of higher value than the particulars and it can over- rule any number of even strong particulars. General symptoms are divided into two categories: Mental and Physical. All mental symptoms are classified as generals as they reflect the inner self and individuality of the patient. In case taking, these symptoms are of highest value. Among the mental symptoms, changes of will and emotion come first followed by the understanding. The physical general symptoms are symptoms which deal with reaction to heat and cold, physical love and sensations of the body as a whole (Das 2013).

Particular symptoms are those relating to the particular part or organ of the body and are divided into three grades. First grade particulars are those that are peculiar, uncommon, unexpected, unaccountable, unusual, and odd. The second grade particulars are particulars with pronounced modalities and the third grade particulars are those having no substantial modality that characterises and qualifies the particular symptoms. (Das 2013). So if a particular symptom is well qualified in terms of modalities it is used in the analysis when selecting a remedy.

Common symptoms are common to any patient suffering from the certain complaints and are of least importance because they will be found in almost every drug disease in one form or other. These symptoms are common to both the drug and disease (Kent 2013).

After classification and value ranking is conducted on the patient's characteristic symptoms a characteristic totality is selected for repertorisation or analysis. Thereafter rubrics are created and repertories are consulted. Further a suitable method of repertorisation is conducted. In addition, materia medicas are consulted

and the remedy is chosen based on reflection of correlating guiding and keynote symptoms in the materia medica prescribed (Kent 2013).

2.5. Homoeopathic prescribing

The homoeopathic prescription consists of the homoeopathic remedy to be prescribed based on the case history, physical examination and the homoeopathic case analysis. The prescription also pays individualised attention to the posology i.e. the dosage, potency medium and repetition. Potency refers to the strength and depth of a homoeopathic remedy (Nortman, 2011). It is expressed in terms of the number of times the homoeopathic remedy has undergone the process of serial dilutions and succussions.

The prescribed homoeopathic remedy is selected individualistically and is based on the patient's presenting combination of symptoms from the mental, emotional, general and particular categories which is obtained through physical examination and the anamnesis. The remedy which closely correlates the patient's symptoms is prescribed. Homoeopathic remedies are not selected to treat isolated symptoms or disease. They must be chosen to match the way an individual's system expresses its unique response to the stress and illness. This means that even if patients have the same diagnoses, they respond to different remedies (Aziz 2010).

When selecting a remedy the decisive factor is the comprehensive assessment of the totality of the patient's individual, characteristic and conspicuous symptoms, signs and idiosyncrasies. Differentiation between acute and chronic diseases may be relevant in some cases. The conspicuous, acute symptoms of the individual case can determine the choice of a remedy in acute conditions that need treatment. With chronic conditions it is necessary to carefully assess the entire disease process, including previous outbreaks, in order for the correct constitutional remedy to be selected. Depending on the complexity of the case and the homoeopath's approach, a full case taking session may take several hours. Case taking is followed by classification of symptoms and remedy search which involves two steps. The first step is repertorisation and the second step is differential diagnosis and remedy

selection by means of a case study in which the patient's signs and symptoms are compared with potential remedies from the Materia medica and the remedy (simillimum) that comes closest to the respective patient's condition is selected (Matthiessen 2011). Remedy selection may be conducted in various ways as discussed above. Some of these selection processes involve, repertorisation, consultation of various materia medicas, online case searches and reviewing provings. Commonly used by various practitioners is the keynote prescribing method. Though subjective, it is often utilised in settings that require rapid prescriptions (Sadidpour 2011).

Homoeopathic prescribing may be conducted in the following ways amongst other methods:

- Repertorisation
- Keynote prescribing
- Homeopathic proving review
- Constitutional prescribing

2.5.1. Homoeopathic Materia medica

Hahnemann carried out strict provings which included taking healthy individuals and subjecting them to various substances from zoological, botanical and mineral kingdoms during which he would note any symptoms or experiences along with any modifying influences (modalities) as well as noting any mental symptoms which he confidently attributed to the drug effect. The data acquired from these provings were collected to form specific drug pictures. The collection of such data was published in Hahnemann's *Materia medica Pura* (Lilley 2008).

A homoeopathic materia medica is a reference guide to homoeopathic remedies that describes individual active ingredients and the symptoms that they may address. Symptoms are arranged in definite order under the heading of each remedy described. These symptoms are the positive effects of the remedy experienced by

healthy provers. The list of symptoms which constitute the Homœopathic materia medica, are arranged, for the sake of reference under the different anatomical regions of the body. This makes it possible to find out under any remedy the exact symptoms it has produced in the head, eyes, ears, stomach, limbs etc.; so that when any case of disease arises, presenting symptoms in any of these regions, the homoeopath is able to compare his case with the remedies which seem to him to correspond most closely (Clark 2002). The various homoeopathic materia medicas are consulted by the practitioner when differentiating a prescription to arrive at a remedy for the patient. The materia medica encompasses information from all aspects of the remedy including, mental symptoms, emotional symptoms, general symptoms, modalities, site of action and particular symptoms of a remedy. Also highlighted in materia medicas are the keynote of the remedy, which can be used in a method of quick prescribing (Ullman 2017).

2.5.2. Repertorisation

Repertorisation is formulated to provide a connection between the case being worked on and the remedy pictures in the materia medica. It is not used as a tool to replace the material medica. When done successfully repertorisation takes the prescriber to those few remedies that have close similarity to the patient's case and the pathogenesis of these remedies maybe studied and compared in the materia medica to select the remedy that closely matches the patient's symptoms (Clarke 2009). This does not only prove the results obtained in the solving of the case, but also helps the prescriber check for hurried careless work (Kent 2013).

2.5.3. Keynote symptom prescribing

A homoeopath must find the remedy which is most similar to the symptoms of the patient. Due to the finite capacity of the mind, the homoeopath can only consider a certain number of symptoms and remedies when selecting the most similar remedy. The role of keynotes is to guide the homoeopath in selecting symptoms and remedies. If a symptom is clearly and strongly expressed by the patient and that

symptom is a keynote of a remedy, that symptom and remedy may be considered when choosing the most similar remedy. The role of the keynote is to guide the homoeopath. However, the selection is only one step in choosing the remedy. The materia medica is always the final authority in choosing the remedy. Keynotes are based on the clinical experience of homoeopaths. When a homoeopath finds that a symptom is a reliable guide to a remedy it becomes a keynote of that remedy. Because this process is somewhat subjective, different homoeopaths will disagree on whether a symptom is a keynote. However, knowledge of the repertory and materia medica are equally important (Kishore 2017). The keynote method uses the totality of symptoms together with the pathology that the patient presents with. Often the miasmatic reflection is not included. This method is popular in countries with a high patient turnover (Barton 2004).

2.5.4. Homoeopathic proving review

The main aim of conducting a homoeopathic drug proving is to obtain the general understanding of a drug substance by analysing the journal recordings of the totality of symptoms produced by a proving substances on healthy individuals, and from this totality of symptoms the clinical application for the prescription of the proving remedy in the sick individual is derived (Vithoulkas, 2002: 144) The symptomatology generated in a homoeopathic proving, together with toxicological reports and clinical experiences formulate the information in the materia medicas.

A proving is reviewed in attempt to formulate a prescription when the symptoms of a patient are not found in the materia medica and when the remedy required may not be published officially in the repertory or materia medica. This is often the case when the practitioner may be considering a fairly recently proved remedy for the patient.

A proving is conducted on volunteers called provers who are in a reasonable state of health, and who do not know what substance it is they are taking. Doses of the substance that is being administered are repeated until provers start to experience symptoms of a change in state. The provers record every symptom they experience; whether physical, emotional, mental, or even spiritual, for as long as the change in

state persists. At the end of the proving, all the records are compared to find the physical symptoms, states of mind, feelings, and experiences that the provers have had in common, which can reasonably be ascribed to the emerging signature resonance of the substance (New York School of Homeopathy 2017)

2.5.5. Constitutional prescribing

Constitutional prescribing is the most widely practiced method of prescribing in Homoeopathy. This is important as this method factors into the analysis the patient's basic and foundational make-up which includes the miasmatic diathesis and other patterns or tendencies of the patient. This method is often used in chronic case prescriptions which patterns of disease or behaviour are modified by the chosen constitutional remedy (Kent 2013).

The constitution is a person's physical and mental make-up which is revealed through his physical built, characteristic desires, aversions and reactions as well as emotional and intellectual attributes. Constitutional prescription is based on the totality of the mental and physical reactions. It should be able to cover the level of susceptibility, the tendencies, the behavioural pattern and the underlying miasms. Prescription of a constitutional remedy during acute stage of a disease might be risky. In acute stage of a disease an acute remedy should be prescribed only on the basis of acute totality. Constitutional medicine should be prescribed only after the acute crisis. This helps the individual to have a quick and uneventful recovery and also effectively checks the tendency to relapse (Beenadas 2012).

Knowing the patient's constitution gives a line for making a prognosis of the case development and for the further homoeopathic remedies that might be prescribed to the patient that is especially valid in chronic cases (Kodjabasheva 2014)

2.6. Remedy selection

When selecting a remedy the presented symptoms must be considered in totality. The habits and mental state of the individual should also be kept in view for selection

of the remedy. Differentiation between acute and chronic diseases may be relevant in some cases. The conspicuous, acute symptoms of the individual case can determine the choice of a remedy in acute conditions that need treatment. With chronic conditions it is necessary to carefully assess the entire disease process, including previous outbreaks, in order for the correct constitutional remedy to be selected. Depending on the complexity of the case and the homoeopath's approach, a full case taking session may take several hours. Case taking is followed by classification of symptoms and remedy search, which involves two steps. The first step is repertorisation and the second step is differential diagnosis and remedy selection by means of a case study in which the patient's signs and symptoms are compared with potential remedies from the *Materia medica* and the remedy (simillimum) that comes closest to the respective patient's condition is selected (Matthiessen 2011).

2.7. Polychrest remedies

The term "Polychrest" is derived from Greek, originating in the 19th century, where 'polu' means many and 'khraosos' means use. Polychrest remedies are those commonly prescribed remedies as they have a wide range of action within the organism (Tamhane 2014).

Polychrest remedies have a multitude of symptoms recorded in the *materia medica* that have arisen from the toxicology, the proving and clinical application. The symptom picture correlates with various diseases and clinical conditions. Therefore, the appropriate homoeopathically chosen remedy is capable of effectively managing the corresponding disease presentation. The point to note is that when a remedy is selected for a particular set of symptoms, it is not necessary that the patient would have or should have all the symptoms indicated under that remedy. Keynote symptoms alone may be considered but generally an overall picture of the symptoms is considered to make the selection giving special importance to keynote symptoms and this may be applied particularly in chronic cases. (Homeopathic clinic 2007).

Polychrest remedies generally range between 40 and 60 in number. There is no standard and final list of such remedies as homoeopathic remedies are being proved more often. Every practitioner makes his/her own list depending on the type of cases received and the needs of his/her practice (Homeopathic clinic remedies 2007).

Homoeopathy developed throughout the life of Dr Samuel Hahnemann and after his death as, existing remedies are updated and re-proved by different faculties around the world and were recorded. At the same time, new remedies were also being proved and introduced in the practice of Homeopathy (Tamhane 2014). *Natrum Muriaticum* is not only a polychrest remedy but also a deep acting and long acting remedy which makes it a medicine of par excellence in the homeopathic materia medica and it is generally considered to be indicated in the following ailments: - depression, anxiety, migraine, constipation, metabolic disorders and skin disorders (Shama 2004).

2.8. *Natrum muriaticum*

Natrum muriaticum is manufactured from sodium chloride (or common salt). It provides the homeopathic materia medica with a remedy of profound importance in the treatment of emotional suffering such as grief and sorrow. The main source of sodium chloride is the sea. Sodium chloride is rarely found as solid deposits in the earth's crust, and then usually in salt pans where it has been left behind as a precipitate after its liquid medium has evaporated. This mineral has an affinity for fluids and as it is in nature so it is in the body. It is found predominantly in the extracellular fluids, in striking contrast with the potassium salts which are mainly intercellular. From this position, by the power of osmosis, it acts as a regulator of the transport and distribution of the body fluids. An important function of salt is the electrical polarisation of cell membranes enabling the transmission of nerve impulses and it is largely responsible for the flow and exchange of fluids and the flow and exchange of neural signals and displays extreme sensitivity and receptivity (Lilley 2016).

Natrum muriaticum is one of the 12 tissue remedies of the Schüssler and it is the component of all body fluids and tissues and the most significant salt of the *Natrum* group of remedies (Scholten 2013). *Natrum muriaticum* is one of Hahnemann's highest constitutional remedies. It has been extensively proved both in lower trituration's and in 30th and higher potencies and it produced the most marked effects (Sunila 2012). *Natrum muriaticum* is also indicated in inducing labour or strengthening ineffective labour contractions, postpartum bleeding and abnormalities of the placenta. *Natrum muriaticum* has also been prescribed for postpartum uterine pain, postpartum depression and mastitis if the mother presents a *Natrum muriaticum* constitution (Swayer 2004).

The role of the mother figure is particularly crucial in the healthy development of the *Natrum muriaticum* personality. There is a deep need for the security and warmth of maternal love, protection and nurturing in the *Natrum muriaticum* being and this need is often unfulfilled. There is an inability or unconscious unwillingness to attract or accept the very sustenance. The belief that it is weak to reveal dependency and neediness compounds this. As a result they experience a sense of rejection and therefore feel that they must be unimportant, unworthy of love and unlovable. In *Natrum muriaticum* this conclusion is accompanied by a persistent, even life-long feeling of resentment and grief. There is no warmth in the childhood memories of mother. The absence of the mother may be experienced pre- nataly if the baby is emotionally rejected by the mother or when the baby is kept in an incubator. At this time, bonding with the mother is so vital however, the infant perceives the mother as absent. Other causes of absence may be due to failure to breast feed, postpartum depression and a working mother who is too busy to give the infant love and affection (Lilley 2017).

According to (Whitmont 2016) the language of biblical, mythological and alchemistic tradition, conveys genuine psychological and physiological fact clothed in the universal language of symbols and images related to the language of our dreams. The term salt denotes any solid substance that has emancipated itself from a solution. Biblical and mythological tradition speaks of the sea which is the main source of *Natrum muriaticum* in solution, as the source of all life and creation.

Psychologically, the symbolism of the sea points to the motherly principle of the great collective unconscious, whereas the salt refers to the activity of the conscious mind.

Historically, salt has been such an important element of life that it has been the subject of many stories, fables, folktales and fairy tales. It served as money at various times and places, and it has been the cause of bitter warfare. It is traditional etiquette to offer bread and salt to visitors in many cultures. While records show the importance of salt in commerce in medieval times and earlier, in the Sahara and in Nepal, salt trading today gives a brief look of what life may have been like centuries ago (Saltworks 2017).

According to Oberai (2013) in a study to evaluate the role of homoeopathic medicines in the management of depressive episodes that were carried out by the Central Council for Research in Homoeopathy (CCRH) (India), patients who were between the ages of 20-60 years, suffering from mood disorders were screened for inclusion and exclusion criteria. Homoeopathic remedies were prescribed in 30CH, 200CH and 1M potencies, after repertorising the symptoms and signs and final consultation with the materia medica. Statistically significant differences were observed and *Natrium muriaticum* was one of the most frequently prescribed remedies. It was concluded that a course of six months of homoeopathic treatment is associated with significant benefits in patients suffering from depressive episodes, as measured by Hamilton Depression Rating Scale (HDRS). They further concluded that controlled studies are needed to assess the efficacy.

Rajendran (2002) conducted a study consisting of 30 patients with a molluscum contagiosum, 50% of patients reported full resolution of symptoms and 40% had improvement of the symptoms. Brief case histories of the 15 patients who fully resolved are presented. The homeopathic remedies most frequently associated with positive outcome were *Natrum sulphuricum*, *Sulphur* and *Natrum muriaticum* (Rajendran 2002).

According to a Dunno (2012) on a study to evaluate the effectiveness of homeopathic medicines for the prevention and treatment of migraine in children, fifty-nine (59) physicians trained in the prescription of homeopathic medicines and 168

children, aged 5-15 years, with definite or probable migraine diagnosed using International Headache Society 2004 criteria participated in this study. The frequency, intensity, and duration of migraine attacks in the 3 months prior to inclusion were compared with those during the 3-month follow-up period. Pertinent data was collected using questionnaires completed by the doctor and the patient or his/her parent/guardian. The secondary outcome measure was the impact of homeopathic medicines on education, measured as absence from school. Frequency, severity, and duration of migraine attacks decreased significantly during the 3-month follow-up period. The results of the study demonstrated the interest of homeopathic medicines for the prevention and treatment of migraine attacks in children and a significant decrease in the frequency, severity, and duration of migraine attacks was observed and, consequently, reduced absenteeism from school. Preventive treatment during this time consisted of homeopathic medicines in 98% of cases and *Natrum muriaticum* was one of the commonly prescribed preventative remedies.

Smillie (2010) found that *Natrum muriaticum* was counted 66 times in the prescription count per remedy kingdom at UNHCC during the study period. It was the highest ranking remedy prescribed in all the kingdoms.

The clinical verification of symptoms, obtained during provings, is the keystone of the homeopathic medicine. The clinical verification is the study of the link between pathogenetic symptoms and curing of patients presenting these symptoms. The 63rd Liga Medicorum Homoeopathica Internationalis (LMHI) congress is dedicated to this evidence based homoeopathy, meaning provings and clinical studies (Van Wassenhoven 2008).

2.9. Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC)

UNHCC is a clinic run by 4th and 5th Homoeopathic master's degree (M. Tech: Hom) students under the supervision of a qualified and registered Homoeopath. This exposure gives students an opportunity to go beyond their academic environment and offer their energy and skills to the Warwick community to address

issues affecting their wellbeing. The clinic has three consultation rooms with one examination bed in each room (Dube 2015). When the clinic opened in 2004, it was operational in only one room and only on Wednesday afternoons and Friday mornings. However, over the years the number of patients increased due to the demand for clinic services. By 2016 the clinic was operating Monday to Friday at scheduled times of the day (Monday, Wednesday & Friday from 08h30-12h00, and on Tuesday and Thursday 13h00-16h00).

The clinical audit study conducted by Smillie (2010) of UNHCC showed that the majority of patients who visit the UNHCC were unemployed, middle-aged, single African females. The most common illnesses encountered at UNHCC were of an infectious nature mainly Human Immunodeficiency Virus (HIV) and Tuberculosis (TB).

