A homeopathic drug proving of *Carcharhinus leucas* 30CH and a subsequent comparison with that of *Galeocerdo cuvier hepar* 30CH

By

Nalini Naidoo

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

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

________________________________________  ______________________________
Signature of student                          Date of signature

APPROVED FOR FINAL SUBMISSION

________________________________________  ______________________________
Signature of Supervisor                      Date of signature
Dr M. Maharaj
M. Tech: Hom. (D.I.T)

________________________________________  ______________________________
Signature of Joint - Supervisor              Date of signature
Dr V. Alwar
DEDICATION

To my parents – For giving me the best this world could offer and so much more. This is for you.
ACKNOWLEDGEMENTS

To my amazing parents, Deena and Prenella – There are not enough words to express my love and gratitude for the life you have blessed me with. The innumerable sacrifices, invaluable life lessons and opportunities you have both given me has allowed me to become the person I am today and I hope that I can continue making you both proud.

To my best friend and love, Myron – Although you may not have started this journey with me, I am so happy and grateful that you are here at the end of it. Thank you for your encouragement, understanding, patience and constant love throughout this process. I cannot wait to see what the future holds for us. I love you always… “Adventure is out there!”

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ABSTRACT

Introduction

The aim of this study was to conduct a homoeopathic proving of *Carcharhinus leucas* in the thirtieth centesimal potency (30CH) and to subsequently establish and describe the symptomatology in standard materia medica format and then compare this symptomatology to *Galeocerdo cuvier hepar* 30CH.

Methodology

The homoeopathic proving of *Carcharhinus leucas* 30CH was conducted at the Durban University of Technology and was accomplished by means of a randomised, double blind, placebo controlled trial.

*Carcharhinus leucas* 30CH was manufactured by the researchers according to Method 6, Method 8a and 10 of the *German Homoeopathic Pharmacopoeia* (Benyunes, 2005: 36-39).

The homoeopathic proving was conducted in the form of a double blind placebo controlled study of *Carcharhinus leucas* 30CH with a total of 30 healthy provers. The prover sample was divided into two groups by a process of randomisation. Twenty four provers (80%) comprised the verum group and the remaining 6 provers (20%) comprised the placebo group. The identity of the proving substance and the potency used was not disclosed to provers. Provers documented their physical, mental and emotional status for one week preceding the administration of the proving remedy. A comprehensive physical examination and case history of every prover was taken before and after the proving period. Provers were instructed to ingest one powder three times a day for two days but were told to discontinue the powders once symptoms arose. The duration of the proving spanned 6 weeks and throughout the proving process, researchers were in constant communication with all the participants. Upon completion of the proving process, journals were collected and
the information therein was translated into materia medica and repertory format. This was done in order to acquire the remedy picture of *Carcharhinus leucas* 30CH. Thereafter, the symptomatology of *Carcharhinus leucas* 30CH was compared to the symptomatology of *Galeocerdo cuvier hepar* 30CH.

**Results**

The proving of *Carcharhinus leucas* 30CH produced a total of 590 already existing rubrics and 43 new rubrics. The majority of these rubrics were located in the MIND (127), GENERALS (64), HEAD (55), EXTREMITIES (50), and EYE (34). In regard to the mind, prominent features were apparent such as anger, anxiety, cheerfulness, an aversion or amelioration within company, difficulty concentrating or increased focus, varying delusions and fears and irritability. Pertaining to the head, headaches were evident with varying concomitants and modalities, with headaches predominantly affecting the forehead and sides. Sensations included dryness, heat, heaviness, perspiration and shaking. The extremities displayed symptoms primarily in the forearms, legs and thighs and sensations included paralysis, shaking, swelling and weakness. In regard to the eye, eye pain with multiple modalities were apparent, with symptoms related to the canthi and eyelids. Sensations included heat, heaviness, inflammation, itching and photophobia as well as a visible discolouration of the eye.

Analysis of the results presented an understanding of the similarities and differences between *Carcharhinus leucas* 30CH and *Galeocerdo cuvier hepar* 30CH.

**Conclusion**

As hypothesised, it was evident that administering *Carcharhinus leucas* 30CH to healthy individuals did yield observable symptomatology. Additionally, it was apparent that various correlations between *Carcharhinus leucas* 30CH and *Galeocerdo cuvier hepar* 30CH existed.
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DEFINITION OF TERMS

CENTESIMAL POTENCY:
A potency scale that applies the Hahnemannian potency technique whereby the dilution ratio is in the proportion of 1:99 parts. This method comprises a process of serial dilution whereby one part obtained from the preceding potency is combined with 99 parts of the diluent (each stage requires new glassware) and subsequent succussion following each dilution. The number of dilutions executed distinguishes the potency (Swayne, 2000: 36). In this case, thirty dilutions or a potency of 30CH was utilised.

DOCTRINE OF SIGNATURES:
The Doctrine of Signatures refers to the character of the actions of a substance inferred by its physical manifestation and properties (Goel 2002: 465).

INDIGENOUS:
This is a reference to a species that is native to a particular area (Sikula, 2004).

LAW OF SIMILARS:
The Law of Similars, expressed as “Similia Similibus Curentur” (like cures like) is an essential principle of Homoeopathy. It states that a substance may be utilised to treat medical conditions that exhibit symptoms similar to which they themselves produce in a healthy individual (Swayne, 2000: 193).

MATERIA MEDICA:
In homoeopathy, the materia medica describes the nature and therapeutic collection of homoeopathic remedies, the pathology, the corresponding signs and symptoms, the modalities and the overall characteristics of the patient in association with them (Swayne, 2000: 132-133).
**MIASM:**
Characteristics within a society, family or individual which could make them predisposed to a particular pattern of indisposition. It also refers to a congenital or acquired disposition to be unwell in a specific way (Swayne, 2000: 137).

**PHARMACOPOEIA:**
A pharmacopoeia is the supreme authoritative book published or released by an authoritative figure or government of any country that deals with the laws and guidelines of the standardisation of a drug substance (Goel, 2002: 469).

**PLACEBO:**
The inert vehicle utilised for contrast with the substance or process to be assessed in a controlled trial and is undifferentiated from it (Swayne, 2000: 162).

**POTENTISATION:**
A Hahnemanniann theory of enhancing the potency of a remedy by serial dilution and succussion (Swayne, 2000: 168).

**PROVER:**
This is the voluntary subject of a proving. The participant should be in fair state of health and is required to document alterations in his or her state during and after the consumption of the substance that is being investigated (Swayne, 2000: 174).

**PROVING:**
The process of ascertaining the medicinal properties of a substance by administering the substance in homoeopathic form to healthy individuals in order to stimulate effects from which the therapeutic potential or materia medica of the substance may be obtained (Swayne, 2000: 174).
**REPERTORY:**
A cross reference of symptoms and medical conditions compiled in regard to homoeopathic remedies in the materia medica in order to ascertain the remedy during a process known as repertorisation (Swayne, 2000: 183).

**RUBRIC:**
The term utilised in a repertory to recognise a symptom or ailment and its features, and to which a list of remedies which are recognised to have produced that ailment or symptom in homoeopathic drug provings, or to have corrected it, is attached (Swayne, 2000: 186).

**SUCCUSSION:**
The act of vigorously shaking a homoeopathic dilution at each stage in order to prepare various potencies (Swayne, 2000: 201).

**TRITURATION:**
The primary steps in the preparation and potentisation of homoeopathic remedies from an insoluble and solid substance through a process of grinding it with lactose (milk sugar) as a diluent (Swayne, 2000: 218).

**VERUM:**
In the setting of a homoeopathic drug proving, verum relates particularly to the substance that is administered to volunteered provers. The verum is therapeutically active in comparison to the therapeutically inactive placebo (Moore, 2006).
CHAPTER 1: OVERVIEW

1.1 Introduction

Homoeopathy is a system of medicine that is dynamic as it views health and healing in terms of an energetic force, more appropriately termed as the vital force by Samuel Hahnemann (De Schepper, 2001: 12). Hahnemann was the father and founder of homoeopathy which he based on three crucial principles emphasising its creative nature and scientific foundation. The three principles are: “Like cures like”, the infinitesimal dose, and the single remedy.

“Like cures like” describes a belief that symptoms produced by a substance administered to healthy individuals can treat an ill individual with similar symptoms (De Schepper, 2001: 26).

Hahnemann arrived at the notion of the infinitesimal dose because he deemed that large doses may yield a toxic response in an organism. He consequently potentised substances by a process of trituration and serial dilutions until there was no residue remaining. The organism is stimulated by the minute dose which stimulates the health of the individual (Schepper, 2001: 38).

Using a single remedy is a central feature of homoeopathic prescribing as the homoeopathic remedy stimulates the vital force whereas administering multiple remedies could confuse it (De Schepper, 2001: 29).

Homoeopathy treats a patient by observing their mental, emotional and physical aspects and when used in conjunction with the above mentioned principles, this dynamic system is utilised to determine a specific remedy that will stimulate the vital force (De Schepper, 2001: 5).
According to De Schepper (2001: 32), homoeopathic remedies are discovered through provings. Provings are investigations that administer a potentised substance to healthy individuals in order to produce symptoms in them. The symptom representation produced indicates that a homoeopathic prescription of that substance will be able to treat an ill individual with those particular symptoms.

It is necessary to conduct provings as they serve to continually expand the materia medica. By doing so, there is a more extensive therapeutic potential that can be available within clinical practice as the homoeopathic practitioner has access to a greater number of remedies for their patients (Sherr, 1999: 8; O’Reilly, 1996: 173-174).

Homoeopathic remedies are acquired from various crude substances, which can be from the animal, mineral, and plant kingdoms; healthy and diseased tissue; and imponderable substances. Conducting provings are imperative to homoeopathic practice as it increases curative and remedial knowledge in homoeopathy. Thus, provings are an essential component in ascertaining new substances and therefore developing new homoeopathic remedies (Vithoulkas, 2002: 143).

Sherr (1999: 49) encourages the use of local resources to treat local symptoms, and the use of sources from nature because it is easily accessible. He also comments on the diversity of indigenous substances in South Africa and their potential role in treating prominent health issues specific to the South African population.

1.2 Rationale for Carcharhinus Leucas

According to Adam (2013), the ocean is known as the foundation of all known existence. It makes up a large portion of our planet and comprises practically all known elements. Despite its vast importance for life on this planet, only a minute number of homoeopathic remedies derived from the ocean have been investigated and prescribed. Examples of homoeopathic remedies that are of sea origin are: Natrum muriaticum, Calcarea carbonica, Sepia officinalis, Ambra
grisea and Spongia tosta. The sea consists of 230,000 known species and only 5% of the ocean has been discovered which means that there is an immeasurable amount of marine life that is still unknown. Thus, it is of vital importance that further research of sea remedies be conducted in order to enhance the materia medica and potentially discover remedies that will be curative and beneficial to the homoeopathic profession.

Grimes (2000: 7), the researcher who conducted the first homoeopathic proving of a tiger shark (liver) or Galeocerdo cuvier hepar, believed that conducting this research would be beneficial as prior research involving the cartilage of a shark exhibited health benefits. It was also stated that the scarcity of proven remedies derived from sea animals prompted the proving of Galeocerdo cuvier hepar in order to expand the materia medica (Grimes 2000: 7).

According to Richard (2012), only a very small subsection of the over 440 known species of shark have been researched. It is therefore evident that the proving of Carcharhinus leucas would address the paucity of indigenous substances in South Africa and greatly benefit and enhance the homoeopathic materia medica as the only other shark remedy to have been homoeopathically proven was Galeocerdo cuvier hepar.

It is believed that the study of Carcharhinus leucas will differentiate it from the more familiar remedies derived from the sea and that it will also exhibit possible resemblances and contrasts to the already proven Galeocerdo cuvier hepar as well as present possible new symptoms.

1.3 Aim

A homoeopathic drug proving of Carcharhinus leucas 30CH and a subsequent comparison with that of Galeocerdo cuvier hepar 30CH.
1.4 Objectives

1.4.1 Objective 1

To establish the effect of *Carcharhinus leucas* 30CH on healthy provers in order to ascertain the therapeutic potential of the substance.

1.4.2 Objective 2

To translate the symptoms acquired into an appropriate format in accordance to the materia medica and repertory format.

1.4.3 Objective 3

To compare the symptoms of *Carcharhinus leucas* 30CH with that of *Galeocerdo cuvier hepar* 30CH to acquire probable similarities and differences between the original proving and the current proving as well as probable new symptoms that could be yielded.

1.5 The Hypotheses

1.5.1 Hypothesis 1

*Carcharhinus leucas* 30CH will yield noticeable signs and symptoms in healthy provers.

1.5.2 Hypothesis 2

*Carcharhinus leucas* 30CH will yield signs and symptoms that display similarities and differences to that of the existing proving of *Galeocerdo cuvier hepar* as well as exhibit possible new symptoms that are unique to *Carcharhinus leucas*
1.6 The Delimitations

The study did not:

- Attempt to explain the mechanism of action of the homoeopathic preparation of *Carcharhinus leucas* in the production of symptoms in healthy individuals.
- Determine the effects of potencies of the proving substance other than the thirtieth centesimal potency (30CH).
- Seek to perform multicentre trials of the drug.

1.7 The Assumptions

- The preparation of *Carcharhinus leucas* 30CH was prepared in accordance with methods prescribed in the German Homoeopathic Pharmacopoeia (GHP) (Benyunes, 2005: 36-39).
- The sample was correctly procured and transported.
- The provers took the remedy in the dosage, frequency and manner required as outlined in the proving protocol.
- The provers conscientiously, accurately and honestly recorded all symptoms observed.
- The provers did not deviate from their normal lifestyle or dietary habits in a significant manner immediately prior to or for the duration of the proving.
- The randomisation code sheet was adhered to when the verum and placebo was dispensed to the provers.
- The provers complied with proving methodology as outlined in the letter of information (Appendix M).
CHAPTER 2 : REVIEW OF RELATED LITERATURE

2.1 Introduction to Provings

According to Swayne, (2000: 174) a proving is described as a process of ascertaining the therapeutic properties of a substance by administering it to healthy individuals in order to produce effects which will allow for the materia medica and therapeutic potential of the substance to be determined.

Samuel Christian Hahnemann (1755-1843), a German physician established the concept of homoeopathy which is founded on the principle of "like cures like" or "similia similibus curentur". The word “homoeopathy” originates from the Greek words “homois” which translates in English to the word “similar”, and “pathos” which translates to “suffering”. The basis of this dynamic process of medicine states that a substance that can produce disease-like symptoms in a healthy individual can also cure similar symptoms already existing in an ill individual. Introducing to the body with an infinitesimal amount of the remedy promotes healing whereas administering a large dose can produce disease symptoms in a healthy individual. Hence, the principle of “like cures like" has evolved (De Schepper, 2006).

Sherr (2003) believed that the only manner in which the effects of a substance can be obtained would be through a process of a comprehensive proving. The main aim of performing a homoeopathic proving is to document the totality of symptoms yielded by the proving substance in healthy individuals and from these symptoms, the curative indications necessary for the prescription of the proving remedy in the ill individual is obtained.

2.2 History of Proving

According to Riley (1996: 3), 200 hundred years ago, Samuel Hahnemann (1755-1843) became the first person to execute a homoeopathic proving. In aphorism 108
in the *Organon of the Medical Art*, Hahnemann (1996: 145) states that Swiss physician Albrecht von Haller realised the significance of administering substances to healthy volunteers to ascertain the therapeutic properties.

William Cullen (1710-1790), a Scottish chemist and physician wrote *A Treatise on Materia Medica* in which he documented his opinion regarding quinine, a substance derived from the bark of a cinchona tree and its curative properties pertaining to malaria. Hahnemann then chose to explore this and ingested several doses of quinine which resulted in the development of symptoms related to malaria. Hahnemann observed that with each dose of quinine, symptoms reappeared and once he discontinued ingesting the quinine, the symptoms ceased (Lockie and Geddes, 1995). Following several trials conducted on himself, Hahnemann discovered that this was not a once off occurrence and this prompted him to formalise the principle of “similia similibus curentur” (De Schepper, 2001).

Following this formalisation, Goel (2002: 363) discussed how Hahnemann’s work persisted and how several remedies were proved by his followers, namely: Dr Constantine Hering (1800-1880), Dr Clemens Von Boeninghausen (1785-1864), Dr James Tyler Kent (1849-1916) and Dr John Henry Clarke (1853-1931).

### 2.3 Proving Methodologies

In aphorisms 105-145 of *The Organon* (2011), Hahnemann provided guidelines pertaining to conducting homoeopathic provings (Dudgeon and Boericke, 2011). However, the manner in which Hahnemann carried out his provings was considered inconsistent and uncontrolled by current standards. Hahnemann used 64 provers during his provings, none of whom were administered a placebo and were therefore all given the proving remedy (Wagner, 2007: 8). Despite this, his style and methodology still presides today in present day research (Smal, 2004: 7).
Many writers believed that the quality of provings has decreased since Hahnemann’s time (Sherr 1994). Recently, it was found that although various people from all over the world performed provings, there was an immense variance in terms of the methodology as well as the standard of results produced which resulted in an inadequate extraction of symptoms. There were also other approaches to provings which did not properly adhere to the standards of Hahnemannian provings (International Council for Classical Homoeopathy [ICCH], (1999: 33).

A new methodology arose in 1993 known as the “C4” proving methodology (Becker and Ehrler, 1998; Timmerman, 2007). During the preparation of a homoeopathic substance by trituration (grinding in a pestle and mortar), Ehrler noticed physical and psychological symptoms that he accredited to the substance being triturred. Unlike the traditional C3 level recommended by Hahnemann, Ehrler started triturating substances up to the C4 level. Generally, trituration provings are performed in groups in which the substances are triturated using a pestle and mortar to a C4 level without ingestion of the substance (Botha, 2010: 31). Participants were also blinded with regard to the substance being triturated (Shore, Schriebman and Hogeland, 2004: 172-89). Despite variations in population size, symptoms experienced by participants were consistent (Timmerman, 2006). Symptoms experienced were documented throughout the trituration and deliberated upon subsequently (Botha, 2010: 31-32). However, this new proving methodology has been criticised as unstandardised and unscientific which undermines homoeopathic science and presents unreliable indications for homoeopathic prescription (Sherr, 1994: 7).

Following a widespread undertaking of provings, Sherr (1994) published his revolutionary work on provings, The Dynamics and Methodology of Homoeopathic Provings. The purpose of the book was to construct an outline that was of a practical and thorough nature in terms of contemporary provings and it went on to become recognised and put into practice by many homoeopaths (ICCH,1999).
In 1999, the International Council for Classical Homoeopathy (ICCH) released a document entitled “Recommended guidelines for good provings”. The motive behind it was to provide a standardised set of guidelines that were recommended in order to conduct a proving. Some of these topics included potency, use of placebo and blinding methods, selection of a proving substance as well as dosage. These guidelines were in alignment with the principles and practice that Hahnemann suggested in aphorisms 105-145 of The Organon of the Medical Art (ICCH, 1999).

In April and May 2014, the Liga Medicorum Homoeopathica Internationalis (LMHI) and the European Committee for Homoeopathy (ECH) released a document entitled “Homoeopathic Proving Guidelines Harmonised”. These guidelines were put in place to provide a structure for a homoeopathic provings as well as to ensure a standardisation of provings (Jansen and Ross, 2014).

2.3.1 Potency

Sherr (1994) utilised a large variety of potencies when it came to provings, including 6CH, 15CH, 30CH and 200CH. Sherr refers to information derived from his proving of Hydrogen where he utilised potencies ranging from 6CH to 200CH but states that the majority of mental/emotional symptoms that were produced during the proving was due to the 30CH potency. As per the LMHI and the ECH Harmonised Proving Guidelines, potencies between C12 and C30 (or their equivalent dilutions) are recommended (Jansen and Ross, 2014).

2.3.2 Posology

Sherr (1994: 53) states in his proving guidelines that each prover should consume one powder sublingually three times a day for two days. Thus, a maximum of six doses are consumed. As soon as symptoms became apparent, the doses are ceased immediately. If no symptoms arise after consumption of the entire six doses, it is assumed that the prover is possibly insensitive to the remedy taken. The LMHI and the ECH Harmonised Proving Guidelines
recommend no repetition of dosing once proving symptoms have appeared and that dosing should not be repeated when symptoms have disappeared (Jansen and Ross, 2014).

2.3.3 Placebo Control

Sherr (1994: 37) endorsed the usage of a placebo as a means to differentiate the effects of the remedy versus the effects of the actual proving process. He also implemented the usage of a placebo group of between 10% and 20% of provers. The LMHI and the ECH Harmonised Proving Guidelines recommend that at least 10% of the total proving population be administered a placebo (Jansen and Ross, 2014).

2.3.4 Blinding

Provings are usually carried out on a double blind basis which means that provers are not informed of the identity of the proving substance and researchers are unaware of which prover is receiving the verum or placebo. This is done to guard against prejudice from information attained during the research study (Sherr 2003: 37; Dantas 1996: 235). The LMHI and the ECH Harmonised Proving Guidelines recommend that the substance name, allocation of blank or verum, and potency of the remedy, be blinded (Jansen and Ross, 2014).

2.3.5 Sample Size

According to Sherr (2003: 45), 15 to 20 provers is an ideal number to produce a full remedy picture. Sherr (2003: 53) explains that a large number of provers may result in a remedy that is over-proved and this could possibly lead to an overloading of common symptoms in the materia medica. The LMHI and the ECH Harmonised Proving Guidelines recommend 10-20 provers as an ideal size for a proving (Jansen and Ross, 2014).
2.3.6 Other Proving Methodologies

2.3.6.1 C4 Trituration Provings

The theory of the C4 trituration proving methodology was researched in 1993 through self-experimentation by Ehrler (Botha, 2010). This proving required a group of provers to perform the trituration by hand themselves, and that the name of the proving substance not be disclosed (Hogeland and Schriebman, 2008). During the proving process, the provers would experience psychological and physical symptoms as well as images and ideas regarding the proving substance (Botha, 2010). Botha and Somaru (2010: 113) assert that C4 triturated remedies reveal the following at each stage of the trituration:

- C1: displays an effect on the physical level;
- C2: reveals the emotional characteristics;
- C3: exposes the mental aspects;
- C4: shows the spiritual features; and
- C5: reveals the collective unconsciousness of the remedy.

Botha (2010) from the Durban University of Technology (DUT) performed a C4 trituration of *Protea cynaroides* which yielded viable symptoms during the trituration process.

2.3.6.2 Dream Provings

According to Pillay (2002), contemporary dream provings started about 25 years ago at the Bad Boll Seminars which were carried out by Jurgën Becker. The seminar was one week in length and would take place twice a year hosted by Jurgën Becker and Gerhardus Lang at Bad Boll, a small district of Goppingen in Baden-Württemberg, southern Germany, with around 100 participants (Pillay, 2002: 7). At the seminars, homoeopaths who felt a strong affinity to a certain homoeopathic remedy and had proved it comprehensively would then display their findings. Every day during the proving, a dream proving would be performed and on the final day, the symptoms would be assessed (Pillay, 2002: 7).
2.3.6.3 Seminar Provings

The seminar proving methodology involves giving the proving remedy to a group of provers a few days prior to attending the seminar. The subsequent symptoms of the dose are then deliberated upon at the seminar, with the emotional, mental and dream levels of the remedy being the focal point (Herscu, 2002). Throughout the proving, each participant is required to observe the following (Sankaran, 1998):

- Physical symptoms including modalities;
- Emotional symptoms with exact feelings;
- Sensations and occurrences that arise in around the prover; and
- Observations of the participants in the vicinity of the prover regarding changes in the provers’ condition through the study period.

According to Sankaran (1998) the methodology of the above mentioned provings revealed unique features of the proving substance particularly on the emotional and mental spheres but appeared to lack the solidarity of the Hahnemannian proving protocols.

2.4 Related Proving: Galeocerdo Cuvier Hepar

2.4.1 Proving of Galeocerdo Cuvier Hepar

Melanie Grimes (from Georgia, United States of America) was the first individual to conduct a homoeopathic drug proving on a shark and based her research on _Galeocerdo cuvier hepar_, more commonly known as the tiger shark (Grimes, 2000: 7).

2.4.2 History of the Substance

According to Grimes (2000: 8), the substance was attained from a female tiger shark’s liver that was caught off the KwaZulu-Natal coast of South Africa. The shark was 82kg in weight and 1.8m in length. Johan Malan obtained the
substance in January 1995 and the liver sample was acquired approximately 2 hours following the death of the shark. It was then potentised to 30CH and the remedy was prepared for administration to provers on the 22nd of November, 1997 at 8.30PM.

The tiger shark is classified as follows (McGrouther, 2013):

Species: Cuvier
Genus: Galeocerdo
Family: Carcharhinidae
Order: Carcharhiniformes
Class: Chondrichthyes
Subphylum: Vertebrata
Phylum: Chordata
Kingdom: Animalia

2.4.3 How the Proving was Conducted

The proving was performed in a double blind manner so the provers and supervisors were unaware of the remedy source. It was conducted in accordance to the Hahnemmannian method which utilised guidelines set out by Sherr. Eight provers from the United States of America were utilised in this study, each of whom had their own supervisor and were provided with a notebook. The provers and supervisors had never met Grimes. In addition to this, the provers were not acquainted with each other and no group extraction was carried out. This was implemented deliberately to prevent “contagion” of the proving as well as to prevent a proving “epidemic” where non-provers yield symptoms. As a result of this methodology, there was no pressure endured by provers to produce symptoms and this allowed for a pure proving to be achieved (Grimes, 2000: 8).

2.4.4 Proving Symptoms

From the proving of Galeocerdo cuvier hepar, over 800 rubrics were yielded, including 270 new rubrics (Grimes 2000: 103).
2.4.5 Materia Medica of *Galeocerdo Cuvier Hepar*

2.4.5.1 Mind

**Calm/Excitement/Violent, Angry, Attack**

Various mental perceptions were experienced by provers. Contrasting symptoms were seen in provers who experienced a sense of calm and patience compared to other provers who noted a feeling of excitement, eager apprehension and playfulness. Differing from this calm and excited nature, violent and angry thoughts and actions were also expressed. Intolerance to seemingly trivial issues was apparent as well as an aggressive attitude towards people.

**Content/Weeping**

A feeling of being content and being devoid of negative emotions was seen whereas weeping surrounding issues of a fear of one’s secrets being exposed as well as reminiscing about a child’s childhood was apparent.

**Critical/Hopeless**

A perception of being critical and resentful of one’s self was felt pertaining to their salary. A sense of hopelessness and a diminished and altered state of optimism was also noted. A diminishment of existing enthusiasm, joy, excitement and happiness was evident.

**Energy Increased/Activity/Tired**

An increase in energy resulted in a desire to walk and to maintain some form of physical activity. Simultaneously, a decrease in energy contrasted with this energised state.

**Mental Focus/Clarity/Forgetful**

A mental clarity and increased focus was observed but in contrast to this, a mental dullness and unclear thoughts was also noted. Similarly, a spaced out and forgetful attribute was seen.
Detachment
A feeling of detachment resonated within provers whereby they felt a need to disconnect from family and friends or found it easy to disconnect from their lives. A lack of wanting to socialise with people as well as a sense of distancing themselves was seen.