Watson (2014) states that the main diagnostic group of conditions that presented as primary and secondary complaints at this clinic were Genitourinary based (34%) followed by gastrointestinal (14%), respiratory (14%) and neurological (headaches) (11%).

She further states that the results from the data collected suggest that overall the majority of participants experienced improvement (eighty-two percent of the main complaints and ninety-three percent of the secondary complaints respectively) after receiving treatment from UNHC. In addition, those who experienced improvement attributed such improvement to the homoeopathic treatment they received (100% of those with improved primary complaints and 92% of those with improved secondary complaints). The results proved to be positive in this regard as the majority of the participants stated that their general health variables had improved, with 93% agreeing that their overall 'general well-being' was either 'significantly better' or 'better' since receiving treatment.

The UNHCC statistics of the patient numbers that visited the clinic and other key components of the clinic are demonstrated as follows:

Table1: Patient consultations from 2004-2016 (December)

YEAR	NUMBERS
2016	1481
2015	1128
2014-	396
2013	280
2012	342
2011	383
2010	611
2009	272
2008	352
2007	224
2006	266
2005	133
2004	69
TOTAL	5937

(Ngobese-Ngubane 2016)

Table 2: Total consultations from 2013-2016 (December)

Year	Total consultations
2016	1481
2015	632
2014	275
2013	179

(Ngobese-Ngubane 2016).

According to the 2014 report on the UNHCC (Ngobese-Ngubane 2014), in these days of increasing chronic disease, sinister viral infections, resistant organisms and a host of incurable conditions, a system of healing that is non-toxic and capable of stimulating the body to heal itself is more essential than ever before. Homoeopathy is such a system that offers a holistic approach to treating patients. Homoeopathy offers a gentle, safe, cost effective and quick approach to treating patients.

Over the period of 2013- 2016 Ukuba Nesibindi Homoeopathic Community Clinic has grown significantly with respect to patient numbers. This degree of significant growth is suggestive of the clinic's success and the positive impact the service provided has had on the surrounding community. Ukuba Nesibindi Homoeopathic Community Clinic is situated in the Lifeline building and this contributes to the constant year on year increase in the number of new patients who attended Ukuba Nesibindi Homoeopathic Community Clinic. Some of the patients who come to Lifeline for counselling are HIV positive and are referred to the clinic by the counsellors and since most of the patients are unemployed, Ukuba Nesibindi Homoeopathic Community Clinic is affordable and helpful to them.

2.10. CONCLUSION

In conclusion, the aim of this study was to produce clinical verification of the Materia medica of *Natrum muriaticum* in a Primary Health Care setting where a wide range of conditions are managed. Further, the outcome of this study should aid in supporting the scientific rigour of homoeopathic prescriptions.

CHAPTER 3: RESEARCH METHODOLOGY

3.1. INTRODUCTION

The purpose of this study was to determine the guiding symptoms of the successful prescription of *Natrum muriaticum* at Ukuba Nesibindi Homoeopathic Community Clinic.

This chapter shows the systematic process of collecting, interpreting and analysing data in order to compare and determine the guiding symptoms of the successful prescription of *Natrum muriaticum* at Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC) between 2013 and 2016.

3.2. RESEARCH DESIGN

3.2.1 Study design

The study design was guided by the aim of the study and was achieved by fulfilling the objectives as outlined in the introductory chapter.

The over-arching study design was qualitative in nature, because the quality and comprehensiveness of each respective case prescription was analysed in detail and symptom themes extracted and comparisons made. The method, however, was a retrospective chart review which was conducted at the UNHCC on the patient charts between 2013 and 2016.

A retrospective chart review is a type of research design in which pre-recorded, patient-centered data originally collected for reasons other than research are used to answer research questions. The data used exist in many forms: electronic databases, results from diagnostic tests, notes from health service providers and patient files to mention a few (Vassar and Holzmänn 2013).

In order to determine the demographics and clinical conditions that were successfully treated with *Natrum muriaticum* at the Ukuba Nesibindi Homoeopathic Community

Clinic, a rubric (appendix F) for data collection was formulated to document each area of information that was required.

The rubric/organization table (Appendix F) was utilized to document the demographics, clinical conditions, homoeopathic guiding symptoms, posology and follow up presentation of each chart where *Natrum muriaticum* was successfully prescribed. The rubric/ organization table was formulated by the supervisors and clinician in an attempt to organize the data collected from each file. This was not intended as an outcome measurement tool but rather as an organization tool to categorise various aspects reviewed within the file. As the aspects were standard sources of information from each file (e.g. demographical information) piloting of the organization table was not required in this instance.

The guiding symptoms that were considered in the formulation of the prescription of *Natrum muriaticum* in successful cases at the Ukuba Nesibindi Homoeopathic Community Clinic were determined by reviewing the case files, case histories and prescriptions and then recording this information in the rubric (Appendix F). These guiding symptoms were tabulated under various subdivisions and set out for easy comment and comparison in chapter four. The emerged guiding symptoms were tabulated as:

- Mental symptoms
- Emotional symptoms
- General symptoms
- Particular symptoms

The operational definition of success, for the purposes of clinical verification, is the alleviation or improvement of existing symptoms. This definition has been applied in the context of this study.

3.2.2 Population

The number of cases that were treated successfully, with a prescription of *Natrum muriaticum* at the Ukuba Nesibindi Homoeopathic Community Clinic was determined by reviewing log books and patient files between 2013 and 2016 at UNHCC.

There were 197 files that were identified from the repository of files at the UNHCC between the years 2013 and 2016. However, a total of 37 files was selected because they were files with successful prescription of *Natrum muriaticum* and data was collected from these files. All cases in which *Natrum muriaticum* was successfully prescribed and the patient attended the follow up appointment were considered for inclusion.

3.3. SETTING

The files that were reviewed for the data collection in this study were chosen from the UNHCC. The data classification and analysis was conducted at the Durban University of Technology (DUT), Homoeopathic Day Clinic (HDC) under the supervision of a qualified and registered Homoeopath.

3.4. SAMPLING PROCESS

The sample was derived from the successful cases with follow ups until data saturation was achieved. A log book with all the cases from the clinic was used to select all the *Natrum muriaticum* cases at the UNHCC. Only the cases where *Natrum muriaticum* was successfully prescribed and the patient did attend the follow up consultation were selected. A rubric (appendix F) was drawn to facilitate effective data collection and further a comparison of the guiding prescribing symptoms was made against existing Concordant Materia Medica (Vermeulen 2007).

3.4.1 Inclusion criteria and Exclusion Criteria

3.4.1.1 Inclusion Criteria

- All cases in which *Natrum muriaticum* was successfully prescribed and the patient attended the follow up appointment were considered for inclusion.
- Only files with consent forms where patients consented in writing to have their data to be obtained from their files and be used for research purposes were included. However, there was no disclosure of personal details (anonymity) and confidentiality was maintained at all times according to all regulations, ethical codes of conduct and by law.

3.4.1.2 Exclusion Criteria:

The exclusion criteria for study were:

- Cases where patients did not attend the follow up appointment.
- Cases which were not treated successfully with the remedy.
- Files of patients who were not prescribed *Natrum muriaticum*.
- No consent.

3.5. DATA COLLECTION PROCESS

3.5.1. The Procedure

Permission was obtained from the Head of Department of Homoeopathy at DUT (Appendix D (a)), the Homoeopathic Clinic Director (Appendix D (b)) and the qualified Homoeopathic practitioners on Clinician duty at UNHCC (Appendix D (b)) The procedure was divided into collection of the data from files of patients who have been prescribed *Natrum muriaticum* and have returned for a follow up appointment.

From these files, only the ones in which patients have reported improvement from the remedy on their follow up consultation (19%) were selected using a rubric (Appendix F).

The following data was reviewed in each file and prescription:

Date of initial consultation
Date of follow up consultation
Patient age
Patient gender
Description of complaint (CLAMSIT)
Clinical diagnosis of complaint
Mental symptoms
Emotional symptoms
Physical general symptoms
Particular symptoms
Keynote symptoms (Strange, rare and peculiar)
Findings on physical examination
Remedy chosen
Potency
Vehicle
Dosage
Frequency
Description of improvement at follow up appointment

3.6. DATA ANALYSIS

Descriptive statistics was illustrated using bar graph charts. Tabulations and graphical presentation of the comparison were created. Themes and inferences were drawn based on the emerged data from the symptoms and rubrics. Thereafter, a comparison to the existing Concordant materia medica (Vermeulen 2007) was made by comparing the arising symptomatology with the existing content in the Concordant materia medica.

All data captured and information gathered was analysed by comparing the guiding prescribing symptoms against existing Concordant materia medica (Vermeulen 2007). The comparison of the guiding symptoms of the successful prescription of *Natrum muriaticum*, at the Ukuba Nesibindi Homoeopathic Community Clinic to the existing Concordant materia medica (Vermeulen 2007), was then carried out using the guiding symptom information reflected in the tables (as illustrated in chapter four) and thus comparing these emerged symptoms to the existing Concordant Materia Medica by Vermeulen (2007)

The emerged guiding symptoms for the prescription of *Natrum muriaticum* were tabulated and correlated to the existing symptoms of *Natrum muricaticum* in Vermeulen (2007)

The materia medicas that were used in this study were Concordant Material medica by Vermeulen (2007), Boericke (2013) and Phatak (2016) as these materia medicas are used extensively by the clinicians and students that work and operate the clinic at UNHCC. Concordant Materia mrdica by Vermeulen (2007) was utilized as the comparison reference in the tables in chapter four as it was the most comprehensive materia medica available. Boericke (2013) and Phatak (2016) were used in the discussion in chapter five to enhance the comparison reference point.

3.7. CONCLUSION

The aim and purpose of this study was to determine the guiding symptoms of the successful prescription of *Natrum muriaticum* at Ukuba Nesibindi Homoeopathic Community Clinic. The study was guided by the research aim and purpose. After the data was collected and organised, the data was tabulated and then interpreted to give meaning to the data. Each objective was outlined in the study protocol and data sets were derived as required by the objectives in order to fulfil the aim of the study. The number of successful *Natrum muriaticum* cases, demographics and clinical conditions were successfully determined and tabulated in Chapter four. The guiding symptoms that were considered in the formulation of the prescription of *Natrum muriaticum* in successful cases, and the comparison thereof to the existing Materia medica, was successfully conducted using tabulations, and comparison references in the materia medicas.

CHAPTER 4: PRESENTATION OF RESULTS

4.1.1. INTRODUCTION

Following the methodology described in Chapter 3, the study produced raw data in the form of completed data tables. The data contained therein was obtained from 37 patient's files after their initial and follow up consultation at UNHCC and a drawn rubric (appendix B) was used to facilitate effective data collection and further a comparison of the guiding prescribing symptoms was made against existing Concordant materia medica (Vermeulen 2007) .

The specific objectives of the analysis were as follows:

1. To determine the number of cases that were treated successfully with a prescription of *Natrum muriaticum* at the Ukuba Nesibindi Homoeopathic Community Clinic.
2. To determine the demographics and clinical conditions that were successfully treated with *Natrum muriaticum* at the Ukuba Nesibindi Homoeopathic Community Clinic.
3. To determine the guiding symptoms that were considered in the formulation of the prescription of *Natrum muriaticum* in successful cases at the Ukuba Nesibindi Homoeopathic Community Clinic.
4. To conduct a comparison of the guiding symptoms of the successful prescription of *Natrum muriaticum* at the Ukuba Nesibindi Homoeopathic Community Clinic to the existing Materia medica

4.2. OVERVIEW OF THE RESULTS

4.2.1 Consultations

Table 4.2.1 A: Initial and follow up consultations.

Case number	Initial consultation	Follow up consultation
NM1	17 June 2016	01 August 2016
NM 2	14 September 2016	21 November 2016
NM 3	03 March 2014	22 May 2014
NM 4	26 February 2014	08 May 2015
NM 5	19 July 2013	16 August 2013
NM 6	23 May 2013	30 May 2013
NM 7	10 February 2014	24 March 2015
NM 8	15 August 2013	12 September 2013
NM 9	22 May 2014	04 February 2015
NM 10	20 March 2015	15 April 2016
NM 11	17 March 2016	30 March 2016
NM 12	24 April 2014	12 November 2015
NM 13	23 March 2014	12 May 2014
NM 14	20 March 2015	13 April 2015
NM 15	30 March 2015	20 April 2015
NM 16	24 April 2016	16 May 2016

NM 17	03 March 2013	11 November 2013
NM 18	26 May 2014	06 March 2015
NM 19	04 October 2013	24 March 2014
NM 20	15 February 2016	20 April 2016
NM 21	29 July 2015	25 August 2015
NM 22	05 May 2016	10 October 2016
NM 23	18 May 2015	11 June 2015
NM 24	23 May 2016	15 August 2016
NM 25	18 May 2015	02 November 2015
NM 26	13 February 2014	03 March 2014
NM 27	01 October 2015	08 October 2015
NM 28	08 February 2016	06 April 2016
NM 29	03 September 2015	01 October 2015
NM 30	22 May 2014	30 March 2015
NM 31	03 March 2014	06 March 2014
NM 32	24 April 2015	03 August 2015
NM 33	05 November 2015	19 April 2016
NM 34	06 August 2015	03 September 2015
NM 35	18 May 2015	08 June 2015
NM 36	12 March 2015	29 May 2015
NM 37	16 September 2015	02 October 2015

Table 4.2.1 A reflects the time frame between the initial and follow up consultations. The results show that the time frame between the initial and follow up consultations was not more than a month for most of the patients. For some patients it was more than 6 months and for others it exceeded 12 months.

The study did not limit the time frame for the follow up consultations. It is therefore assumed that the effects of improvement are as a result of the prescription of *Natrum muriaticum*, as it is a deep acting remedy, whose action may continue in the system long after the prescription is completed.

Table 4.2.1 B: Time frame and numbers of patients

Time frame	Number of patients
1 week – 1 month	16 (43%)
1 month – 6 months	14 (38%)
6 months – 12 months	3 (8%)
Exceeded 12 months-	4 (11%)

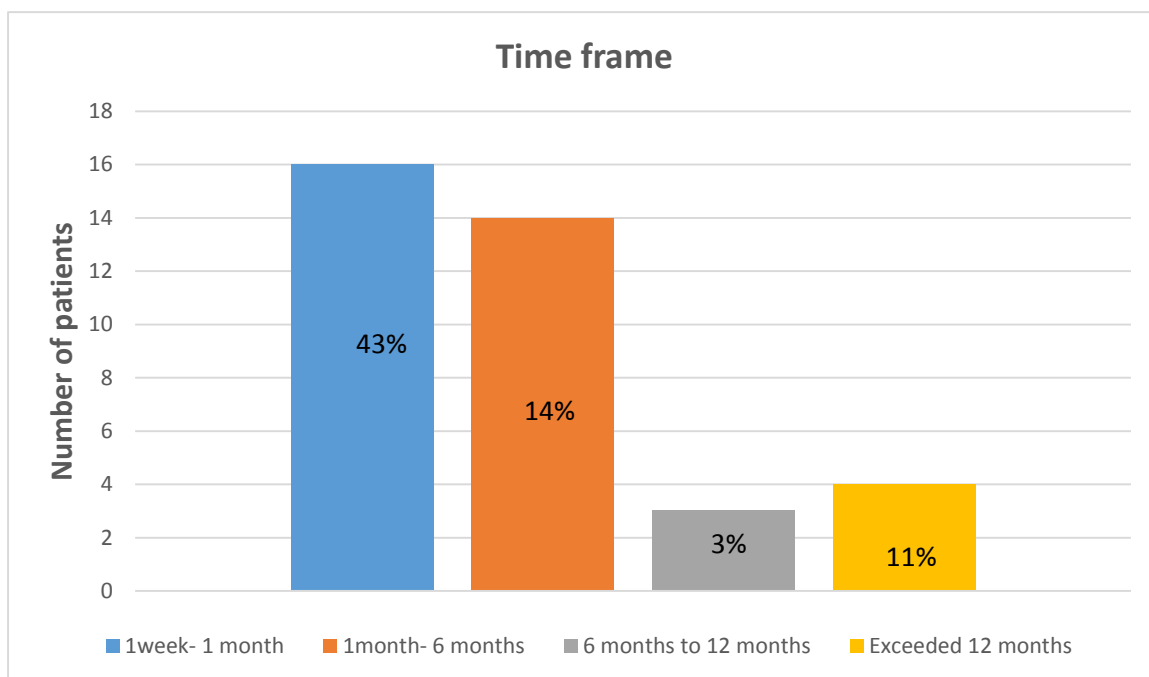


Figure 1: Time frame between the initial and follow up consultations.

4.2.2. Demographics: Age

Table 4.2.2 A: Patients' age.

Case number	Patient's age at initial consultation
NM 1	50 years old
NM 2	61 years old
NM 3	45 years old
NM 4	36 years old
NM 5	74 years old
NM 6	51 years old
NM 7	28 years old

NM 8	50 years old
NM 9	56 years old
NM 10	23 years old
NM 11	30 years old
NM 12	25 years old
NM 13	34 years old
NM 14	60 years old
NM 15	34 years old
NM 16	37 years old
NM 17	32 years old
NM 18	26 years old
NM 19	25 years old
NM 20	23 years old
NM 21	26 years old
NM 22	51 years old
NM 23	25 years old
NM 24	72 years old
NM 25	25 years old
NM 26	29 years old
NM 27	33 years old
NM 28	46 years old

NM 29	66 years old
NM 30	34 years old
NM 31	42 years old
NM 32	29 years old
NM 33	27 years old
NM 34	28 years old
NM 35	76 years old
NM 36	26 years old
NM 37	70 years old

Table 4.2.2 A reflects the different age groups of the patients. The results show that most of the patients were in the age group 20 to 29 years. The average age was 41 years.

Table 4.2.2 B: Patients' age groups and percentages

Age	Number of patients
20- 29	14 (38%)
30- 39	8 (22%)
40- 49	3 (8%)
50- 59	5 (13%)
60- 69	3 (8%)
70- 79	4 (11%)

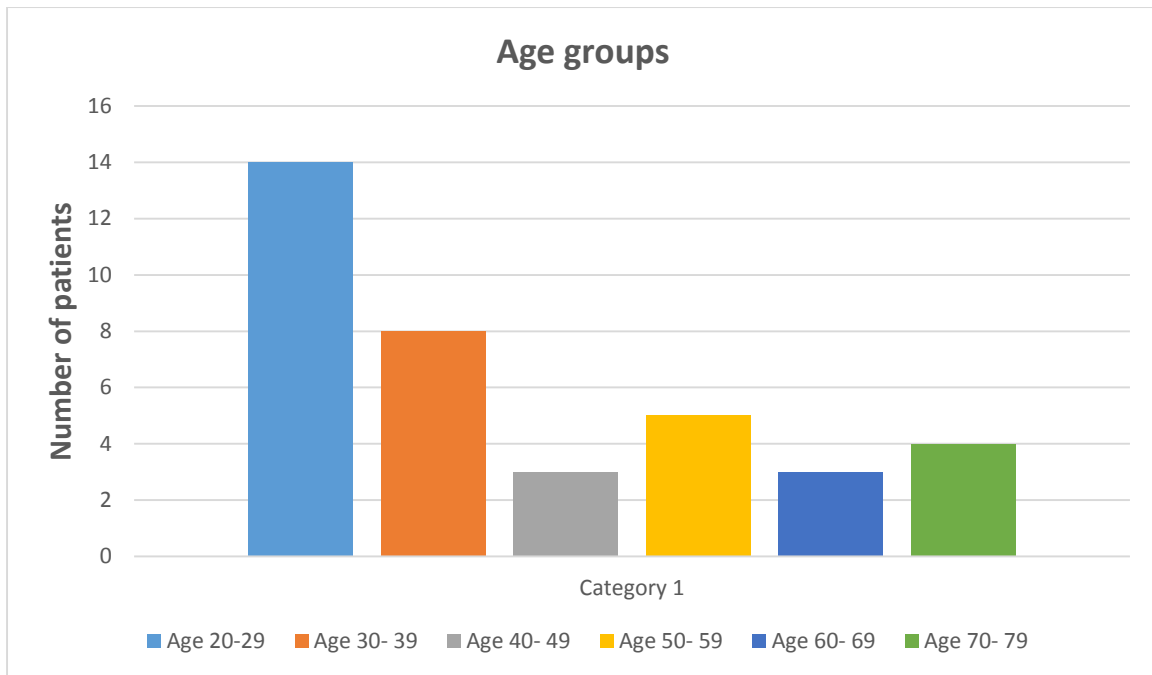


Figure 2: Different age groups of the patients.

4.2.3 Demographics: Gender

Table 4.2.3: Patients' gender.

Case number	Patient's gender
NM 1	Male
NM 2	Female
NM3	Female
NM 4	Female
NM 5	Female
NM 6	Female
NM 7	Female
NM 8	Female

NM 9	Female
NM 10	Male
NM 11	Female
NM 12	Female
NM 13	Female
NM 14	Female
NM 15	Female
NM 16	Female
NM 17	Female
NM 18	Female
NM 19	Female
NM 20	Female
NM 21	Male
NM 22	Male
NM 23	Female
NM 24	Female
NM 25	Female
NM 26	Female
NM 27	Male
NM 28	Female
NM 29	Female

NM 30	Male
NM 31	Female
NM 32	Female
NM 33	Male
NM 34	Female
NM 35	Female
NM 36	Male
NM 37	Female

Table 4.2.3 shows the genders of the patients. 29 (78%) patients were female and 8 (22%) patients were males.

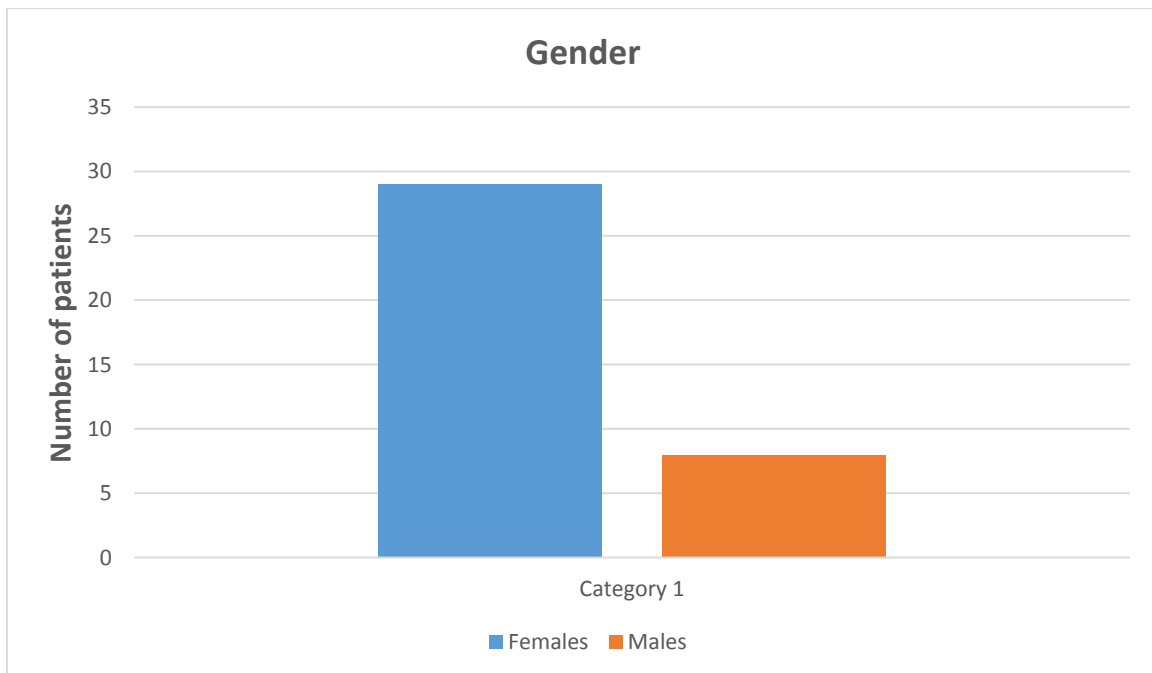


Figure 3: Genders of the patients

4.2.4. Descriptions of main complaint in initial consultation.

Table 4.2.4: Description of main complaint in initial consultation

Case number	Description of main complaint
NM 1	Sore throat with a sharp pain. Pain worse for cold. Nasal congestion with clear watery mucus. Loss of taste.
NM 2	Influenza due to exposure to cold. Cough with a clear white discharge. Pain in the throat, worse at night and better during the day. Throbbing headache accompanied by watery eyes and photosensitivity.
NM 3	Headache, pain on the forehead, pain worse for sun. Blocked nose with watery discharge. Feeling tired.
NM 4	Grieving loss of her mother. Hard to accept she is gone. Constipation.
NM 5	Whole of left hand side is painful. Pain is pulsating.
NM 6	Weight loss. Headache on the right hand side. Sharp pain. Throbbing over right temple. Pain is worse for lying down and better for raising head and sitting up. Restless and worried about money.
NM 7	Headache- frontals and vertex. Fatigue
NM 8	Frontal headache, aching. Sore, red, itchy and watery eyes. Sore throat.
NM 9	Sinusitis. Pain on maxillary sinuses, extends to the temples. Pain when touching the maxillary area. Pain

	worse for cold and sneezing. Brown mucus from the nose. Headache which affects the eyes
NM 10	Sharp pain on both sides of the chest on the borders of the ribs, pain worse on inspiration. Grieving the loss of a loved one.
NM 11	Sinusitis worse 5pm and midnight, worse for the cold. Right eye and nostril becomes itchy. Soft pallet become itchy. Headache on the forehead, throbbing and affects both eyes.
NM 12	Small vesicular rash on the upper lip. Flaky skin on the lips, burning and dry. Itchy skin, better for scratching and licking lips.
NM 13	Headache at vertex, pain radiates to the temporal region. Feels as if head is too big. Pain better for pressure.
NM 14	Lymphoma at the back of the neck. Painful on flexion of the neck. Sharp pain, better for pain tablets. Headache which affects the eyes. Eyes become red with a throbbing pain.
NM 15	Fatigue. Vaginal discharge that is white and smells like a dead rat. Headache on the temporal region.
NM 16	Headache on the frontals extends to the temporal region. Pain worse for noise and sun. Feel as if knocked by a brick
NM 17	Headache with pulsation on the temporal region and vertex. Dizziness when bending down.

NM 18	Abdominal pain. Feels as if there are sores inside, worse after eating.
NM 19	Dysmenorrhea with dark clots. Vaginal itch and discharge. Fungal infection on the right arm.
NM 20	Headache- frontal and radiates to the temporal region. Ailments from grief, broke up with boyfriend. Pain worse for sun and better for sleep.
NM 21	Itchy legs, worse after running.
NM 22	Headache on the left side. Pain is constant. Runny nose with a clear white discharge. Throat pain and feels as if something is stuck in the throat, salty mucus in the throat. Fatigue
NM 23	Stomach- ache, worse for bending double and pressure, better for passing stool. Feels as if something is pulling at the umbilicus inwards. Headache- vertex, radiates to the frontal and temporal region. Headache started after the loss of her uncle.
NM 24	Productive cough- green sputum. Pain in the chest when coughing. Cough worse early in the morning. Itchy, runny nose with sneezing, worse early in the morning. Clear mucus from nose. Increased thirst.
NM 25	Pain in the womb, worse for bending forward and for cold. Cramping pain during periods, worse for cold. Pain in lower back. Headache on waking up.
NM 26	Chest pain with breathlessness. Throbbing pain, worse for coughing.

NM 27	Headache- vertex, worse for sun, noise and strong odours. Red eyes with the headache. Dizziness, better for drinking cold water.
NM 28	Headache- frontals, worse for heat and better for pain tablets. Eyes become red.
NM 29	Tightness of the chest, worse for walking fast. Cough up green sputum. Runny nose with clear watery mucus. Very thirsty.
NM 30	Sneezing, runny nose with white mucus. Headache accompanied by fatigue.
NM 31	Fungal infection on the toes. Painful toes, worse when hitting them against an object. Loss of temper due to recurring thoughts.
NM 32	Painful sores inside the mouth, worse for eating and for drinking. Runny nose with a watery discharge. Always feeling tired.
NM 33	Sinusitis after snow. Headache- frontals, worse for sun, for looking up and better for looking down. Stress about the future.
NM 34	Headache at the back of the head, radiates to the eyes. Eyes feel heavy, worse for light and better for dark.
NM 35	Pain on the right hand side of the body. Numbness and breathlessness, worse on inhalation, at night and early in the morning.
NM 36	Headache- temporal region. Ailments from shock and disappointment. Pain worse for stress and better for reading the bible.

NM 37	Burning chest pain, worse for fatty and spicy food, for tomatoes. Better for drinking cold water and bending forward.
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Table 4.2.4 reflects the different main complaints of the patients. The results show that the majority of the patients 22(59%) suffered from headaches. Other symptoms which patients suffered from were sinusitis 3(8%), sore throat 3(8%), chest pain 5(13%), cough 3(8%), runny nose 5(13%), body pain 2(5%), dysmenorrhea 1(3%), vaginal discharge1(3%), pain in the womb 1(3%), vesicular rash 1(3%), itchy legs 1(3%), lymphoma1(3%), fatigue1(3%), abdominal pain 1(3%), stomach- ache1(3%) and grief 2(5%).

4.2.5. Diagnosis

Table 4.2.5 A: Clinical diagnosis.

Case number	Clinical diagnosis
NM 1	Influenza
NM 2	Influenza
NM 3	Sinusitis
NM 4	Emotional shock
NM 5	Myalgia
NM 6	Tension headache and anxiety
NM 7	Influenza
NM 8	Influenza
NM 9	Sinusitis

Case number	Clinical diagnosis
NM 10	Acute stress
NM 11	Sinusitis
NM 12	Dermatitis unspecified
NM 13	Tension headache
NM 14	Cushing's syndrome
NM 15	Chronic fatigue
NM 16	Tension headache
NM 17	Emotional stress
NM 18	Sinusitis and abdominal pain unspecified
NM 19	ARV side effects
NM 20	Migraines
NM 21	Dermatitis unspecified
NM 22	Influenza
NM 23	Functional diarrhoea
NM 24	Influenza
NM 25	Abdominal pain unspecified
NM 26	Chest pain unspecified
NM 27	Migraine headache without aura
NM 28	Tension headache
NM 29	Influenza

Case number	Clinical diagnosis
NM 30	Viral influenza
NM 31	Tinea pedis and acute stress
NM 32	Acute stress and cough
NM 33	Sinusitis
NM 34	Tension headache
NM 35	Patient suspected of TB
NM 36	Tension headache and acute stress
NM 37	Gastro-esophageal reflux and stress and anxiety

Table 4.2.5 A Shows that influenza 8(21%) followed by headaches 7(19%) were the most diagnosed conditions. Of the 7(19%) patients diagnosed with headache, 6(16%) were tension headaches and 1(3%) was migraine headache without aura. Other diagnosed conditions were emotional stress and anxiety 5(13%), emotional shock 1(3%), sinusitis 5(13%), myalgia 1(3%), chest pain unspecified 1(3%), ARV side effects 1 (3%), Cushing syndrome 1(3%), chronic fatigue 1(3%), dermatitis unspecified 2(5%), tinea pedis 1(3%), abdominal pain unspecified 2(5%) and gastro-oesophageal reflux 1(3%).

Table 4.2.5 B: Categories for clinical diagnosis

Symptoms	Percentage
Influenza	21%
Headache	19%

Symptoms	Percentage
Emotional stress and anxiety	13%
Sinusitis	13%
Emotional shock	3%
Dermatitis unspecified	5%
Abdominal pain unspecified	5%
ARV side effects	3%
Cushion's syndrome	3%
Chronic fatigue	3%
Myalgia	3%
Tinae pedis	3%
Chest pain unspecified	3%
Gastro-esophageal reflux	3%

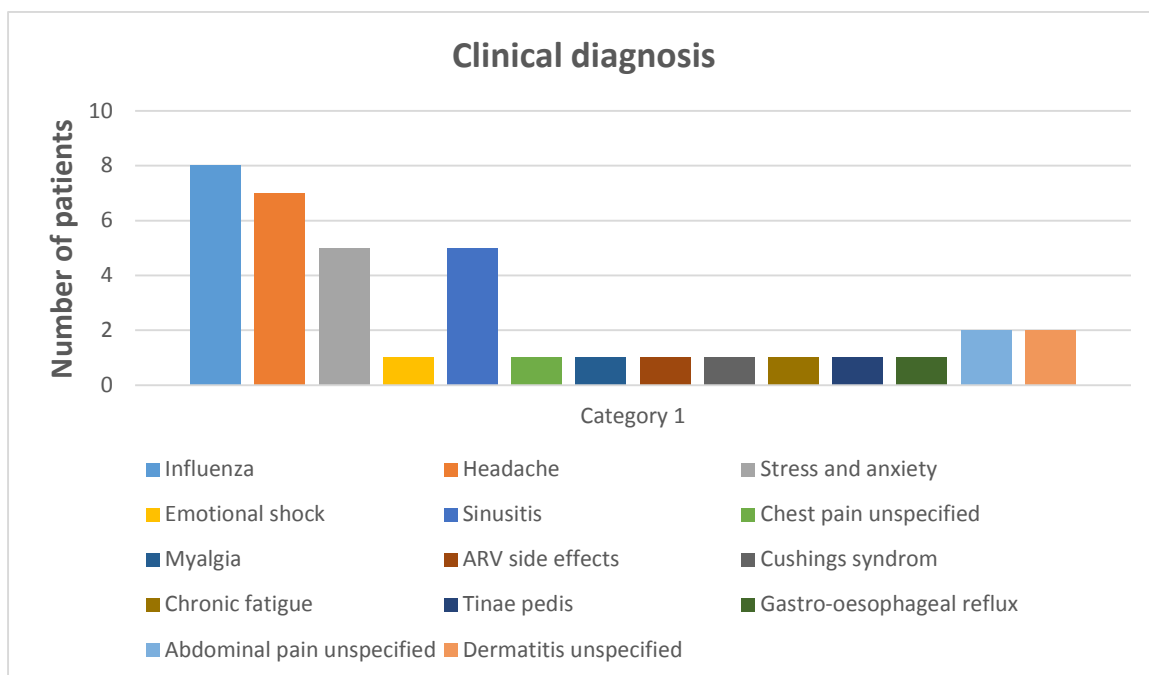


Figure 4: Emerged clinical diagnosis

4.2.6. Symptoms

Table 4.2.6 A: Mental, Emotional and Physical General Symptoms

Case number	Mental symptoms	Emotional symptoms	Physical general symptoms
NM 1	No symptoms present	No symptoms present	Sharp pain, worse for exposure to cold.
NM 2	No symptoms present	Financial stress	Throbbing headache, worse for light.

Case number	Mental symptoms	Emotional symptoms	Physical general symptoms
NM 3	No symptoms present	No symptoms present	Headache on the forehead, worse for sunlight.
NM 4	No symptoms present	Grief and sadness	Dizziness
NM 5	No symptoms present	Grief	Pulsating pain
NM 6	Worries about money.	No symptoms present	Headache on the right hand side.
NM 7	Stressed about finding a job.	Depressed because of a failed relationship. Wants to be alone	Headache on the forehead and vertex, throbbing.
NM 8	Lost drive to go to work.	Depressed	Decreased energy levels, increased thirst, worse for sun.
NM 9	Worried about a sick relative.	Depressed because she is being treated unfairly at work.	Throbbing headache
NM 10	No symptoms present	Grieving the loss of loved ones.	Sharp pain on the chest.
NM 11	No symptoms present	Emotionally down	Throbbing headache. Itchy soft pallet, itchy

Case number	Mental symptoms	Emotional symptoms	Physical general symptoms
			right eye and nostril
NM 12	Forgetful	Feeling dirty, it's as if she has a disease.	Small vesicular rash on the upper lip.
NM 13	Worried about her mother's health.	Grief, thinks about her late siblings and that makes her cry.	Headache on the temporalis muscles, better for pressure.
NM 14	No symptoms present	Anger and mood swings.	Throbbing eye pain.
NM 15	No symptoms present	Depressed, cries when she is alone in her bedroom.	Headache on the temporalis muscles. Decreased energy levels.
NM 16	Forgetful	Emotionally down.	Headache on the temporalis muscles
NM 17	Forgetful	Grieving the loss of her boyfriend and child.	Headache on the temporalis muscles, pulsating
NM 18	No symptoms present	Feeling good.	Headache on the temporalis muscles, worse for sunlight.