Health/Anxiety about
An anxiety regarding health, more specifically about being pregnant arose in a prover as they experienced stomach distress.

Fear/Lights
A fear pertaining to the dark was a prominent aspect that arose as well as a sense of paranoia regarding the dark that would only subside once it was daylight. Visions of a scary, dark-haired woman with dripping black teeth arose which left the prover feeling troubled and had to resort to praying to put them at ease. A fear of the ocean was noted as it was seen as being powerful, scary and harsh. One prover also experienced a feeling of dread due to an upcoming dentist appointment. Some provers noted that lights were too bright as well as being content to sit in the light.

Time/Speed/Movement
Symptoms regarding time were noticeable as provers either appeared hurried or not concerned with being late or there was confusion concerning the time. Similarly, symptoms regarding speed or movement appeared whereby the prover noted that when they closed their eyes while in a car they could still see the scenery passing by, as well as a tendency to drive slowly.

Sexual Thoughts
An increased, persistent libido and sexual thoughts was apparent in one prover. She noted that it was ameliorated by exercise and would aggravate at 5PM and while riding in a car. It later decreased and became more manageable. Opposite to this, another prover experienced a diminished libido.
Ocean/Control
A theme pertaining to the ocean and control was apparent. Provers made note of fearing the ocean or a strong urge to be near the ocean or a body of water. The feeling of not being in control was seen in one prover when they were not the one driving.

Talk
A heightened awareness regarding one prover’s manner of speech was noticed and they often felt like they could hear an echo while speaking. More attention was paid to their speech as well as a change from being serious to being more playful.

Hum
A right sided high pitched humming sensation was heard as well as felt within and on the exterior of the body. It was noted that one’s aura was sensed close to the body as well as a heightened awareness of the body’s parameters. A tingling sensation together with the humming was experienced.

Penetrate Walls/Plug sensations
The idea of a plug being pulled in regard to a prover’s energy levels was seen and another prover felt that their thoughts were able to penetrate the walls and kill the rats within them.

Sensation
Various sensations were noted such as awareness of a pounding heart and of one’s skin texture as well as the body structure.

Shark
One prover identified themselves as feeling like an animal and another prover noted eating shark meat soon after the proving.
Aliens
A theme regarding aliens arose as one prover possessed thoughts about something being higher in the order of existence as well as recalling alien abductions from their childhood. This was relevant as aliens, like the shark, are superior in the food chain.

Dreams
In regard to dreams, provers reported having no dreams, excessive dreams and repetitive but altered dreams.

Miscellaneous
Lonely/Boredom/Hide/Women
A feeling of loneliness was evident as well as a sense of boredom. Due to feeling vulnerable, defensive and criticised, one prover wanted to hide as they felt they were weak. One prover thought their view on feminism was being challenged which led to her feeling edgy.

2.4.5.2 Vertigo
Dizziness was experienced while driving, specifically while turning round the corners of the road and the prover noted that they needed to drive slowly. Rest ameliorated the dizziness but returned due to being fatigued.

2.4.5.3 Dreams
Various dreams were experienced and the following themes were noted: control, light, performance, houses, water, women, children, missing/being lonely/belonging, embarrassment, food and travel.

Belonging: with regard to groups of schools, there was a sense of belonging to them or not. A feeling of being judged and that there was a higher judge or something sacred. A sense of embarrassment, confusion, bathrooms and sexual ambiguity was noted. Being guilty, committing a crime or being unprepared was also evident.
The feeling of power, capability, being in control, handling groups of people and performance was seen.

A psoric action regarding biking, walking and basketball was evident. Water themes about flooding, making mud and playing basketball under water was apparent. A sense of sacred light involving children was also seen.

The awareness of a rod shape was noticed and appeared as fences, posts, bars and fingers in provers’ dreams. Sacred objects such as drums and churches were also apparent.

Other topics that appeared in dreams were refrigerators and the cold as well as the colour white, snow, light and matters concerning mothers and women. Specifically regarding women, dreams pertaining to single and widowed women as well as women in search of a man and sexual ambiguity were evident. Machinery and tools were also noted in dreams, such as chainsaws and hammers. A feeling of being judged or tested was noted. Being criticised or experiencing failure about a group you are responsible for was also seen. Being protective over children was made evident. Dreams regarding grandmothers, death and dead relatives were also mentioned.

2.4.5.4 Head

In regard to the headache, dizziness, confusion, sleepiness, hunger and decreased mental functioning were stated as accompanying symptoms. The location of pain was varied and it ranged from the frontal and maxillary sinuses, temples, forehead, vertex and occiput. It also was noted to have had a left and right sided laterality.

The only reported aetiology was due to sharing personal information with a male friend. Ameliorations included acupressure and resting while aggravations included shaking of the head. A mild to moderate pain intensity was apparent. In regard to time modalities, symptoms were noted at 3.30PM and 5PM. Sensations describing
the pain included throbbing, pressing and a sharp pain. It was also evident that a
sensation of pressure was felt in the temples as well as a heavy feeling in the head.

2.4.5.5 Eyes

Red discoloration of the eyes was apparent in the mornings. Left and right eye
itchiness was experienced, more specifically in the left inner canthus and the upper
lid. Itchiness during the night was noted as well as an amelioration from scratching.
Photophobia was experienced, specifically by the lights in the prover’s car
dashboard. Pain was noted in the left inner canthus of the eye which was described
as an aching pain that was ameliorated by hot water. A tired sensation was
experienced around the eyes. Intermittent twitching of the lower right eyelid was
noticed.

2.4.5.6 Hearing

A noticeable humming sound was experienced as well as an awareness of one’s self
speaking. It was described as hearing an echo while talking.

2.4.5.7 Nose

The only accompanying symptom was a sore throat together with clear nasal
discharge. Catarrh was found to be crusty in the posterior nares. Increased nasal
catarrh was noted in the evening. Sensations observed were congestion and
sniffling. The catarrh was described as being dry, crusty and dark in colour.
Eruptions noted were small, white and were located at the tip of the nose. It then
healed and small, papular eruptions developed in the same location. A hollow feeling
in the nose was experienced and sneezing was noted.

2.4.5.8 Face

A small lesion on the lower left lip and chapped lips were noted.
2.4.5.9 Mouth

Locations pertaining to the tongue symptoms were the middle, the tip, the left side and towards the root of the tongue. A roughened area became apparent in the middle of the tongue and lesions on the left side. A mild pain was experienced in the middle of the tongue and an afternoon and evening time modality was apparent.

2.4.5.10 Teeth

A feeling of grinding one’s teeth while sleeping was noted.

2.4.5.11 Throat

An increase in nasal discharge and hoarseness was noted with the need to continuously clear the throat. A mild sore throat was evident and difficulty in swallowing as well as a choking sensation was noted.

2.4.5.12 Stomach

Hunger was the concomitant symptom to a headache. A diminished appetite was prominent compared to those who possessed an increased appetite. An easy satiety was noted as well as a craving for salty and sweet food. Cramping of the stomach was experienced. Eating a banana appeared to appease the stomach. Increased nausea, flatulence and belching was evident. Heartburn occurred twice a one day.

Pertaining to pain, fatigue, nausea and being agitated were accompanying symptoms. The location of pain was noted in the stomach. Walking, specifically in an area with hills and discussing one’s feelings were aggravating factors while belching was an ameliorating factor. The severity of the pain was described as being intense. Time modalities were upon waking and in the evening. The sensation of the stomach was described as being distressed and the pain was one of a gnawing nature. In regard to thirst, an increased thirst was apparent predominantly however a
decreased thirst was also noted. A tendency to sip on liquids as well an increased thirst but lack of desire to drink something was evident.

2.4.5.13 Abdomen

An apparent increase in flatulence as well bloating was experienced.

2.4.5.14 Rectum

Provers experienced constipation and an urge to pass stool but none was excreted. Constipation was cured in two provers as well as an improvement in the irregularity. Diarrhoea was experienced and was evident in the morning.

2.4.5.15 Stool

Stools were described as being smaller, harder as well as with a tail.

2.4.5.16 Urine

The urge to urinate during the night appeared to have decreased and as opposed to waking up 2-3 times to urinate, the prover noted only waking up once to urinate. There was also a decreased urine output that was evident.

2.4.5.17 Female

In regard to leukorrea, cloudy urine was a concomitant symptom. The time modality was upon going to sleep at night and the leukorrea was described as being clumpy, creamy and possessed an old, musty odour. Hot flushes were evident and an increase in objectiveness was noted as an accompanying symptom. An increase as well as a decrease in the number of hot flushes was noted but there was a greater intensity of the hot flushes experienced. The time modality was seen at night and during the day. Vaginal itchiness was apparent. In regard to the menstrual cycle, there was a complete discontinuation of provers’ menstrual cycles.
A decrease in libido was noted once in the company of a male partner but a high libido was experienced when alone. An anticipatory anxiety was an accompanying symptom. Sexual desire was a prominent feature and provers experienced a marked increase and decrease in libido. A major increase in libido was noted but later decreased to a more manageable level. It was also apparent that the sexual desire was elevated in the presence of one’s partner but would diminish once apart.

Accompanying symptoms was frustration, embarrassment and a fear of leaving one’s partner. Ameliorations included exercise and eating while aggravations would occur when at home, riding in a car, in the evening and at 5PM. An extremely high and intense sexual desire was experienced. The time modalities included the evening and at 5PM. Due to the high intensity of sexual desire, sexual thoughts were uncontrollable and there was difficulty focusing. The thoughts were often persistent and pervasive and would result in a feeling of embarrassment as well as frustration as the sexual thoughts could not always be carried out.

2.4.5.18  Expectoration

In regard to expectoration, the only accompanying symptom was a sore throat. Catarrh was found to be crusty in the posterior nares. Increased nasal catarrh was noted in the evening and sensations observed were congestion, sniffling and hoarseness of the voice. The catarrh was described as being dry, crusty and dark in colour.

2.4.5.19  Chest

Concerning the heart, time modalities included upon awakening and in the morning. The sensation experienced was heart palpitations as well as emotions such as excitement and elation. Chest heaviness was noted and was described as having a heavy object pushing down on one’s chest. Chest pain was observed and an increase in libido was an accompanying symptom. The location was in the right breast and extended behind it through the nipple. The time modality was 5PM and
the pain lasted between 2-15 minutes. The sensation was described as a stabbing pain.

2.4.5.20 Neck

The location was the left side of the neck and the base of the skull and the sensation was described as being tight and stiff.

2.4.5.21 Back

Burning was noted on the left side of the back below the scapula and the shoulder. The aetiology appeared to be upon walking. The time modality was in the morning and the sensation was localised to a small area that was described as burning. Itchiness was experienced on the back and also had a stinging sensation.

A general feeling of pain was observed and the accompanying symptom was skin sensitivity. The location was the left groin, the skin of the ischial tuberosity and the middle of the back. The pain would progressively worsen throughout the day and would move from the anterior to the posterior. It would be aggravated by movement and pressure. Symptoms relating to fibromyalgia and the pain in the middle of the back were cured. In regard to laterality, the location of the pain was on the left side.

The time modality of the pain was experienced at noon and in the morning. Lower back stiffness was noted to be cured. Various sensations regarding the pain were observed. The pain was described as a dull ache, sharp, needle-like pain, aching or sore, stabbing, sticking, stinging as well as tight and stiff. There was, however, an initial cure to old fibromyalgia symptoms but they returned and tightness of the back was experienced. Movements such as stretching and continuous movement ameliorated the pain. In particular, stretching was found to ameliorate the stinging pain experienced in the back.


2.4.5.22  Extremities

In regard to the joints, an aggravation of a previous joint injury was experienced. Pain in the joints was noted as symptoms from an old injured returned. The pain was described as an aching pain and would appear upon awakening. Itching without eruptions was noted on the left wrist, palm of hand, left knee, behind right knee, trunk, legs and arms. Pain in the upper extremities was experienced and was located in the right shoulder, lower arm and lower left arm. Pain was also noted specifically in the left shoulder that extended down the arm as well as in the right elbow. The sensation was a sharp, shooting and sudden pain. The aetiology was due to falling down the stairs. Movement of the hand aggravated the pain while a moderate amount of pain was experienced. Pertaining to shoulder pain in particular, movement such as stretching ameliorated the pain. The sensations were described as being stiff, weak, numb, tingling, aching and strained. Picking and biting at one’s fingers and nails was cured. Pain in the lower extremities was also observed. An accompanying symptom was sensitive skin over the ischial tuberosity. The locations noted were the buttocks, left groin, left hip and legs. Aggravations included pressure, movement, the touch of one’s own leg and the feeling of the bedding touching one’s leg. Pain intensity was noted as being progressive and the skin sensitivity experienced was intense. Pertaining to pain the feet and left knee, concomitant symptoms were ligament pain and a clicking in the left knee. The aetiology was due to falling on ice which caused a previous injury. In regard to specific sensations, paraesthesia and tingling was experienced.

2.4.5.23  Skin

Eruptions noted were located at the tip of the nose and hairline. A small, white lesion was seen which healed, followed by small, papular eruptions that developed in the same location and painful, small, papular lesions were noticed on the left occiput. Painful eruptions along the hairline were also seen. Itching of the skin without eruptions was experienced on the left wrist, palm, left knee, behind the right knee, trunk, legs and arms. Skin sensitivity was experienced on the ischial tuberosity extending anteriorly and towards the hip.
2.4.5.24 Sleep

A morning time modality pertaining to waking up early was seen, between 5-5.30AM. A deep sleep was experience as well as an absence of dreams or excessive dreams. Feeling hot to the point of removing one’s clothes and bedding was noted. A restless sleep was experienced and was mostly evident between 1-2PM. Sleeplessness arose due to sexual arousal, consuming coffee, irritability by the bedding, stomach cramps or due to waking up too early and feeling well rested. A requirement for less sleep was noted. In regard to waking, one prover noted waking up later than usual in the morning while another prover’s sleep was undisturbed during the night. Being able to wake up without difficulty was noted hourly and waking up more than usual during the night was also seen. A feeling of being more alert was experienced as well as a gnawing pain upon waking. Waking up at night was due to sexual arousal or a general inability to sleep at 2.24AM. Napping for an hour as well as an inability to nap was noted. Excessive yawning was observed and sleeping appeared to be the only amelioration following a headache.

2.4.5.25 Generals

In regard to food, cravings included bread, cheese, nuts, raisins, salt, hot peppers, oranges, potato chips, black tea, chocolate and peppermint. The only aversion noted was to sweets. Pertaining to time modalities, 5PM/5AM, 3PM-3AM, morning and midnight appeared to be prominent times for symptoms to occur. The following symptoms were noted at 5PM: increased libido, lower back pain and breast pain. Waking up at 5.30AM was noted. The following symptoms were noted at 3AM/3PM: yawning while driving between 2-3PM, waking up at 3.28AM and 3.30AM as well as feeling alert and rested, an internal humming was felt at 2.43PM and accidently tripping on the stairs at 3PM. Symptoms that were experienced in the morning included being aware of one’s heart pounding, waking up with stomach pain and a reduction in lower back stiffness. A feeling of being tired at midnight was experienced. Wanting fresh air was observed. Dry hair and nails was noticed. In regard to exertion/motion, accompanying symptoms included unclear thoughts and dizziness. Walking, being in an aeroplane and while driving appeared to be
aggravating factors but various forms of movement such as walking, exercising and stretching seemed to be an amelioration as well. An aggravation due to feeling hot while in bed, being covered, being touched and while sleeping was noted and a desire for cold air was seen as an amelioration. The time modality in connection to these aggravations and amelioration was mainly at night and at 2.30AM. A sensation of a much heavier body and head was experienced. Itchy eyes were noted, specifically in the left inner canthus. In terms of lassitude, concomitant symptoms included flatulence, grogginess, yawning and a feeling of the body appearing heavier. Excessive sleepiness was seen on multiple occasions as well as a desire to nap. In contrast to this, some provers experienced an undisturbed sleep. Sleepiness was seen in the mornings, at night, 6.30AM and 2-3PM. Photophobia was noted as well as dreams pertaining to lights. In regard to pain, locations included the lower back, right breast and vertex of head. Time modalities noted were 3.30PM and 5PM. Sensations were described as sharp, stabbing and “pointed”. A particular sensation experienced was described as hollow and was felt in nose and the stomach. In terms of laterality, a left sided tendency was evident. Pertaining to temperature, a desire for some form of heat was seen in provers wanting a hot shower, having symptoms ameliorated by the hot water, using extra blankets and clothes as well as putting on the heater. Additionally, extra weight was put on as well not sleeping adequately.

2.4.6 Unique Symptoms

The existing rubrics discussed below are of importance as they previously only had one remedy in them. However, following the proving of *Galeocerdo cuvier hepar*, it is apparent that this remedy can now be included to these existing rubics.

- MIND; THROWS; things; window; out of: Stram.
- MIND; WALK; hard walking amel. Mental symptoms: Hist
- MIND; WORK; does not advance fast enough: Gamb.
- DREAMS; cooking: Canth.
- DREAMS; dead; people, of grandmother: Mag-c.
- DREAMS; destination, not reaching her: Cadm-s.

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• DREAMS; errors, mistakes: Am-m.
• DREAMS; friends; meeting, of: Calc-p.
• DREAMS; houses: Pall.
• DREAMS; light: Coff.
• DREAMS; mud, walking in: Iod.
• DREAMS; running: Bell.
• DREAMS; water; running: Nat-s.
• HEAD; ERUPTIONS; sore; touch, on: Phos.
• HEAD; ERUPTIONS; occiput; margin of hair, moist, pustular: Clem.
• EYE; PAIN; aching; canthi: Mag-m.
• HEARING; ILLUSIONS; his voice seems changed: Alum.
• NOSE; CONSCIOUS of having a nose: Merl.
• FEMALE; LEUCORRHEA; clots, in: Ambr.
• FEMALE; SEXUAL desire; increased; night; rougsing: Med.
• FEMALE; SEXUAL desire; increased; busy, must keep, to repress: Lil-t.
• FEMALE; SEXUAL desire; increased; sleep, disturbing: Aur.
• FEMALE; SEXUAL desire; increased; dreams; sexual; without: Zinc.
• BACK; PAIN; general; dorsal region; extending to; shoulder blades: Med.
• SLEEP; WALKING; hourly: Allox.
• GENERALITIES; EXERTION; physical; amel.; air, in open: Rauw.
• GENERALITIES; PAIN; small spots; burning: Ran-b.
• GENERALITIES; TOUCH; agg; cannot bear limbs ro touch each other; night: Psor.
• GENERALITIES; TOUCH; agg.; clothing, of: Bad.

2.4.7 Generals

• Morning: Back, sleep, chest.
• 5AM: Female, sleep.
• 5PM: Head, female, chest, back.
• Left: Head, eyes, mouth, throat, neck, back, arm, groin, wrist, knee.
• Right: Head, eyes, breast, arm, shoulder, knee.
• Driving aggravated: Vertigo, chest, lassitude.
• Exercise ameliorated: Female, back, shoulder, mind.
• Exercise aggravated: Stomach.
• Heat ameliorated: Eyes, back, female.
• Heaviness: Head, chest, body.
• Itch: Eyes, head, mouth, trunk, female, arms, legs, knee, skin.
• Sharp/ stabbing pain: Back, shoulder, chest, head.
• Tip: Nose, tongue.
• Waking: Mind, throat, stomach.

2.4.8 Dream Themes

• Women - Widows, single.
• Mothers - Like looking for a birth mother.
• Taking care of children.
• Groups of people, community, gatherings (connections).
• Schools.
• Homes, houses, rooms.
• Machines, bicycles, chain saws, backhoe.
• Movement, walking, biking, basketball.
• Travel.
• Pride/ embarrassment.
• Sex and sexual ambiguity.
• Guilt, doing wrong, unprepared.
• Performance.
• Food.
• Sacred, drums, church.
• White, snow, light.
• Power, food chain, control.
• Cold.
• Frustration.
• Bathrooms.
Belonging, fitting in, lonely (disconnection).
- Judgement, tests, criticism.
- Responsibility.
- Danger.

### 2.4.9 Themes of *Galeocerdo Cuvier Hepar*

The following themes emerged in the proving of *Galeocerdo cuvier hepar*:

- Characteristic symptoms: Heightened senses, confusion of the mind, back pains, sleeplessness and an affinity to the female reproductive system (Grimes, 2000: 36).
- Anxiety specifically pertaining to health (Grimes, 2000: 43).
- Confusion and cloudiness, dullness of mind and decrease of mental clarity (Grimes, 2000: 43).
- Spaced out sensation (Grimes, 2000: 44).
- Detachment, disconnecting and removing oneself from the people around them (Grimes, 2000: 43).
- Marked increase in libido (Grimes, 2000: 79).
- Lassitude and decreased energy (Grimes, 2000: 98).

### 2.5 Other Related Research

In 2008, one other proving regarding a sea animal was conducted at the Durban University of Technology. The basis of the study was in regard to *Gymnura natalensis* also known as the butterfly ray. The research was composed of two components and was conducted by two researchers concurrently. Naidoo’s (2008) research was entitled “A homoeopathic drug proving of *Gymnura natalensis* with a subsequent comparison to existing homoeopathic remedies derived from sea animals” whereas Pather’s (2008) research was entitled “An evaluation of the homoeopathic drug proving of *Gymnura natalensis* in light of a Doctrine of Signatures analysis and a comparison between the proving symptomatology and venom toxicology”.

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2.6 Sea Remedy Themes

As expressed by Adam (2013), “The sea is a symbol of the dynamism of life. Everything comes from the sea and everything returns to it. It is a place of birth, transformation and rebirth. With its tides, the sea symbolises a transitory condition between shapeless potentiality and formal reality, an ambivalent situation of uncertainty, doubt, and indecision.”

According to Mangialavori (2002), the following themes of the sea remedies are evident:

- Individuality – Doesn’t require contact with others;
- Weakness / Independence – Tendency to appear strong and not need others;
- Communication problems;
- Past – The idea that “before” was better;
- Safe environment / Protection;
- Sensitiveness
- Motion – Difficulty moving;
- Harmony; and
- Stinging pain.

2.7 The Proving Substance

Figure 1: Adult male bull shark (*Carcharhinus leucas*) caught in Umhloti Beach, Durban in 2016
Source: Dawood (2016)
2.7.1 Classification

Classification of *Carcharhinus leucas*: (Kennedy, 2014).

Kingdom: Animalia
Phylum: Chordata
Subphylum: Vertebrata
Superclass: Gnathostomata
Class: Elasmobranchii
Order: Carcharhiniformes
Family: Carcharhinidae
Genus: Carcharhinus
Species: leucas

2.7.2 Description

2.7.2.1 Appearance

*Carcharhinus leucas* is also commonly known as a bull shark. Moran (2009) states that bull shark are large in size with a heavy set-body. They possess a broad snout, moderately small eyes, pointed dorsal fin and lack an interdorsal ridge. Their teeth are broadly triangular and serrated. Their colouration is dusky grey that lightens to white ventrally. There are two unique features that make the bull shark stand out; their snout which is short and round, giving the shark a bold appearance; and, the presence of two dorsal fins, the second of which is much smaller than the first (Crist, 2002).

In terms of their size, the largest documented bull shark was 3.5m long and over 230kg. Females can reach a maximum length of 3.5m while males are slightly smaller at 3m. Females develop larger than males and can average a length of 2.4m and can weigh 130kg. Males possess an average length of 2.25m and can weigh 95kg. Their size at birth ranges from 59cm to 81cm (Moran, 2009).
2.7.2.2 Habitat

Crist (2014) states that although bull sharks can be found in relatively deep water, they usually dwell in water that ranges from waist deep to 30m. In terms of their hunting, they prefer murky water and they are one of the only sharks capable of surviving in freshwater for prolonged periods of time due to their metabolism being able to adapt to a deficiency of salt.

2.7.2.3 Distribution

According to Ritter (2009), bull sharks are generally located in tropical and subtropical waters worldwide but have a tendency to reside near rivers or in rivers. They are one of a minority species that have the capability of living in non-salty water as sexually mature animals. They are found in a variety of rivers such as the Mississippi, the Amazon and the Zambezi.

2.7.2.4 Diet

Ritter (2009) states that bull sharks have a diverse selection in terms of their feeding habits. This includes bony fishes, molluscs, crabs and at times they even consume other sharks and rays. They belong to a limited species of sharks with a cannibalistic trait and are seen as opportunistic hunters. Crist (2014) discusses how bull sharks will eat anything that is available to them and that the remains of everything from humans to hippopotami have been discovered in their stomachs.

2.7.2.5 Reproduction

According to Crist (2014), bull sharks are viviparous which means that they give birth to live young which have been nurtured and sustained within the mother shark. Bull sharks reach sexual maturity between the ages of 8 and 10 years. They tend to breed in the warm summer months and the juvenile sharks are born more or less one year later. The pups are born in litters which contain as many as 13 pups that are on average 71cm at birth. In terms of the breeding place for
bull sharks, a common area for breeding would be in brackish or saline water where freshwater rivers meet the saltwater oceans.

### 2.7.2.6 Behaviour or Nature of the Shark

The bull shark is an independent species that hunts solitarily. Many individuals are not migratory but bull sharks in South America have been known to migrate from the Amazon River to the Atlantic Ocean. The most interesting fact about bull sharks is their ability to enter areas of freshwater as they have the capacity to adapt to an insufficiency of salt by adjusting their metabolism. Scientists have discovered bull sharks far up the Mississippi and Amazon Rivers and also in Lake Nicaragua and they assumed that they were a separate species until they realised that they were jumping the rapids which is a similar behavioural pattern to salmon (Crist, 2014).

### 2.7.3 Traditional Medicinal Use

In various parts of Asia and Africa, 80% of the population have become dependent on traditional medicine as their primary means of healthcare. The fins of sharks are mainly comprised of cartilage which is a form of connective tissue found in the musculoskeletal systems of various animals. In Japan, shark fins are available in various forms as they have been utilised extensively in Asian medicine due to its reputed anti-cancer properties. There has also been a marked increase in the popularity of shark fin in the West (Tutton, 2009).

The use of shark liver oil is not a new concept and has been widely used throughout the world. Two centuries ago, Norwegian fisherman learnt that oil obtained from a deep sea shark sped up the healing process of skin wounds. The oil was also consumed following an illness in order to reduce the swelling of lymph nodes in the armpit, groin and neck. In 1922, shark oil was found to contain a fatty substance called alkoxy glycerols which was understood to sustain and encourage conditions for white blood cell production which would improve the immune response (Grimes, 2000: 22).
Squalene or unsaturated terpenic hydrocarbon is the principal constituent of shark liver oil and it is thought to be manufactured by the shark as a precursor to cholesterol (Grimes, 2000: 22). Although it is found in very minute amounts in human fat, skin, gall bladder, liver and pancreas, it is found in larger quantities in olive oil, avocados, eggplant and poultry. According to Kelly (1999) the supplementation of squalene in one’s diet can diminish cholesterol as well as triglyceride levels.

Henshaw (2015) states that the use of squalene oil has also been found to be related to anti-cancer treatments and the supplementation of squalene displayed a slower growth in a malignant tumour’s blood vessels. Due to this, squalene oil was found to be used as an adjunct or alone during chemotherapy as well as a supplement in decreasing the side effects of chemotherapy.

For many years, it was thought that sharks were immune to cancer. Rogers (2014) states that this is not the case but rather that there is a lower incidence of cancer among sharks. It is believed a shark’s immune system has the ability to somehow block human cancer cells thus leading to further research.

2.7.4 Sharks Myths and Legends

Sharks have been known to be a natural choice as mythological creatures as well as being focal points of remarkable stories. This can be attributed to their mysterious nature and the fear they have been known to instil in people. Although they are major features of Hawaiian mythology, they are also found in folklore of Australian Aborigines, Indonesian tribes, Indians of North America and even in Greek mythology (Meyer, 2013).

- Hawaii:

Several major shark gods exist in Hawaiian mythology. In this tradition, when a person died their family offered the body to become a shark. The body was then thought to transform into the shark and the kahuna (priest, sorcerer or magician)
would then convey to the family the specific markings on the shark's body that would correspond to the clothing that the deceased wore. The family had immense faith in the specific shark to guide fish into their nets, deter danger and to even cause harm or kill their enemies. This was called the families “aumakua” and would go by the name of the deceased (Meyer, 2013).

- **Greece:**

According to myth, Lamia, the daughter of the sea god Poseidon, had an affair with the king of gods, Zeus. When Hera, Zeus's wife learnt of the affair, she abducted and killed Lamia’s children which infuriated Lamia. In order to get revenge, Zeus turned Lamia into a shark monster so she could devour the innocent children of others (Rogers, 2016).

- **Other:**

According to the Australian Aborigines, a tiger shark named Bangudja attacked a dolphin man in the Gulf of Carpentaria which left a red blemish that can still be noticed on the rocks of Chasm Island (Grimes, 2000: 27). In the Soloman Islands, locals believed the ghosts of the deceased dwelt within the bodies of sharks (Grimes, 2000: 27). In Polynesia, it was thought that the shark God Kauhuhu dwelt within a cavern and whoever entered never returned (Grimes, 2000: 27). Although there is a shortage of shark legends from Europe, they were believed to be icons of the embodiment of evil (Grimes, 2000: 27).
CHAPTER 3 : METHODOLOGY AND MATERIALS

3.1 The Experimental Design

The homoeopathic proving of *Carcharhinus leucas* 30CH was conducted by means of a double blind, placebo controlled method with a total of 30 provers. Of the 30 provers, 24 received the verum and the remaining 6 received placebo. The powders that contained the verum were allocated according to a randomisation chart and since the research is of a double blind nature, the researchers as well as the provers were not informed as to who would obtain the verum or placebo powders. In order to guarantee that the double blind arrangement was upheld, the appearance of the verum and placebo powders and the packaging were indistinguishable.

Prior to the commencement of the proving, each prover was provided with a prover code as well as a journal in order to document symptoms that were experienced throughout the proving period. Six powders were provided to each prover and they were instructed to consume one powder three times a day for a period of two days or until symptoms developed.

On completion of the proving period, the journals were collected and the data within was transcribed and translated into materia medica and repertory format by the researchers. The translation of symptoms assisted in establishing a remedy picture which was then extensively compared and contrasted to the proving of *Galeocerdo cuvier hepar* (Grimes, 2000: 41-101) in which the resemblances and variances were noted.

3.2 The Principle Researchers

The research was carried out by two Masters of Technology: Homoeopathy students, Miss. Nalini Naidoo and Mr. Ismaeel Firdaus Khan from the Durban University of Technology. The research regarding the proving of *Carcharhinus*
leucas 30CH was conducted simultaneously between the two researchers whereby the methodology was identical and the data collected was shared. Of the 30 provers who participated, each researcher supervised 15 provers respectively. Within each group of 15 provers, a process of randomisation was carried out to allocate the verum and placebo powders. The research differed in regard to the objectives as Nalini Naidoo compared the symptoms of *Carcharhinus leucas* 30CH with that of *Galeocerdo cuvier hepar* 30CH whilst Ismaeel Firdaus Khan compared the symptoms of *Carcharhinus leucas* 30CH to the doctrine of signatures.

### 3.3 Outline of the Experimental Method

1) The proving substance was manufactured by the researchers according to Method 6, Method 8a and 10 of the GHP (Ross, 2011).

2) Gatekeeper permission was obtained from Dr. Korporaal (Appendix E), the Chiropractic Clinic Director, Dr. Nienaber (Appendix F), the Homoeopathic Clinic Director in order to manufacture the remedy on the premises of the (DUT), and Professor S. Moyo (Appendix G) at the post graduate research office

3) Provers were recruited by means of an advertisement (Appendix H) that was posted on the premises of the DUT as well as through personal invitation.

4) Provers participated in a pre-proving meeting in which the researchers discussed the procedure of the study and notified provers of what was required of them during the proving process. Provers were also invited to make any queries prior to agreeing to participate in the study.

5) Potential provers were given a preliminary letter of information (Appendix I) provided a general overview of the proving and the procedures that it would entail.

6) A preliminary consent form (Appendix J) was given to prospective provers and once they agreed, they underwent a screening procedure to determine their suitability for their involvement in the proving (Appendix K).
7) Once it was established that the potential prover met the inclusion criteria, a complete initial case history and physical examination was conducted (Appendix L).

8) Provers were allocated by a process of randomisation to either the verum or placebo group.

9) Provers were assigned a prover number, a journal, a pen, a letter of information (Appendix M) and an envelope containing six powders, either medicated (verum) or un-medicated (placebo) which were labelled in accordance to the prover number.

10) All provers started by documenting their day-to-day symptoms in their journals one week prior to the administration of the remedy (week 1). This data established the baseline for each prover.

11) Once the pre-proving week was completed, on day 8 provers ingested their first dose in accordance to the guidelines given, i.e. one dose three times a day for two days or until symptoms were experienced. Contact by the researchers was maintained with the provers on a daily basis.

12) If a prover experienced any unpleasant symptoms he/she would discuss these with the researchers in order to determine whether they were appropriate proving symptoms or not. If the symptoms were due to the proving remedy, taking of the powders was ceased immediately.

13) If there was no occurrence of symptoms within the first two days, or once all six powders had been finished, it was still necessary for the prover to make journal entries for the remainder of the proving period, and for any late onset of symptoms to be recorded.

14) Provers were expected to document any symptoms in their journals until all proving symptoms had diminished. The documentation of symptoms continued for 4 weeks.

15) The researchers reduced contact with the provers from daily communication during the first week, to once in two days, once in three days and then weekly.

16) At the end of the 4 weeks, the researchers collect the completed journals and 2 weeks following this, the provers attended a follow up consultation in
which a follow up case history and physical examination occurred (Appendix P).

17) The proving was then unblinded to the researchers which allowed for verum and placebo groups to be distinguished.

18) Extraction of symptoms, collation and editing of data from the journals were conducted by each researcher. This data was then represented in standard materia medica and repertory format.

19) A comparison of *Galeocerdo cuvier hepar* and *Carcharhinus leucas* was then conducted.

3.4 The Proving Substance

3.4.1 Potency

According to O’Reilly (1996), in aphorism 128 of the “Organon of the Medical Art”, Hahnemann encouraged the use of the thirtieth potency when considering the medicinal potential of a substance. The use of the 30CH potency for the homoeopathic proving of *Carcharhinus leucas* is based on this suggestion as well as the success in current provings that utilised the same potency as observed by Sherr (1994). Sherr (1994: 27) also made note in his proving of Hydrogen that there were prominent mental and emotional symptoms that arose when the 30CH potency was utilised. As per the LMHI and ECH, potencies between C12 and C30 (or their equivalent dilutions) are suitable for provings (Jansen and Ross, 2014).

3.4.2 The Collection, Preparation and Dispensing of Proving Remedy

The proving substance was sourced from the KwaZulu-Natal Sharks Board (KZNSB) with the help of a junior scientist by the name of Nomfundo Nkabi. With her help, the head of research at the KZNSB approved our request for a liver sample from the shark (Appendix B). The liver utilised was sourced from a female bull shark that was caught in the shark nets in December 2014 which had been frozen up until the time of collection. A fresh sample was unobtainable for
seasonal reasons. If the researchers required a fresh sample, an extended waiting period would have followed. The bull shark weighed 72.5kg and the total liver weight was 8kg (designation R.B14022). At the time of collection, Ismaeel Khan was present to obtain it from Nomfundo Nkabi.

![Sample of liver from Carcharhinus leucas](image)

**Figure 2:** Sample of liver from *Carcharhinus leucas*

### 3.4.3 Manufacture of the Remedy

One part of the defrosted sample was precisely massed out and combined with 99 parts of inactive lactose powder (*Lactose: lactose monohydrate SAAR3862000EM Charge/lot: 1039504 Exp: 31/03/2016 + Anhydrous alcohol Hazchem: 25E Batch: 52/12/67 UN No: 1170 Illovo, Merebank*), this was then followed by triturating the mixture as per method 6 (Ross, 2011) of the GHP (GBH). The sample was further triturated to the 3\textsuperscript{rd} centesimal potency or 3CH and this was then converted into a liquid potency as per method 8a of the GHP (Ross, 2011). Serial attenuation and succussion of the remedy was executed until the 30\textsuperscript{th} centesimal potency or 30CH was reached.

According to method 10 of the GHP (Ross, 2011), neutral and inactive saccharum lactis granules were utilised and impregnated using the 30CH liquid
potency. The 30CH granules of *Carcharhinus leucas* (verum) was then stored in the laminar flow room of the homoeopathic clinic at the DUT.

The powders were manufactured by adding ten 30CH granules of *Carcharhinus leucas* were added to each lactose powder envelope and 144 envelopes were prepared for the 24 verum provers, each of whom received six envelopes (Taylor, 2004: 27).

The 36 placebo envelopes containing inactive lactose powder was each filled with 10 granules that were impregnated with alcohol. This was done to allow for the verum and placebo to be indistinguishable from each other, the provers as well as the researchers. The identical appearance of the verum and placebo meant that the double blind standard was being adhered to. The 36 placebo envelopes prepared meant that each of the six placebo provers would receive six envelopes (Taylor, 2004: 27).

### 3.4.4 Dosage and Posology

Each prover was required to ingest one powder sublingually three times a day for two days. Thus a maximum of six doses were administered. As soon as symptoms became apparent, the doses were discontinued immediately (Sherr, 1994: 53). Provers were advised to not consume food or coffee 30 minutes before and after the administration of each powder.

### 3.5 The Sample Criteria

#### 3.5.1 Prover Sample

According the Sherr (2003: 45), 15-20 provers will generate a comprehensive remedy picture. For the proving of *Carcharhinus leucas*, 30 provers were utilised, with 80% (24 provers) of the sample comprising the verum group and the remaining 20% (six provers) being the placebo group. The two researchers were
allocated 15 provers each, the researchers being Miss. Nalini Naidoo (B.Tech.Homeopathy) and Mr. Ismaeel Firdaus Khan (B.Tech.Homeopathy).

In order to attract potential provers, advertisements were placed throughout DUT (Appendix H). Provers included homoeopathic students as well as participants who were personally invited to partake in the proving. Those individuals who were to participate were initially screened to ascertain if they were suitable for the study (Appendix K).

3.5.1.1 The Experimental Group

The experimental or verum group consisted of 80% (24 provers) of the prover sample.

3.5.1.2 The Placebo Group

The placebo group consisted of 20% (six provers) of the prover sample.

3.5.2 Randomisation

Provers were randomly assigned to either the verum or placebo group by an academic staff member namely Dr I. Couchman (M.Tech Homoeopathy). Fifteen provers were allocated to each researcher, namely Miss. Nalini Naidoo (B.Tech Homoeopathy) and Mr. Ismaeel Firdaus Khan (B.Tech Homoeopathy). In order to adhere to the double blind specification, the packaging and appearance of the verum and placebo powders were identical in presentation.

3.5.3 Inclusion and Exclusion Criteria

Inclusion Criteria:

- The prover must be between the ages of 18 to 75 years old.
- The prover must be in a reasonable state of health with no gross pathology.
• The prover should maintain a normal lifestyle and routine.
• The prover must be willing to adhere to instructions given in the proving.
• Consumption of tea/coffee, alcohol and smoking needs to be restricted as per the proving supervisor’s instructions (Sherr, 1994: 44).

Exclusion Criteria:
• Persons taking medication (Sherr, 1994: 44).
• Pregnant or breast feeding mothers (Sherr, 1994: 30).
• Persons planning to conceive during the proving period.
• Persons on hormone replacement therapy or oral contraceptive pills in the last six months (Sherr, 1994: 30; Wieland, 1997: 233).
• Persons who have undergone surgery in the past three months (Wright, 1999).
• Persons using any recreational drugs such as cannabis, LSD, or ecstasy (Sherr, 1994; Wright, 1999).
• Persons having any gross physical or mental pathology, found during case history taking or physical examination (Wieland, 1997: 233).
• Persons not willing to adhere to the appropriate procedure for the period of the proving.

3.5.4 Lifestyle of Provers During the Proving

Sherr (2003: 92) states that the following recommendations should be adhered to by provers during the proving period:
• Avoid all antidoting elements such as coffee, camphor, and mints. It is also recommended to discontinue the use of these substances for two weeks before and for the duration of the proving (Sherr, 2003: 92).
• Powders must be stored in a dark, cool area away from strong smelling substances, chemicals, electrical equipment and cellular phones (Sherr, 2003: 92)
• Moderation in regard to work, alcohol, exercise and diet (Sherr, 2003: 92);
• Avoid medication including antibiotics, steroid or cortisone preparations, vitamins or mineral supplements and herbal or other homoeopathic remedies (Sherr, 2003: 92).

3.5.5 Monitoring the Provers

During the proving period, researchers ensured that telephonic contact was maintained. The frequency in which provers were contacted diminished from daily contact in the first week of the proving to every second day in the second week, every third day in the third week and once a week in the fourth and final week (Sherr, 1994: 58).

The rationale behind this regular contact was threefold:

• To determine when the remedy began displaying any possible symptoms so that no additional doses were administered (Ross, 2011: 95).
• To confirm compliance of the prover with the terms of administration of the powders as well as the documenting of symptoms in their journals (Ross, 2011: 96)
• To observe the character of the symptom that the prover experienced which would guarantee the safety and well-being of the prover in the event of them requiring an antidote or an alternate form of treatment (Ross, 2011: 96).

3.5.6 Ethical Considerations

Ethical considerations were handled as follows:

• The methodology of this research was approved by the Faculty of Health Sciences Ethics Committee of the DUT preceding its commencement in order to safeguard and protect the rights and safety of each prover.
• Due to the voluntary involvement in this research, each prover gave their informed consent by signing a preliminary consent (Appendix J) as well as an informed consent form (Appendix M).
- Confidentiality and anonymity of the provers was maintained throughout the study.
- There was a lack of coercion in the recruitment of the provers and they were made aware of the fact that they were under no obligation to participate and were free to withdraw from the study at any point.

3.6 The Duration of the Proving

3.6.1 The Case History and Physical Examination

Provers that were deemed suitable and met the inclusion criteria (Appendix K) participated in a pre-proving meeting that was hosted by the researchers and supervisors. A pre-proving consultation followed at a later date in which a comprehensive case history and physical examination was conducted. The case history together with the physical examination served as a baseline status specific to that person prior to the administration of the proving powders.

3.6.2 The Pre-Proving Observation Period

Provers initiated the documenting of their “normal state” by noting daily symptoms in their journals for a period of one week preceding the administration of the first dose of the proving substance. This determined a baseline specific to the provers’ state of health and was later utilised to verify the validity of symptoms provers experienced while under the influence of the proving substance. Apart from this, this process also served as a means of familiarising provers with self-observation as well as forming a routine of consistent documentation of symptoms (Sherr, 1994).

3.6.3 Commencement of the Proving

A week following the baseline or pre-proving journal keeping, each prover was required to consume the first dose of the proving powders. Symptoms were expected to be documented if any arose after the first dose. If a major symptom arose, the provers were instructed by the researcher to discontinue consuming any further
doses of the proving powders. If symptoms that arose were of a mild nature, provers were instructed to consume one additional dose of the proving powder. If however no symptoms were experienced, the provers would continue the administration of the proving powders as per normal i.e. three times a day over a period of two days. Even if the prover discontinued further administration of the proving powders, they were still considered a part of the research and the researcher maintained telephonic contact with the prover. If the prover encountered a serious aggravation, they would be antidoted as per the researcher and supervisor’s supervision but would still be included in the research. The daily documenting of symptoms by provers was maintained for a total of 4 weeks.

3.6.4 Chronology

As stated by Sherr (1994), the presentation utilised for this proving was presented as DD: HH: MM (Day: Hour: Minute). Provers were advised to indicate in their journals the day they commenced the administration of the proving substance as day 0, this would subsequently be followed by the second day which would be day 1 and continued in this manner until the end of the proving period.

Provers were instructed to take particular notice of the time a symptom occurred and ensure it was documented in their journals. After 24 hours had passed, the minutes were no longer significant and could be represented by XX. After a few days had passed, the hours were no longer relevant either and could be represented by XX. In the case where time was trivial, the symptoms were represented by XX: XX: XX (Sherr, 2003: 73).

3.6.5 Post-Proving Observation

An additional two weeks after the proving period was allowed for general observation. This two week period was granted to provers as a post-proving period, at the end of which a follow up case history was obtained and a physical examination conducted. At this point in the proving period, the prover’s journals would be collected and the proving would be considered complete.
3.7 Data Collection

The information collected from the research comprised the pre- and post-proving assessments of each prover involved but the main source of data was obtained from the prover journals that were collected at the post-proving consultations. Provers were expected to document their symptoms at the time of incidence to prevent any imprecision in recording. Coupled with the journal, provers received instructions in regard to documenting symptoms and researchers observed the quality of symptoms noted by provers during every telephonic communication with them.

Provers were required to record their symptoms in the following format:

- Reports were noted for each symptom and included any concomitants, locality, time, sensation and duration (Sherr, 1994: 60).
- For every new day, a new page was started and the day and date was noted (Sherr, 1994: 60).
- Each symptom was documented on its own line (Sherr, 1994: 60).
- Notes made were not to be lengthy and only specific facts were to be documented (Sherr, 1994: 62).
- Every symptom was characterised as per the following:
  - New symptom (NS) – never before experienced.
  - Old symptom (OS) – occurred more than one year ago.
  - Altered symptom (AS) – a normal symptom changed during the proving.
  - Recent proving (RS) – experienced within the last year.
  - Cured symptom (CS) – old or recent symptoms that are no longer present (Sherr, 1994: 62).
- The points stated above were distinguished in red ink beside the symptom (Sherr, 1994: 62).
- The precise time a symptom occurred was documented.
- Every symptom was documented chronologically as per the day, number of hours and minutes since the proving started. This would be presented as: DD: HH: MM. An example of this would be 05: 10: 30 is 5 days 10
hours and 30 minutes since the commencement of the proving (Sherr, 1994: 73). Where:
  o -DD: Number of days since the proving started.
  o -MM: Number of minutes since the proving started.
  o -HH: Number of hours since the proving started.
- Once 24 hours lapsed, the minutes become insignificant and were represented as XX and after a few days, hours became unnecessary and were also represented as XX (Sherr, 1994: 73).
- In the case where the time was uncertain or irrelevant, it was represented by XX: XX: XX.

3.7.1 Extraction and Evaluation of Symptoms

Sherr (1994: 67) states that symptoms obtained from each prover’s journal should be collated and converted into materia medica and repertory format. All documentation by provers in their journals was logged in the first person which ensured that it was in the provers own words in as simple, distinct and grammatically accurate English as possible (Sherr, 1994: 67). Symptoms yielded during the pre- and post-proving journal journaling acted as a baseline control specific to each prover and these symptoms were used to verify the validity of symptoms yielded during the proving process. Information obtained from the telephonic communication was also taken into account with regard to the inclusion and exclusion criteria mentioned below.

3.7.2 The Criteria for Inclusion of a Symptom as a Proving Symptom

Inclusion Criteria:
- An unfamiliar new symptom to the prover (ICCH, 1999: 36).
- Intensification of usual or present symptoms to a significant degree (ICCH, 1999: 36).
- The modification or alteration of current symptoms using clear description of the present and modified components (ICHH, 1999: 36).
- The appearance of old symptoms that have not been present for at least one year. The time that the old symptoms occurred needs to be noted (ICCH, 1999: 36).
- The disappearance of current symptoms during the proving (ICCH, 1999: 36).
- Only if there is a repetition of the time of day at which a symptom occurs in one or more provers can it be included (ICCH, 1999: 36).
- If doubtful about a symptom then include it in brackets. The symptom could be valid if another prover experiences the same symptom. But it must be included (ICCH, 1999: 36).
- After taking the medication a symptom occurred twice during the homoeopathic drug proving (ICCH, 1999: 36).
- A symptom that was experienced when the proving commenced and which disappeared or ameliorated significantly after the proving remedy was administered. This can be classified as a symptom that is cured (Riley, 1996: 227).
- All symptoms presenting in more than one prover (Riley, 1996: 227).
- All the new symptoms can be regarded as proving symptoms if all the provers are under the influence of the remedy in general (Sherr, 2003: 76).

3.7.3 The Criteria for Exclusion of a Symptom as a Proving Symptom

Exclusion Criteria:
- Symptoms will be excluded if they have occurred recently ie. one year or less previously (Sherr, 2003: 76).
- The provers usual or present symptoms should be excluded (Sherr, 2003: 76).
- If the validity of the symptom is seriously doubtful then it should be excluded.

3.7.4 Collating and Editing of the Data

The main objective in collating the information is to synthesise the proving from multiple interpretations into an “as if one” composition (ICCH, 1999: 36).
The data obtained from the proving was revised and rendered into a comprehensible proving format that was coherent and non-repetitive. Duplicate and parallel symptoms from various provers emerged separately and repeatedly under multiple headings pertaining to an area of the body e.g. generals, mind, head (Sherr, 1994: 77). All symptoms were conveyed in the first person in order to maintain the prover’s language but emitted unnecessary details. According to Taylor (2004: 48) states that only if a symptom was extensive, of high frequency or high intensity was it given a grading of two.

3.8 Reporting the Data

When the extraction and revising of data was complete it was converted into materia medica and repertory format. This not only permitted an insight into the remedy but also facilitated the comparison to *Galeocerdo cuvier hepar*.

3.8.1 The Repertory

Every proving symptom was consequently converted to rubrics as per the chapters and sub-headings in *The Essential Synthesis Edition* (Schroyens, 2012).

3.8.2 The Materia Medica

The proving symptoms were documented in materia medica format as per the outline in Table 1 (Schroyens, 2012).

**Table 1: Headings Within the Materia Medica**

<table>
<thead>
<tr>
<th>Mind</th>
<th>Prostate gland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertigo</td>
<td>Urethra</td>
</tr>
<tr>
<td>Head</td>
<td>Urine</td>
</tr>
<tr>
<td>Eye</td>
<td>Male genitalia/sex</td>
</tr>
<tr>
<td>Vision</td>
<td>Female genitalia/sex</td>
</tr>
<tr>
<td>Ear</td>
<td>Larynx and trachea</td>
</tr>
<tr>
<td>Hearing</td>
<td>Respiration</td>
</tr>
<tr>
<td>Nose</td>
<td>Cough</td>
</tr>
</tbody>
</table>
### 3.8.3 Comparison with *Galeocerdo Cuvier Hepar*

A comparative review was performed notating symptomatology and materia medica from the proving of *Galeocerdo cuvier hepar* (Grimes, 2000). Subsequent materia medica and repertorisation of *Carcharhinus leucas* was then compared to the materia medica and repertorisation of *Galeocerdo cuvier hepar*.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Materia Medica</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face</td>
<td>Expectoration</td>
</tr>
<tr>
<td>Mouth</td>
<td>Chest</td>
</tr>
<tr>
<td>Teeth</td>
<td>Back</td>
</tr>
<tr>
<td>Throat</td>
<td>Extremities</td>
</tr>
<tr>
<td>External Throat</td>
<td>Sleep</td>
</tr>
<tr>
<td>Stomach</td>
<td>Dreams</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Chill</td>
</tr>
<tr>
<td>Rectum</td>
<td>Fever</td>
</tr>
<tr>
<td>Stool</td>
<td>Perspiration</td>
</tr>
<tr>
<td>Bladder</td>
<td>Skin</td>
</tr>
<tr>
<td>Kidneys</td>
<td>Generals</td>
</tr>
</tbody>
</table>
CHAPTER 4 : THE RESULTS

4.1 Introduction

Symptoms resulting from the proving of *Carcharhinus leucas* 30CH were obtained and collated from the prover journals. The results were revised and restructured into a standard homoeopathic referencing layout that were separated into two subsections, the first section being the materia medica and the second subsection being the repertory. Symptoms extracted were adapted to correspond to the repertory format and language and were further categorised into sections as per *The Essential Synthesis Edition* 9.1 (Schroyens 2012). By accomplishing this, it allows us to develop themes and well thought out knowledge about this new remedy.