Case number	Mental symptoms	Emotional symptoms	Physical general symptoms
NM 19	No symptoms present	Grieving the loss of her mother, loaded with responsibility for siblings.	Dysmenorrhea with dark clots
NM 20	Worried about transport money.	Grieving end of a relationship, desire to be alone.	Headache on the forehead, worse for sunlight
NM 21	No symptoms present	No symptoms present	
NM 22	No symptoms present	No symptoms present	Headache on the left hand side.
NM 23	No symptoms present	Grief, cries when thinking about her late uncle.	Headache on the temporalis muscles and forehead, Throbbing
NM 24	No symptoms present	Feeling stressed by her daughter's behaviour.	Green sputum, increased thirst.
NM 25	Ambitious	Fear of snakes. Cries when talking about her late mother.	Pain in the womb, headache on the forehead
NM 26	No symptoms present	No symptoms present	Throbbing mid sternal pain.

Case number	Mental symptoms	Emotional symptoms	Physical general symptoms
NM 27	No symptoms present	No symptoms present	Headache on the vertex, worse for sunlight.
NM 28	No symptoms present	Stressed because she was diagnosed with diabetes.	Frontal headache, worse for sunlight, fatigue
NM 29	No symptoms present	No symptoms present	Green sputum, increased thirst.
NM 30	No symptoms present	Feeling down	Headache, tiredness during the day
NM 31	Worried about her father's behavior.	Anger	Fungal infection on the toes, worse for pressure
NM 32	No symptoms present	Sad and depressed, wants to be alone and cry.	Pain in the mouth worse for eating or drinking.
NM 33	Stressed about future.	No symptoms present	Frontal headache, worse for sunlight.
NM 34	No symptoms present	No symptoms present	Headache worse for sunlight.
NM 35	No symptoms present	Grieving the loss of her sister's child.	Pain on the right hand side of the body.

Case number	Mental symptoms	Emotional symptoms	Physical general symptoms
NM 36	No symptoms present	Anger, disappointment and broken spirit.	Headache on the temporalis muscles, worse for stress.
NM 37	No symptoms present	Feeling lonely and neglected. Desires to be loved.	Burning chest pain, worse for spicy and fatty food.

Table 4.2.6 A reflects the mental, emotional and physical general symptoms of the patients in the initial consultation. On the mental level the following symptoms were recorded: worry, stress, forgetfulness, lack of drive to go to work and ambition. On the emotional sphere, the following symptoms were recorded, stress, grief, depression, anger, broken spirit, feeling neglected and desire to be loved, emotionally down, fear of snakes, feeling dirty and 1 patient was feeling well emotionally. The physical and general symptoms were as follows: headache, pain, dizziness, vesicular rash, itchy legs, dysmenorrhea, fungal infection, green sputum and decreased energy levels.

Table 4.2.6 B: Percentages for Mental symptoms

Mental symptoms	Percentage
Worry	5(13%)
Stress	2(5%)
Forgetfulness	3(8%)

Loss of drive to go to work	1(3%)
Loss of Ambition	1(3%)
No symptoms recorded	25(68%)

Table 4.2.6 C: Percentages for emotional symptoms

Emotional symptoms	Percentage
Stress	3(8%)
Grief and Sadness	9(24%)
Depression	5(13%)
Anger	3(8%)
Broken spirit and disappointment	1(3%)
Emotionally down	2(5%)
Feeling neglected and desire to be loved	1(3%)

Emotional symptoms	Percentage
Emotionally well	1(3%)
Fear of snakes	1(3%)
Feeling dirty	1(3%)
No recorded symptoms	10(27)

Table 4.2.6 D: Percentages for physical general symptoms

Physical general symptoms	Percentage
Headache	21(56%)
Pain	9(24%)
Dizziness	1(3%)
Vesicular rash	1(3%)
Itchy legs	1(3%)
Dysmenorrhea	1(3%)
Fungal infection	1(3%)
Green sputum	1(3%)
Decreased energy levels	1(3%)

4.2.7. Vital signs

Table 4.2.7 A: Vital signs

Case number	Initial consultation	Follow up consultation
NM 1	BP : 120/ 82 mmHg PR : 72 bpm RR : 16 bpm TEMP : 34,5 °C	BP : 118/86 mmHg PR : 72 bpm RR : 20 bpm TEMP : 36 °C
NM 2	BP : 128/82 mmHg PR : 68 bpm RR : 20 bpm TEMP : 36,4 °C	BP : 130/80 mmHg PR : 82 bpm RR : 16 bpm TEMP : 34,8 °C
NM 3	BP : 108/80 mmHg PR : 80 bpm RR : 16 bpm TEMP : 36,5 °C	BP : 138/90 mmHg PR : 80 bpm RR : 20 bpm TEMP : 36,8 °C
NM 4	BP : 120/78 mmHg PR : 80 bpm RR : 16 bpm TEMP : 36,4 °C	BP : 122/80 mmHg PR : 78 bpm RR : 24 bpm TEMP: 36,9 °C
NM 5	BP : 119/60 mmHg PR : 68 bpm RR : 20 bpm	BP : 140/78 mmHg PR : 72 bpm RR : 20 bpm

Case number	Initial consultation	Follow up consultation
	TEMP :34,1 °C	TEMP : 35,5 °C
NM 6	BP : 122/85 mmHg PR : 83 bpm RR : 18 bpm TEMP : 36,5 °C	BP : 110/80 mmHg PR : 88 bpm RR : 20 bpm TEMP : 36,1 °C
NM 7	BP : 110/80 mmHg PR : 60 bpm RR : 16 bpm TEMP : 36,5 °C	BP : 114/80 mmHg PR : 64 bpm RR : 20 bpm TEMP : 36,4 °C
NM 8	BP : 134/90 mmHg PR : 68 bpm RR : 16 bpm TEMP : 35,8 °C	BP : 129/86 mmHg PR : 68 bpm RR : 16 bpm TEMP :36,8 °C
NM 9	BP : 120/80 mmHg PR : 80 bpm RR : 16 bpm TEMP : 36,4 °C	BP : 125/80 mmHg PR : 80 bpm RR : 16 bpm TEMP :36,8 °C
NM 10	BP : 130/76 mmHg PR : 80 bpm RR : 15 bpm TEMP : 36,9 °C	BP : 127/78 mmHg PR : 80 bpm RR : 16 bpm TEMP : 36,6 °C

Case number	Initial consultation	Follow up consultation
NM 11	BP : 110/80 mmHg PR : 70 bpm RR : 20 bpm TEMP :35,7 °C	BP : 110/80 mmHg PR : 68 bpm RR : 20 bpm TEMP :35,1 °C
NM 12	BP : 122/90 mmHg PR : 68 bpm RR : 20 bpm TEMP :36 °C	BP : 116/70 mmHg PR : 72 bpm RR : 18 bpm TEMP : 37,1 °C
NM 13	BP : 110/80 mmHg PR : 78 bpm RR : 20 bpm TEMP : 36,4 °C	BP : 112/80 mmHg PR : 80 bpm RR : 12 bpm TEMP : 36 °C
NM 14	BP : 122/90 PR : 72 bpm RR : 22 bpm TEMP : 35,8 °C	BP : 120/90 mmHg PR : 80 bpm RR : 20 bpm TEMP : 36,1 °C
NM 15	BP : 128/90 mmHg PR : 68 bpm RR : 16 bpm TEMP :35,8 °C	BP : 120/80 mmHg PR : 60 bpm RR : 16 bpm TEMP :35,2 °C
NM 16	BP : 122/80 mmHg	BP : 125/83 mmHg

Case number	Initial consultation	Follow up consultation
	PR : 88 bpm RR : 14 bpm TEMP : 36,3 °C	PR : 80 bpm RR : 14 bpm TEMP : 35,6 °C
NM 17	BP : 122/80 mmHg PR : 80 bpm RR : 16 bpm TEMP : 36,9 °C	BP : 124/80 mmHg PR : 72 bpm RR : 16 bpm TEMP : 36,5 °C
NM 18	BP : 106/70 mmHg PR : 68 bpm RR : 16 bpm TEMP : 36,3 °C	BP : 108/70 mmHg PR : 64 bpm RR : 14 bpm TEMP : 36,4 °C
NM 19	BP : 100/60 mmHg PR : 88 bpm RR : 16 bpm TEMP : 36,9 °C	BP : 100/65 mmHg PR : 88 bpm RR : 16 bpm TEMP : 36,5 °C
NM 20	BP : 96/70 mmHg PR : 96 bpm RR : 16 bpm TEMP : 36,6 °C	BP : 110/74 mmHg PR : 88 bpm RR : 16 bpm TEMP : 35,8 °C
NM 21	BP : 120/80 mmHg PR : 64 bpm	BP : 112/78 mmHg PR : 64 bpm

Case number	Initial consultation	Follow up consultation
	RR : 16 bpm TEMP : 36,8 °C	RR : 16 bpm TEMP : 35,4 °C
NM 22	BP : 122/80 mmHg PR : 64 bpm RR : 16 bpm TEMP : 35,1 °C	BP : 120/80 mmHg PR : 70 bpm RR : 16 bpm TEMP : 35,9 °C
NM 23	BP : 120/70 mmHg PR : 84 RR : 16 bpm TEMP : 36,5 °C	BP : 124/70 mmHg PR : 80 RR : 20 bpm TEMP : 35,8 °C
NM 24	BP : 146/90 mmHg PR : 92 bpm RR : 20 bpm TEMP : 36,7 °C	BP : 140/86 mmHg PR : 92 bpm RR : 20 bpm TEMP : 36,5 °C
NM 25	BP : 110/90 mmHg PR : 76 bpm RR : 16 bpm TEMP : 34,7 °C	BP : 110/70 mmHg PR : 72 bpm RR : 20 bpm TEMP : 35,8 °C
NM 26	BP : 130/78 mmHg PR : 89 bpm RR : 16 bpm	BP : 130/80 mmHg PR : 80 bpm RR : 18 bpm

Case number	Initial consultation	Follow up consultation
	TEMP :37,0 °C	TEMP :36,9 °C
NM 27	BP : 123/69 mmHg PR : 78 bpm RR : 20 bpm TEMP : 36,3 °C	BP : 120/70 mmHg PR : 60 bpm RR : 20 bpm TEMP : 35,6 °C
NM 28	BP : 130/90 mmHg PR : 60 bpm RR : 18 bpm TEMP : 36,4 °C	BP : 130/76 mmHg PR : 84 bpm RR : 16 bpm TEMP : 35,5 °C
NM 29	BP : 128/82 mmHg PR : 72 bpm RR : 16 bpm TEMP : 35,6 °C	BP : 130/80 mmHg PR : 92 bpm RR : 16 bpm TEMP : 36,9 °C
NM 30	BP : 110/70 mmHg PR : 84 bpm RR : 16 bpm TEMP : 36,4 °C	BP : 110/74 mmHg PR : 88 bpm RR : 16 bpm TEMP : 35,8 °C
NM 31	BP : 102/70 mmHg PR : 68 bpm RR : 16 bpm TEMP : 35,8 °C	BP : 121/65 mmHg PR : 72 bpm RR : 22 bpm TEMP : 35,9 °C

Case number	Initial consultation	Follow up consultation
NM 32	BP : 126/90 mmHg PR : 72 bpm RR : 16 bpm TEMP : 34,2 °C	BP : 120/79 mmHg PR : 72 bpm RR : 16 bpm TEMP : 36,8 °C
NM 33	BP : 132/86 mmHg PR : 88 bpm RR : 24 bpm TEMP : 37,1 °C	BP : 118/80 mmHg PR : 60 bpm RR : 22 bpm TEMP : 36,7 °C
NM 34	BP : 108/88 PR : 88 bpm RR : 16 bpm TEMP : 36,6 °C	BP : 118/80 PR : 76 bpm RR : 12 bpm TEMP : 36,5 °C
NM 35	BP : 110/70 mmHg PR : 68 bpm RR : 28 bpm TEMP : 35,8 °C	BP : 130/90 mmHg PR : 66 bpm RR : 20 bpm TEMP : 34,2 °C
NM 36	BP : 110/82 mmHg PR : 76 bpm RR : 22 bpm TEMP : 36,2 °C	BP : 110/78 mmHg PR : 73 bpm RR : 18 bpm TEMP : 35,7 °C
NM 37	BP : 144/82 mmHg	BP : 144/80 mmHg

Case number	Initial consultation	Follow up consultation
	PR : 88 bpm RR : 24 bpm TEMP : 38,3 °C	PR : 84 bpm RR : 24 bpm TEMP : 36,4 °C

Table 4.2.7 A reflects the readings of the vital signs of the patients in initial and follow up consults.

Abbreviations

BP- Blood pressure

PR- Pulse pressure

RR- Respiratory rate

Temp- Temperature

Table 4.2.7 B. Changes in blood pressure

Initial consultation	Follow up consultation
NM 3 108/80 mmHg	NM 3 138/90 mmHg
NM 5 119/60 mmHg	NM 5 140/78 mmHg
NM 6	NM 6

Initial consultation	Follow up consultation
122/85 mmHg	110/80 mmHg
NM 8 134/90 mmHg	NM 8 129/86 mmHg
NM 12 122/90 mmHg	NM 12 116/70 mmHg
NM 15 128/90 mmHg	NM 15 120/80 mmHg
NM 20 96/70 mmHg	NM 20 110/74 mmHg
NM 21 120/ 80 mmHg	NM 21 112/78 mmHg
NM 24	NM 24

Initial consultation	Follow up consultation
146/90 mmHg	140/86 mmHg
NM 25 110/90 mmHg	NM 25 110/70 mmHg
NM 28 130/90 mmHg	NM 28 130/76 mmHg
NM 32 126/90 mmHg	NM 32 120/79 mmHg
NM 33 132/86 mmHg	NM 33 118/80 mmHg
NM 35 110/70 mmHg	NM 35 130/90 mmHg

The results in table 4.2.7 B reflect that there were significant changes in the blood pressure of 14(38%) patients. 11% of the patients had an increase in their blood

pressure in their follow up consultation and the remaining 27% had a decrease in their blood pressure. Due to the extensive time lapse between the initial and follow up consultation, the blood pressure fluctuations cannot be directly attributed to the influence of *Natrum muriaticum* on the patients. In order to document impact of a remedy on blood pressure it is recommended that future studies be conducted where the blood pressure of the patients is taken three times daily for fourteen days. The blood pressure readings in this study were recorded for completeness.

Table 4.2.7 C. Changes in pulse rate

Initial consultation	Follow up consultation
NM 2 68 bpm	NM 2 82 bpm
NM 27 78 bpm	NM 27 60 bpm
NM 28 60 bpm	NM 28 84 bpm
NM 29 72 bpm	NM 29 92 bpm
NM 33 88 bpm	NM 33 60 bpm

The results in table 4.2.7 C reflect changes in the pulse rate. There was a significant change in the pulse rate of 14% of the patients. An increase in pulse rate was seen

in 9% of the patients in their follow up consultation and a decrease in 5% of the patients.

4.2.8. Particular symptoms

Table 4.2.8: Particular symptoms for initial consultation

Case number	Particulars
NM 1	Sore throat, clear watery discharge from the nose
NM 2	Headache- throbbing, watery eyes,
NM 3	Sinusitis, headache- frontal
NM 4	Constipation
NM 5	Left hand side body pain
NM 6	Headache, right hand side temporal region
NM 7	Headache- frontal and vertex
NM 8	Headache, aching pain. Sore throat
NM 9	Sinusitis, pain on maxillary area
NM 10	Pain on both sides of the chest on the borders of the ribs.
NM 11	Sinusitis, worse at 5pm and midnight. Headache- frontal region
NM 12	Small vesicles on the upper lip, better for scratching. Burning and dry

Case number	Particulars
NM 13	Headache- vertex, better for pressure
NM 14	Headache affecting the eyes, throbbing pain
NM 15	Vaginal discharge- white
NM 16	Headache- frontal and temporal region, worse for sun and noise
NM 17	Headache- vertex and temporal region, pulsating
NM 18	Headache- temporal region, worse for sun
NM 19	Dysmenorrhea with dark clots
NM 20	Headache- ailments from grief
NM 21	Itchy legs, worse after running
NM 22	Sensation of something in the throat, salty mucus in the throat, watery discharge from the nose
NM 23	Stomach-ache, worse for bending double. Headache- frontal and vertex
NM 24	Productive cough- green sputum
NM 25	Headache- frontal
NM 26	Chest pain- throbbing
NM 27	Headache, worse for sun. Dryness of mouth with headache

Case number	Particulars
NM 28	Headache, worse for sun
NM 29	Tightness of chest, worse for walking fast
NM 30	White mucus from the nose
NM 31	Fungal infection on the toes
NM 32	Runny nose- watery discharge
NM 33	Headache- frontal, worse for sun
NM 34	Eyes feel heavy, worse for light and better for dark
NM 35	Headache- frontal and temporal region, sharp pain
NM 36	Headache- temporal region Ailments from grief
NM 37	Headache, better for pressure

Table 4.2.8 Reflects that most patients suffered from headaches. The headaches were described as being located on the frontal region, vertex and temporal region. The sensations of the headaches were described as throbbing and pulsating. It also affected the eyes. The headache was worse for the sun and better for applying pressure for some patients.

Other conditions that the patients suffered from were sinusitis, worse at 5pm and at midnight, sinusitis with pain in the maxillary area. The discharge from the nose was watery and one patient described it as white.

Discharge from the vagina was white and sputum was green.

One patient had a sensation of something stuck in the throat.

The chest pain was described as being felt on both sides of the chest on the borders of the ribs by one patient and the other patient described it as a throbbing pain.

There was also tightness of the chest, worse for walking.

The abdominal symptoms were stomach-ache, worse for bending double and constipation.

The dysmenorrhea was described as being accompanied by black blood clots.

One other patient had itchy legs, worse after running.