4.2 The Prover Population

In the course of the proving of *Carcharhinus leucas* 30CH, a total of 30 healthy individuals took part in the proving and documented their symptomatology which was later evaluated. Twenty four of the provers received the verum substance while the remaining six provers received a placebo as part of a control as can be seen in Table 2. There was diversity within the provers in terms of gender, race and age. In terms of gender, the ratio between males and females were almost equivalent. An assortment of races participated with a predominance of Black and Indian people. In regard to age, provers’ ages varied from 18 to 60 years old which suggested that the mean age was 39. The lower case “a” denotes a redistribution of the powders and prover number due to a voluntary removal of the prover from the proving. In regard to the reference base used, it is indicated in the table below that out of the total 30 provers, 13 of them were homoeopathic students whilst the remaining 17 provers were not.
Table 2: Prover Details

<table>
<thead>
<tr>
<th>No</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Verum/Placebo</th>
<th>Reference Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>18</td>
<td>F</td>
<td>Black</td>
<td>Verum</td>
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</tr>
<tr>
<td>2</td>
<td>26</td>
<td>M</td>
<td>Black</td>
<td>Verum</td>
<td>Non-Homoeopathic</td>
</tr>
<tr>
<td>3</td>
<td>24</td>
<td>F</td>
<td>Indian</td>
<td>Verum</td>
<td>Non-Homoeopathic</td>
</tr>
<tr>
<td>4a</td>
<td>18</td>
<td>F</td>
<td>Black</td>
<td>Verum</td>
<td>Homoeopathic</td>
</tr>
<tr>
<td>5a</td>
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<td>F</td>
<td>Black</td>
<td>Placebo</td>
<td>Homoeopathic</td>
</tr>
<tr>
<td>6</td>
<td>25</td>
<td>F</td>
<td>Black</td>
<td>Verum</td>
<td>Non-Homoeopathic</td>
</tr>
<tr>
<td>7a</td>
<td>19</td>
<td>M</td>
<td>Black</td>
<td>Verum</td>
<td>Homoeopathic</td>
</tr>
<tr>
<td>8</td>
<td>18</td>
<td>F</td>
<td>Black</td>
<td>Verum</td>
<td>Homoeopathic</td>
</tr>
<tr>
<td>9</td>
<td>20</td>
<td>M</td>
<td>Indian</td>
<td>Verum</td>
<td>Homoeopathic</td>
</tr>
<tr>
<td>10</td>
<td>18</td>
<td>M</td>
<td>Indian</td>
<td>Verum</td>
<td>Homoeopathic</td>
</tr>
<tr>
<td>11</td>
<td>21</td>
<td>M</td>
<td>Black</td>
<td>Verum</td>
<td>Non-Homoeopathic</td>
</tr>
<tr>
<td>12</td>
<td>18</td>
<td>F</td>
<td>Black</td>
<td>Verum</td>
<td>Homoeopathic</td>
</tr>
<tr>
<td>13</td>
<td>20</td>
<td>M</td>
<td>Black</td>
<td>Placebo</td>
<td>Homoeopathic</td>
</tr>
<tr>
<td>14</td>
<td>18</td>
<td>M</td>
<td>Black</td>
<td>Verum</td>
<td>Homoeopathic</td>
</tr>
<tr>
<td>15</td>
<td>19</td>
<td>F</td>
<td>Indian</td>
<td>Verum</td>
<td>Homoeopathic</td>
</tr>
<tr>
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<td>34</td>
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<td>Indian</td>
<td>Verum</td>
<td>Non-Homoeopathic</td>
</tr>
<tr>
<td>17</td>
<td>60</td>
<td>M</td>
<td>Indian</td>
<td>Placebo</td>
<td>Non-Homoeopathic</td>
</tr>
<tr>
<td>18</td>
<td>22</td>
<td>F</td>
<td>Indian</td>
<td>Verum</td>
<td>Non-Homoeopathic</td>
</tr>
<tr>
<td>19</td>
<td>19</td>
<td>F</td>
<td>Black</td>
<td>Verum</td>
<td>Non-Homoeopathic</td>
</tr>
<tr>
<td>20</td>
<td>18</td>
<td>M</td>
<td>Indian</td>
<td>Verum</td>
<td>Non-Homoeopathic</td>
</tr>
<tr>
<td>21a</td>
<td>24</td>
<td>F</td>
<td>Indian</td>
<td>Placebo</td>
<td>Non-Homoeopathic</td>
</tr>
<tr>
<td>22</td>
<td>18</td>
<td>M</td>
<td>Indian</td>
<td>Verum</td>
<td>Non-Homoeopathic</td>
</tr>
<tr>
<td>23</td>
<td>18</td>
<td>M</td>
<td>Black</td>
<td>Placebo</td>
<td>Homoeopathic</td>
</tr>
<tr>
<td>24</td>
<td>18</td>
<td>F</td>
<td>Coloured</td>
<td>Verum</td>
<td>Non-Homoeopathic</td>
</tr>
<tr>
<td>25</td>
<td>18</td>
<td>F</td>
<td>Black</td>
<td>Verum</td>
<td>Non-Homoeopathic</td>
</tr>
<tr>
<td>26</td>
<td>19</td>
<td>F</td>
<td>Black</td>
<td>Verum</td>
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</tr>
<tr>
<td>27</td>
<td>18</td>
<td>M</td>
<td>Black</td>
<td>Verum</td>
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</tr>
<tr>
<td>28</td>
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<td>F</td>
<td>Coloured</td>
<td>Verum</td>
<td>Non-Homoeopathic</td>
</tr>
<tr>
<td>29</td>
<td>18</td>
<td>F</td>
<td>Black</td>
<td>Placebo</td>
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</tr>
<tr>
<td>30</td>
<td>19</td>
<td>F</td>
<td>Black</td>
<td>Verum</td>
<td>Non-Homoeopathic</td>
</tr>
</tbody>
</table>

4.3 The Materia Medica of *Carcharhinus Leucas* 30CH

Upon completion of the compilation of the proving symptomatology of *Carcharhinus leucas* 30CH, the information was composed into sections as per the materia medica. This included the appropriate headings and sub-headings. A detailed documentation of the symptoms were recorded and referenced according to the format put in place according to Sherr (2003: 78).
• Prover Number – Gender– Onset of Symptoms (Day: hours: minutes).

• The time reference indicates the number of days, hours and minutes since the initial dose was consumed. Subsequent to 24 hours, the minutes are deemed irrelevant and are therefore denoted by “XX”. The hours are also considered irrelevant after a few days.

• If time was not provided, imprecise or not documented by the prover, it was denoted as XX: XX: XX.

• Journal entries and symptoms documented by provers from the placebo group were excluded.

With regard to the words and grammar of the provers, they were unaltered for the most part.

4.3.1 Mind

**Affection Increased**

Mood: Warm friendly better than before.
03F 06: XX: XX

**Anger**

These days I get irritated very easily. I wasn’t myself in the evening. I was frustrated and angry. Due to being unable to find my friends for study I got frustrated to the point I had a headache. I chilled out waited for them to come back when they did I just slept or at least I tried to. I woke up pissed. I didn’t want anything, so I woke up and just went out to get some fresh air. I was angry very angry. I couldn’t deal with having someone around I guess and I had my personal conflicts combined. Going out helped me as I got to relax.
01F 34: XX: XX

When I got in my room I realise that my money was not there and that broke my heart. I didn’t tell anyone. So I slept earlier and I held my anger inside me.
12F 10: XX: XX

Bad day I went to my boyfriend’s room and he was with a girl. I think they are dating because it was dark in the room. And I am angry my chest feels very hot. I have lots of energy, I am trying to take my mind off from the pain I am feeling.
30F 19: XX: XX

---

1 Font size and line spacing have been reduced slightly from here until section 4.4 in order to reduce the overall number of pages of the dissertation.
Today I had a real bad day; my boyfriend was with another girl in his room. Watching movie. I was very angry. My chest was feeling hot, my stomach was changing it was also hot. I was in pain, because my heart was broken.

30F 20: XX: XX

Had a very angry outburst to a situation that upset me.

09M 07: XX: XX

In the evening I was okay. I got pissed off by the littest thing. These days I get irritated easily and I try by all means not to burst out of irritation to that person. I just went out and cooled myself and tried to enjoy the rest of my day.

01a F 32: XX: XX

And I feel super angry like beating something anything.

07a M 05: XX: XX

I woke up angry and just been feeling ugly and I don’t want to be around people...

24 F 26: XX: XX

Time to go to class my mood just changed and I was irritated and angry because I felt like I was forced to do something I didn’t want to do.

24 F 06: XX: XX

**Anxiety**

Feeling slowly started fading and felt anxious. This grew in magnitude.

09M 15: XX: XX

Feelings of anxiety mixed with excitement.

18 F 20: XX: XX

Feel worried and I have to go to Mutare, my little brother just told me he is not feeling well. I’m so uneasy.

06F 11: XX: XX

Felt a bit anxious and stressed out as I make the final plans for my journey.

06F 04: XX: XX

When I woke up in the morning I was very nervous about the test I was about to write. I didn’t eat anything and it was a very hot day.

04aF 06: XX: XX

**Aversion to Company, Desires solitude and Desire for Company**

Just wanted to be with my friends.

09M 04: XX: XX
Met my friend (mid-morning) to do some work. Was productive but just having company was better.

03F 05: XX: XX

Had a family supper for grandfather’s birthday but was not at all in a sociable mood.

03F 10: XX: XX

Am feeling a bit irritable just don’t feel like dealing with people.

03F 14: XX: XX

Have a deep appreciation for being alone sometimes. Loneliness is different from solitude.

03F 24: XX: XX

Relatives say I’ve become moody and unsociable which is unusual for me.

15F 02: XX: XX

I do not feel like eating anything at all and I want to be alone.

19F 09: XX: XX

... I did not want to see people and I did not even like the boy I like today.

19F 24: XX: XX

I do not feel like facing anyone or eating anything.

19F 25: XX: XX

I first tried studying with a group of classmates but then I could not really gain any info from there so I asked to be excused and went to study alone. I have moments where I just feel like I work best on my own.

26F 26: XX: XX

Had the feeling of wanting to be alone.

09M 00: XX: XX

... I was happy that I was going to be alone at home.

24F 15: XX: XX

Felt annoyed by friends. Wanted to be alone.

09M 04: XX: XX

During lectures all I wanted to do is get away and be alone.

09M 08: XX: XX

I was in a bad mood. I just needed to spend time alone today. I felt like people were annoying me without a reason.

12F 07: XX: XX
My mood is okay but I’ve been wanting to be alone all day.
19F 30: XX: XX

I woke up angry and just been feeling ugly and I don’t want to be around people.
24F 26: XX: XX

Today I woke up in a bad mood I’m not sure why but all I want to be is alone my nephews were making a noise I was irritated by their mother.
24F 29: XX: XX

Felt annoyed by friends. Wanted to be alone.
09M 04: XX: XX

**Aversion to Criticism**

Still listening to my mother’s constant moaning and criticising so getting out the house will be a nice change in scenery.
03F 00: XX: XX

Very tired and overly sensitive to comments made towards me.
09M 00: XX: XX

**Capriciousness**

The things I tend to like seem to change and be things I hate.
04aF 21: XX: XX

**Cheerfulness**

I was happy nothing could bring me down as I went to church.
01a F 15: XX: XX

Happy mood. Feel humour again.
03F 24: XX: XX

I woke up feeling fresh and the weather was completely fine. I was so relaxed and I was happy.
04aF 15: XX: XX

I woke up feeling happy and blessed and the only thing I could think about is going to church.
04aF 16: XX: XX

The best day of my life. I woke up feeling happy and fresh. Everything seems alright, every time I hear my mom’s voice I feel happy.
04aF 22: XX: XX
Felt happy, no stomach pains headaches or feeling lazy.
06F 18: XX: XX

Feel happy and energetic and had a good appetite.
06F 22: XX: XX

I am in my best mood today.
06F 30: XX: XX

I woke up fresh to start my week. I was in a good mood.
08F 4: XX: XX

Been described as being happier the past three days by my friends. I have not noticed any changes I feel normal. I do not feel this is true.
10M 3: XX: XX

Was in a happy mood had a great day.
10M 14: XX: XX

Today I am too happy to eat anything or take a nap.
19F 40: XX: XX

I felt happy I didn’t know why.
12F 9: XX: XX

We listened to music and danced throughout the day. Felt really good today.
06F 32: XX: XX

Woke up in a good mood.
10M 17: XX: XX

**Childish Behaviour**

Acted very childish and playful compared to usual.
09M 04: XX: XX

**Confidence, Inadequate Confidence and Insecurity**

Woke up refreshed and scared as I wasn’t sure how I was going to do as I was writing didn’t trust the studying I did as if it wasn’t enough.
01aF 11: XX: XX

I was done after writing as I hated myself for writing stupidly and wanted to change that as I now want to study more but still have to gain my confidence again as I know there must be something I am doing wrong when I study which I should fix.
01aF 11: XX: XX
My skin is horrible and I feel restless and insecure and emotionally drained.
03F 05: XX: XX

I woke up feeling good and the weather was nice. I went to my first lecture feeling confident and I was so relaxed everything seems to be alright.
04aF 20: XX: XX

I felt pretty today from Wednesday my confidence for my appearance has improved.
24F 16: XX: XX

**Delusion**

**Body Ugly**

I woke up angry and just been feeling ugly and I don’t want to be around people.
24F 26: XX: XX

**Dirty**

Still felt very horrible due to damp dirty feeling.
09M 20: XX: XX

**Feeling Alone**

I felt alone in the world.
04a F 09: XX: XX

**Distortion of Time**

Feeling the days fly by and at the same time it seems to stand very still.
03F 32: XX: XX

**Floating**

Wake up feeling ‘floaty’.
03F 08: XX: XX

After coming from him I couldn’t sleep I can’t say I was happy or sad I was floating what I feel is good, it’s a feeling like this I wouldn’t regret. It was just perfect I just wanted to be with him.
24F 23: XX: XX

**Guilty**

I woke up feeling bad like I did something bad yesterday.
12F 30: XX: XX
Increased Sexual Appeal

I don’t know what is wrong but somehow I am more attracted to women today. It’s not a usual thing. I’m attracted to them but today it’s like they read my thoughts they keep checking me out.
07aM 31: XX: XX

Malevolent Spirit Present

I had felt a strange presence in my room. I was asleep but I could hear breathing and could feel this presence over me. I was not afraid because I knew God was in control and would not allow this evil presence to hurt me in anyway. I kept my eyes closed and didn’t want to look. I was sleeping alone. Felt like I was going to be killed. I prayed and it went away. I chose not to move. It felt very real.
16M 30: XX: XX

Separated Head

The same day after taking the remedy I was feeling hot and I was feeling a little bit dizzy. And I felt like my head was going to come out.
04aF 01: XX: XX

Desire to go Home

I was so excited when I woke up today. It’s my last day in DURBAN. Finally.
06F 05: XX: XX

Slept like a baby. Don’t know if I was dreaming or thinking I was just seeing myself at home with everyone.
06F 05: X: XX

Determination

Woke feeling determined. Got straight up to start my day.
09M 10: XX: XX

Difficulty Concentrating, Decreased Focus, Distraction and Confusion:

Mind feels fuzzy after all the reading.
03F 05: XX: XX

Had strange lucid dreams. Feel slightly disconcerted. In the dream I was looking for something which could not be retrieved. Feel a bit confused.
03F 14: XX: XX

During the past few days I have been concentrating less and have been having no appetite.
07M 32: XX: XX
Today I don’t feel so good nor do I look forward to the day and my testicles itch. I’m having less or no concentration when my testicles itch.
07M 33: XX: XX

I’ve been very noisy this evening I don’t know why and lost concentration completely.
07M 37: XX: XX

Could not focus the whole day and had an early night.
09M 03: XX: XX

Even though I started learning a long time ago but I wasn’t focused enough.
12F 30: XX: XX

Thoughts were scattered and cannot seem to focus.
03F 04: XX: XX

I woke up feeling stressed and I was not okay I hated myself for coming here. I kept asking many questions that I don’t even understand.
04F 11: XX: XX

It was hard to focus on anything for a long time.
06F 00: XX: XX

I could feel my concentration shifting away from the paper.
07M 28: XX: XX

Felt very distracted, did not pay attention during lectures.
09M 07: XX: XX

Could not pay attention during lectures felt very tired most of the time.
09M 11: XX: XX

I generally feel confused and afraid, negative thoughts fill my mind used to be like this a long time ago.
15F 00: XX: XX

Unusual Symptom – confusion.
15F 02: XX: XX

I studied again at 07: 00pm but for the life in me I was tired nothing was staying in my head but I carried on trying until I couldn’t do it anymore and slept at 10: 00pm.
24F 04: XX: XX

Again I planned on getting work done but when I went to school I was distracted.
24F 28: XX: XX
I was tired all day; I couldn’t study well in class.

**Disappointed Love and Heart Broken**

Back at work. Had lunch with a friend and cried out. Something in me just broke. My body feels completely broken from the crying. simply exhausted. Nothing else to say except that I feel like a zombie. I don’t even have the energy to pick myself up.

…I saw the boy that broke my heart. The Lord knows my heart I was crushed. My heart literally felt like it was heavy and squeezed I was struggling for air I thought I was going to fall. My heart was literally sore. My mood was like I let go of everything I’m tired what I felt was too heavy. I had that feeling when you cry too much my chest was heavy and drained.

For some reason I got sad I started listening to music and I cried I was missing him so much it hurt I just can’t understand that he acts like he cared about me but he hurt me in the most painful way.

Today I woke up with swollen eyes and I can’t tell how I feel it’s like I’m numb.

Bad day I went to my boyfriend room and he was with a girl. I think they are dating because it was dark in the room. And I am angry my chest feels very hot. I have lots of energy, I am trying to take my mind off from the pain I am feeling.

Today I had a real bad day; my boyfriend was with another girl in his room. Watching movie. I was very angry. My chest was feeling hot, my stomach was changing it was also hot. I was in pain, because my heart was broken.

…I was really not okay throughout the day I was emotionally hurt and I walked out and sorted out my issues.

I don’t know I couldn’t put my finger on why I was feeling like this but I did need some attention from him. Well I wanted some attention he hasn’t asked me for my number that frustrates me.

I seem sad but I’m not, just needing love.
**Disappointment**

Felt very disappointed with myself so fell asleep.
09M 09: XX: XX

We got our dp’s [Duly Performed] for biotics today and that put me down I got 75 for my dp and I was disappointed cause I thought I done better than that an then I started feeling stressed out like what if I don't pass at the end of the year and just I have been trying to be first in class but I feel like my efforts are for nothing and that really sucks.
24F 31: XX: XX

**Disorientation**

Felt very moody and disorientated from the morning.
09M 09: XX: XX

**Elation**

I took my first powder this morning which made me feel elated but tired in a way.
28F 00: XX: XX

Felt a euphoric feeling.
09M 00: XX: XX

Felt usual happy feeling and talkativity.
09M 01: XX: XX

Spending the day with the girls. They make me feel alive and I am grateful for them.
03F 00: XX: XX

I feel happy to see all the people I haven’t seen in about 6 months, others over a year.
06F 10: XX: XX

I slept for only 4 hours because I was celebrating all day.
08F 20: XX: XX

**Fear**

**General**

I generally feel confused and afraid, negative thoughts fill my mind used to be like this a long time ago.
15F 00: XX: XX

General fear in me.
15F 01: XX: XX
I am always stressed and I have my fears. I fear about my school work, fear about life and everything.
04aF 10: XX: XX

Dead

I am so afraid of dead people I can’t even look at them. I’m so afraid of cutting but I always try to overcome my fears. I don’t want to see food near me I think that the smell from mortuary is all over me.
04aF 19: XX: XX

Fear Failure

My personality is shy and passive and I have a fear of failure.
12F 00: XX: XX

I am a shy person with a fear of failure in a good relationship. I can’t associate with people in relation to my social interaction.
12F 01: XX: XX

Fear of failure.
15F 00: XX: XX

Every time I go to write a test I make sure that I read and understand everything but when I get to a test room I feel scared and I lose control.
04aF 12: XX: XX

Narrow Spaces

Claustrophobic all the time.
15F 04: XX: XX

Self

I am even scared of myself because I will end up doing wrong things.
04aF 14: XX: XX

Unknown

Irrational unknown fear inside.
15F 03: XX: XX

Fear of the unknown.
15F 04: XX: XX
**Forsaken Feeling**

Felt like the world was against me and felt very weak.
09M 06: XX: XX

My mood was too bad. I was feeling like no one cares about me. I don’t know why I felt like that.
12F 08: XX: XX

I was going to study but I had a change in mood. I felt alone in the world.
04aF 09: XX: XX

I feel very distant from everyone around me and I am still constipated.
19F 09: XX: XX

**Hatred of Self**

I woke up feeling stressed and I was not okay I hated myself for coming here. I kept asking many questions that I don’t even understand.
04aF 11: XX: XX

I am no longer a good person to be around. I am always shouting at everyone now people think that I am crazy. I am even scared of myself because I will end up doing wrong things.
04aF 14: XX: XX

**Hopeful**

Woke up hopeful. Don't know why. Had a long sleep.
01aF 21: XX: XX

**Horror Movies**

I enjoy watching movies but recently I started watching horror movies. I never thought I would enjoy them but I do.
08F 34: XX: XX

**Hurry**

Hurried in doing the major things and finished early.
01aF 05: XX: XX

First meal for the day at 2pm at Indian restaurant. Afterwards felt like a blob for wolfing down so fast.
03F 09: XX: XX
Impatience

Retail hours does not suit me at all. I am already miserable. It’s this sterile petty environment that I cannot wrap my head around. I have no patience at all.
03F 19: XX: XX

Feeling increasingly more impatient and irritable.
03F 30: XX: XX

Emotion: Irritated easily, at small things, unusual, impatient and short.
25F 08: XX: XX

Irritability

Am feeling a bit irritable just don’t feel like dealing with people.
03F 14: XX: XX

Feeling increasingly more impatient and irritable.
03F 30: XX: XX

The weather was hot and everything around me was annoying me.
04aF 09: XX: XX

Felt irritable and was in a bad mood for most of the day.
10M 10: XX: XX

Unusual symptom – Irritability.
15F 00: XX: XX

Unusual symptom – Can’t fall asleep, irritable.
15F 01: XX: XX

Unexplained irritability no desire to do anything.
15F 02: XX: XX

Relatives say I’ve become moody and unsociable which is unusual for me.
15F 02: XX: XX

Time to go to class my mood just changed and I was irritated and angry because I felt like I was forced to do something I didn’t want to do.
24F 06: XX: XX

Today I woke up in a bad mood I’m not sure why but all I want to be is alone my nephews were making a noise I was irritated by their mother.
24F 29: XX: XX
I was doing my assignment whole morning in the lab and I just got irritated because people were disturbing so that they can print their work.
24F 34: XX: XX
Felt very moody and disorientated from the morning.
09M 09: XX: XX

Woke up sweaty and grumpy.
09M 12: XX: XX

Woke up a bad mood lasted till midday.
10M 16: XX: XX

Slept in a really bad mood.
10M 15: XX: XX

I was so annoyed about my life seems as if everything is not going according to the way I had planned it would.
04F 12: XX: XX

Felt very thirsty and annoyed by a few friends and everything at campus.
09M 11: XX: XX

I have this headache: C – feel agitated, weakness in limbs – empty feeling in stomach; L – Right side – feels pain is on inside; A – came on recently; M - > sitting still – worse trying to concentrate; S – like this dull pain that makes me drowsy.
18F 14: XX: XX
Today I felt irritated I fought with everyone.
24F 18: XX: XX

I was just in a very moody mood and took it out on everyone that said something I didn’t want to hear.
24F 07: XX: XX

These days I get irritated very easily.
01F 34: XX: XX

Was irritable for most of the morning. It seems like a trend for the past few days. My day starts with off with me being irritable and in a bad mood which is elevated by the slightest of things.
10M 11: XX: XX

I felt like people were annoying me without a reason.
12F 06: XX: XX

Emotion: Irritated easily, at small things, unusual, impatient and short.
25F 08: XX: XX
**Increased Concentration**

...I was able to concentrate on things for a longer time.
06F 01: XX: XX

When I had taken the remedy I showed high energy in concentration and focus and was learning quickly.
07a M 05: XX: XX

**Laughter**

I ate breakfast had a lot of laughing with my roommates.
08F 04: XX: XX

I laughed a lot and kept myself busy make sure I did.
01aF 20: XX: XX

**Laziness**

Had a lot of energy but I felt lazy didn’t want to do anything but just sit and relax.
01aF 14: XX: XX

Apart from feeling lazy and tired no usual symptoms to report.
03F 24: XX: XX

I am so lazy when doing anything whenever I read or practice I keep on forgetting everything that has happened to me.
04aF 08: XX: XX

I felt so lazy to go to school.
04aF 12: XX: XX

No desire to do anything.
15F 01: XX: XX

**Loquacity**

Was told I had much more energy and talked more often.
09M 00: XX: XX

13: 00 Was very talkative again after taking proving powder.
09M 00: XX: XX

Felt full of energy and talkative just as before.
09M 01: XX: XX
Felt usual happy feeling and talkativity.
09M 01: XX: XX

Very talkative during lectures.
09M 07: XX: XX

I've been very noisy this evening I don't know why and lost concentration completely.
07aM 37: XX: XX

**Love Towards Family**

I had a light dream for the first time I could dream. Like I was very shocked and my dream made me realise that I should be with my mommy and reconnect with her as she is far from me. I really miss my mom.
04aF 15: XX: XX

**Mood Irregularities**

**Agreeable**

Felt quite energetic and happy.
06F 03: XX: XX

My mood is great.
19F 01: XX: XX

My mood has improved and today we had an exercise session so I was tired but my chest never felt tight or sore.
19F 03: XX: XX

**Alternating**

It is a little bit cold and I've been having mood swings very bored then all excited.
07aM 37: XX: XX

Meditated on the day and realised that my mood kept jumping from sad to happy to sad to happy. This happened every hour. At times I would feel very annoyed and come close to having an outburst.
09M 12: XX: XX

My day starts with off with me being irritable and in a bad mood which is elevated by the slightest of things. But from 12pm onwards I’m my happy self.
10M 11: XX: XX
**Changeable**

I am showing a lot of mood swings from feeling happy to feeling down now. And I feel super angry like beating something anything.
07aM 05: XX: XX

Took note of the various mood changes. Happy to sad to annoyed to aggressive to happy.
09M 07: XX: XX

Still having mood swings.
10M: 12: XX: XX

Mood swings no other pain. Slept in a really bad mood.
10M 15: XX: XX

**Obligation to Others and Helping Others**

Woke up and went to help my friend with research, although utterly exhausted just pushing myself to try and help her.
03F 05: XX: XX

Don’t even feel like waking up but have already committed myself to helping someone today.
03F 10: XX: XX

This was probably the worst day emotionally. I had to leave to leave my friends and boyfriend for my sick brother. At the same time I wanted to be with them. I had to make the tough choice and live with it. I had made it, but the hard part was actually going through it.
06F 12: XX: XX

**Occupation Ameliorates**

Occupied myself with a few house chores and packing. Feeling a bit more relaxed now. Kind of used to the environment.
06F 14: XX: XX

Cleaned or attempted to clean notes/room managed to get some order.
03F 09: XX: XX

**Overwhelmed (Helplessness)**

I felt so lazy to go to school I felt like I could just disappear from this world. I was not okay at all. I was so annoyed about my life seems as if everything is not going according to the way I had planned it would. I have so much pressure that I cannot deal with it. I am so lost. Life just brought the worst things in my life. I am always stressed and scared.
04aF 12: XX: XX
While I was in the toilet I cried cause I just feel overwhelmed like my body is literally feeling stressed my back is sore like I’m carrying something heavy and I’m just thinking about a lot of things that’s hurting me.

24F 31: XX: XX

**Patience**

What I have noticed is that I’m starting to be more patient because back in the day I hated queues but now I seem to be more patient about them.

12F 29: XX: XX

**Physical Exertion Ameliorates**

I woke up and went for jogging to make my body feel fresh.

12F 13: XX: XX

**Positivity of Mind**

Felt very awake and positive.

09M 01: XX: XX

**Prostration (Exhaustion)**

Woke up and went to help my friend with research, although utterly exhausted just pushing myself to try and help her.

03F 05: XX: XX

Really really exhausted. Don’t even feel like waking up but have already committed myself to helping someone today. If I put my head back on the pillow I will fall asleep.

03F 10: XX: XX

Worked for 9: 30 - 1: 30pm quite drained mentally.

03F 10: XX: XX

Feeling very emotionally drained today and over the last few days.

03F 11: XX: XX

It’s been an exhausting year feeling physically mentally and emotionally drained.

03F 12: XX: XX

I came home exhausted more emotionally then physically.

03F 23: XX: XX

I slept for 6 hours. I was actually tired today because I was writing my test and it drained me.

08F 28: XX: XX
Religious

I woke up feeling happy and blessed and the only thing I could think about is going to church.
04aF 16: XX: XX

I felt so blessed at church and my day was awesome.
12F 16: XX: XX

Woke up and went to the temple. The sense of calm and stillness is phenomenal and I wanted to start off the last month on a good note.
03F 18: XX: XX

Sadness

I wasn’t that all smiles. I was questioning myself a lot about school work. I was just down tried to hide it but I wasn’t myself.
01aF 09: XX: XX

Feeling very down and heading to bed.
07M 31: XX: XX

I was feeling down and tired.
19F 14: XX: XX

Unusual symptom – Extremely emotional sad.
15F 00: XX: XX

Stressed

I am always stressed and scared. Every time I go to write a test I make sure that I read and understand everything but when I get to a test room I feel scared and I lose control.
04aF 12: XX: XX

I’m writing a test tomorrow and I was so stressed.
All day and I felt so nervous.
08F 26: XX: XX

I have a lot of stress due to the upcoming case on the 13th of the April.
14M 25: XX: XX

Taciturn

I did not feel like talking to anyone.
26F 11: XX: XX
I feel like not talking.
27M 05: XX: XX

**Tranquility**

I was relaxed which stressed me as I should be panicking as I was writing the next day.
01aF 10: XX: XX

I woke up feeling fresh and the weather was completely fine. I was so relaxed and I was happy.
04aF 15: XX: XX

I woke up feeling good and the weather was nice. I went to my first lecture feeling confident and I was so relaxed everything seems to be alright.
04aF 20: XX: XX

After taking my second powder I still had that sense of calm but I didn’t pay much attention to it and thought it was from the morning.
28F 00: XX: XX

**Weak Memory**

It was hard to study cause I couldn’t memorise anything.
24F 29: XX: XX

It’s my first morning at my Aunties place in Harare. Everything feels different, sometimes I kind of forget where I am.
06F 08: XX: XX

Woke up with a feeling of being lost. Everything has changed. All the kids, houses, trees look different. I can’t even recognise some of the people anymore, made me feel like I don’t belong but I was home.
06F 13: XX: XX

**Weeping**

For some reason I got sad I started listening to music and I cried I was missing him so much it hurt I just can’t understand that he acts like he cared about me but he hurt me in the most painful way. I try not to think of him but I can’t help but miss him, he’s the boy I compare all the other boys to and just wish he would check up on me. I cried so much that my chest started feeling heavy and sore. I fell asleep crying this happened in a long time but I just really miss him.
24F 20: XX: XX
4.3.2 Vertigo

4.3.3 Aetiology

The only problem is to take a taxi because I get sick when I’m in a taxi. Caused by the petrol smell.
12F 15: XX: XX

So we travelled for 8 hours and I was sick in the car I felt dizzy. Caused by the petrol.
12F 23: XX: XX

Concomitants

I am at a lecture now feeling dizzy and my nose is still blocked.
14M 12: XX: XX

Nausea

On my way home I felt dizzy and as if I was about to vomit.
12F 15: XX: XX

So we travelled for 8 hours and I was sick in the car I felt dizzy, with a headache and felt as if I was going to vomit.
12F 23: XX: XX

Perspiration

On my way home I felt dizzy and as if I was about to vomit. I started sweating.
12F 15: XX: XX

Modality

Water Ameliorates

On my way home I felt dizzy and as if I was about to vomit. I started sweating. I drank more and more of water. I got home safely ....felt better for cold water.
12F 15: XX: XX

So we travelled for 8 hours and I was sick in the car I felt dizzy, with a headache and felt as if I was going to vomit. Felt better for cold water.
12F 23: XX: XX

Eating Ameliorates

I had breakfast at 7: 00 then the dizziness went away.
08F 01: XX: XX
All my systems were normal except that I felt dizzy but it went away after eating.
08F 01: XX: XX

**Motion Aggravates**

The only problem is to take a taxi because I get sick when I’m in a taxi. On my way home I felt dizzy and as if I was about to vomit. I started sweating. I drank more and more of water. I got home safely.
12F 15: XX: XX

So we travelled for 8 hours and I was sick in the car I felt dizzy, with a headache and felt as if I was going to vomit.
12F 23: XX: XX

**Sitting Ameliorates**

Better for closing eyes and sitting or lying down on my stomach.
08F 01: XX: XX

This time I experienced very sleepiness then feeling lightheaded. It felt better when I sat down.
20M 00: XX: XX

**Sensation**

All my systems were normal except that I felt dizzy but it went away after eating, was worse with eyes felt like the earth was spinning.
08F 01: XX: XX

**Time**

**Morning**

I took the remedy at 6:00am, I felt dizzy after taking it.
08F 01: XX: XX

**On Waking**

I woke up feeling dizzy and sick.
04aF 26: XX: XX
4.3.4 Head

**Aetiology**

These days I get irritated very easily. I wasn’t myself in the evening. I was frustrated and angry. Due to being unable to find my friends for study I got frustrated to the point I had a headache.

01aF 34: XX: XX

**Concomitants**

During the evening I had a headache and I was sneezing and I felt tired then I had chips with biscuits and Oros juice.

04aF 33: XX: XX

Drove from Empangeni to Durban while driving eyes started to water and headache was severe.

15F 05: XX: XX

Strong smells: I would get nauseous, a headache on my right temple, it was a poking pain and felt better when I sat down.

25F 08: XX: XX

…I realised some sneezing and headache as some flu sign.

26F 11: XX: XX

I woke up with a huge headache and my eyes were swelling The weather was cold and I was freezing while having headache with swelling eyes.

04aF 18: XX: XX

Today I woke up at about 6:30am and I was in so much pain. My period pain had started again and now they were accompanied by a terrible headache. It was as if someone was pulling on my uterus from the inside and someone else is knocking on my entire head with a hammer.

26F 01: XX: XX

**Location**

**Forehead**

Before that I had a headache from my forehead then moved towards the top of my head.

16M 35: XX: XX

Towards evening headache was around eyes forehead back of head and neck is stiff.

15F 5: XX: XX
Terrible constant headache feels like a migraine (return of old symptom) front of head around eyes. Causing right eye to be smaller.
15F 02: XX: XX

Woke up lethargic, slight headache front of head around eyes.
15F 05: XX: XX

My headache is worse. It is located in the forehead and sides.
27M 00: XX: XX

I also have headache. It is located in front of the head in the sides. It started in the afternoon. I can feel my forehead is hot.
27M 04: XX: XX

I had a headache, the pain was still on the front but it was only for a few minutes. My nose is still blocked.
30F 04: XX: XX

I had a headache, it started around 18: 45. It was just a small pain in front, I had it for only few minutes then it was gone.
30F 24: XX: XX

Today I had a headache but it was just a little pain, the pain didn’t last that long it was only for few minutes then it disappeared. The pain was on the front, my head was burning.
30F 11: XX: XX

Before that I had a headache from my forehead then moved towards the top of my head. It was a throbbing type of pain – pulsating; exploding sensation. I thought sleeping would help but it made it worse. This was the first time I had a headache like this.
16M 35: XX: XX

I woke up with some headache pains (forehead and sharp) today.
26F 12: XX: XX

**Occiput**

Got to Durban lay down for 10 minutes. Got up and headache got really bad moved to back of head neck.
15F 05: XX: XX

Body: Slight headache. Back of my head. Whole head. 2/3x in the week. Exploding pain; right temple; pain was progressive. It is worse for exertion.
22M 02: XX: XX
Sides

At school afternoon 13: 35 Having a bad headache lateral in both hemispheres and a runny tummy.
07aM 13: XX: XX

I went home at about 4: 00pm and I had some minor headache pains on both sides of my head.
26F 07: XX: XX

My headache is worse. It is located in the forehead and sides.
27M 00: XX: XX

I also have headache. It is located in front of the head in the sides. It started in the afternoon. I can feel my forehead is hot.
27M 04: XX: XX

I have a heavy headache on the right side of my head and I have a sharp pain on my abdomen.
12F 11: XX: XX

Temples

Body: Very bad headache while playing soccer. Front area of temple.
22M 03: XX: XX

Strong smells: I would get nauseous, a headache on my right temple, it was a poking pain and felt better when I sat down.
25F 08: XX: XX

Body: Slight headache. Back of my head. Whole head. 2/3x in the week. Exploding pain; right temple; pain was progressive.
22M 02: XX: XX

Modality

My headache is worse. It is located in the forehead and sides. It is better in open air and for being alone.
27M 00: XX: XX

I also have headache. It is located in front of the head in the sides. It started in the afternoon. I can feel my forehead is hot. Better: open air, not listening to music.
27M 04: XX: XX

I drank water but after a while I got a headache, it was like I had a head rush I closed my eyes to calm my insides. Then I went for fresh air it helped.
24F 06: XX: XX
I drank water but after a while I got a headache, it was like I had a head rush I closed my eyes to calm my insides. Then I went for fresh air it helped.

24F 06: XX: XX

Have been experiencing daily headaches possibly due to air-conditioning.

03F 19: XX: XX

Body: Very bad headache while playing soccer.

22M 03: XX: XX

Constant headache getting worse with light.

15F 03: XX: XX

Body: Slight headache. Back of my head. Whole head. 2/3x in the week. Exploding pain; right temple; pain was progressive. It is worse for exertion. And worse for sleeping and watching television. Lasted a couple hours. Went away for 1-2 days and came back worse.

22M 02: XX: XX

Today I woke up at about 6:30am and I was in so much pain. My period pain had started again and now they were accompanied by a terrible headache. It was as if someone was pulling on my uterus from the inside and someone else is knocking on my entire head with a hammer.

26F 01: XX: XX

Drove from Empangeni to Durban while driving eyes started to water and headache was severe.

15F 05: XX: XX

My headache is worse. It is located in the forehead and sides. It makes me go crazy. I even forgot where my recording book is, I thought I lost it. My forehead is hot. It is Worse: with noise; indoors with warmth.

27M 00: XX: XX

I also have headache. It is located in front of the head in the sides. It started in the afternoon. I can feel my forehead is hot. It is worse with warmth, and after listening to music.

27M 04: XX: XX

Strong smells: I would get nauseous, a headache on my right temple, it was a poking pain and felt better when I sat down.

25F 08: XX: XX

Whole head, heavy ball sensation and better for pressure.

28F 14: XX: XX

I have this headache: C – feel agitated, weakness in limbs – empty feeling in stomach; L – Right side – feels pain is on inside; A – came on recently; M - > sitting still – worse trying to concentrate; S – like this dull pain that makes me drowsy.

18F 14: XX: XX
Symptoms I'm experiencing are: headache, discharges from my nose, and aching of the skin around my nose. I feel like not talking. The headache is better with sleeping.

27M 05: XX: XX

Have a headache from the heat.

03F 29: XX: XX

Before that I had a headache from my forehead then moved towards the top of my head. It was a throbbing type of pain – pulsating; exploding sensation. I thought sleeping would help but it made it worse. This was the first time I had a headache like this.

16M 35: XX: XX

**Sensation**

**Dryness**

Symptoms: fatigue, dry scalp.

03F 10: XX: XX

**Heat**

My forehead is hot.

27M 00: XX: XX

My forehead is hot as if I'm catching a fever.

27M 04: XX: XX

I also have headache. It is located in front of the head in the sides. It started in the afternoon. I can feel my forehead is hot.

27M 04: XX: XX

**Heaviness**

After a while my head felt big and heavy the baddest thing is that I was still at church and not feeling okay.

04aF 00: XX: XX

Whole head, heavy ball sensation and better for pressure.

28F 14: XX: XX

**Pain**

Took my third powder at 21: 31 had a minor migraine it lasted for about 5-6 minutes.

01aF 01: XX: XX
I just had a minor headache when I woke up. I still had the headache in the afternoon. It only got better around 4 - 4:30. It was like a pounding sensation on my left side.
01aF 06: XX: XX

Got a headache but it didn’t last that long as I didn’t have it in the evening.
01aF 17: XX: XX

I had a minor headache in the evening. It didn’t last for long.
01aF 20: XX: XX

I had a little headache but it was okay for a while.
04aF 07: XX: XX

I woke up early and I had flu and headache was really hurtful to me.
04aF 32: XX: XX

When I get to class I had a huge headache that I couldn’t control. It was so painful but I forced myself and continued with class.
04aF 34: XX: XX

I had headache and a sharp pain between my 8th and 12th rib. It lasted for 2hrs.
12F 08: XX: XX

The headache came back from 4 - 6pm but it ended before 7pm.
14M 21: XX: XX

Towards evening headache was around eyes forehead back of head and neck is stiff.
15F 05: XX: XX

22M 02: XX: XX

Body: Headaches.
22M 18: XX: XX

I drank water but after a while I got a headache, it was like I had a head rush I closed my eyed to calm my insides. Then I went for fresh air it helped.
24F 06: XX: XX

Symptoms I’m experiencing are: headache, discharges from my nose, and aching of the skin around my nose.
27M 05: XX: XX
Today I woke up at about 6:30am and I was in so much pain. My period pain had started again and now they were accompanied by a terrible headache. It was as if someone was pulling on my uterus from the inside and someone else is knocking on my entire head with a hammer.

26F 01: XX: XX

I woke up with a slight headache at 10:00am.

26F 29: XX: XX

Had a mild headache in the afternoon took one panado. I have a very low threshold for pain. Feel extremely fatigue.

03F 14: XX: XX

During the evening I had a headache and I was sneezing and I felt tired then I had chips with biscuits and Oros juice.

04aF 33: XX: XX

Drove from Empangeni to Durban while driving eyes started to water and headache was severe.

15F 05: XX: XX

Strong smells: I would get nauseous, a headache on my right temple, it was a poking pain and felt better when I sat down.

25F 08: XX: XX

…I realised some sneezing and headache as some flu sign.

26F 11: XX: XX

I woke up with a huge headache and my eyes were swelling The weather was cold and I was freezing while having headache with swelling eyes.

04aF 18: XX: XX

I also have headache. It is located in front of the head in the sides. It started in the afternoon. I can feel my forehead is hot. Better: open air, not listening to music.

27M 04: XX: XX

I drank water but after a while I got a headache, it was like I had a head rush I closed my eyed to calm my insides. Then I went for fresh air it helped.

24F 06: XX: XX

These days I get irritated very easily. I wasn’t myself in the evening. I was frustrated and angry. Due to being unable to find my friends for study I got frustrated to the point I had a headache.

01aF 34: XX: XX
I woke up with a heavy headache. I couldn’t even open my eyes so I decide to keep them closed.
12F 03: XX: XX

I drank water but after a while I got a headache, it was like I had a head rush I closed my eyed to calm my insides. Then I went for fresh air it helped.
24F 06: XX: XX

Have been experiencing daily headaches possibly due to air-conditioning.
03F 19: XX: XX

I just had a minor headache when I woke up. I still had the headache in the afternoon. It only got better around 4 - 4: 30. It was like a pounding sensation on my left side.
01aF 06: XX: XX

My head pain lasted for several hours and it faded away.
14M 19: XX: XX

Constant headache getting worse with light.
15F 03: XX: XX

Constant headache.
15F 04: XX: XX

I have a headache and I am coughing non-stop. It lasted for 3 minutes.
14M 11: XX: XX

11: 00am Headache very dull around eyes.
15F 00: XX: XX

I have this headache: C – feel agitated, weakness in limbs – empty feeling in stomach; L – Right side – feels pain is on inside; A – came on recently; M - > sitting still – worse trying to concentrate; S – like this dull pain that makes me drowsy.
18F 14: XX: XX

At school afternoon 13: 35 Having a bad headache lateral in both hemispheres and a runny tummy.
07aM 13: XX: XX
I have a heavy headache on the right side of my head and I have a sharp pain on my abdomen.
12F 11: XX: XX

Body: Slight headache. Back of my head. Whole head. 2/3x in the week. Exploding pain; right temple; pain was progressive. It is worse for exertion. Went away for 1 - 2 days and came back worse.
22M 02: XX: XX
Body: Very bad headache while playing soccer. Front area of temple. I couldn't finish the
game, was the same as before but worse.
22M 03: XX: XX

My headache is worse. It is located in the forehead and sides. It makes me go crazy. I even
forgot where my recording book is, I thought I lost it. My forehead is hot. It is worse: with
noise; indoors with warmth.
27M 00: XX: XX

I also have headache. It is located in front of the head in the sides. It started in the afternoon.
I can feel my forehead is hot. It is worse with warmth, and after listening to music.
27M 04: XX: XX

Symptoms I'm experiencing are: headache, discharges from my nose, and aching of the skin
around my nose. I feel like not talking. The headache is better with sleeping.
27M 05: XX: XX

Have a headache from the heat.
03F 29: XX: XX

Before that I had a headache from my forehead then moved towards the top of my head.
16M 35: XX: XX

Towards evening headache was around eyes forehead back of head and neck is stiff.
15F 5: XX: XX

Terrible constant headache feels like a migraine (return of old symptom) front of head
around eyes. Causing right eye to be smaller.
15F 02: XX: XX

Woke up lethargic, slight headache front of head around eyes.
15F 05: XX: XX

My headache is worse. It is located in the forehead and sides.
27M 00: XX: XX

I also have headache. It is located in front of the head in the sides. It started in the afternoon.
I can feel my forehead is hot.
27M 04: XX: XX

Today I had a headache but it was just a little pain, the pain didn’t last the long it was only for
few minutes then it disappeared. The pain was on the front, my head was burning.
30F 11: XX: XX
Before that I had a headache from my forehead then moved towards the top of my head. It was a throbbing type of pain – pulsating; exploding sensation. I thought sleeping would help but it made it worse. This was the first time I had a headache like this.

16M 35: XX: XX

I woke up with some headache pains (forehead and sharp) today.

26F 12: XX: XX

Got to Durban lay down for 10 minutes. Got up and headache got really bad moved to back of head neck.

15F 05: XX: XX

At school afternoon 13: 35 Having a bad headache lateral in both hemispheres and a runny tummy.

07aM 13: XX: XX

I went home at about 4: 00pm and I had some minor headache pains on both sides of my head.

26F 07: XX: XX

My headache is worse. It is located in the forehead and sides.

27M 00: XX: XX

I also have headache. It is located in front of the head in the sides. It started in the afternoon. I can feel my forehead is hot.

27M 04: XX: XX

**Perspiration**

Perspiration: Yes, while dreaming – Chest and head.

22M 01: XX: XX

**Shaking**

Head feels loose shaky.

15F 02: XX: XX

**Time**

**Afternoon**

Had a mild headache in the afternoon took one Panado. I have a very low threshold for pain. Feel extremely fatigued.

03F 14: XX: XX

Headache is a recent symptom. It worse in the afternoon.

27M 04: XX: XX
Morning

Today I woke up at about 6:30am and I was in so much pain. My period pain had started again and now they were accompanied by a terrible headache. It was as if someone was pulling on my uterus from the inside and someone else is knocking on my entire head with a hammer.
26F 01: XX: XX

Waking On

I woke up with a slight headache at 10:00am.
26F 29: XX: XX

I woke up with some headache pains (forehead and sharp) today.
26F 12: XX: XX

4.3.4 Eye

Concomitants

Lachrymation During

I don’t feel well today. It like am having a flu. One side of my nose is blocked. My nose is itchy. My eyes were having water most of the time, and they were painful it was like I needed to sleep.
30F 01: XX: XX

Location

Inner Canthi

Sensation, irritating feeling as if something is constantly rubbing against the eyeball. Most of the medial part of the eye is swollen, inner part of the eyelid is red.
10M 08: XX: XX

Left

The area surrounding my left eye was painful. It was more of a staying pain not striking but feeling way better.
07aM 19: XX: XX

Left Eye Lid

Woke up with a slight pain in my left eye. Right eye is painless but swollen and now the pain has moved to the left below the lower eyelid.
10M 14: XX: XX
Left eye pain became severe. Feels like a bubble is forming.
10M 15: XX: XX

**Lower Eyelid**

Right eye is sore again. This time there’s a bubble under the lower eyelid. Eyelid is red almost as if it were inflamed.
10M 18: XX: XX

**Right**

Woke up with extreme pain in my right eye. It is becoming worse every day.
10M 20: XX: XX

**Right Eyelid**

Eye is still sore. Right eye is starting to hurt below the lower eyelid.
10M 16: XX: XX

Right eye is sore again. This time there’s a bubble under the lower eyelid. Eyelid is red almost as if it were inflamed.
10M 18: XX: XX

**Modality**

**Closing Eyes Aggravates**

My eyes are aching, also I have non-irritating watery discharge in my nose. The discharge is clear. Worse: In the morning and night when closing eyes.
27M 10: XX: XX

**Closing Eyes Ameliorates**

All my systems were normal except that I felt dizzy but it went away after eating, was worse with eyes felt like the earth was spinning. Better for closing eyes and sitting or lying down on my stomach.
08F 01: XX: XX

**Light Aggravates**

From 5pm onwards I developed a pain in the medial part of my right eye. This may not be a symptom of the proving substance. The pain is concentrated at the medial part but also extends throughout the eyeball. Made worse by moving my eye, bright light e.g. cell phone, sunlight, slight pressure.
10M 08: XX: XX
Motion Aggravates

From 5pm onwards I developed a pain in the medial part of my right eye. This may not be a symptom of the proving substance. The pain is concentrated at the medial part but also extends throughout the eyeball. Made worse by moving my eye, bright light e.g. cell phone, sunlight, slight pressure.
10M 08: XX: XX

Pressure Aggravates

From 5pm onwards I developed a pain in the medial part of my right eye. This may not be a symptom of the proving substance. The pain is concentrated at the medial part but also extends throughout the eyeball. Made worse by moving my eye, bright light e.g. cell phone, sunlight, slight pressure.
10M 08: XX: XX

Touch Aggravates

Woke up with no pains. Eye is much better only hurts when touched.
10M 11: XX: XX

Eye looks bad but only hurts when touched.
10M 13: XX: XX

Eye is only sore when touched.
10M 17: XX: XX

Warmth Aggravates

My eyes are aching, they are worse with warm water (shower).
27M 04: XX: XX

Warm Application Ameliorates

From 5pm onwards I developed a pain in the medial part of my right eye. This may not be a symptom of the proving substance. The pain is concentrated at the medial part but also extends throughout the eyeball. Made worse by moving my eye, bright light e.g. Cell phone, sunlight, slight pressure. Made better with warm water.
10M 08: XX: XX

Sensation

Heat

It’s not burning but feels hot – Only the right eye.
18F 02: XX: XX
Heaviness

My right nostril feels congested and my right eye feels like there’s something in it – It feels heavy.
18F 02: XX: XX

Inflamed

I feel like its swelling or getting smaller because the eye itself is getting swollen – If that makes sense.
18F 02: XX: XXX

Today I woke up with swollen eyes and I can’t tell how I feel its like I’m numb.
24F 21: XX: XX

Itching

My sinus is worse than ever. It has been a long time since I had this. My eyes are itching…
27M 18: XX: XX

Irritation

Sensation, irritating feeling as if something is constantly rubbing against the eyeball. Most of the medial part of the eye is swollen, inner part of the eyelid is red.
10M 08: XX: XX

Pain

From 5pm onwards I developed a pain in the medial part of my right eye. This may not be a symptom of the proving substance. The pain is concentrated at the medial part but also extends throughout the eyeball.
10M 08: XX: XX

Woke up with extreme pain in my right eye. It is becoming worse every day.
10M 20: XX: XX

The area surrounding my left eye was painful. It was more of a staying pain not striking but feeling way better.
07aM 19: XX: XX

My eyes are aching, also I have non-irritating watery discharge on my nose. The discharge is clear.
27M 10: XX: XX

Photophobia

Sensitive to light (constant).
15F 02: XX: XX
Sensitive to light.
15F 03: XX: XX

From 5pm onwards, I developed a pain in the medial part of my right eye. This may not be a symptom of the proving substance. The pain is concentrated at the medial part but also extends throughout the eyeball. Made worse by moving my eye, bright light e.g. cell phone, sunlight, slight pressure.
10M 08: XX: XX

Red

My eyes are better, but they are completely red.
27M 11: XX: XX

Smaller

Terrible constant headache feels like a migraine (return of old symptom) front of head around eyes. Causing right eye to be smaller.
15F 02: XX: XX

I feel like its swelling or getting smaller because the eye itself is getting swollen – If that makes sense.
18F 02: XX: XX

Stye

Eye is just as sore as it was yesterday. Eye pain persisted throughout the day. The swelling got worse. Bubble is forming under upper eyelid.
10M 09: XX: XX

Left eye pain became severe. Feels like a bubble is forming.
10M 15: XX: XX

Eye is only sore when touched. The swelling is still present. The bubble under eyelid is a lot bigger.
10M 17: XX: XX

Right eye is painless but there is a ball like structure below the eyelid less swelling.
10M 12: XX: XX

Swollen

I feel like its swelling or getting smaller because the eye itself is getting swollen – If that makes sense.
18F 02: XX: XX
Right eye is less swollen. Left eye is more swollen.
10M 15: XX: XX

Sensation – Irritating feeling as if something is constantly rubbing against the eyeball. Most of the medial part of the eye is swollen; inner part of the eyelid is red.
10M 08: XX: XX

**Time**

**Morning**

Woke up with my eye severely sore and swollen. Right eye is progressively getting worse.
10M 19: XX: XX

I woke up early in the morning my eyes were blinking and they were itchy and hurting, I couldn't apply anything or use medicine. I handled every pain that I was feeling and let it pass.
04aF 27: XX: XX

4.3.5 **Vision**

**Blurry**

Unusual symptom. My vision seems blurry.
15F 00: XX: XX

4.3.6 **Nose**

**Concomitants**

**Cough with Congestion**

My blocked nose caused me to cough a lot.
14M 15: XX: XX

**Sleepiness**

I took a shower and I was sneezing and I was feeling tired.
04aF 26: XX: XX

**Aetiology**

**Cold**

But I was sneezing a bit, I think from the cold weather.
06F 19: XX: XX
**Modality**

**Open Air Ameliorates**

Discharge from the nose is clear. Sneezing is worse in doors, better in open air.
27M 03: XX: XX

**Cold Ameliorates**

At night when I was in bed, both my nostrils got blocked. Worse with warm because the heater was on. Better for cold, after I switched it off and I got better.
27M 20: XX: XX

**Heat Aggravates**

At night when I was in bed, both my nostrils got blocked. Worse with warm because the heater was on. Better for cold, after I switched it off and I got better.
27M 20: XX: XX

**Motion Ameliorates**

I’m producing discharges on my nose. They are clear and watery. Modalities: worse: In the morning, when sitting down and face down. Better: In motion, with warmth.
27M 09: XX: XX

Watery discharge in my nose. Worse in the morning after a shower. Better: As the day progresses and better when in motion.
27M 17: XX: XX

**Warmth Ameliorates**

I’m producing discharges on my nose. They are clear and watery. Modalities: worse: In the morning, when sitting down and face down. Better: In motion, with warmth.
27M 09: XX: XX

**Sensation**

**Congestion**

I am only having a blocked nose.
07aM 03: XX: XX

It’s hot in the morning. I am having a blocked nose. I think it’s because I ate ice cream and I wear only a vest and shorts.
07aM 11: XX: XX
I'm having a blocked nose and left sided back and neck pain. Only the left side of the nose is blocked.
07aM 16: XX: XX

Nose feels like its clamped closed.
15F 04: XX: XX

Nose stuffy both nostrils.
15F 05: XX: XX

Nose is still stuffy.
15F 05: XX: XX

My right nostril feels congested and my right eye feels like there's something in it – It feels heavy.
18F 02: XX: XX