4.2.9. Potency

Table 4.2.9: Remedy potencies

Case number	Potency
NM 1	30 CH
NM 2	200CH
NM 3	200CH
NM 4	1M
NM 5	1M
NM 6	1M
NM 7	1M
NM 8	200CH & 1M
NM 9	1M
NM 10	1M
NM 11	30++ Potency

Case number	Potency
NM 12	200CH
NM 13	30CH
NM 14	200CH
NM 15	1M
NM 16	30CH
NM 17	1M
NM 18	200CH
NM 19	1M
NM 20	1M
NM 21	30CH
NM 22	30CH
NM 23	1M
NM 24	30CH, 200CH & 1M
NM 25	1M
NM 26	200CH
NM 27	1M
NM 28	1M
NM 29	1M
NM 30	30CH
NM 31	200CH & 1M

Case number	Potency
NM 32	200CH & 1M
NM 33	200CH
NM 34	30++ Potency
NM 35	1M
NM 36	10M
NM 37	200CH

Table 4.2.9 reflects the different potencies of the remedy that were given to the patients. The results show that the potency which was most prescribed was 1M (53%), followed by 200CH (27%). 30 CH (16%), 30 ++ Potency (2%) and 10M (2%)

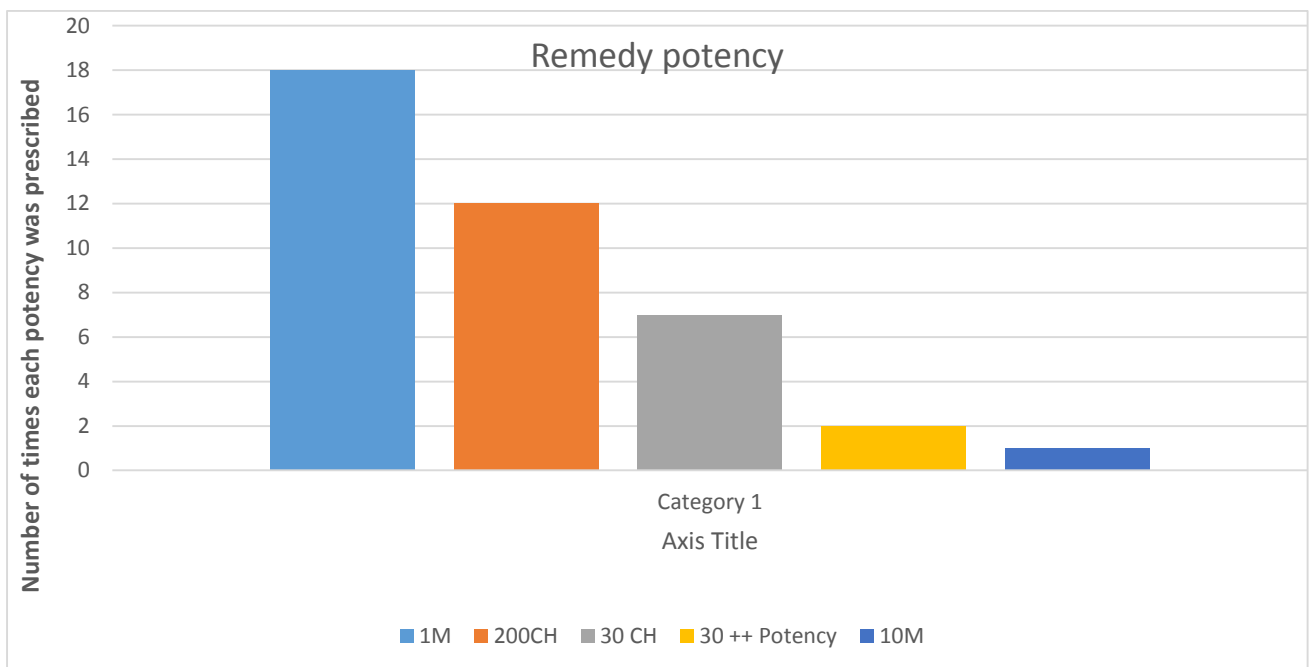


Figure 5: Different remedy potencies that were prescribed.

4.2.10. Vehicle

Table 4.2.10: Vehicle for remedy

Case number	Vehicle
NM 1	Powders
NM 2	Powders
NM 3	Powders
NM 4	Powders
NM 5	Powders
NM 6	Powders
NM 7	Powders
NM 8	Powders
NM 9	Powders
NM 10	Granules
NM 11	Drops
NM 12	Powders
NM 13	Granules
NM 14	Powders
NM 15	Powders
NM 16	Powders
NM 17	Powders
NM 18	Powders

Case number	Vehicle
NM 19	Powders
NM 20	Powders
NM 21	Powders
NM 22	Powders
NM 23	Powders
NM 24	Powders
NM 25	Powders
NM 26	Powders
NM 27	Powders
NM 28	Granules
NM 29	Powders
NM 30	Granules
NM 31	Powders
NM 32	Powders
NM 33	Powders
NM 34	Drops
NM 35	Powders
NM 36	Powders
NM 37	Powders

Table 4.2.10 reflects the vehicle of the remedies which were prescribed to the patients. Sac lac was the most used vehicle (88%)

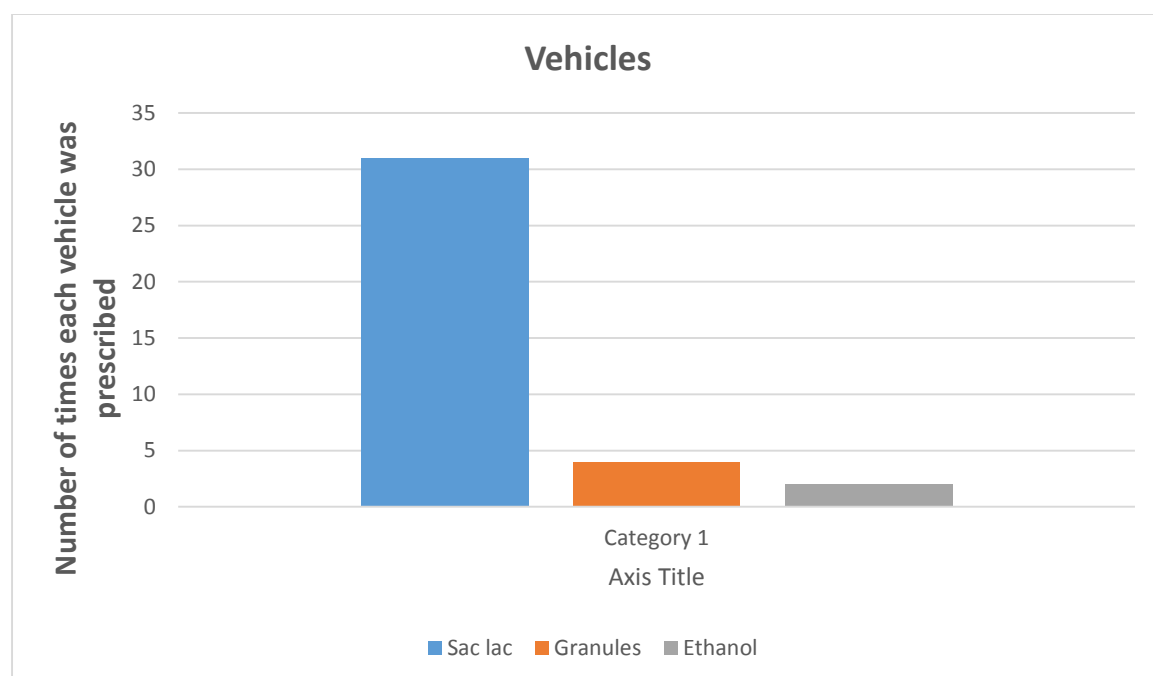


Figure 6: Different vehicles of the remedy

4.2.11. Frequency

Table 4.2.11: Dosage and frequency of the remedy.

Case number	Dosage and frequency
NM 1	3 powders/ 1 powder 3 times a day
NM 2	6 powders/ 1 powder 2 times a day
NM 3	6 powders/ 1 powder 3 times a day
NM 4	1 powder/ 1 powder immediately
NM 5	1 powder/ 1 powder immediately

Case number	Dosage and frequency
NM 6	5 powders/ 1 powder daily
NM 7	3 powders/ 1 powder a day
NM 8	4 powders/ 1 powder a day
NM 9	3 powders/ 1 powder a day
NM 10	No. 1 vial/ 10 granules a day
NM 11	30 ml/ 10 drops every morning
NM 12	6 powders/ 1 powder 2 times a day
NM 13	No. 1 vial/ ¼ capful every morning
NM 14	3 powders/ 1 powder a day
NM 15	3 powders/ 1 powder a week
NM 16	6 powders/ 1 powder every morning
NM 17	3 powders/ 1 powder a day
NM 18	6 powders/ 1 powder every 4 hours
NM 19	3 powders/ 1 powder a day
NM 20	3 powders/ 1 powder every morning
NM 21	6 powders/ 1 powder every morning
NM 22	6 powders/ 1 powder 3 times a day
NM 23	3 powders/ 1 powder every morning
NM 24	6 powders/ 1 powder 2 times a day
NM 25	3 powders/ 1 powder 3 times a day

Case number	Dosage and frequency
NM 26	5 powders/ 1 powder 2 times a day
NM 27	3 powders/ 1 powder a day
NM 28	No.1 vial/ 10 granules 3 times a day
NM 29	3 powders/1 powder 2 times a day
NM 30	No. 1 vial/ ¼ capful 2 times a day
NM 31	3 powders/ 1 powder a day
NM 32	4 powders/ 1 powder a day
NM 33	6 powders/ 1 powder 2 times a day
NM 34	30 ml/ 10 drops every night
NM 35	3 powders/ 1 powder a day
NM 36	3 powders/ 1 powder a day
NM 37	3 powders/ 1 powder a day

Table 4.2.11 reflects the dosage and frequency of the remedy and the results show that for most patients the dosage and frequency was 1 powder a day.

4.2.12. Description of improvement

Table: 4.2.12 Description of improvement at follow- up consultation

Case number	Description
NM 1	Patient's symptoms improved.
NM 2	Patient's symptoms improved.

Case number	Description
NM 3	Symptoms improved.
NM 4	Patient was able to cope after taking the remedy and she was given <i>Natrum muriaticum</i> again.
NM 5	Severity of pain decreased.
NM 6	Symptoms disappeared.
NM 7	Had improvement and was given <i>Natrum muriaticum</i> again for influenza
NM 8	Symptoms improved and came back with a new complaint.
NM 9	Feels better, thinks less about her problems and doesn't worry as much as before taking the remedy.
NM 10	Chest and back pain improved.
NM 11	Headache symptoms improved
NM 12	Rash disappeared 2 days after taking the remedy.
NM 13	Headache got better but not completely cured.
NM 14	Patient's symptoms improved and has accepted her HIV status.
NM 15	Patient's energy levels improved and the headache disappeared.
NM 16	Headache was not as frequent as before taking the remedy.

Case number	Description
NM 17	Headache improved and she was given <i>Natrum muriaticum</i> 1M again for emotional stress.
NM 18	Patient's symptoms improved.
NM 19	Vaginal itch and dysmenorrhea improved
NM 20	Headache and emotional symptoms improved
NM 21	Patient's symptoms improved.
NM 22	Patient got better after taking the remedy.
NM 23	Headache improved.
NM 24	Patient's symptoms improved, especially the insomnia
NM 25	Symptoms improved
NM 26	Patient's symptoms improved.
NM 27	Much better, no more headache.
NM 28	Headache disappeared.
NM 29	Symptoms improved.
NM 30	Symptoms were alleviated.
NM 31	Symptoms improved
NM 32	Symptoms were alleviated and patient was given <i>Natrum muriaticum</i> for a new complaint on her next consult. She responded well on the remedy again.
NM 33	Patient's symptoms improved.
NM 34	Symptoms improved, especially the energy levels.

Case number	Description
NM 35	She did notice some improvement after taking the remedy.
NM 36	Memory improved.
NM 37	Increased energy levels.

Table 4.2.12 reflects the description of improvement at follow- up consultation. All the patients reported improvement of symptoms on their follow up consultations.

4.3. COMPARISON OF EMERGED SYMPTOMS WITH EXISTING MATERIA MEDICINA

The following tables 4.3.1 to 4.3.10 depict the symptoms that emerged from the chart review, that were used to formulate a successful prescription of *Natrum muriaticum*. In these tables a comparison was made with the emerged symptoms and the existing material medica. This was to highlight the guiding symptoms used in the material medica to prescribe *Natrum muriaticum*. Furthermore what was revealed in some instances is that a symptom did not exist in the material medica and was alleviated by *Natrum muriaticum*.

4.3.1. Headache symptoms

Headache	Concordant Materia medica (Vermeulen 2007)
NM 2- Throbbing headache accompanied by watery eyes and photosensitivity.	Throbs, Blinding headaches. Aches as if thousand little hammers were knocking on the brain, in the morning on waking, after menstruation, from sunrise to sunset. Head feels large; cold. Anaemic headache of schoolgirls. Broken down. Chronic headache, semi-lateral, congestive, from sunrise to sunset and

<p>NM 3 - Headache, pain on the frontal, pain worse for sun. Blocked nose with watery discharge. Feeling tired</p> <p>NM 6 - Headache on the right hand side. Sharp pain. Throbbing over right temple. Pain is worse for lying down and better for raising head and sitting up.</p> <p>NM 7 - Headache- frontals and vertex. Fatigue</p> <p>NM 8 - Frontal headache, aching. Sore, red, itchy and watery eyes. Sore throat</p> <p>NM 9 -Headache which affects the eyes</p> <p>NM 11 - Headache on the forehead, throbbing and affects both eyes.</p> <p>NM 13 - Headache at vertex, pain radiates to the temporal region. Feels as if head is too big. Pain better for pressure</p>	<p>pale face, nausea, vomiting; periodical; from eyestrain; › sleeping. Headache; bursting; on coughing; maddening; heavy; over eyes; on vertex and partial numbness or disturbed vision; ‹ motion, ‹ frowning, reading; › pressure on eyes throbbing pain seems to press out eyes, ‹ lying with head high, sitting still.</p> <p>Dull frontal headache, recurring daily 10 a.m., and mental weakness and heaviness of the head. Headache ‹ cold air, anger. Headache from sneezing and coughing, disappearing on pressure. Throbbing or stitches in head, extending to the neck or chest. Throbbing and heat in the head and red face, nausea and vomiting. (Vermeulen 2007).</p>
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<p>NM 14 - Headache which affects the eyes. Eyes become red with a throbbing pain</p> <p>NM 15 - Headache on the temporal region</p> <p>NM 16 - Headache on the frontals, extends to the temporal region. Pain worse for noise and sun. feel as if knocked by a brick</p> <p>NM 17 - Headache with pulsation on the temporal region and vertex. Dizziness when bending down</p> <p>NM 20 - Headache- frontal and radiates to the temporal region. Ailments from grief, broke up with boyfriend. Pain worse for sun and better for sleep.</p> <p>NM 22 - Headache on the left hand side. Pain is constant</p> <p>NM 23- Headache- vertex, radiates to the frontal and temporalis. Headache started after the loss of her uncle</p>	
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<p>NM 25 - Headache on waking up</p> <p>NM 27 - Headache- vertex, worse for sun, noise and strong odours. Red eyes with the headache. Dizziness, better for drinking cold water</p> <p>NM 28 - Headache- frontals, worse for heat and better for pain tablets. Eyes become red</p> <p>NM 30 - Headache accompanied by fatigue</p> <p>NM 33 - Headache- frontals, worse for sun, for looking up and better for looking down.</p> <p>NM 34 - Headache at the back of the head, radiates to the eyes. Eyes feel heavy, worse for light and better for dark</p> <p>NM 36 - Headache- temporal region. Ailments from shock and disappointment. Pain worse for stress and better for reading the bible</p>	
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Table 4.3.2. Nose symptoms

Nose	Concordant Materia medica (Vermeulen 2007)
<p>NM 3- Blocked nose with watery discharge.</p> <p>NM 22- Runny nose with a clear white discharge.</p> <p>NM 24- Itchy nose with sneezing, worse early in the morning. Clear mucus from nose.</p> <p>NM 29- Runny nose with clear watery mucus</p> <p>NM 30- Sneezing, runny nose with white mucus.</p> <p>NM 32- Runny nose with a watery discharge</p>	<p>Violent, fluent coryza, lasting from one to three days, then changing into stoppage of nose, making breathing difficult. Discharge thin and watery, like raw white of egg. Violent sneezing coryza, infallible for stopping a cold commencing with sneezing. Loss of smell and taste. Sneezing early in the morning. Fluent coryza alternating with dry coryza (Vermeulen 2007).</p>

Table 4.3.3. Mouth symptoms

Mouth	Concordant Materia medica (Vermeulen 2007)
<p>NM 1- Loss of taste</p> <p>NM 32- Painful sores inside the mouth, worse for eating and for drinking.</p>	<p>Loss of taste. Pain < chewing. Bitter taste. Salivation in the morning (Vermeulen 2007).</p>

Table 4.3.4. Throat symptoms

Throat	Concordant Materia medica (Vermeulen 2007)
<p>NM 1- Sore throat with a sharp pain. Pain worse for cold.</p> <p>NM 2- Pain in the throat, worse at night and better during the day</p> <p>NM 22- Throat pain and feels as if something is stuck in the throat. Salty mucus from throat.</p>	<p>Dry, sore spot in throat. Sore throat and sensation as if she had to swallow over a lump. As if a plug in throat (Vermeulen 2007).</p>

Table 4.3.5. Respiratory symptoms

Respiratory	Concordant Materia medica (Vermeulen 2007)
<p>NM 2- Cough with a clear white discharge. Pain in the throat, worse at night and better during the day.</p> <p>NM 24- Productive cough- green sputum. Pain in the chest when coughing. Cough worse early in the morning.</p> <p>NM 29- Cough up green sputum. Tightness of the chest, worse for walking fast.</p> <p>NM 10- Sharp pain on both sides of the chest on the borders of the ribs, pain worse on inspiration.</p> <p>NM 26- Chest pain with breathlessness. Throbbing pain, worse for coughing.</p> <p>NM 37- Burning chest pain, worse for fatty and spicy food, for tomatoes. Better for drinking cold water and bending forward.</p>	<p>Stitches all over chest. Cough, with bursting pain in head. Shortness of breath, especially on going upstairs. Whooping-cough with flow of tears with cough. Cough and asthma or palpitation; < winter. Cough and bloody expectoration. Cough in the morning, in the evening after lying down in bed (Vermeulen 2007).</p>

Table 4.3.6. Abdominal symptoms

Abdomen	Concordant Materia medica (Vermeulen 2007)
<p>NM 4- Constipation</p> <p>NM 18- Abdominal pain. Feels as if there are sores inside, worse after eating.</p>	<p>Cutting pain in abdomen. Distended.</p> <p>Pain in abdominal ring. Rigidity of the left side. Colic and nausea, › flatus.</p> <p>Shooting pains in the region of liver.</p> <p>(Vermeulen 2007).</p>

Table 4.3.7. Stomach symptoms

Stomach	Concordant Materia medica (Vermeulen 2007)
<p>NM 23- Stomachache, worse for bending double and pressure, better for passing stool. Feels as if something is pulling at the umbilicus inwards.</p>	<p>Feels better on an empty stomach.</p> <p>Pressure as from a stone in stomach and nausea. (Vermeulen 2007).</p>

Table 4.3.8. Female reproductive system

Female	Concordant Materia medica (Vermeulen 2007)
<p>NM 15- Vaginal discharge that is white and smells like a dead rat.</p>	<p>Leucorrhœa acrid, watery.</p> <p>Dysmenorrhea and convulsions.</p> <p>Sterility; and too early and too profuse menses. Debilitating leucorrhœa; white,</p>

<p>NM 19- Dysmenorrhea with dark clots. Vaginal itch and discharge.</p> <p>NM 25- Pain in the womb, worse for bending forward and for cold. Cramping pain during menses, worse for cold. Pain in lower back.</p>	<p>thick, instead of menses, <while walking. White leucorrhoea turns green gradually (Vermeulen 2007).</p>
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Table 4.3.9. Skin symptoms

Skin	Concordant Materia medica (Vermeulen 2007)
<p>NM 12- Small vesicular rash on the upper lip. Flaky skin on the lips, burning and dry. Itchy skin, better for scratching and licking lips.</p> <p>NM 19- . Fungal infection on the right arm.</p> <p>NM 31- Fungal infection of on the toes. Painful toes, worse when hitting them against an object.</p>	<p>Dry eruptions, especially on margin of hairy scalp and bends of joints. Fever blisters. Urticaria; itch and burn. Crusty eruptions in bends of limbs, margins of scalp, behind ears. Eczema; raw, red, and inflamed; worse, eating salt, at seashore. Herpetic eruptions < flexures or about knuckles. Painful scars.</p> <p>(Vermeulen 2007).</p>

Table 4.3.10. Mental symptoms

Mind	Concordant Materia medica (Vermeulen 2007)
NM 4- Grieving loss of her mother. Hard to accept she is gone.	Psychic causes of disease; ill effects of grief, fright, anger, Consolation aggravates. Irritable, wants to be alone. Easily angered, < consolation. Hypochondriacal. Dwells on past unpleasant memories. Apprehension; anxiety. Fear dreams of robbers. Thinks he is pitied for his misfortune and weeps. Alternating mental conditions. Prefers to be alone. Appears to bid for sympathy yet angry when consoled. Weeps when thinking of past events. Ailments from grief. Haunted by unpleasant subjects (Vermeulen 2007).
NM 6- Worries about money	
NM 7- Depressed because of a failed relationship. Wants to be alone	
NM 9- Depressed because she is being treated unfairly at work. Worried about a sick relative	
NM 10- Grieving the loss of a loved one	
NM 12- Feeling dirty, it's as if she has a disease	
NM 19- Grieving the loss of her mother, loaded with responsibility for siblings	

NM 20 - Grieving end of a relationship, desire to be alone	
NM 23- Grief, cries when thinking about her late uncle	
NM 24- Feeling stressed by her daughter's behaviour	
NM 25- Fear of snakes. Cries when talking about her late mother	
NM 28- Stressed because she was diagnosed with diabetes	
NM 31- Loss of temper, recurring thoughts of past events, anger	
NM 32- Sad and depressed, wants to be alone and cry	
NM 33- Stress about the future	

CHAPTER 5: DISCUSSION OF THE RESULTS

5.1. INTRODUCTION

This chapter aims to discuss further the analysis of the emerged data reflected in the tables presented in Chapter 4 and to compare the emerged symptoms to the existing Concordant materia medica (Vermeulen 2007) of *Natrum muriaticum*.

5.2. OVERVIEW

The outline of the chapter is as follows:

- Demographics: age and gender
- Time frame between the initial and follow up consultations
- Description of main complaint
- Clinical diagnosis

- Mental symptoms
- Emotional symptoms
- Physical general symptoms
- Vital signs
- Remedy potencies
- Medium for the remedy
- Dosage and frequency of the remedy

- Comparison with the materia medica

5.3. DEMOGRAPHICS

5.3.1 Age

The results in Figure 2 in chapter 4 showed that the majority of the respondents were between the ages of 20 and 29 (38%), followed by the age group 30 to 39 (22%). This may be due to the life challenges faced by most people in their twenties and thirties. In this study, most of the participants in these age groups were suffering

from headaches which were due to grief, stress and loss. Some had gynaecological complaints. However, Dube's (2015) study on Patients' perceptions of their first Homoeopathic consultation at Ukuba Nesibindi Homoeopathic Community Clinic found that the majority of patients were aged 41 and above.

5.3.2. Gender

The results in Figure 3 in chapter 4 showed that the majority of the respondents were females (78%) compared to males (22%) which concurs with the study conducted by Smillie (2010), and Dube (2007) finding that more females than males attend clinics.

A study which was conducted by Stefan (2013) showed that women were more interested in and reported much more active seeking of health-related information, paid more attention to potential worldwide pandemics and were much more attentive to how the goods they purchase in everyday life affect their health than men did. The study also showed that women reported receiving far more informal health-related information from close family members, friends or colleagues than men did.

Another study which was conducted by Suraj (2012) amongst North Indian students, showed that male students were more involved in physical activities and exercising. They preferred going to the gym rather than consulting a doctor. More female students (63%) consulted doctors and were more conscious on hygiene issues. Only 50% of the men interviewed claimed to visit doctors on health issues.

According to Bayram (2016) females go to the doctor more often than males, particularly in their reproductive years, between the ages of 15 and 44. This difference is partly due to management of gynecological and reproductive issues such as pregnancy and contraception in younger women, menstrual problems and menopause in the middle and older age group.

According to (British Homeopathic Association (2017) the typical profile for somebody who may benefit the most from *Natrum muriaticum* is that of a very sensitive and refined individual. It is successful with treating migraines, emotional disorders, menstrual irregularities, as well as complaints related to menstruation

such as fatigue, water retention, and menstrual migraines. Therefore, *Natrum muriaticum* is usually known as a feminine remedy and this concurs with this study as 78% of the patients were females.

5.4. Results

5.4.1 Time frame between the initial and follow up consultations

The time frame between the initial and follow up consultations was reflected on figure 1 in chapter 4. The results reflect that, there were, on average, patients who returned for their follow up consultation in a space of 1 month- 6 months and there was an indication that 43% had returned in a space of 1 week- 1 month. 14% of the patients returned within the time frame 6 months- 12 months.

According to Barron and Learner (2014) there are many reasons why patients miss appointments. Some patients simply forget or get confused. There is no problem if they immediately reschedule their appointment but many do not or, when they call the doctor's office, cannot get a prompt new appointment. Some patients require special attention, for example those who do not understand the language of communication, persons with dementia or other neurological conditions and those with social problems that interfere with their ability to show up for their appointment. The other reason why some patients never return for their follow up appointments is because they get better and no longer see the need for another consultation. They may come back later on with a new complaint or if the old complaint returns.

5.4.2 Description of main complaint

The results on the table 4.2.4 in chapter 4 reflect that most of the patients (22) were suffering from headaches (59%). Other complaints were runny nose, blocked nose, dysmenorrhea, stomach ache, sinusitis and painful urination, vaginal discharge throat pain, chest pain, body pain, influenza, cough with tightness of the chest, fungal infection of the toes, vesicular rash on the upper lip. Only 5% of the patients had grief as their main complaint. A throbbing headache was the most prominent

symptom the patients suffered from and this type of headache matches *Natrum muriaticum* materia medica picture (Phatak 2016:501). The vaginal discharge was white in colour and also corresponded to the materia medica picture (Phatak 2016:502)

According to Ravishankar (2012) headache is one of the most common of medical complaints with numerous underlying causes and has many patterns in which it presents. “Headache” cuts across different specialties, occurs in all age groups and in both acute and chronic settings. Different headaches have different treatment, it is crucial to try and first establish a working diagnosis whenever patients who present with headache are examined. Headache is a common complaint and it makes up for approximately 25% of any neurologist’s outpatient practice. Yet, headache is often underdiagnosed and undertreated. Ninety percent of headaches seen in practice are due to a primary headache disorder where there are no confirmatory tests, and neuroimaging studies, if done, are normal. In this situation, a well taken headache history allows the physician to recognize a pattern that in turn leads to the correct diagnosis.

5.4.3 Clinical diagnosis

Table 4.2.5 A in chapter 4 describes the most common specific ailments that were diagnosed. Headache and Influenza complaints were very high ranking in this study. This could be due to the fact that UNHC clinic is situated in a HIV testing facility where more HIV and TB patients are likely to be seen because they may be immune compromised and the majority of the headache complaints were due to emotional stress and grief. Dermatological and gynaecological conditions were also diagnosed and these may be due to the fact that the patients at UNHCC were predominantly HIV positive and were sex workers. The arising symptoms from each system corresponded to the materia medica picture of *Natrum muriaticum* (Phatak 2016:501-503)

Skin conditions are common in people with HIV/AIDS. Many, including Kaposi sarcoma, thrush and herpes are caused by pathogens that take advantage of a

weakened immune system. That is why they are called "opportunistic" infections. Others, like photodermatitis, may be linked to inflammation caused by an overactive immune system as it revives during antiretroviral drug therapy or due to the drugs themselves (John Hopkins medicine 2017).

According to (John Hopkins medicine 2017) Gynaecological conditions are common in women living with HIV and AIDS. They can range from chronic, repeated yeast infections, abnormal periods and vaginal warts to cervical cancer caused by Human papillomavirus (HPV). For many women, repeated gynaecological conditions are the first signs of immune suppression due to HIV infection.

5.4.4 Mental symptoms

The following mental symptoms were experienced by the patients:

- Stress- The patients had experienced various types of stress. One patient had financial stress, one patient was stressed by her daughter's behaviour, one patient was stressed because she was diagnosed with diabetes and one patient suffered from stress accompanied by anger.
- Worry- The patients worried about money in general; money required for transport, sick relatives (sick mother), and one patient was worried about her father's behaviour.
- Forgetful- Three patients experienced forgetfulness.

Other recorded symptoms were ambitiousness or increased ambition (one patient), loss of drive to go to work (one patient) and one patient was feeling well mentally. The remaining ten patients reported no mental symptoms.

5.4.5 Emotional symptoms

The following mental symptoms were recorded

- Grief

The patients experienced grief in various contexts. In essence they grieved the loss of loved ones. One patient was grieving the loss of her boyfriend and child. Another patient was grieving the end of a relationship and wanted to be alone. A patient also described long standing grief, the loss of a child, the loss of her sister's child, and grieving the loss of her mother. Accompanied by the responsibility for siblings, loss of her uncle with wept whilst thinking about him and the loss of her siblings.

- Sadness

The patient expressed sadness because she missed her late husband. A feeling of being abandoned accompanied the sadness, especially when thinking about late siblings and late uncle. The patients felt a type of sadness that was described as depression and they wanted to be alone and weep.

- Depression

The feeling of depression created a sense of needing to be alone to weep as mentioned above. A depressed feeling was also experienced due to being treated unfairly at work, or because of a failed relationship and she also desired solitude.

- Loneliness

Despite the need to be alone to weep and grieve, patients also felt isolated, lonely and neglected. There was also the desire to be loved.

- Anger

Patients expressed anger with various concomitants; anger and mood swings, anger and stress, anger with disappointment and a feeling of having a broken spirit.

Other emotional symptoms that were recorded were fear of snakes, feeling down and feeling dirty, as if she has a disease.

5.4.6 Physical general symptoms

- Headache

Headache was the most common symptom experienced. The majority of patients suffered from headache (60%). The headaches were on the temporalis muscle, vertex and fore head. Only one patient had a headache that was on the right hand side. The headaches were worse for the sun and some were better for pressure. The symptoms of headache were described in the following manner:

- Throbbing headache, worse for light.
- Headache on the forehead, worse for sunlight.
- Headache on the vertex and temporalis muscles, better for pressure.
- Headache worse for heat of the sun.
- Headache on the temporalis muscles, better for pressure. Headache on the temporalis muscles accompanied by decreased energy levels.
- Headache on the vertex, worse for sunlight.
- Headache on the temporalis muscles, worse for stress.
- Headache on the vertex and forehead, pulsating and worse for thinking.
- Headache on the right hand side.

- Pain

In addition to headache being the most common symptom experienced, other types of pain in other parts of the body also featured prominently. The sensations of pain were described as throbbing, pulsating (headache) and sharp and stabbing as listed below:

- Sharp pain, worse for exposure to cold.
- Pulsating pain
- Sharp pain on the chest
- Sharp eye pain
- Stabbing chest pain
- Pain in the womb.

- Discharges

Patients described discharges in various parts of the body:

- Sputum

Green sputum with increased thirst

- Nasal mucous

Clear watery discharge from the nose.

White mucus from the nose.

- Genital discharge

White leucorrhoea

Dysmenorrhea with dark blood clots.

- Other symptoms include fatigue

- Dizziness
- Vesicular rash on the upper lip.

5.4.7 Vital signs

Table 4.2.7 A reflects the vitals of the patients which were recorded on their initial and follow up consultations.

- Blood pressure

The results on table 4.2.7 B in chapter 4 reflect that 14 (38%) patients had a significant change in their blood pressure on their follow up consultations. There was an increased in blood pressure on the follow up consultations of 4 (11%) patients and a decrease in blood pressure on the follow up consultations of 10 (27%) patients. The remaining 23 (62%) patients had no significant change in their blood pressures on their follow up consultations.

Blood pressure is constantly changing minute by minute in response to mood, activity, and body position. These factors can cause blood pressure to fluctuate between 5 and 40 mmHg. Factors that can temporarily cause significant deviations in blood pressure measurements include a small sphygmomanometer, sphygmomanometer over clothing, not resting 3-5 minutes to obtain an accurate blood pressure measurement. Activity such as exercise or eating can affect blood pressure measurement 10 to 20 mmHg. Emotional state or anxiety can cause large increase in blood pressure. Talking while having blood pressure taken and smoking tobacco products will temporarily increase blood pressure. Alcohol and caffeine consumption causes blood pressure levels to spike. Blood pressure tends to increase when one is feeling cold (Monk 2010). From the list above, it can be noted that small changes in the body, environment and activities all have a significant impact on the blood pressure measurement.

The changes in blood pressure may also be due to the fact that *Natrum muriaticum* is a salt and it has an effect on the water balance in the body.

According to (Akram 2007) lower and higher potencies of *Natrum Muriaticum* too have effects opposite to each other. *Natrum muriaticum* is used in the management of hypotension as well as hypertension in both lower and higher potencies.

- Pulse rate

14% of the patients had a significant change in their pulse pressure during their initial and follow up consultation.

- Respiratory rate

There were no abnormalities in the respiratory rates both in the initial and follow up consultations.

- Temperature

The body temperature readings were within the normal ranges for all 37 patients during the initial and follow up consultations.

5.4.8 Remedy potencies

The results in figure 5 in chapter 4 reflect that four different potencies were prescribed and the most prescribed potency was 1M (18), followed by 200CH (12). 30CH was prescribed to 7 patients, 10M to one patient and 30++ potency also was prescribed to two patients.

1M was the most prescribed potency due to the fact that most of the patients who consulted had mental/ emotional symptoms which needed to be treated with higher potencies. The dispensary at UNHCC is limited when it comes to potency selection

and the most prevalent potencies are M, 200CH and 30CH potencies in the vehicle of *saccharum lactis*. Other available vehicles are dispensing alcohol (30%) and distilled water.

5.4.9 Vehicle for the remedy

The results on figure 6 in chapter 4 show that the most commonly used vehicle was *saccharum lactis* (sac lac) 31 times, in powder form (84%), and followed by sac lac granules, 4 times (11%) and then in dispensing ethanol twice (5%).

According to Dhari (2011) *Saccharum lactis* is also known as Milk of sugar with formula. Globules of *Saccharum lactis* were chosen by Samuel Hahnemann as the chief vehicle of his remedies because he considered it the most inert substance he could find.

Homoeopathic vehicles which are substances are comparatively inert as such taken as a means of developing the therapeutic activity of medicinal substance. It must not have any medicinal property of its own. It should be chemically neutral; neither acidic nor alkaline in medicinal effects. The vehicles must not undergo change or decomposition. It must be harmless regarding its action on human organisms. The pharmacological message of the original drug is not disturbed in any way and it should be capable of carrying the dynamic powers of drugs into interior human organisms to fight the disease force (Hpathy 2016).

5.4.10. Dosage and frequency of the remedy

The results on table 4.2.11 in chapter 4 reflect that the dosage and frequency of the remedy was predominantly one powder daily. The remedy potency for those patients was high. According to (Nortman 2018) in acute illnesses, homeopathic remedies are in a frequency proportional to the severity of the condition. In the case of chronic illnesses, remedies are used in order to effect a gradual, deep change in the organism over many weeks and months.

5.5. Comparison of the guiding symptoms of the successful prescription of *Natrum muriaticum*, at the Ukuba Nesibindi Homoeopathic Community Clinic to the existing Concordant Materia medica (Vermuelen 2007)

In the following discussion the guiding symptoms that emerged from study that effected amelioration of symptoms are discussed in the light of their corresponding to the existing Concordant materia medica of Vermeulen (2007), Boericke (2013) and Phatak (2016). Those symptoms that emerged in the study but are not reflected in the Concordant materia medica (Vermeulen 2007) are also highlighted in the discussion. These have emerged as symptoms that improved even though they are not 'typical' *Natrum muriaticum* symptoms. The reason for the choice of the above materia medicas is because the students and clinicians who work at UNHCC utilize these materia medicas as references predominantly, in their case management strategies.