My voice was also very weird, it was as if my chest and nose were blocked. My nose was slightly blocked but my chest felt fine.
26F 12: XX: XX

My nose felt more blocked than yesterday.
26F 13: XX: XX

One side of my nose is blocked.
30F 01: XX: XX

I was tired all day; I couldn't study well in class. Am having a running nose all day and it still blocked.
30F 03: XX: XX

I had a headache, the pain was still on the front but It was only for a few minute. My nose is still blocked.
30F 04: XX: XX

My blocked nose caused me to cough a lot.
14M 15: XX: XX

At night when I was in bed, both my nostrils got blocked. Worse with warm because the heater was on. Better for cold, after I switched it off and I got better.
27M 20: XX: XX

My nose is still blocked one side on the left it blocked more at night.
30F 02: XX: XX

My blocked nose eased before I fell asleep.
14M 19: XX: XX
I woke up with a blocked nose I could not inhale properly and had mucous all over my nose. 14M 12: XX: XX

I had a normal night. I slept for 5 hours due to studying woke up with a blocked nose again and coughing. 14M 13: XX: XX

My ears and eyes are fine and hearing and vision is ok my head has increased temperature my nose is still blocked and my throat is fine. 14M 18: XX: XX

**Coryza**

My nose has blocked and a lot of mucous is coming through. 14M 11: XX: XX

I woke up with a runny nose, which lasted the whole day plus some of the night. 10M 18: XX: XX

**Discharge**

I'm having discharge from my nose and I'm sneezing. 27M 03: XX: XX

I have discharges from my nose. 27M 04: XX: XX

Symptoms I'm experiencing are: headache, discharges from my nose, and aching of the skin around my nose. 27M 05: XX: XX

Am only having a running nose. 30F 05: XX: XX

The discharges are worse in the morning and aching of the nose is worse after shower. 27M 05: XX: XX

I'm producing discharges on my nose. They are clear and watery. Worse in the morning, when sitting down and face down. 27M 09: XX: XX

My eyes are aching, also I have non-irritating watery discharge on my nose. The discharge is clear. 27M 10: XX: XX

Watery discharge in my nose. Worse: In the morning after a shower. 27M 17: XX: XX
Discharge from the nose is clear. Sneezing is worse in doors, better in open air. 
27M 03: XX: XX

Am having a running nose all day and it still blocked. 
30F 03: XX: XX

Sinus overproduction of mucous lasted for about an hour. 
10M 14: XX: XX

My nose has blocked and a lot of mucous is coming through. 
14M 11: XX: XX

I woke up with a blocked nose I could not inhale properly and had mucous all over my nose. 
14M 12: XX: XX

**Dryness**

My mucous membrane of the nose feels dry. 
27M 23: XX: XX

**Heaviness**

Nose feels heavy – It’s turned red because of the excessive sneezing. 
18F 00: XX: XX

**Itching**

I don’ feel well today, It like am having a flu. One side of my nose is blocked. My nose is itching. 
30F 01: XX: XX

**Pain**

Symptoms I’m experiencing are: headache, discharges from my nose, and aching of the skin around my nose. 
27M 05: XX: XX

The discharges are worse in the morning and aching of the nose is worse after shower. 
27M 05: XX: XX

I woke up with sinusitis and it was hurting on the left side. It felt like I was going to die. 
04aF 31: XX: XX
**Sneezing**

I took a shower and I was sneezing and I was feeling tired.  
04aF 26: XX: XX

… I’m having discharge from my nose and I’m sneezing. 
27M 03: XX: XX

Sneezing worse in the morning after shower, better in the afternoon. 
27M 06: XX: XX

Discharge from the nose is clear. Sneezing is worse in doors, better in open air. 
27M 03: XX: XX
But I was sneezing a bit, I think from the cold weather. 
06F 19: XX: XX

Continued with sneezes for the rest of the day but no runny nose. 
06F 20: XX: XX

Nose feels heavy – It’s turned red because of the excessive sneezing. 
18F 00: XX: XX

I could not sleep with my sneezing. 
18F 01: XX: XX

My sinus is very intense today. If I’m in the room with no air entering, I sneeze so much. 
27M 23: XX: XX

My sneezing is very intense and it is back to back sneezing. 
27M 23: XX: XX

I tried doing some studying for a few minutes but the sneezing was really bad so I went back to bed at 9:30pm. 
26F 11: XX: XX

I smell very destructive indescribable smell on my nose. It’s like damp carpet. It has made me sneeze once but that lasted for only couple of minutes. 
14M 37: XX: XX

**Time**

**Morning**

I woke up with a runny nose, which lasted the whole day plus some of the night. 
10M 18: XX: XX
The discharges are worse in the morning and aching of the nose is worse after shower.
27M 05: XX: XX

I’m producing discharges on my nose. They are clear and watery. Worse in the morning, when sitting down and face down.
27M 09: XX: XX

Watery discharge in my nose. Worse: In the morning after a shower.
27M 17: XX: XX

I woke up with a blocked nose I could not inhale properly and had mucous all over my nose.
14M 12: XX: XX

Sneezing worse in the morning after shower, better in the afternoon.
27M 06: XX: XX

Night

At night when I was in bed, both my nostrils got blocked. Worse with warm because the heater was on. Better for cold, after I switched it off and I got better.
27M 20: XX: XX

My nose is still blocked one side on the left it blocked more at night.
30F 02: XX: XX

4.3.7  Face

Description

Skin – Dark blue around the eyes.
12F 02: XX: XX

Location

Facial Eruptions

I had a pimple develop on my right cheek just below the zygomatic bone. It is a big pimple reddish in colour.
14M 13: XX: XX

I have developed a pimple on my mandible on the chin. It’s painful when I touch it or move my lower lip.
14M 18: XX: XX

New crop of cystic pimples on sides of forehead.
03F 16: XX: XX
Pimples small around nose sore to touch red.
15F 02: XX: XX

**Sensation**

**Facial Pain**

Pimples small around nose sore to touch red.
15F 02: XX: XX

I slept for 10 hours when I woke up my jaw on the left side hurt. It lasted for 20-25 minutes.
14M 12: XX: XX

TMJ pain still gives some grief but pain not as bad as before.
16M 33: XX: XX

**4.3.8 Mouth**

**Sensation**

In the early hours of the morning roughly 5am, I woke up to drink water because I was feeling really thirsty. I felt better for drinking cold water and my mouth was dry.
20M 04: XX: XX

I had a good day though my gums were swollen.
01aF 34: XX: XX

The blocked nose did not stop and i could not taste things like juice properly. They tasted sour.
14M 07: XX: XX

Lump under my tongue but painless.
12F 00: XX: XX

The lump is worse for pressing it with my tongue.
12F 00: XX: XX

**4.3.9 Teeth**

**Sensation**

Mouth teeth and tongue – I took out my tooth because it was loose. It was painless.
12F 02: XX: XX
4.3.10 Throat

Concomitants

My body is tired and I am having a sore throat with coughing.
14M 12: XX: XX

Modality

Sneezing has started and when I sneeze, I can feel the rawness in my throat almost as it hurts to sneeze, haven't experienced that before.
18F 02: XX: XX

After 4th powder continued my day well (OS) drank cold water in the afternoon and it hurt when I swallowed.
01aF 01: XX: XX

Sensation

Constriction

Feels like my throat is closing up when I swallow liquids.
18F 02: XX: XX

Dryness

I have taken another now my throat feels very dry. I have been drinking water but still.
07aM 00: XX: XX
I feel as if I have something on my throat. It feels dry.
07aM 01: XX: XX

My throat (middle) was also really sore and felt dry.
26F 12: XX: XX

I am feeling miserable today, my throat is painful, and it very dry most of the time.
30F 02: XX: XX

Pain

Sore throat, going into ear, not intense.
15F 00: XX: XX

I have just woken up, I am still feeling energetic but the pain in my throat has not ended. Its symptoms are becoming clearer and clearer as it continues to hurt.
14M 10: XX: XX

Today I woke up and I am having a sore throat. My whole throat is sore.
14M 09: XX: XX
**Rawness**

Sneezing has started and when I sneeze, I can feel the rawness in my throat almost as it hurts to sneeze, haven’t experienced that before.
18F 02: XX: XX

**Scratching**

Feels better – Throat still a lot scratchy but I’m okay.
18F 03: XX: XX

**Time**

Today I woke up and I am having a sore throat. My whole throat is sore.
14M 09: XX: XX

I have just woken up, I am still feeling energetic but the pain in my throat has not ended. Its symptoms are becoming clearer and clearer as it continues to hurt.
14M 10: XX: XX

**4.3.11 External Throat**

**Sensation**

Symptoms: slight neck stiffness and tension headache.
03F 31: XX: XX

**4.3.12 Stomach**

**Concomitants**

**Emptiness with Burning**

It's this burning, empty sensation – It's difficult to explain.
18F 13: XX: XX

**Emptiness with Weakness**

Empty sensation in my tummy. Ate but the sensation is still there, accompanied by weakness in legs.
18F 13: XX: XX

**Modality**

**Eating Aggravates**

Felt a little bloated from all the food I ate the previous day.
06F 33: XX: XX
Sensation

Appetite Diminished

Didn’t eat much as I didn’t even get hungry that much.
01aF 10: XX: XX

Didn’t eat that much, don’t seem to eat that much anymore as I sometimes go without breakfast or supper.
01aF 14: XX: XX

Ate in the evening. After cooking as I hadn’t eaten anything since morning but just biscuits.
01aF 15: XX: XX

My appetite has dropped. I don’t eat as much.
01aF 18: XX: XX

Went through the morning and afternoon without proper food and I wasn’t or didn’t feel hungry in the morning.
01aF 20: XX: XX

I still didn’t have any appetite for anything only ate proper supper of which I couldn’t even finish.
01aF 21: XX: XX

These days I don’t feel like having breakfast.
04aF 10: XX: XX

I felt like not eating anything.
04aF 18: XX: XX

The fact that I don’t have appetite anymore it doesn’t feel alright. These days I don’t like food I don’t even get thirsty.
04aF 21: XX: XX

Didn’t eat much today didn’t even feel hungry very anxious.
06F 04: XX: XX

I am literally sweating and all I want is to drink water, I don’t feel like eating at all.
06F 08: XX: XX

I don’t feel like eating at all.
06F 25: XX: XX

I didn’t feel like eating. Only had a glass of juice.
06F 33: XX: XX
During the past few days I have been concentrating less and have been having no appetite. Just don't feel like eating.
07aM 32: XX: XX

I do not feel like eating anything at all and I want to be alone.
19F 09: XX: XX

Today my day was horrible, I felt down, the period pains were horrible, I didn't feel like eating, I did not want to see people and I did not even like the boy I like today.
19F 24: XX: XX

I didn’t feel like eating but I forced myself to have two slices of toast and some coffee.
26F 01: XX: XX

….my appetite was not that good so I ate a little.
26F 23: XX: XX

I think my appetite loss is due to the exam stress am undergoing.
26F 24: XX: XX

….I did not feel like eating. I had an apple instead and went to sleep at 8: 00am.
26F 30: XX: XX

I woke up feeling ready to start my day but my appetite was really low. So I didn't take anything for breakfast.
12F 05: XX: XX

I woke up in the morning feeling tired. With a low appetite. I ate apple for breakfast and went to school.
12F 12: XX: XX

**Appetite Increased**

Was extremely hungry when I got to campus. Had a fruit juiced and peach.
03F 10: XX: XX

 Been getting very hungry at work and eating lots of cheese pastry.
03F 19: XX: XX

Been getting hungry very often and constantly snacking on junk.
03F 23: XX: XX

No stomach pains at all today and I didn't feel sleep at all. Had a good appetite.
06F 02: XX: XX
Woke up almost at mid-morning. Felt so hungry and craving some eggs.
06F 29: XX: XX

I woke up feeling fresh with high appetite I could eat anything. I was not craving for something though but I just felt like eating I ate breakfast.
08F 02: XX: XX

I had 5 meals today and drank a lot of tea.
08F 06: XX: XX
I was craving too much. My appetite was so high.
12F 08: XX: XX

High appetite and headache.
12F 08: XX: XX

Ate lot throughout the day.
15F 00: XX: XX

I have been feeling really hungry and thirsty since last night.
19F 07: XX: XX

I notice I’m eating more than I do maybe because I’m at home.
24F 04: XX: XX

We went for lunch I had fried chips, bread and mineral. I ate 4 slices that’s how hungry I was around about 12. 45pm that made me full I usually eat 3 slices the most but I wanted to just eat today.
24F 12: XX: XX

Appetite: Increased with frequent hunger – Unusual.
25F 08: XX: XX

Woke up feeling very hungry and moody/grumpy.
09M 06: XX: XX

I woke up feeling fresh, with high appetite I was craving fruit and spicy food.
12F 04: XX: XX

I woke up hungry.
28F 02: XX: XX

I ate a lot even when I was full I ate.
08F 20: XX: XX

Ate a lot of fruit but feeling unusually hungry and unsatisfied.
03F 05: XX: XX
Ate quite a lot but didn’t feel satisfied.
06F 20: XX: XX

Ate breakfast and still had this feeling of this never ending hunger.
09M 06: XX: XX

**Distension**
Felt a little bloated from all the food I ate the previous day.
06F 33: XX: XX

**Emptiness**
It’s this burning, empty sensation – It’s difficult to explain.
18F 13: XX: XX

Empty sensation in my tummy. Ate but the sensation is still there, accompanied by weakness in legs.
18F 13: XX: XX

**Fullness**
Felt a little bloated from all the food I ate the previous day.
06F 33: XX: XX

**Heaviness**
Have a strange heaviness in my solar plexus.
03F 05: XX: XX

**Nausea**
I had severe cramping pains in my uterus and was feeling nausea. I realised that my monthly period had started and I was having menstrual pains. The pains lasted for about 15 minutes then went down as I slept.
26F 27: XX: XX

**Pain**
Stomach cramps but just for a minute @ around 8: 15.
02M 00: XX: XX

Still felt a bit of stomach cramps here and there but I was generally ok today.
06F 00: XX: XX
I had a reaction with my ulcers that started with a burning sensation. This was due to eating spicy food. The pain lasted throughout the night and changed from a burning pain to a cramp the pain level of the cramp was about a 7/8. I couldn’t walk or consume food or any liquid.

28F 14: XX: XX

Feeling much better can still feel a few stomach cramps but it okay. I feel a bit nauseous though.

06F 28: XX: XX

**Thirst**

Woke up feeling tired and thirsty.

09M 01: XX: XX

Woke up feeling very tired extremely thirsty.

09M 02: XX: XX

Had trouble waking up with a high thirst level.

09M 04: XX: XX

Woke up feeling very thirsty and grumpy.

09M 07: XX: XX

Something weird and unusual happened last night, I woke up in the middle of the night (at about 01:00am) feeling really thirsty. It was the first time I got that thirsty in the middle of the night.

26F 06: XX: Xx

Could not focus the whole day and had an early night. I craved cold water so it would quench my endless thirst.

09M 03: XX: XX

I felt better for drinking cold water and my mouth was dry.

20M 04: XX: XX

Symptoms: Just been very thirsty and want chocolate.

03F 06: XX: XX

Drank a lot of water upon waking feeling parched.

03F 14: XX: X

Drank a lot of water and juice – It was hot and I had a lot of walking today. Was exhausted at the end of the day but it was worth it.

06F 03: XX: XX

Felt very thirsty and annoyed by a few friends and everything at campus.

09M 11: XX: XX
My thirst was high I just want more water to drink.
12F 06: XX: XX

I am thirsty and have drank a lot of water.
14M 18: XX: XX
I have been feeling really hungry and thirsty since last night.
19F 07: XX: XX

In the early hours of the morning roughly 5am, I woke up to drink water because I was feeling really thirsty.
20M 04: XX: XX

Felt thirst here and there as it was hot.
06F 02: XX: XX

It very hot outside. I am literally sweating and all I want is to drink water, I don’t feel like eating at all.
06F 08: XX: XX

I drank a lot of juices and cold drinks.
08F 20: XX: XX

I have a small headache caused by dehydration. I drank small amounts of water.
14M 23: XX: XX

**Thirstless**

I am not thirsty and generals are okay.
14M 08: XX: XX

No thirst.
25F 00: XX: XX

**Ulcers**

I had a reaction with my ulcers that started with a burning sensation. This was due to eating spicy food.
28F 14: XX: XX

**Vomiting**

The pain lasted throughout the night and changed from a burning pain to a cramp the pain level of the cramp was about a 7/8. I couldn’t walk or consume food or any liquid. The vomit was a mixture of liquids, food and bright red blood. I also had an extremely bad tension headache that remained throughout the night.
28F 14: XX: XX
4.3.13 Abdomen

Location

Hypochondria Right

During the night I woke up to a stinging pain just under my right breast.
19F 05: XX: XX

At 18. 50PM I felt the stinging pain under my breast on the right again and it lasted for less than two minutes.
19F 06: XX: XX

I just felt the pain under my right breast again and it lasted a bit longer than usual.
19F 07: XX: XX

It is 03: 45am and I’ve been woken up by a really sharp pain below my right breast, it lasts for about 4 seconds and goes away for a few minutes but then comes back again.
19F 09: XX: XX

I woke up at 04: 15am because of pain under my right breast.
19F 14: XX: XX

Today I woke up at 04: 00 because of pain under my right breast.
19F 19: XX: XX

It is 20h00 and the pain under my right breast is there but not as painful as always.
19F 21: XX: XX

Pelvis

Pain in pelvic area (anterior) sharp piercing pain. Lasted 10 minutes. Intensity was 8/10.
15F 00: XX: XX

Modality

Sharp pain on my abdomen between 8th and 12th rib. It was worse if I try rest on my back.
12F 08: XX: XX

Intensity

Pain in pelvic area (anterior) sharp piercing pain. Lasted 10 minutes. Intensity was 8/10.
15F 00: XX: XX
**Sensation**

**Bloating**

Experienced some abdominal bloating but nothing serious.
03F 22: XX: XX

Can’t pinpoint it but I feel uneasy and awful. No stomachs cramps feeling lazy or headaches. Rather feel bloated and sweaty.
06F 24: XX: XX

Still feel awful and bloated.
06F 25: XX: XX

My stomach felt like it was full of air as if constipated.
26F 06: XX: XX

I had a lot of wind cause I felt bloated.
24F 12: XX: XX

I felt so bloated my stomach looked big too and my lower back was aching and I could feel each time my periods came out.
24F 13: XX: XX

**Flatulence**

I went for body practical we were doing our stomach massage (abdominal massage) and I was full of gas but I just had to hold it in.
24F 11: XX: XX

I was feeling bloated so I went to the toilet but before I was farting a lot.
24F 14: XX: XX

I needed to pee and had wind that was poking me. I had to hold my stomach to feel better but when I got up ouch! it was sore....
24F 10: XX: XX

**Pain**

Experienced abdominal tenderness/ discomfort.
03F 11: XX: XX

Slight abdominal discomfort.
03F 16: XX: XX

Slight abdominal cramping for a few hours in the morning.
10M 00: XX: XX
Woke up with slight abdominal cramps lasted for about an hour.
10M 02: XX: XX

I needed to pee and had wind that was poking me. I had to hold my stomach to feel better but when I got up ouch! it was sore….
24F 10: XX: XX

I had a headache and a sharp pain between my 8th and 12th rib. It lasted for 2hrs.
12F 08: XX: XX

I have a sharp pain on my abdomen.
12F 11: XX: XX

4.3.14 Rectum

Aetiology

I had the urge to go to the toilet when I woke up. Upon getting there, I realised two things. My menstruation flow was now getting lighter as it had been five days already I also realised that my tummy was slightly paining and I released a runny watery stool. This was because of the spicy briyani I had last night.
26F 03: XX: XX

Concomitants

At school afternoon 13: 35. Having a bad headache lateral in both hemispheres and a runny tummy.
07aM 13: XX: XX

Modality

I went to the toilet, had to press a little my stool were solid, dark whole stools, had a sour smell.
24F: 17: XX: XX

….I went to the toilet I had to push my stools out that my eyes even got watery, my stools came out a bit dryer than normal and it was stinking…
24F 20: XX: XX

Sensation

Burning Pain

I went to the toilet at like 07: 00pm. My stools were dark brown semi solid and had like small pieces of grains because it felt rough. I had a burning bruised sensation after and the toilet was smelling strong.
24F 06: XX: XX
**Constipation**

I feel a little constipated from all the food I ate the previous day.
06F 27: XX: XX

Before I went to sleep I went to the toilet and I was constipated so I drank a lot of water before I went to bed.
19F 08: XX: XX

The constipation was the same as before I took the remedy but it was more frequent this time.
19F 08: XX: XX

I feel constipated, I drank milk as it is said to help but I feel no different.
19F 10: XX: XX

The constipation ruins my appetite so I did not have lunch.
19F 10: XX: XX

I still feel constipated though and my mood isn’t great.
19F 11: XX: XX

I am in pain because of constipation.
19F 17: XX: XX

Today I still feel constipated. But I have not felt any pain.
19F 23: XX: XX

I did not feel any pain but still constipated.
19F 36: XX: XX

At 8:30pm I went to the toilet it was hard for my stools to come out I was a bit constipated when it did come out it was more on the dry side, it was dark in colour and came out solid, it had a normal smell.
24F 28: XX: XX

I was still feeling a little constipated in the morning.
26F 07: XX: XX

My stomach was feeling a bit constipated.
26F 17: XX: XX
Diarrhoea

I was going to church and all of my body, my eyes and my immune system was very weak. All I wanted to do was sleep I was feeling tired and had a running stomach. I was visiting the toilet minute after minute. 04aF 00: XX: XX

I had the urge to go to the toilet when I woke up. Upon getting there, I realised two things. My menstruation flow was now getting lighter as it had been five days already I also realised that my tummy was slightly paining and I released a runny watery stool. This was because of the spicy briyani I had last night. 26F 03: XX: XX

I ate food made with flour and my stomach was painful and running. 12F 18: XX: XX

Insufficient Stool

Something that was new however, was my stool when I got home this afternoon. It was not as hard as usual, it was a bit softer and not much actually came out. 26F 00: XX: XX

I went to the toilet to urinate and release some stool. The urine was still a slightly bloody colour and the stool was still soft and not much came out. 26F 01: XX: XX

I got the urge to go the toilet. A small amount of stool came out. It was slightly brownish in colour. My stomach had the same constipated feel as yesterday. 26F 07: XX: XX

Pain

I still feel constipated though and it really hurts when I go to the toilet. 19F 14: XX: XX

I am in pain because of constipation. 19F 17: XX: XX

I ate food made with flour and my stomach was painful and running. It was a burning pain. 12F 18: XX: XX

Stinging Pain

Stinging pains after passing the stool. 19F 08: XX: XX
It's a stinging pain after I pass the stool.  
19F 14: XX: XX

**Urging**

I got the urge to go to the toilet after that but when I got there, nothing came out.  
26F 06: XX: XX

**4.3.15 Stool**

**Sensation**

**Dark Colour**

I got out of bed about 06:00am and went to use the toilet, my stools were darker than usual not runny or hard, they came out in long drolls no pressing to hard it came out with ease.  
24F 01: XX: XX

I went to the toilet at like 07:00pm. My stools were dark brown semi solid and had like small pieces of grains because it felt rough. I had a burning bruised sensation after and the toilet was smelling strong.  
24F 06: XX: XX

At 8:30pm I went to the toilet it was hard for my stools to come out I was a bit constipated when it did come out it was more on the dry side, it was dark in colour and came out solid, it had a normal smell.  
24F 28: XX: XX  
Colour: Dark brown – Darker than usual stools.  
25F 08: XX: XX

**Dry**

….I went to the toilet I had to push my stools out that my eyes even got watery, my stools came out a bit dryer than normal and it was stinking…  
24F 20: XX: XX

At 8:30pm I went to the toilet it was hard for my stools to come out I was a bit constipated when it did come out it was more on the dry side, it was dark in colour and came out solid, it had a normal smell.  
24F 28: XX: XX

**Granular**

I went to the toilet at like 07:00pm. My stools were dark brown semi solid and had like small pieces of grains because it felt rough. I had a burning bruised sensation after and the toilet was smelling strong.  
24F 06: XX: XX
Light Colour

After that I went to the toilet no pain stools were lighter in colour, solid, smelled normal the tissue from my womb was coming out as well just bleeding a lot.
24F 15: XX: XX

Odours

I went to the toilet at like 07: 00pm. My stools were dark brown semi solid and had like small pieces of grains because it felt rough. I had a burning bruised sensation after and the toilet was smelling strong.
24F 06: XX: XX

....I went to the toilet I had to push my stools out that my eyes even got watery, my stools came out a bit dryer than normal and it was stinking...
24F 20: XX: XX

Something that was new however, was my stool when I got home this afternoon. It was not as hard as usual, it was a bit softer and not much actually came out. This did not bother me much as there were no pains in my stomach. Also the smell was a bit stronger than yesterday’s.
26F 00: XX: XX

I went to the toilet, had to press a little my stool were solid, dark whole stools, had a sour smell.
24F 17: XX: XX

Small Quantity

Something that was new however, was my stool when I got home this afternoon. It was not as hard as usual, it was a bit softer and not much actually came out. This did not bother me much as there were no pains in my stomach. Also the smell was a bit stronger than yesterday’s.
26F 00: XX: XX

I went to the toilet to urinate and release some stool. The urine was still a slightly bloody colour and the stool was still soft and not much came out.
26F 01: XX: XX

I got the urge to go the toilet. A small amount of stool came out. It was slightly brownish in colour. My stomach had the same constipated feel as yesterday.
26F 07: XX: XX
Soft

I went to the toilet at like 07:00pm. My stools were dark brown semi solid and had like small pieces of grains because it felt rough. I had a burning bruised sensation after and the toilet was smelling strong.
24F 06: XX: XX

Something that was new however, was my stool when I got home this afternoon. It was not as hard as usual, it was a bit softer and not much actually came out. This did not bother me much as there were no pains in my stomach. Also the smell was a bit stronger than yesterday’s.
26F 00: XX: XX

I went to the toilet to urinate and release some stool. The urine was still a slightly bloody colour and the stool was still soft and not much came out.
26F 01: XX: XX

Undigested

I went to the toilet at like 07:00pm. My stools were dark brown semi solid and had like small pieces of grains because it felt rough. I had a burning bruised sensation after and the toilet was smelling strong.
24F 06: XX: XX

Watery

I had the urge to go to the toilet when I woke up. Upon getting there, I realised two things. My menstruation flow was now getting lighter as it had been five days already I also realised that my tummy was slightly paining and I released a runny watery stool. This was because of the spicy briyani I had last night.
26F 03: XX: XX

4.3.16 Bladder

Time

I picked up that I seem to go to the toilet for a number one more than usual now, especially in the mornings.
20M 15: XX: XX

I would normally go to the toilet for a number 1 before bed and when I wake up the next morning, but recently I go more often, I go before bed, then early hours of morning (around 7am) then when I wake up again (between 9 - 10am).
20M 15: XX: XX
Sensation

Frequent

I picked up that I seem to go to the toilet for a number one more than usual now, especially in the mornings.
20M 15: XX: XX

I noted that I urinated more frequently than usual today throughout the day.
26F 29: XX: XX

4.3.17 Urine

Sensation

Greenish Colour

Urine was a lime green colour with a pungent smell.
09M 00: XX: XX

Strong Odour

Urine was a lime green colour with a pungent smell.
09M: XX: XX

4.3.18 Male genitalia/sex

Location

My right testicle is now itchy at first it was the left. It seems like symptoms have shifted.
07aM 26: XX: XX

I'm at school and my left testicle is very itchy. It is hot and I've been sitting for 5 hours now.
07aM 20: XX: XX

I'm only having an itch in my pubic region and axilla.
7aM 03: XX: XX

Modality

This itchy feeling/symptom happens after eating. It might be meat (chicken) that activates it. That I am sure of.
07aM 23: XX: XX

I'm about to write my test and my testicles started itching, so annoyed. I could feel my concentration shifting away from the paper. All my thoughts flowing down to my testicles. I couldn't scratch in class. I ate mix vegetables it aggravates it.
07aM 28: XX: XX
Already up since 1am my testicles start being itchy when it is hot.
07aM 28: XX: XX

Both my testicles itch aggravated by heat, especially when I’m bathing in luke warm water. It just seems to be worse. I could scratch for even 15 minutes.
07aM 35: XX: XX

**Sensation**

I’ve noticed something, it’s not usual but my scrotum itches a lot lately from Monday until now. It happens after eating and when I sit down or lay in bed. It’s not something that happens during school hours. It does not happen in the morning.
07aM 19: XX: XX

I’m at school and my left testicle is very itchy. It is hot and I’ve been sitting for 5 hours now.
07aM 20: XX: XX

Today I don’t feel so good nor do I look forward to the day and my testicles itch. I’m having less or no concentration when my testicles itch.
07aM 33: XX: XX

4.3.19 Female genitalia/sex

**Concomitants**

**Fever**

Had my period today, I don’t feel good at all. My tummy is aching. I don’t feel like eating and I feel sleepy. Spent the whole day in bed. Didn’t see how the day went by, feel feverish and nauseous.
06F 26: XX: XX

**Nausea**

Had my period today, I don’t feel good at all. My tummy is aching. I don’t feel like eating and I feel sleepy. Spent the whole day in bed. Didn’t see how the day went by, feel feverish and nauseous.
06F 26: XX: XX

**Location**

**Uterus**

I had some minor light pains on my uterus though. It was as if the start of my period but I knew it was not that as I had gone to my period for this month.
26F 11: XX: XX
**Modality**

**Ameliorated by Bending Double**

Didn’t expect to have period pains as it was cold but I did. And it was unbearable, did things I usually do when I have them: like lying on the floor and drinking cold water but that just stopped it for a while and after that the pain continued. It only helped when I slept on the bed and crawled up and folded myself.