5.5.1. Headache symptoms

Type: The prominent headache that emerged was throbbing and one patient suffered from an aching pain which corresponds to the materia medica (Boericke 2013). However, in this study a pulsating headache also emerged which is not listed in the Concordant materia medica (Vermeulen 2007) but the sensation of pulsating may be synonymous with throbbing.

Location: In this study majority of the patients suffered from a headache which was located on the vertex, unilateral, temporal and frontal regions. The headache on the vertex radiated to the temporal region and so was the headache on the vertex. The headache symptom on the frontal area, unilateral and vertex corresponds to the Concordant materia medica (Vermeulen 2007, Phatak 2016), however the headache in the materia medica is not located on the temporal region. It also does not radiate from the vertex or frontal to the temporal region.

Modalities: The emerged modalities were the following:

Worse for the sun, noise, looking up, strong odours, stress and lying down.

Better for sleep, pressure, looking down, reading the bible, raising the head and sitting up. Headache on waking in the morning.

Of these mentioned modalities the following corresponded to the Concordant materia medica (Vermeulen 2007): headache better for sleep, pressure and headache on waking up in the morning.

The remaining emerged modalities are not listed in the Concordant materia medica (Vermeulen 2007) under headache though some are listed as general modalities of *Natrum muriaticum* for example worse with the sun, worse for stress (strong emotion) and better for rest (sleep) (Phatak 2016).

Associated symptoms: In this study a headache which affected the eyes emerged and the eye symptoms were sore, red, itchy eyes, throbbing pain, photosensitivity and heaviness of the eyes. The throbbing eye pain and heaviness of the eyes are also listed in the Concordant materia medica (Vermeulen 2007). Though headache with eye strain (Boericke 2013) is mentioned in the materia medica, other symptoms associated with the headache which emerged from the study were dizziness when bending down and fatigue and did not correspond to the Concordant materia medica (Vermeulen 2007).

Sensation: Patients in this study experienced the following sensations: feeling as if head was hit by a brick and feeling as if the head was large. In the Concordant materia medica, the feeling as if the head is large is also listed (Boericke 2013)

5.5.2. Nose symptoms

The predominant nose symptoms that emerged were blocked nose with white discharge, runny nose with thin watery discharge, itchy nose and sneezing worse in the morning. These emerged symptoms correspond with the existing materia medica (Phatak 2016 and Boericke 2013) except for the itchy nose which is not listed in the materia medica.

5.5.3. Mouth symptom

The mouth symptoms reflected in the study that correspond to the materia medica (Phatak 2016 and Boericke 2013) are the loss of taste and painful sores inside the mouth, worse for eating and for drinking.

5.5.4. Throat symptoms

The emerged throat symptoms in the study were sore throat with a sharp pain, pain worse for cold. Pain in the throat, worse at night and better during the day. Throat pain and sensation as if something is stuck in the throat. Salty mucus in the throat. Out of all these emerged symptoms, the sensation as if something is stuck in the throat and salty mucus in the throat are the only symptoms which match the symptoms in the materia medica (Phatak 2016 and Vermeulen 2007)

5.5.5. The respiratory symptoms

The respiratory symptoms which emerged in the study reflected a lower level of similarity to the materia medica (Phatak 2016 and Boericke 2013). These symptoms are described further. Cough with a clear white discharge, pain in the throat, worse at night and better during the day, productive cough with green sputum, pain in the chest when coughing. Cough worse early in the morning. Coughing up green sputum. Tightness of the chest, worse for walking fast. Sharp pain on both sides of the chest on the borders of the ribs, pain worse on inspiration, chest pain with breathlessness. Throbbing pain, worse for coughing. Burning chest pain, worse for fatty, spicy food and tomatoes, better for drinking cold water and bending forward though the symptoms appear similar, they were not exactly reflected in the Concordant materia medica (Vermeulen 2007). Some symptoms that bore resemblance were the pain in the throat and white to green sputum and the pain in the ribs whilst coughing. However, none of these symptoms matched the respiratory symptoms in the Concordant materia medica (Vermeulen 2007).

5.5.6. Abdominal symptoms

The emerged abdominal symptoms were constipation and abdominal pain which are clearly known symptoms of *Natrum muriaticum* and are reflected in Phatak (2016) and Boericke (2013). Though the sensation as if there are sores inside, worse after eating does not correspond to the Concordant materia medica (Vermeulen 2007).

5.5.7. Stomach symptoms

The stomach symptoms in the study were stomach-ache, worse for bending double and pressure, better for passing stool; the sensation as if something is pulling at the umbilicus inwards. These symptoms are not listed in the existing Concordant materia medica (Vermeulen 2007) of *Natrum muriaticum*.

5.5.8. Female reproductive system symptoms

The emerged symptoms in the female reproductive system that did correspond with the Concordant materia medica (Vermeulen 2007) were: the white discharge (leucorrhoea) and vaginal itch, though the odour of the discharge which was described as being similar to that of a dead rat, did not correspond to the Concordant materia medica (Vermeulen 2007). The dysmenorrhea with menstrual flow bearing dark clots and the pain in the womb, worse for bending forward and for cold also did not correspond with the Concordant materia medica (Vermeulen 2007). The cramping pain during menses, worse for cold and pain in lower back are reflected in Phatak (2016).

5.5.9. Skin symptoms

In this study, the emerged skin symptoms that correspond with materia medica (Phatak 2016: 503) were a small vesicular eruption on the upper lip, dry, flaky skin on the lip and a burning and itchy sensation on the skin which was better for scratching and licking lips.

The symptoms of the fungal infection on the right arm and on the toes as well as painful toes, worse when hitting them against an object do not correspond with the symptoms in the Concordant materia medica (Vermeulen 2007).

5.5.10. Mental and emotional symptoms

The predominant symptom of the mind that emerged in the study was grief. The nature of the grief which was as a result of loss of loved ones, loss of the mother and loss of relationships all correspond with the various materia medica descriptions of *Natrum muriaticum* (Vermeulen 2007, Phatak, 2016). The reactions to the grief brooding, sadness, forsaken feeling, weeping and desires solitude, are also typical of the Concordant materia medica (Vermeulen 2007) description of *Natrum muriaticum*. Symptoms that emerged from the study which are not listed in the Concordant materia medica (Vermeulen 2007) were; worries about money, fear of snakes, stressed about the future and feeling dirty, as if she has a disease.

5.5.11. Verification of symptoms

As is evidenced in Table 4.2.12 in chapter 4 the keynote and common symptoms of *Natrum muriaticum* have been verified by their documented alleviation, after the prescription of *Natrum muriaticum*. Characteristic symptoms of headaches, sinusitis, skin eruptions, mind symptoms; ailments from grief and loss, and weeping, desires to be alone, sadness and depression, were all verified by the exercise of comparing the patient's presenting symptom to the reflection thereof in the Concordant materia medica (Vermeulen 2007) Intriguing to the researcher was the emergence of new symptoms that are not reflected in the Concordant materia medica (Vermeulen 2007) of *Natrum muriaticum* but were alleviated by the prescription of the remedy. Some of the new symptoms that have been verified clinically are:

- Feeling as if the head was hit by a brick
- Itchy nose

- Throat: Sharp pain worse for cold
- Throat pain worse at night, better during the day
- Cough with a clear white discharge
- Pain in the throat, worse at night and better during the day
- Productive cough- green sputum, pain in the chest when coughing.
- Cough worse early in the morning
- Coughing up green sputum.
- Tightness of the chest, worse for walking fast.
- Sharp pain on both sides of the chest on the borders of the ribs, pain worse on inspiration
- Chest pain with breathlessness.
- Throbbing pain, worse for coughing
- Burning chest pain, worse for fatty, spicy food and tomatoes, better for drinking cold water and bending forward
- Feeling as if there are sores inside the abdomen
- Stomach-ache, worse for bending double and pressure, better for passing stool
- Feels as if something is pulling at the umbilicus inwards
- Vaginal discharge that is white and smells like a dead rat
- Dysmenorrhea with dark clots
- Pain in the womb, worse for bending forward and for cold
- Fungal infection on the right arm. Fungal infection on the toes.
- Painful toes, worse when hitting them against an object

- Worries about money
- Fear of snakes
- Stressed out about the future
- Feeling dirty as if she has a disease

The emerged “new” symptoms alleviated in the chart population are in the vein considered to be as a result of the *Natrum muriaticum* prescription as they were the main complaints of the patients who attributed positive change to the remedy. These new symptoms maybe further clinically verified before they are recommended as additions to the materia medica or repertory. In this instance, it would be a clinical practice addition and not toxicology. As this study is a primary study in this clinic and at Durban University of Technology, therefore it is recommended that future studies consider outlining practical assumptions and more specific inclusion criteria.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1. CONCLUSION

The purpose of this study was to determine the guiding symptoms of the successful prescription of *Natrum muriaticum* at Ukuba Nesibindi Homoeopathic Community Clinic. This aim was achieved by:

- Determining the number of cases, demographics and clinical conditions that were treated successfully, with a prescription of *Natrum muriaticum*, at the Ukuba Nesibindi Homoeopathic Community Clinic.
- Determining the guiding symptoms that were considered in the formulation of the prescription of *Natrum muriaticum* in successful cases, at the Ukuba Nesibindi Homoeopathic Community Clinic.
- Comparing the guiding symptoms of the successful prescription of *Natrum muriaticum*, at the Ukuba Nesibindi Homoeopathic Community Clinic to the existing materia medica.

This study focused on a sample of 37 participants. The majority (78%) of the patients were females and between the ages of 20- 79. 29 (78%) were female patients and 8 (22%) of the patients were males.

The research aim at the beginning of the study to compare and determine the guiding symptoms of the successful prescription of *Natrum muriaticum* at Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC) between 2013 and 2016 was achieved. Patients whose symptoms were treated successfully with *Natrum muriaticum* were recorded and compared to existing Concordant materia medica (Vermeulen 2007). The symptoms that emerged in the study corresponded with the existing Concordant materia medica (Vermeulen 2007), however, there were additional symptoms which emerged in the study that are not listed in the Concordant materia medica (Vermeulen 2007) and these additional symptoms were treated successfully with *Natrum muriaticum*.

The study has helped to highlight the benefits of successful prescription of *Natrum muriaticum* and has revealed that there are additional symptoms that are treated successfully with *Natrum muriaticum* that can be added to the existing materia medica knowledge based through successful publication of this study.

This study has also helped highlight the importance of taking a good case history during consultation, as this is crucial when selecting a remedy.

6.2. LIMITATION OF THE STUDY

The study was conducted using 37 patient cases which were successfully treated with *Natrum muriaticum*. The same study may be repeated using a larger sample size to reflect a broader spectrum of conditions treated with *Natrum muriaticum*.

The study was confined to 3 years (2013 to 2016) of prescriptions only.

6.3. RECOMMENDATIONS

6.3.1 Recommendations to further verify the symptoms of *Natrum muriaticum* to existing Concordant Materia medica (Vermuelen 2007).

The following is recommended in order to improve the trend of verification studies:

- Further research should be conducted on other polychrest remedies.
- A similar study reflecting the prescription of male patients only should be conducted because only 22% of the participants were males.
- A study which focuses on the headache symptoms alone should be conducted as the majority of the participants in this study suffered from headaches. Thus a differential headache remedy study i.e. a clinical audit of headache treatment.

6.3.2 Further research

- Another similar study may be conducted but as a qualitative study in terms of case studies recorded formally to elicit themes and subtle nuances that emerge in a case that compels a prescriber to prescribe *Natrum muriaticum*.
- Similar qualitative and quantitative studies should be conducted at the other DUT Homoeopathic satellite clinics, namely, Kenneth Gardens Homoeopathic Community Clinic and Redhill Homoeopathic Community Clinic. Results from these studies could then be compared to this study.
- Contemporary Materia medica interpretations such as group analysis may also be used in future comparative analyses e.g. Mangialavori (2016) and Scholten (2016).

REFERENCES

ABC Homeopathy, 2017. *Guide to potency and dosage*. Available:
<https://abchomeopathy.com/help/potency.htm> (Accessed 6 May 2016)

Akram, H. 2007. *Using Natrum Muriaticum for Blood Pressure*. Available:
<http://www.homeopathy.com.pk/articles/using-natrum-muriaticum-for-blood-pressure.php> (Accessed 6 May 2016)

Aziz, A. 2010. *The Law of Similar and Potentization*. Available:
<http://www.aliclinic.com/2010/11/the-law-of-similar-and-potentization> (Accessed 11 March 2016).

Barton, L. 2004. *What is constitutional prescribing*. Available:
<https://vcch.org/content/what-constitutional-prescribing> (Accessed 22 February 2018).

Beenadas, 2012. *Role of Constitution in Homeopathy*. Available:
<http://www.homeobook.com/role-of-constitution-in-homeopathy/> (Accesses 24 April 2017).

Boericke, W. 2007. *Boericke's new manual of homeopathic materia media with repertory*. Third revised and augmented edition based on ninth edition. New Delhi, India: B. Jain Publishers, Ltd.

British Homeopathic Association, 2017. *Natrum muriaticum*. Available: <https://www.britishhomeopathic.org/charity/how-we-can-help/articles/homeopathic-medicines/n/nat-mur/> (Accessed 6 May 2016)

Clark, J.H. 2009. *Homeopathy Repertory*. Available: <https://hpathy.com/homeopathy-repertory/reptorisatation/> (Accessed 23 February 2018).

Clark, J.H. 2002. *HOMŒOPATHY EXPLAINED*. Available: <http://www.homeoint.org/books5/clarkehomeo/materiamedica.htm> (Accessed 24 April 2017).

Croce, A.N. 2017. *Thought Behind the Action - What are miasms?*. Available: <http://www.homeopathycenter.org/homeopathy-today/thought-behind-action-what-are-miasms> (Accessed 22 February 2018).

Das, R, J. 2013. *Different types of Symptoms Analysis in Homoeopathy*. Available: <http://www.homeobook.com/different-types-of-symptoms-analysis-in-homoeopathy/> (Accessed 24 April 2017).

De Schepper, L. 2001. *Hahnemann revisited*. Santa Fe, NM: Full of Life Publications.

Dhari, D.K. 2011. *Saccharum Lactis The Fatigue Powder*. Available: http://homeopathyworldcommunity.ning.com/group/clinicaltips/forum/topics/saccharum-lactis-the-fatigue?xg_source=activity (Accessed 24 February 2018).

Dube, N. 2015. *Patients' perceptions of their first Homoeopathic consultation at Ukuba Nesibindi Homoeopathic Community Clinic*. M.Tech: Homoeopathy. Durban University of Technology. South Africa.

Dunno, K. 2013. *Homeopathic treatment of migraine in children: Results of a prospective, multicentre observational study*, 19 (2): 119- 123.

Gafoo, A. 2012. *The Art of Case taking in Homeopathy*. Available: <https://www.homeobook.com/the-art-of-case-taking-in-homeopathy/> (Accessed 22 February 2018).

Gray, B. 2008. *An Introduction to Homeopathy*. Available: <https://billgrayhomeopathy.com/introduction-to-homeopathy> (Accessed 23 February 2018).

Hpathy, 2016. *Homeopathic vehicles*. Available: <http://www.homeopathyzone.com/blog/article/basics-of-the-homeopathic-prescription> (Accessed 6 May 2016).

Homeobook, 2017. *Analysis & Evaluation of Symptoms in Homoeopathy*. Available: <http://www.homeobook.com/analysis-evaluation-of-symptoms-in-homoeopathy/> (Accessed 24 APRIL 2017)

Homeopathic clinic, 2007. *Homeopathic Polychrest Reemedies*. Available:
<http://www.homeopathy.com.pk/medicines/polychrests.php#sthash.rloucBQL.dpuf>
(Accessed 11 March 2016).

Johns Hopkins medicine, 2017. *HIV/AIDS and Skin Conditions*. Available:
http://www.hopkinsmedicine.org/healthlibrary/conditions/infectious_diseases/hivaids_and_skin_conditions_134,100/ (Accessed 6 May 2016).

Kent, J.T. 2004. *Repertory of the Homeopathic Materia Medica and a Word Index*.
New Delhi, India. B Jain Publishers (PVT) LTD.

Kent, J.T. 2013. *Repertory of the Homeopathic Materia Medica*. Kandern, Germany.
Narayana Publishers.

Kishore, J.2017. *Homeopathy's Materia Medica - Hering's Guiding Symptoms*.
Available: http://www.wholehealthnow.com/homeopathy_info/hering_symptoms.html
(Accessed 24 April 2017).

Kodjabasheva, T. 2014. *Homeopathic treatment- Natural remedies spot*. Available:
<http://naturalremediespot.com/tag/homeopathic-treatment/> (Accessed 24 April 2017)

Leckridge, B.1997. *Homoeopathy in Primary Care*. New York: Pearson Professional
Limited.

Lilley, D. 2016. *Promoting patient access to homeopathy*. Available: <http://www.britishhomeopathic.org/bha-charity/how-we-can-help/medicine-9-2/Nat-mur/> (Accessed 14 March 2016).

Lilley, D. 2008. *The homoeopathic materia medica*. In Kayne, S.(ed.), *Homoeopathic Practice*. London: Pharmaceutical Press.

Lilley, D. 2017. *Natrum muriaticum*. Available: <https://www.britishhomeopathic.org/charity/how-we-can-help/articles/homeopathic-medicines/n/nat-mur/> (Accessed 15 June 2017).

Matthiessen, P. 2011. *Homeopathy in Healthcare: Effectiveness, Appropriateness, Safety, Costs*. Available: https://scholar.google.co.za/scholar?q=Matthiessen,+2011-+Homeopathy+in+Healthcare:+Effectiveness,+Appropriateness,+Safety,+Costs&hl=en&as_sdt=0&as_vis=1&oi=scholar&sa=X&ved=0ahUKEwip3sHu3LHXAhUItBoKHVzJDykQgQMIJDAA (Accessed 24 April 2017).

Mangialavori, M. 2016. *Milk Remedied- Materia Medica Clinical*, North Charlston, South Carolina: CreateSpace Independent Publishing.

Monk, S. 2010. *10 Factors That Can Affect Blood Pressure Readings*: Available: <http://www.suntechmed.com/blog/entry/4-bp-measurement/49-10-factors-that-can-affect-blood-pressure-re readings>. (Accessed 22 February 2018).

Mousavi, F. 2013. *Homeopathic treatment of aphthous ulcer*: A randomized, placebo-controlled trial, 98 (3): 137- 141.