01aF 12: XX: XX

**Ameliorated by Motion**

The period pain came back in the evening but for a short time as I kept myself busy by moving around it went away.

01aF 13: XX: XX

**Ameliorated by Warmth**

…the When I was done I felt good but the period pains were still there but I kept warm so it weren’t that bad.

24F 12: XX: XX

**Aggravated by Cold**

Even when I was sitting on the steel chairs at school they were cold and caused me to have pains those sharp pains shooting up my body every time it did I jumped up that’s how painful it is and I had a lot of wind cause I felt bloated.

24F 12: XX: XX

**Prolonged Pain**

I’m no longer on my period but I still feel pain. I kept waking up at night because of the period pains.

19F 26: XX: XX

….the period pains came back so I went home, I could not take it.

19F 27: XX: XX

I had some minor light pains on my uterus though. It was as if the start of my period but I knew it was not that as I had gone to my period for this month.

26F 11: XX: XX
**Sensation**

**Bright Red**

I woke up late and I was better than yesterday but I had period pains they were really painful and the blood that was coming out was thick and pure red.

04aF 33: XX: XX

**Clotted**

....I could feel that my flow was heavy and I realised that some really large deep red coloured lumps were coming out.

26F 01: XX: XX

**Copious Leukorrhoea**

When I got home my bladder was full I ran to the toilet just to find out I didn’t get my period it was just a lot of discharge.

24F 10: XX: XX

**Copious Menses**

I had a bath my periods was heavy bleeding a lot it’s the third day today my lower back was just aching non-stop felt like I was carrying something heavy on my back.

24F 14: XX: XX

After that I went to the toilet no pain stools were lighter in colour, solid, smelled normal the tissue from my womb was coming out as well just bleeding a lot.

24F 15: XX: XX

....I could feel that my flow was heavy and I realised that some really large deep red coloured lumps were coming out.

26F 01: XX: XX

**Pain**

I didn’t eat anything because I was not okay and I had period pains which were really painful and I was tempted to take pain block and some medicine but I didn’t.

04aF 04: XX: XX

I woke up late and I was better than yesterday but I had period pains they were really painful and the blood that was coming out was thick and pure red. I changed my pads four times. I really had the worst pain ever. I was sleeping on the floor because it seems better and it was fine.

04aF 33: XX: XX
I had my period but this time I had pain, although not as painful as I usually have. I didn’t vomit either. So I was happy with that.

12F 24: XX: XX

Today my day was horrible, I felt down, the period pains were horrible, I didn’t feel like eating, I did not want to see people and I did not even like the boy I like today.

19F 24: XX: XX

But tonight the period pains are worse.

19F 25: XX: XX

Didn’t expect to have period pains as it was cold but i did. And it was unbearable, did things I usually do when I have them: like lying on the floor and drinking cold water but that just stopped it for a while and after that the pain continued.

01aF 12: XX: XX

I’m no longer on my period but I still feel pain. I kept waking up at night because of the period pains.

19F 26: XX: XX

....the period pains came back so I went home, I could not take it.

19F 27: XX: XX

**Pain – Menstrual Sharp**

Even when I was sitting on the steel chairs at school they were cold and caused me to have pains those sharp pains shooting up my body every time it did I jumped up that’s how painful it is and I had a lot of wind cause I felt bloated.

24F 12: XX: XX

**Pain – Uterine Cramping**

On my way to campus, I started feeling some cramp pains on my uterus. They were sharp cramping pains and were very unusual unlike the ones I get when am about to go into my periods.

26F 13: XX: XX

I slept for about two hours and woke up with the same sharp cramps I had in the morning. They were still on my uterus and I thought that maybe my period had come early this month. My sister advised me to drink warm water and I did. After 30 minutes the pains did go away.

26F 13: XX: XX

I had severe cramping pains in my uterus and was feeling nausea. I realised that my monthly period had started and I was having menstrual pains. The pains lasted for about 15 minutes then went down as I slept.

26F 27: XX: XX
Pain - Uterine Pulling

Today I woke up at about 6:30am and I was in so much pain. My period pain had started again and now they were accompanied by a terrible headache. It was as if someone was pulling on my uterus from the inside and someone else is knocking on my entire head with a hammer.
26F 01: XX: XX

Pain Uterus Sharp

On my way to campus, I started feeling some cramp pains on my uterus. They were sharp cramping pains and were very unusual unlike the ones I get when am about to go into my periods.
26F 13: XX: XX

I slept for about two hours and woke up with the same sharp cramps I had in the morning. They were still on my uterus and I thought that maybe my period had come early this month. My sister advised me to drink warm water and I did. After 30 minutes the pains did go away.
26F 13: XX: XX

Thick

I woke up late and I was better than yesterday but I had period pains they were really painful and the blood that was coming out was thick and pure red.
04a 33: XX: XX

Time

Copious Menses at Night

I saw that my bleeding had been excessive during the night.
26F 29: XX: XX

4.3.20 Cough

Concomitants

Chest Pain

I have a cough out of the blue. It is strong and I feel chest pain.
07aM 21: XX: XX

Heat

When I cough, my throat still hurts and a surge of heat comes over me for a moment after a cough – Like the cough brings about a “heat wave”.
18F 02: XX: XX
**Mucous**

I am having lumps of mucous as if I have a cold.

07aM 02: XX: XX

I'm well but still coughing mucous lumps and now I'm feeling all energetic.

07aM 02: XX: XX

**Time**

**Morning**

4am in the morning already awake and the cough only lasted for 30 minutes after which it disappeared.

07aM 22: XX: XX

**4.3.21 Chest**

**Concomitants**

Have been having intermittent panic attacks which I can’t exactly account for. Sometimes it’s a pounding heart and sometimes it’s a vice-like grip in my core that causes me to catch my breath.

03F 02: XX: XX

**Sensation**

**Pain**

My boobs were swollen and sore and my body felt numb from the pain.

24F 12: XX: XX

**Palpitations**

Heart beat is rapid.

15F 01: XX: XX

Have been having intermittent panic attacks which I can’t exactly account for. Sometimes it’s a pounding heart and sometimes it’s a vice-like grip in my core that causes me to catch my breath.

03F 02: XX: XX

**Constricted**

My chest feels tight, I think it is asthma and so no church today.

19F 30: XX: XX
Today I woke up with a tight chest and had to attend gym class at 10:00am. I had an asthma attack and I was rushed to the clinic to get nebulised.
19F 31: XX: XX

I had a tight chest last night at 23h15 and I was already in bed.
19F 37: XX: XX

**Time**

**Night**

I had a tight chest last night at 23h15 and I was already in bed.
19F 37: XX: XX

**On Waking**

Today I woke up with a tight chest and had to attend gym class at 10:00am. I had an asthma attack and I was rushed to the clinic to get nebulised.
19F 31: XX: XX

**4.3.22 Back**

**Concomitants**

Towards evening headache was around eyes, forehead and back of head and neck is stiff.
15F 05: XX: XX

**Location**

**Cervical Region**

I was tired. I woke up tired and continued my day like that. My neck and back hurt.
01aF 19: XX: XX

My neck feels so sore. I need it to be adjusted. There’s so much of tension.
I can’t handle the neck pain.
18F 14: XX: XX

I’m having a blocked nose and left sided back and neck pain. Only the left side of the nose is blocked.
07aM 16: XX: XX

Towards evening headache was around eyes forehead back of head and neck is stiff.
15F 05: XX: XX
**Left Side**

10: 27 I’m having a blocked nose and left sided back and neck pain. Only the left side of the nose is blocked.
07aM 16: XX: XX

**Lumbar Region**

I am very tired and my lower back hurts a bit.
14M 22: XX: XX

There is just some pains on my lower back.
14M 28: XX: XX

My lower back is a bit painful and I am tired.
14M 36: XX: XX

Slept with low back pain during night.
16M 24: XX: XX

Usual pain in low back area – burning to sharp pain.
16M 09: XX: XX

**Right Scapula**

Woke up with a back pain. Feels like I have a knot. Just below my right scapula.
10M 09: XX: XX

**Modality**

I felt so bloated my stomach looked big too and my lower back was aching and I could feel each time my periods came out.
24F 13: XX: XX

I had a bath my periods was heavy bleeding a lot it’s the third day today my lower back was just aching non-stop felt like I was carrying something heavy on my back.
24F 14: XX: XX

**Sensation**

**Burning**

Usual pain in low back area – burning to sharp pain.
16M 09: XX: XX

Low back pain still evident upon awakening. Burning sharp kind of pain.
16M 21: XX: XX
Woke up with low back pain – Burning, aching type of pain.
16M 24: XX: XX

**Pain**

I was tired. I woke up tired and continued my day like that. My neck and back hurt.
1aF 19: XX: XX

While I was in the toilet I cried cause I just feel overwhelmed like my body is literally feeling stressed my back is sore like I'm carrying something heavy and I'm just thinking about a lot of things that's hurting me.
24F 31: XX: XX
10: 27 I'm having a blocked nose and left sided back and neck pain. Only the left side of the nose is blocked.
07aM 16: XX: XX

**Perspiration**

I had sweated in the afternoon on my back only.
01aF 02: XX: XX

**Time**

**Morning**

5: 00am already up feeling a little tired and a lot of back pain but besides that I'm fine.
07aM 33: XX: XX

**Waking On**

Woke up with a back pain. Feels like I have a knot. Just below my right scapula.
10M 09: XX: XX

Low back pain still evident upon awakening.
16M 21: XX: XX

**Night**

Slept with low back pain during night.
16M 24: XX: XX
4.3.23 Extremities

Location

Feet

12: 00pm after taking the remedy I had a red hot spot on my right foot and my right leg started to pain.
12F 01: XX: XX

After that I prepare everything for Friday I was so exhausted my feet felt like there were swelling. I think it’s because I spent much time standing.
12F 22: XX: XX

Forearms

At 22: 00pm – I felt a pain on my right forearm mainly on my ulna bone of the forearm. It was a strong hot sharp pain.
12F 14: XX: XX

Hands

Constant stabbing pain on right arm and hand (entirely) seems to get worse with movement.
15F 02: XX: XX

Legs

Woke up tired, slight lower leg pain
10M 07: XX: XX

My muscles were especially tense. Muscle tense on my right leg – pain.
12F 01: XX: XX

I feel tired because it was a long day but the lameness and pain I can feel in my right leg – When I lifted my right leg now, I could feel the pain.
18F 02: XX: XX

10: 00li tried to get off the bed and I felt this tremendous pain on my right leg it felt like if I took a step forward it will break.
12F 03: XX: XX

If felt as if my leg muscles were pulling everything when I walked.
01aF 19: XX: XX

Woke up with a slight leg pain. Made better by a hot bath.
10M 03: XX: XX
Around 5: 00pm afterwards – leg pain. Better for heat. Worse for movement.
10M 04: XX: XX

Slight lower leg pain got better after a hot bath.
10M 13: XX: XX

**Lower Limbs**

Dull pain in bones (lower limbs) feel as if it’s cold.
15F 01: XX: XX

**Shoulders**

I feel so tired on my shoulders it must be because of the heavy load I was carrying the day before.
01aF 00: XX: XX

The pain on my shoulders is still there.
01aF 01: XX: XX

**Toes**

Small toe on right foot. Burning type of pain.
16M 08: XX: XX

My left toe is still a little painful if I press it but it is now bearable.
01aF 17: XX: XX

At night my toes were itching as they started swelling it was nothing new so didn’t give much attention to it but just stretched and it was okay. It didn’t require me to stretch a lot but just a little.
01aF 15: XX: XX

Even In the evening the swelling was still there, I had changed my shoes but still. I tried to press against my right middle toe nail and discharge came out. I wiped it and left it immediately. This was new as my toes only swelled up before. At night still continued my day And it still itched but not a lot. I had even forgotten at some time that my toes were swollen. Up until I walked down the stairs it was sore but then I was sitting for long hours studying so it had to happen. I left my toes as they were took some pictures and continued my night.
01aF 16: XX: XX

**Thighs**

20: 00 in the evening I still have the dry throat but after I finished bathing my thighs started itching also my pelvic region anteriorly but not the penis.
07aM 01: XX: XX
Tense thigh muscle. On my right leg.
12F 02: XX: XX

The pain is on my left thigh to the knee. It feels like my femur is tied. When I walk it feel like it’s going to break. It’s like there is something pressing so hard on it.
12F 03: XX: XX

I have tense thigh muscle on my right leg. Caused by standing. Better if I’m lying straight. It is an on and off pain. It lasted all day. It’s like my leg is tired.
12F 02: XX: XX

**Upper Limbs**

Constant stabbing pain on right arm and hand (entirely) seems to get worse with movement.
15F 02: XX: XX

**Modality**

**Bending Aggravates**

During the day around 11: 00am I felt pain on my knee. It is most painful when I walk or bend my knee.
12F 05: XX: XX

**Cold Aggravates**

Leg pain from knee downwards made worse from overnight cold. The pain went down as the day progressed.
10M 05: XX: XX

**Laying Ameliorates**

I have tense thigh muscle on my right leg. Caused by standing. Better if I’m lying straight. It is an on and off pain.
12F 02: XX: XX

**Motion Aggravates**

Around 5: 00pm afterwards – leg pain. Better for heat. Worse for movement.
10M 04: XX: XX

I feel tired because it was a long day but the lameness and pain I can feel in my right leg – When I lifted my right leg now, I could feel the pain.
18F 02: XX: XX

Constant stabbing pain on right arm and hand (entirely) seems to get worse with movement.
15F 02: XX: XX
Motion Ameliorates

The pain on my shoulders is still there. Need to stretch.
01F 01: XX: XX

Pressure Ameliorates

12: 00pm after taking the remedy I had a red hot spot on my right foot and my right leg started to pain. My muscles were especially tense. It is better if I straighten my leg and apply pressure.
12F 01: XX: XX

The pain is on my left thigh to the knee. It feels like my femur is tied. When I walk it feel like it’s going to break. It’s like there is something pressing so hard on it. It is located on my right femur is caused by walking and feels better when I apply pressure. It is a sharp pain.
12F 03: XX: XX

My day was perfect with no symptoms. At 18: 00 I went to a function that was held at sport centre everything was perfect. At 22: 00pm I felt a pain on my right forearm mainly on my ulna bone of the forearm. It was a strong hot sharp pain. It was better for application of pressure.
12F 14: XX: XX

Sitting Down Ameliorates

25F 00: XX: XX

Sleep Ameliorates

Paralysis lower down. Waist down. Just this intense feeling of weakness in my legs as if I would fall if I stand for too long. If I stand, the weakness overwhelms me. Seems to ease when I sleep.
18F 15: XX: XX

Standing Aggravates

12: 00pm after taking the remedy I had a red hot spot on my right foot and my right leg started to pain. My muscles were especially tense. It is better if I straighten my leg and apply pressure.
12F 01: XX: XX
Paralysis lower down. Waist down. Just this intense feeling of weakness in my legs as if I would fall if I stand for too long. If I stand, the weakness overwhelms me. Seems to ease when I sleep.

18F 15: XX: XX

**Walking Aggravates**

During the day around 11: 00am I felt pain on my knee. It is most painful when I walk or bend my knee.

12F 05: XX: XX

**Warmth Ameliorates**

Woke up with a slight leg pain. Made better by a hot bath.

10M 03: XX: XX

Around 5: 00pm afterwards – leg pain. Better for heat. Worse for movement.

10M 04: XX: XX

Slight lower leg pain got better after a hot bath.

10M 13: XX: XX

**Sensation**

**Heaviness**

I felt some changes in my body but I ignored them. The changes I had was my feet were a bit heavy couldn't stand for a long time had no balance.

04aF 01: XX: XX


25F 00: 00: 30

**Itching**

At night my toes were itching as they started swelling it was nothing new so didn't give much attention to it but just stretched and it was okay. It didn't require me to stretch a lot but just a little.

01aF 15: XX: XX

12: 00pm after taking the remedy I had a red hot spot on my right foot and my right leg started to pain. My muscles were especially tense. The sensation is itchy and painful.

12F 01: XX: XX

20: 00 in the evening I still have the dry throat but after I finished bathing my thighs started itching also my pelvic region anteriorly but not the penis.

07aM 01: XX: XX
Lameness

I feel tired because it was a long day but the lameness and pain I can feel in my right leg – When I lifted my right leg now, I could feel the pain.
18F 02: XX: XX

Pain

During the day around 11: 00am I felt pain on my knee. It is most painful when I walk or bend my knee.
12F 05: XX: XX

Woke up with a slight leg pain. Made better by a hot bath.
10M 03: XX: XX

Around 5: 00pm afterwards – leg pain. Better for heat. Worse for movement.
10M 04: XX: XX

Slight lower leg pain got better after a hot bath.
10M 13: XX: XX

The pain is on my left thigh to the knee. It feels like my femur is tied. When I walk it feel like it’s going to break. It’s like there is something pressing so hard on it. It is located on my right femur is caused by walking and feels better when I apply pressure. It is a sharp pain.
12F 03: XX: XX

My left toe is still a little painful if I press it but it is now bearable.
01aF 17: XX: XX

Burning

When I hold my phone for too long my hand starts to burn a deep aching pain.
03F 15: XX: XX

Small toe on right foot. Burning type of pain.
16M 08: XX: XX

Hot

12: 00pm after taking the remedy I had a red hot spot on my right foot and my right leg started to pain. My muscles were especially tense. Intensity – Hot pain.
12F 01: XX: XX

At 22: 00pm – I felt a pain on my right forearm mainly on my ulna bone of the forearm. It was a strong hot sharp pain.
12F 14: XX: XX
**Intermittent**

I have tense thigh muscle on my right leg. Caused by standing, better if I’m lying straight. It is an on and off pain.

12F 02: XX: XX

**Pressing**

The pain is on my left thigh to the knee. It feels like my femur is tied. When I walk it feel like it’s going to break. It’s like there is something pressing so hard on it.

12F 03: XX: XX

**Pulling**

If felt as if my leg muscles were pulling everything when I walked.

01aF 19: XX: XX

**Sharp**

At 22: 00pm I felt a pain on my right forearm mainly on my ulna bone of the forearm. It was a strong hot sharp pain.

12F 14: XX: XX

The pain is on my left thigh to the knee. It feels like my femur is tied. When I walk it feel like it’s going to break. It’s like there is something pressing so hard on it. It is located on my right femur is caused by walking and feels better when I apply pressure. It is a sharp pain.

12F 03: XX: XX

**Stabbing**

Constant stabbing pain on right arm and hand (entirely) seems to get worse with movement.

15F 02: XX: XX

**Paralysis**

Paralysis lower down. Waist down. Just this intense feeling of weakness in my legs as if I would fall if I stand for too long. If I stand, the weakness overwhelms me. Seems to ease when I sleep.

18F 15: XX: XX

**Shaking**

Woke up feeling the same. My legs feel so jittery and weak.

18F 14: XX: XX
Swelling

At night my toes were itching as they started swelling it was nothing new so didn’t give much attention to it but just stretched and it was okay. It didn’t require me to stretch a lot but just a little.
01aF 15: XX: XX

Even In the evening the swelling was still there, I had changed my shoes but still. I tried to press against my right middle toe nail and discharge came out. I wiped it and left it immediately. This was new as my toes only swelled up before. At night still continued my day And it still itched but not a lot. I had even forgotten at some time that my toes were swollen. Up until I walked down the stairs it was sore but then I was sitting for long hours studying so it had to happen. I left my toes as they were took some pictures and continued my night.
01aF 16: XX: XX

Tired

I have tense thigh muscle on my right leg. Caused by standing. better if I’m lying straight. It is an on and off pain. It lasted all day. It’s like my leg is tired.
12F 02: XX: XX

Warts

I noticed warts on my hands small ones on my right index finger I noticed them 2 weeks ago they haven’t been paining or anything.
24F 34: XX: XX

Weakness

Woke up feeling the same. My legs feel so jittery and weak.
18F 14: XX: XX

Paralysis lower down. Waist down. Just this intense feeling of weakness in my legs as if I would fall if I stand for too long. If I stand, the weakness overwhelms me. Seems to ease when I sleep.
18F 15: XX: XX

Time

Morning

10: 00 I tried to get off the bed and I felt this tremendous pain on my right leg it felt like if I took a step forward it will break.
12F 03: XX: XX
4.3.24 Sleep

Concomitants

Daytime Dreaming

I went early to bed and I discovered that I don’t dream at night its either I do dream at night and forget. But I dream a lot when I sleep during the day.
04aF 24: XX: XX

Fever

I am having very high temperatures on my head. They are causing me to be sleepy and nauseous.
14M 13: XX: XX

Perspiration

5: 00 Woke up sweaty and grumpy. Was asleep until I hit my head against my desk due to excessive movement in my sleep. This resulted in a very painful headache to form.
09M 12: XX: XX

Modality

Fever Aggravates

I am having very high temperatures on my head. They are causing me to be sleepy and nauseous.
14M 13: XX: XX

Position Abdomen

Sleep pattern – good sleep. I sleep on my stomach and I am unable to remember my dreams.
12F 00: XX: XX

I had a good sleep and I sleep on my stomach.
12F 01: XX: XX

I went straight to bed and slept on my stomach.
12F 21: XX: XX

Frequently sleeping during the day and at night. Position: lying on the stomach.
25F 00: XX: XX

Sleep: Position: lying on the stomach.
25F 08: XX: XX
Position Changed Frequently

5: 00 Woke up sweaty and grumpy. Was asleep until I hit my head against my desk due to excessive movement in my sleep. This resulted in a very painful headache to form.
09M 12: XX: XX

I had a short night sleep I slept facing all sides. Dreamt realistic dreams about my suspension.
14M 18: XX: XX

Sensation

Early Waking

Woke up early today around 5am as I continue with preparations to go home.
06F 03: XX: XX

Falling Asleep Easy

Although my day started on a bad note, I actually went to bed feeling much better and relaxed. I did not have any struggles falling asleep.
26F 01: XX: XX

Frequent Waking

I had a sleepless night I fell asleep about 09: 00pm then I remember getting up 01: 22am fell asleep again woke up at 03: 32am fell asleep again woke up at 04: 00am then stayed awake.
24F 01: XX: XX

After waking up after that dream last night I didn’t sleep right through I woke up about 3 times again after every dream and every time I woke up I was dead tired.
24F 04: XX: XX

Difficulty on Waking

5: 30 Had trouble waking up with a high thirst level.
09M 04: XX: XX

Really battled to wake up, no leg pain no wrist pain.
10M 10: XX: XX

Disturbed

Had disrupted sleep last night.
16M 09: XX: XX
Energy

5: 00 Woke up with more energy than the last few days.
09M 05: XX: XX

Restless

Did not sleep well at all last night. Was very restless and unsettled.
03F 11: XX: XX

Had a very restless sleep. Woke up at 3: 00am and could not go back to sleep. Eventually slept around 4/5am and woke up tired and unfulfilled.
03F 12: XX: XX

Short

General: Bad sleep. Up to 4hrs.
22M 01: XX: XX

General: Bad sleep. Up to 4hrs.
22M 12: XX: XX

General: Bad sleep. Up to 5 hrs.
22M 19: XX: XX

General: Bad sleep. Up to 4hrs.
22M 21: XX: XX

Sleepiness

All I wanted to do was sleep I was feeling tired and had a running stomach.
04aF 00: XX: XX

Felt drowsy a few times but it went away after taking a nap in the afternoon.
06F 27: XX: XX

I took the first dose at 06: 15am and I was feeling sleepy by 08: 00am when I got to campus.
19F 03: XX: XX

19: 00PM I just took the third dose and I feel sleepy again.
19F 05: XX: XX

After taking the 2nd dosage, I felt lightheaded again, about 15 minutes after and lasted for about 15 minutes. I also became really sleepy for a while then it wore off.
20M 00: XX: XX

Woke up feeling tired and thirsty.
09M 01: XX: XX

Woke up feeling very tired extremely thirsty.
09M 02: XX: XX

9: 00 Woke up feeling very tired out of it.
09M 03: XX: XX

5: 00 Woke up feeling very tired but was very happy to be awake.
09M 08: XX: XX

Struggled to get out of bed woke up tired.
10M 06: XX: XX

17: 30 Fell asleep on the way home.
09M 04: XX: XX

Felt a bit sleepy, slept very early (8: 20pm).
06F 20: XX: XX

27M 04: XX: XX

Sleeplessness

I couldn’t sleep though. I couldn’t get sleepy until it was late.
01aF 16: XX: XX