Ngobese-Ngubane, J.C. 2014. Clinical experience as clinician at the Durban University of Technology homoeopathic satellite clinic established at Ukuba Nesibindi Homoeopathic Community Clinic. South Africa.

Ngobese-Ngubane, J.C. 2016. Clinical experience as clinician at the Durban University of Technology homoeopathic satellite clinic established at Ukuba Nesibindi Homoeopathic Community Clinic. South Africa.

Nortman, D. 2018. *Basics of homeopathic Prescriptions*. Available: <http://www.homeopathyzone.com/blog/article/basic-of-the-homeopathic-prescription> (Accessed 22 February 2018).

New York School of Homeopathy, 2017. *Homeopathic provings*. Available: <https://nyhomeopathy.com/provings/> (Accessed 24 April 2017)

Oberai, P. 2013. *Homeopathic management in depressive episodes: A prospective, open- label observational study*, 7 (3): 116- 125.

O'Reilley, W.B. 1996. *Organon of the Medical Arts*. Available: <https://www.abebooks.com/signed-first-edition/Organon-Medical-Arts-OReilly-Wenda-Brewster/17553550432/bd> (Accessed 13 April 2017).

Phatak, S.R. 2016. *Materia Medica of Homoeopathic Medicines*. New Delhi. B Jain Publishers (PVT) LTD. Pg. 501- 502.

Rajendran, E.S. 2002. *Molluscum contagiosum*: a case series, 91 (4): 255- 259.

Remedy health media, 2005. *Gynecological Conditions and HIV/AIDS*. Available: <http://www.thebody.com/content/art5000.html> (Accessed 8 May 2016)

Ravishankar, K. 2012. The art of history-taking in a headache patient, 50 (1): 7- 14.

Rutten, L. 2005. *Clinical Verification of Homeopathic Symptoms*: Experience and Statistics. Springer Publishers: Netherlands. Pg. 151.

Sadidpour, S.S. 2011. Remedy Selection based on Artificial Intelligent Methods, 19 (9): 0975 – 8887.

Saltwork, 2017. *History of Salt?*. Available: <https://www.seasalt.com/history-of-salt> (Accessed 8 May 2016).

Scholten, J. 2013. *Natrum muriaticum*. Available: <http://healthypets.mercola.com/sites/healthypets/archive/2013/12/06/12-tissue-salts.aspx> (Accessed 27 May 2016).

Schmukler, A. 2009. *What is Homeopathy? Definition*. Available: hpathy.com/abc-homeopathy/whatis-homeopathy-definition-and-details (Accessed 11 March 2016).

Sengupta, R. 2004. *BHMS Guide to Organon with flow charts and illustrations*. Available: https://books.google.co.za/books?id=qXXDRYuVU0AC&pg=PT15&lpg=PT15&dq=difference+between+a+keynote+and+a+guiding+symptom&source=bl&ots=di12FTTr_dv&sig=GuZx8heABPjglJBfT7BAHFU1r_c&hl=en&sa=X&ved=0ahUKEwjfx-SNrNrWAhXJAMAKHfAaD7AQ6AEISDAF#v=onepage&q=difference%20between%20a%20keynote%20and%20a%20guiding%20symptom&f=false.

Shama, B.P. 2004. *Natrum muriaticum*. Available: <http://www.planethomeopathy.com/Natrum%20Muriaticum.htm> (Accessed 14 March 2016).

Smillie, T. 2010. A CLINICAL AUDIT OF THE DURBAN UNIVERSITY OF TECHNOLOGY HOMOEOPATHIC SATELLITE CLINIC ESTABLISHED AT UKUBA NESIBINDI. M.Tech: Homoeopathy. Durban University of Technology. South Africa.

Stefa, E.K. 2013. *Gender differences in health information behaviour: A finnish population- based survey*, 30(5): 736-745.

Suraj, S. 2012. *Sense of coherence health promoting behaviour in North India students*. *Indian journal of medical research*, 134(5): 645-652.

Swayer, P. 2004. *Midwife today: the heart and science of life*, 68 (Accessed 24 April 2017).

Tamhane, A. 2014. *Complete cure in homeopathy by polychrest remedies*. Available: www.kasakam.com/240-complete-cure-in-homeopathy-by-polychrest-remedies (Accessed 14 March 2016).

Trivieri, L. 2001. *Guide to holistic health: healing therapies for optimal wellness*. New York, NY: John Wiley and Sons.

Ullman, D. 2017. How to Learn Homeopathy Materia Medica. Available: <http://homeopathic.com/how-to-learn-homeopathy-materia-medica/>. (Accessed 22 February 2018).

Van Wassenhoven, M. 2008. *Evidence Based Homeopathy*. Available: http://www.modernhomoeopathy.com/evidence_based_homeopathy.htm. (Accessed 07 June 2016).

Van Wassenhoven, M. 2013. *Clinical verification in homeopathy and allergic conditions*, 102 (1): 54-58.

Van Wyk, N.C. (ed.). 2009. *Integrative healthcare: a guide to meet the needs of Africa*. Cape Town: Juta.

Vassar, M and Holzmman, M. 2013. The retrospective chart review: important methodological considerations, 12 (10): 1- 7.

Vermeulen, F. 2007 *Concordant Materia Medica*. Emrys bv publishers: Haarlem. Pg. 684.

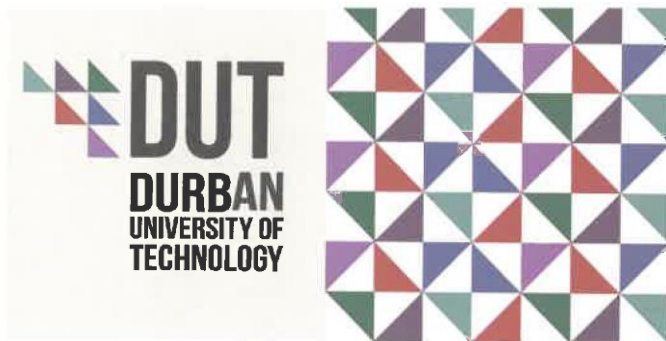
Vithoulkas, 2009. *Talks on Classical Homoeopathy* B. JAIN PUBLISHERS (P) LTD. NEW DELHI: Pg. 2002

Watson, T. 2014. A PATIENT BENEFIT AND PERCEPTION SURVEY OF THE DURBAN UNIVERSITY OF TECHNOLOGY HOMOEOPATHIC SATELLITE CLINIC ESTABLISHED AT UKUBA NESIBINDI. M.Tech: Homoeopathy. Durban University of Technology. South Africa.

Whitmont, E. 2016. *Psyche and Substance: Essays on Homeopathy in the Light of Jungian Psychology*. Available:

https://www.amazon.com/dp/1556431066/ref=rdr_ext_tmb (Accessed 8 May 2016).

Appendix A: Ethics approval letter



Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
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Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

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http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

7 June 2017

IREC Reference Number: **REC 111/16**

Ms N M Sibeko
5 Bonamour Avenue
Flat No. 5
Glenwood
4001

Dear Ms Sibeko

A retrospective chart review of the guiding symptoms of the successful prescription of *Natrum muriaticum* at a homoeopathic satellite clinic

The Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letters.

Please note that Full Approval is granted to your research proposal. You may proceed with data collection.

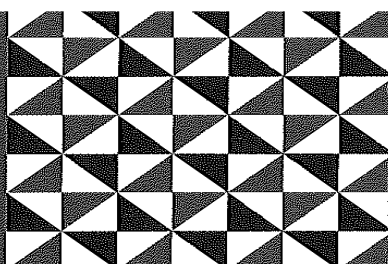
Yours Sincerely,



Professor J K Adam
Chairperson: IREC



Appendix B: Consent form: English version



UKUBA NESIBINDI
HOMOEOPATHIC COMMUNITY
CLINIC-WARWICK JUNCTION
HOMOEOPATHY DEPARTMENT
[DUT]-11 RITSON ROAD, BE
DURBAN, 4001
P.O. BOX 953, DURBAN, 400
TEL: (031) 373 2041
FAX: (031) 202 3002

IFOMU LESIGULI LESIVUMELWANO PATIENT CON

PLEASE READ AND FILL IN THIS FORM.

DATE:/...../20.....

TITLE: DR./ MR./MRS./MS/MASTER/PASTOR (please circle)

Gender: Male / female (Please circle)

SURNAME:FIRST NAMES:

DATE OF BIRTH:..... IDENTITY NUMBER:.....

CONTACT DETAILS:(TEL.).....(CELL)..... (WORK).....

POSTAL

ADDRESS:.....AREA.....CODE.....

TO BE COMPLETED BY THE PARENT/ LEGAL GUARDIAN IN THE CASE OF PATIENTS UNDER THE AGE OF 18 YEARS:

I hereby give consent for.....who is a minor, to be examined and treated at Ukuba Nesibindi homoeopathic community clinic.

NAME OF PARENT/ GUARDIAN:.....

RELATIONSHIP OF PARENT/ GUARDIAN TO MINOR:.....

SIGNATURE OF PARENT/GUARDIAN:

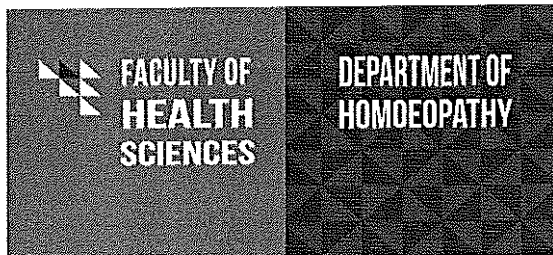
PLEASE READ AND SIGN THE FOLLOWING:

AS A PATIENT AT THIS CLINIC, I UNDERSTAND THAT I AM ATTENDING A TEACHING INSTITUTE. I HEREBY GIVE PERMISSION TO ALLOW CLINICAL OBSERVATION AND DIAGNOSIS TO BE PERFORMED AS WELL AS TREATMENT TO BE PRESCRIBED FOR MYSELF BY A SENIOR HOMOEOPATHIC STUDENT PRACTITIONER, SUPERVISED BY A QUALIFIED AND REGISTERED HOMOEOPATHIC CLINICIAN. I ALSO GIVE CONSENT TO DATA OBTAINED FROM MY FILE BE USED IN CASE OF RESEARCH PURPOSES, HOWEVER NO DISCLOSURE OF PERSONAL DETAILS AND CONFIDENTIALITY MUST BE MAINTAINED AT ALL TIMES ACCORDING TO ALL REGULATIONS, ETHICAL CODE OF CONDUCT AND BY LAW.

SIGNATURE:DATE:.....

PARENT/ GUARDIAN.....(IF PATIENT IS UNDER 18 YEARS)

Appendix C: UNHCC Consent form- IsiZulu version



UKUBA NESIBINDI
HOMOEOPATHIC COMMUNITY
CLINIC-WARWICK JUNCTION

HOMOEOPATHY DEPARTMENT

[DUT]-11 RITSON ROAD, BEREA,
DURBAN, 4001
P.O. BOX 953, DURBAN, 4001
TEL: (031) 373 2041
FAX: (031) 202 3002

IFOMU LESIGULI LESIVUMELWANO

SICELA UFUNDISE LELIFOMU BESE ULIGCWALISA NGOKUFANELEKILE.

USUKU:/...../20.....

Dkt./ Mnu./Nkz./Nks/uMASTER/uMfundisi (sicela uzongeleze)

UBULILI: Owesilisa / owesifazane (Sicela uzongeleze)

ISIBONGO:AMAGAMA:

USUKU LOKUZALWA:..... INOMBOLO KAMAZISI:.....

IMININGWANE YOKUXHUMANA:(UCINGO.).....(I-CELL).....
(EYOMSEBENZI).....

IKHELI

LEPOSI:.....INDAWO.....IKHODI.....

LENGXENYE KUMELE IGCWALISWE UMZALI NOMA UMBHEKI OSEMTHETHWENI
WONTWANA LAPHO ISIGULI SINEMINYAKA ENGAPHANSI KWENGU 18 UBUDALA:

Lapha nginikeza igunya nemvume ka.....omununcane
ngokweminyaka ngokomthetho ukuba azimele ukugunyaza ukuba ahlolwe futhi axilongwe
kulomtholampilo Ukuba Nesibindi homoeopathic community clinic.

IGAMA LOMZALI/ UMBHEKI:.....

UBUDLELWANE BOMZALI/ UMBHEKI NOMNTWANA:.....

UPHAWU LWESIVUMELWANO LUKAMZALI/UMBHEKI:

SICELA UFUNDE LENDIMA ELANDELAYO BESE USAYINA NGOKUFANELEKILE:

NJENGESIGULI KULOMTHOLAMPILO, NGIYAQONDA UKUTHI NGIHAMBELA ISIKHUNGO
SEZEMFUNDO. LAPHA NGINIKEZA IGUNYA LOKUGUNYAZA UKUFUNDA KWABAFUNDI ABENZA
IZINGA LESINE KANYE NELESIHLANU NGEZEMPILO NOKUCWANINGA OKUFANELEKILE
NOKUBHEKISISA KANYE NOKUHLOLA BAVEZE LOKHO OKUYIMBANGELA YOKUGULA KWAMI, BESE
BENGINIKEZA LAWOMAKHAMBANI NEMITHI EFANELEKILE UKWELAPHA UKUGULA KWAMI,
BEKWENZA LOKHU NGAPHANSI KOMHLOLI NOMQAPHI ONEZIKU NOKUGOGODELE
WAKUBHALISELA UKWELAPHA NGENDLELA YEHOMOEOPATHY. NGIYAGUNYAZA
UKUSETSHENZISWA KWEMININGWANE YAMI ESEFAYELINI LAMI EZIMWENI ZOCWANINGO KEPHA
KUNGADALULWA IGAMA NESIBONGO, NOMAZISI, NEKHELI KANYE NEZINOMBOLO ZAMI ZOCINGO.
FUTHI KUGWENYE UKUDALULWA MFIHLO NGAMI NJENGALOKHU UGAQO SISEKELO
WAMALUNGELO OMTHETHO ESHO.

UPHAWU LWESIVUMELWANO:USUKU:.....

Appendix D (a) Permission Application Letter to use UNHCC–HOD LETTER



No 5 Bonamour Avenue
Glenwood
4001

Faculty of Health Clinic Director &
Homoeopathic Day Clinic Coordinator
P.O. BOX 1334
Durban
4000

Dear Dr Hall

Permission Application Letter to use the Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC)

Thank you for reading this letter. My name is Miss Nompumelelo Sibeko (21346724). I am currently registered for M. Tech. Homoeopathy and I am requesting to conduct my research study at the Homoeopathic Day Clinic (HDC). The title of my study is: **A retrospective chart review of the guiding symptoms of the successful prescription of Natrum muriaticum at a satellite clinic Ukuba Nesibindi Homoeopathic Community Clinic.**

Outline of the Procedures: A log book with all the cases from the clinic will be used to select all the Natrum muriaticum cases at the UNHCC. Only the cases where Natrum muriaticum was successfully prescribed and the patient did attend the follow up consultation will be selected. A rubric will be drawn to facilitate effective data collection and further a comparison of the guiding prescribing symptoms will be made against existing materia medica.

Ethics & Confidentiality

Anonymity and confidentiality is maintained by the overall clinic consent. The UNHCC patient files are subject to routine privacy legislation each respective patient's identity will be protected, Data capturing will take place at the UNHCC site and files will not be copied or

removed from their routine place of secure storage. The researcher and the head clinician at UNHCC will be the only researchers who access the files accordingly.

Yours sincerely.

Miss Nompumelelo Sibeko (21346724)-Researcher: 079 270 8882

Dr. J. Ngobese-Ngubane (Supervisor) – 031 373 2484 (jabulilen@dut.ac.za)

Dr. Madhu Maharaj (Co-supervisor) Telephone no: 031 373 2481 (madhum@dut.ac.za)

Appendix D (b): Permission Application Letter to use Homoeopathic Day Clinic (HDC)-Homoeopathic Clinic Director & Coordinator:



No 5 Bonamour Avenue
Glenwood

4001

Faculty of Health Clinic Director &
Homoeopathic Day Clinic Coordinator
P.O. BOX 1334
Durban
4000

Dear Dr Nienaber and Dr Korporaal

Permission Application Letter to use the Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC)

Thank you for reading this letter. My name is Miss Nompumelelo Sibeko (21346724). I am currently registered for M. Tech. Homoeopathy and I am requesting to conduct my research study at the Homoeopathic Day Clinic (HDC). The title of my study is: **A retrospective chart review of the guiding symptoms of the successful prescription of Natrum muriaticum at a satellite clinic Ukuba Nesibindi Homoeopathic Community Clinic.**

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removed from their routine place of secure storage. The researcher and the head clinician at UNHCC will be the only researchers who access the files accordingly.

Yours sincerely.

Miss Nompumelelo Sibeko (21346724)-Researcher: 079 270 8882

Dr. J. Ngobese-Ngubane (Supervisor) – 031 373 2484 (jabulilen@dut.ac.za)

Dr. Madhu Maharaj (Co-supervisor) Telephone no: 031 373 2481 (madhum@dut.ac.za)

Appendix E: Editing Quotation

G.MUNISAMY

B.A ,H.D.E.

EDUCATOR/EDITOR

INVOICE FOR NOMPUMELELO MARCIA SIBEKO

DATE: 17 NOVEMBER 2017

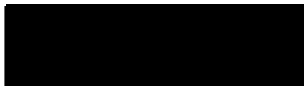
RE:PROOFREADING AND EDITING OF MASTERS DEGREE IN

TECHNOLOGY: HOMOEOPATHY

RATE: R30.00 PER PAGE

NO. OF PAGES – 130

COST 130 x 30 =R3900.00



G.MUNISAMY

CELL: 0845207369

E-MAIL: nalinimunisamy@yahoo.com

Serusham2806@gmail.com

Appendix F



RUBRIC FOR RECORDING OF DATA FROM CASE FILES

Case number	
File number	
Date of initial consultation	
Date of follow up consultation	
Patient age	
Patient gender	
Description of complaint (CLAMSIT)	
Clinical diagnosis of complaint	
Mental symptoms	
Emotional symptoms	
Physical general symptoms	
Particular symptoms	
Keynote symptoms (Strange, rare and peculiar)	

Findings on physical examination	
Remedy chosen	
Potency	
Medium	
Dosage	
Frequency	
Description of improvement at follow up appointment	