I woke up early I had sleepless nights the sun came out while I was watching it and I went to

take a shower and had chocolate as my breakfast after which I went to class.
04aF 13: XX: XX

I went to study then came back late and went to sleep. I couldn’t sleep I couldn’t even close

my eyes.
04aF 27: XX: XX

Didn’t really sleep, don’t know or remember how I fell asleep all I know it was late.
06F 11: XX: XX

Sleep: I couldn’t sleep. I changed my position of sleeping.
12F 06: XX: XX

General: Bad sleep. Up to 4hrs.
22M 01: XX: XX

General: Bad sleep. Up to 4hrs.
22M 12: XX: XX
General: Bad sleep. Up to 5 hrs.
22M 19: XX: XX

General: Bad sleep. Up to 4hrs.
22M 21: XX: XX

Woke up around 3am just couldn’t sleep and fell asleep around 5am again.
06F 26: XX: XX
23: 45 Could not fall asleep, woke up and started watching a movie.
09M 15: XX: XX

Had such a bad night. I could not sleep with my sneezing. Felt like I was drowsy or sleepy but could not sleep. So tired.
18F 01: XX: XX

I was in a bad mood. I just needed to spend time alone today. I felt like people were annoying me without a reason. Sleep: I couldn’t sleep. I changed my position of sleeping.
12F 06: XX: XX

There was no one outside but I heard a noise and ran inside thinking it was the bears. When I woke up from that dream I was very scared, I woke up at 4: 30am and couldn’t fall asleep again so I just laid in bed.
24F 19: XX: XX

Can’t fall asleep, irritable.
15F 01: XX: XX

11: 00 Felt very groggy with very tired eyes throughout the entire day from this point. 13: 00 Felt very normal after this moment in time. 23: 00 Couldn’t sleep even though I felt tired.
09M 08: XX: XX

Felt like I was drowsy or sleepy but could not sleep. So tired.
18F 01: XX: XX

After waking up after that dream last night I didn’t sleep right through I woke up about 3 times again after every dream and every time I woke up I was dead tired.
24F 04: XX: XX

Unrefreshing

I was tired. I woke up tired and continued my day like that. My neck and back hurt.
1aF 19: XX: XX

Had a very restless sleep. Woke up at 3: 00am and could not go back to sleep. Eventually slept around 4/5am and woke up tired and unfulfilled.
03F 12: XX: XX
Woke up so early feeling like I didn’t even sleep.
06F 12: XX: XX

I woke up feeling tired and not ready to start a day.
12F 18: XX: XX

Woke up lethargic, slight headache front of head around eyes.
15F 05: XX: XX

**Waking Cheerful**

5: 00 Woke up feeling very tired but was very happy to be awake.
09M 08: XX: XX

5: 00 Woke up feeling very good and happy with a feeling of being able to do anything.
09M 15: XX: XX

**Time**

**Afternoon**

17: 30 Fell asleep on the way home.
09M 04: XX: XX

**Catnaps**

Spent the afternoon with my mother then had an afternoon nap. Felt more drained when I woke up.
03F 10: XX: XX

Took a nap for about 1 hour around midday.
06F 01: XX: XX

Took a nap at midday for about 2 hours.
06F 09: XX: XX

Took a nap at midday for about 2 hours.
06F 15: XX: XX

Felt drowsy a few times but it went away after taking a nap in the afternoon.
06F 27: XX: XX

Took a 2hr nap just after midday.
06F 28: XX: XX

Slept at 12: 00 to 14: 00 because I came early from school.
08F 06: XX: XX
13: 00 Fell asleep and woke up at 17: 00.
09M 03: XX: XX

I took a nap around 12: 00 PM and I did not wake up feeling tired as I usually do after naps.
19F 01: XX: XX

Frequently sleeping during the day and at night.
25F 00: XX: XX

**Daytime**

11: 00 Fell asleep during a lecture.
09M 04: XX: XX

**Evening**

Felt a bit sleepy, slept very early (8: 20 pm).
06F 20: XX: XX

**Morning**

After taking the remedy in the morning I was feeling tired and I forced myself to go to church.
04aF 01: XX: XX

4: 30 Woke up feeling tired and thirsty.
09M 01: XX: XX

8: 00 Woke up feeling very tired extremely thirsty.
09M 02: XX: XX

9: 00 Woke up feeling very tired out of it.
09M 03: XX: XX

5: 00 Woke up feeling very tired but was very happy to be awake.
09M 08: XX: XX

Struggled to get out of bed woke up tired.
10M 06: XX: XX

**Night**

Woke up around 3 am just couldn’t sleep and fell asleep around 5 am again.
06F 26: XX: XX

23: 45 Could not fall asleep, woke up and started watching a movie.
09M 15: XX: XX
Had such a bad night. I could not sleep with my sneezing. Felt like I was drowsy or sleepy but could not sleep. So tired.
18F 01: XX: XX

**Night Awake with Day Sleeping**

I am not a night sleeper any more I am a daylight sleeper. I prefer to sleep during the day.
04aF 21: XX: XX

**Prolonged**
I wanted to sleep all the time.
06F 00: XX: XX

Slept like a baby for more than 9hrs.
06F 29: XX: XX

Sleep: Quality sleep. More than usual. I slept 10 hours, I usually sleep 8 hours.
27M 03: XX: XX

27M 04: XX: XX

**Too Early**
I woke up early around 4:30am which is not my waking time I was dreaming even though I don’t remember but it was a nightmare.
12F 06: XX: XX

**Waking On**
27M 04: XX: XX

**4.3.25 Dreams**

**Animals**
I had a normal quality sleep. I dreamt an unusual scary dream of crocodiles.
14M 15: XX: XX

I remember me having a dream about dogs I got so scared that I woke up and rebuked my dream in the name of Jesus.
24F 20: XX: XX
I had a dream but I can’t remember the first part but the second part I was at home with my family and all of a sudden there were monkeys in the house and we were outside and a monkey pulled my 2 year old nephew inside and I tried to pull him but I was weak my left arm I couldn’t lift it and my right arm I barely had strength. I tried to call one of my family members but my voice was also going I couldn’t scream. But eventually someone saw me trying to scream and then ran into to save me. I got up after the dream.

24F 13: XX: XX

I kept on waking up after every dream I had and my dreams were about presentation I’m having today and I remember having dreams of bears they were outside my house and my dogs were tied up I was scared they would hurt my dogs. My family and I blocked every window and door when I couldn’t see them I went outside to see if there is still people. There was no one outside but I heard a noise and ran inside thinking it was the bears. When I woke up from that dream I was very scared, I woke up at 4: 30am and couldn’t fall asleep again so I just laid in bed.

24F 19: XX: XX

Animation

I slept very well dreamt a stupid dream of cartoons.

14M 05: XX: XX

Body Parts Removed

I woke up at 10: 30pm cause I had a dream of Bronwyn and about cutting my index finger off.

24F 03: XX: XX

Clairvoyant

I had a dream of the presentation I will be doing tomorrow and I done great I just hope I do great in reality.

24F 18: XX: XX

Companionship

I had a dream that I finally found my own girlfriend and that she was everything I had hoped for and prayed about. (NS). It was great. First dream I’ve had like that – Longing for companionship. Don’t want to be alone. Wanting to be happy. Fulfilment to get relationship. I didn’t want to wake up and when I did, I was sad and disappointed.

16M 18: XX: XX

Computer Games

I dreamt a lot of games and computer games.

14M 07: XX: XX
**Confusion**

Had strange lucid dreams. Feel slightly disconcerted. In the dream I was looking for something which could not be retrieved. Feel a bit confused.
03F 14: XX: XX

**Desired**

I had quality sleep slept for 7 hours and some minutes and had unusual dream of girls that want me.
14M 10: XX: XX

**Happy**

Had happy dreams in a good mood.
10M 20: XX: XX

Had a dream about my friends in high school but couldn’t remember everything. But I was happy and excited in the dream.
06F 31: XX: XX

**Involving People**

I took a nap and while sleeping I had a dream and it was not a scary dream. Dreamt about my family it was like a family related dream.
04aF 25: XX: XX

I had a long peaceful night dreamt my high school friends and I woke up at 5 though.
14M 20: XX: XX

Tuesday morning I remembered I had a dream of a girl in my class which I don’t like and I told her off because she was controlling me, my next dream when I walked out of the class into a mall and there was this little boy with 2 babies and I stopped him and I was playing with the babies.
24F 11: XX: XX

Today I dreamt of me being pregnant I didn’t see my stomach but my dad was angry that I was pregnant and said I’m doing the same thing my cousin done. I felt trapped because having a baby is a big responsibility but I can’t abort my baby and will never do that so I felt like the world is on top of me.
24F 12: XX: XX
**Missing Tests**

Slept well and had a DREAM: being at school (DUT) – I was at the clinic and we were supposed to write a test. I was prepared and missed it. I couldn’t remember what the subject was though. But I was in serious trouble for missing it. I was supposed to go for the disciplinary hearing and then I woke up.

06F 23: XX: XX

**Nightmares**

I woke up early around 4:30am which is not my waking time I was dreaming even though I don’t remember but it was a nightmare.

12F 06: XX: XX

**Robbery**

I had a dream of the boy who broke my heart and a dream of my phone being stolen it was like a déjà vu dream because I have seen this place in my dreams before.

24F 30: XX: XX

**Searching For Loved Ones**

Had a long abstract dream about an ex. Was in a school and continued to look for her because I felt like I needed her in that instance in time.

09M 09: XX: XX

Woke up feeling very distracted due to yet another dream: of an ex with the aspect of looking for them. Felt confused and sad as I awoke to start my day.

09M 11: XX: XX

**Snakes**

I woke up at 07: 15am scared cause I had a dream about a lot of snakes all types.

24F 16: XX: XX

Had a dream about a snake. Haven’t had a dream about a snake in a while. Same as always. Running away from snake.

03F 20: XX: XX

I had a short night and had a bad dream of snakes and scary things.

14M 08: XX: XX

Dreams: Bad dream – Snake was attacking me and looking at me.

22M 01: XX: XX
**Strength**

Sunday morning I woke up and the dream that I had was about my big brother there were men that was after him and I was standing in a crowd on a field and I knew the guys plans to get my brother. Then they started shooting so everyone laid on the floor and these guys found me and dragged me around the corner the thought that was running through my mind was that they will use me to get to my brother so I pretended that I fainted. Then the guy that was watching me was trying to wake me up pointing the gun to my head threatening me. As he went on and said he we bury me next to my mother I all of sudden had loads of strength I got up and hit him. I hit this man in the face I was so angry he said that I just continued hitting him, I even hit him in the private part the way I was angry then I woke up from my dream.

24F 09: XX: XX

**Unfortunate Events**

Dreamt realistic dreams about my suspension.

14M 11: XX: XX

**Unremembered Dreams**

Slept very well didn’t dream or I just don’t remember if I dreamt at all.

01aF 02: XX: XX

Woke up at 8: 00 had a strange dream cannot recall exact details.

03F 02: XX: XX

Woke up feeling quite strange. cannot remember any particular dreams.

03F 09: XX: XX

My morning seems fine and feeling good though a little lazy and having bad dream and can’t remember it.

07aM 30: XX: XX

Woke up feeling perfectly fine had a great night sleep. Body feels refreshed. Don’t remember any dreams.

10M 01: XX: XX

Can’t remember dreams.

10M 12: XX: XX

Sleep pattern – good sleep. I sleep on my stomach and I am unable to remember my dreams.

12F 00: XX: XX

I think I had dreams but just can’t remember any of them.

24F 01: XX: XX
I had a dream but can't remember it.
24F 06: XX: XX

Today I don't feel good I've been having dreams but I just can't remember them.
24F 26: XX: XX

I also couldn't remember any dreams.
28F 14: XX: XX

**Water and Tsunami**

I experienced a strange dream, I was at the beach with family and friends playing volleyball, when all of a sudden we saw this huge wave approaching us, it was a (ste..) tsunami. We all began to run up the sand bank, the first person made it up, then I struggled to make it but eventually I made it. The last of us was really struggling to make it, almost as if it was meant for him to not make it up the sand bank. The wave was approaching and I made sure I stayed behind and helped him. I just managed to pull him up before the wave hit, it was one weird, strange dream. I was caught off guard and it was unexpected. I felt threatened by the water. I was scared at the possibility of dying. Only I could swim that's why I stayed to help the others.
20M 20: XX: XX

**4.3.26 Fever**

**Concomitants**

I am having very high temperatures on my head. They are causing me to be sleepy and nauseous.
14M 13: XX: XX

**Sensation**

**Sleepy**

I am having very high temperatures on my head. They are causing me to be sleepy and nauseous.
14M 13: XX: XX

**Time**

**Night**

Fever: temperature is high at night.
12F 01: XX: XX
4.3.27 Perspiration

Concomitants

Nervousness

... we had a nutrition presentation to do so I was nervous, perspiring a lot under my armpits...
24F 12: XX: XX

Location

Back

I had sweated in the afternoon on my back only.
01aF 02: XX: XX

Modality

I slept when I came back and sweated which is something I hardly do.
07aM 30: XX: XX

Sensation

Profuse

I have been sweating a lot and wash my hair every day because oily hair makes me look and feel dirty.
03F 17: XX: XX

I sweat a lot.
12F 02: XX: XX

Excessive perspiration.
15F 03: XX: XX

Time

Afternoon

I had sweated in the afternoon on my back only.
01aF 02: XX: XX
4.3.28 Skin

**Location**

**Forehead**

Slight abdominal discomfort and new crop of cystic pimples on sides of forehead.
03F 16: XX: XX

**Head**

I feel a lot calmer than usual but am worried about the horrible pimples cropping up so quickly in hairline and even neck.
03F 01: XX: XX

**Sensation**

**Itching**

Skin itched constantly possibly from cat hair and experienced abdominal tenderness discomfort.
03F 11: XX: XX

I still have a blocked nose and my skin is itchy on my upper body.
14M 16: XX: XX

**Warts**

I noticed warts on my hands small ones on my right index finger I noticed them 2 weeks ago they haven’t been paining or anything.
24F 34: XX: X

4.3.29 Generals

**Concomitants**

**Heat with Vertigo**

The same day after taking the remedy I was feeling hot and I was feeling a little bit dizzy. And I felt like my head was going to come out.
04aF 01: XX: XX

**Weakness with Vertigo**

I woke up and wanted to go to my tutorials but I was very weak and feeling dizzy.
04aF 22: XX: XX
**Modality**

**Aggravation**

My stomach was feeling a bit constipated. I think it's because of the broad beans.

26F 17: XX: XX

Avocado makes me feel light and fresh but bread makes me feel heavy and lethargic.

03F 17: XX: XX

For breakfast I had Milo cereal it made my stomach turn a little because of the milk.

24F 18: XX: XX

Worse for oats: cramps below my belly button.

25F 08: XX: XX

**Spices**

I had the urge to go to the toilet when I woke up. Upon getting there, I realised two things. My menstruation flow was now getting lighter as it had been five days already I also realised that my tummy was slightly paining and I released a runny watery stool. This was because of the spicy briyani I had last night.

26F 03: XX: XX

I had a reaction with my ulcers that started with a burning sensation. This was due to eating spicy food.

28F 14: XX: XX

**Amelioration**

**Warm Drinks**

Feeling much better can still feel a few stomach cramps but it okay. I feel a bit nauseas though. Drank a cup of warm water and it went away.

06F 28: XX: XX

**Aversion**

Thirst: Put off coffee and craved water.

25F 08: XX: XX

**Desire**

**Cake**

12: 00PM And I've been craving red velvet cake today.

19F 02: XX: XX
Cravings: Red velvet cake.
25F 08: XX: XX

Cheese

I got up at 08: 00am I had coffee and a sandwich with cheese cause I was wishing for cheese the previous night.
24F 04: XX: XX

Chocolate

Symptoms: Just been very thirsty and want chocolate.
03F 06: XX: XX

Cravings/Food wishes: chocolate all the time.
03F 06: XX: XX

Woke up at 2pm this morning desperately craving chocolate lucky I had some at hand.
03F 11: XX: XX

Am craving chocolates and confectionery very much.
03F 15: XX: XX

Got to school was studying the whole morning I was wishing for Smarties but the shops didn’t have so I bought Astros.
24F 33: XX: XX

Coffee

When I woke up I just had to have coffee my body was craving it.
24F 21: XX: XX

Cold Water

Don’t remember craving for anything but cold water, but I think it was because of the heat.
01aF 4: XX: XX

I get thirsty for ice water more.
30F 02: XX: XX

Eggs

Woke up almost at mid-morning. Felt so hungry and craving some eggs.
06F 29: XX: XX
I’ve been craving eggs mixed with nice Aromat.
30F 02: XX: XX

**Fried Chips**

I also wish for fry chips I love it it’s one of the food I enjoy eating and don’t take so long eating it.  
24F 05: XX: XX

**Fruit**

I was having chips for lunch and I am craving fruit. I like eating fruit daily.  
04aF 11: XX: XX

Ate well actually felt like eating a lot of fresh fruits. I picked some grapes from the garden tasted great.  
06F 19: XX: XX

Green tea and craving fruit.  
12F 00: XX: XX

Just craving fruit. My mood was good.  
12F 28: XX: XX

**Lemon**

Craved tea with lemon and any food with salt.  
06F 20: XX: XX

Still craving tea with lemon.  
06F 21: XX: XX

**Oranges**

… I was wishing for curry powder, salt, sugar and vinegar with an orange so I made it.  
[24F 02: XX][24F 09: XX][24F 30: XX]

**Salt**

Have been eating a lot of chips recently. Feeling for salty food a lot. Have also been eating a lot of fried food – McDonalds chips.  
03F 27: XX: XX

Craved tea with lemon and any food with salt.  
06F 20: XX: XX
Sour

I have been eating a lot and I am craving Amasi.
07aM 01: XX: XX

Spices

Craving spicy food.
12F 01: XX: XX

I’ve been craving eggs mixed with nice Aromat.
30F 02: XX: XX

... I was wishing for curry powder, salt, sugar and vinegar with an orange so I made it.
[24F 02: XX: XX][24F 09: XX: XX][24F 30: XX: XX]

Tea

Craved tea with lemon and any food with salt.
06F 20: XX: XX

Still craving tea with lemon.
06F 21: XX: XX

Vinegar

... I was wishing for curry powder, salt, sugar and vinegar with an orange so I made it.
[24F 02: XX: XX][24F 09: XX: XX][24F 30: XX: XX]

Water

I’ve been feeling thirsty lately I keep a bottle to drink water when I need to. Normally if I don’t have water in sight I don’t drink water but lately I look for water.
24F 34: XX: XX

Thirst: Put off coffee and craved water.
25F 08: XX: XX

Sensation

Activity

I was happy refreshed and full of energy.
01aF 07: XX: XX

Had a lot of energy as I woke up.
01aF 13: XX: XX
Woke up refreshed but a bit lazy and I just lay in bed and wanted to regain my energy.  
01aF 08: XX: XX

**Cold**

I enjoyed today’s raining and cold weather even though I had to attend lectures. So wish I could have just stayed in my bed the whole day.  
08F 06: XX: XX

The weather makes me feel better dull cold and wet weather.  
10M 04: XX: XX

I took a cold shower, I just felt like cold water for some reason. This is unusual as I only take cold showers in real hot/humid days and today it was not that hot in the morning.  
26F 14: XX: XX

11: 00 Felt very miserable because of my feet becoming cold and wet.  
09M 05: XX: XX

**Energy**

Had a lot of energy as I woke up.  
01aF 13: XX: XX

Woke up and cleaned my room and had a lot of energy.  
01aF 28: XX: XX

Felt quite energetic and happy.  
06F 03: XX: XX

Feel happy and energetic and had a good appetite.  
06F 22: XX: XX

12: 00 I’m well but still coughing mucous lumps and now I’m feeling all energetic  
07aM 02: XX: XX

Was told I had much more energy and talked more often.  
09M 00: XX: XX

Felt full of energy and talkative.  
09M 00: XX: XX

Felt full of energy and talkative just as before.  
09M 01: XX: XX

Feel as if I have a lot of energy hungry.  
15F 00: XX: XX
I was full of energy I finished dressed early that I even had time to feed my dogs and pick up their stools.
24F 10: XX: XX

**Faintness**

It felt like I was going to collapse.
20M 00: XX: XX

After 1\textsuperscript{st} dosage of taking the remedy, I began to feel lightheaded very slightly.
20M 00: XX: XX

After 3\textsuperscript{rd} dosage I again experienced a very mild light headedness and felt very sleepy again for a while.
20M 00: XX: XX

**Fullness**

I haven’t eaten anything but feel very full.
07aM 32: XX: XX

**Heat**

I feel hot almost like a heat wave has come over me and I’m quite cold sensitive normally.
18F 02: XX: XX

Hot flushes started superior and moved inferior I just started to breathe deeply and felt deeper.
15F 00: XX: XX

Dose 4 taken at 10: 00am While taking dose hot flushes arise around the entire superior part of my body more intense each time.
15F 01: XX: XX

Felt a bit cold but the weather was warm.
06F 20: XX: XX

Experienced a sensitivity to heat.
09M 00: XX: XX

This was coupled with a hypersensitivity to heat. This feeling persisted throughout the day with no other visible symptoms.
09M 02: XX: XX

The same day after taking the remedy I was feeling hot and I was feeling a little bit dizzy. And I felt like my head was going to come out.
04aF 01: XX: XX
Inflammation

The weather was fine, I woke up having sinusitis and was not feeling okay because it was really bad and hurtful.
04aF 04: XX: XX

I woke up with sinusitis and it was hurting on the left side. It felt like I was going to die.
04aF 31: XX: XX
My sinus is worse. I usually have it in the morning. But this time it is worse in the evening. Worse in the room, and for odours. Better for open air, with sneezing.
27M 19: XX: XX

Numbness

My boobs were swollen and sore and my body felt numb from the pain.
24F 12: XX: XX

Pain

8: 00 I am having lumps of mucous as if I have a cold. My muscles hurt and I can’t move as usual. I feel like my bones are dislocated.
07aM 02: XX: XX

Pressure

8: 44 The sensation of having my shoulders and neck squeezed was very pleasant.
09M 00: XX: XX

Pulse

Feel fluish, high pulse.
15F 05: XX: XX

Swelling of Glands

The lymph nodes in my neck flared up.
03F 27: XX: XX

Warmth

Aggravation

Heat is unbearable, breathing shallow.
15F 04: XX: XX

Just felt very hot and sweaty.
06F 35: XX: XX
**Amelioration**

I took a warm bath which made me feel better.
26F 12: XX: XX

I took a warm relaxing bath. I really enjoyed that bath.
26F 15: XX: XX

**Weariness**

My energy level is very low.
30F 02: XX: XX

I woke up and wanted to go to my tutorials but I was very weak and feeling dizzy.
04aF 22: XX: XX

I was feeling weak I woke up feeling like I could just go away everything was not right.
04aF 14: XX: XX

I woke up feeling really drained today for some reason I don’t know.
26F 24: XX: XX

Have definitely noticed a dwindling in my energy levels. Getting very tired after small and trivial tasks.
03F 02: XX: XX

Symptoms: fatigue, dry scalp.
03F 10: XX: XX

It’s been an exhausting year feeling physically mentally and emotionally drained.
03F 12: XX: XX

My body feels tired in general. Wishing for a massage.
03F 28: XX: XX

The worst day of my life I always feel tired with no reason.
04aF 24: XX: XX

14: 00 I am feeling tired. I even went out of the class to get some fresh air.
07aM 03: XX: XX

I was very tired during the afternoon but a bit better now.
14M 28: XX: XX

Tiredness in the afternoon during 3pm until late.
25F 08: XX: XX
Just felt a little tired from all the walking around town buying groceries for the family with my brother.
06F 15: XX: XX

Have been waking up feeling extremely exhausted and worn out lately.
03F 11: XX: XX

Weather

I woke up in the morning looking at the window and I saw that it was raining. I was so happy because I really really love the rain.
12F 10: XX: XX

The weather makes me feel better dull cold and wet weather.
10M 04: XX: XX

4.4 The Repertory of *Carcharhinus Leucas* 30CH

The Essential Synthesis Edition 9.1 (Schroyens, 2012) was used as a guide for transcribing the proving symptomatology into repertory rubrics. In doing so the symptoms were grouped and graded according to frequency of symptom occurrence and number of provers experiencing the symptom (Sherr, 2003: 86).

Table 3 shows the rubric gradings according to Ross (2011: 164).

<table>
<thead>
<tr>
<th>Number of Provers</th>
<th>Average Percentage %</th>
<th>Grading</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 or less</td>
<td>7 - 13</td>
<td>1</td>
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<tr>
<td>3 - 7</td>
<td>20 - 47</td>
<td>2</td>
</tr>
<tr>
<td>8 - 15</td>
<td>53 and above</td>
<td>3</td>
</tr>
</tbody>
</table>

Grade 1 - rubrics are in plain type  
Grade 2 - rubrics are in italics  
Grade 3 - rubrics are in bold type, lower case  
New rubrics are underlined and denoted with an NS

This detailed represented repertory consists of three columns composed of specific rubrics appearing in order, divided by chapter headings identical to that of The Essential Synthesis Edition 9.1 (Schroyens, 2012). The first column details the rubric, the second column designates the grading and the third column lists either the repertory page number, or new symptom (NS) or cured symptom (CS).
<table>
<thead>
<tr>
<th>Rubric and subrubric/s</th>
<th>Grade</th>
<th>Page/NS/CS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mind</strong></td>
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</tr>
<tr>
<td>Mind AFFECTIONATE</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Mind AILMENTS FROM – anger</td>
<td>1 3</td>
<td></td>
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<tr>
<td>Mind AILMENTS FROM – anger – suppressed</td>
<td>1 4</td>
<td></td>
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<tr>
<td>Mind AILMENTS FROM – anger; disappointed</td>
<td>3 5</td>
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<tr>
<td>Mind ANGER – contradiction; from</td>
<td>1 9</td>
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<td>Mind ANGER – love; from disappointed</td>
<td>1 10</td>
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<tr>
<td>Mind ANGER – sudden</td>
<td>1</td>
<td>10</td>
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<tr>
<td>Mind ANGER – trifles; at</td>
<td>1 10</td>
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<tr>
<td>Mind ANGER – violent</td>
<td>1</td>
<td>10</td>
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<td>Mind ANGER – waking; on</td>
<td>1 11</td>
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<tr>
<td>Mind ANXIETY</td>
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<td>Mind ANXIETY – dreams, after</td>
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<td>Mind ANXIETY – health; about others; of</td>
<td>1 19</td>
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<td>Mind ANXIETY – present, about</td>
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<td>Mind ANXIETY – travelling; before</td>
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<td>Mind ANXIETY – waking, on</td>
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<td>Mind CAPRICIOUSNESS</td>
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<td>Mind CHEERFUL</td>
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<td>Mind CHEERFUL – causeless</td>
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<td>Mind CHEERFUL – dancing, laughing, singing; with</td>
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<td>Mind CHEERFUL – waking, on</td>
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<td>Mind COMPANY – aversion to</td>
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<tr>
<td>Mind COMPANY – aversion to – alone amel; when</td>
<td>1 34</td>
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<tr>
<td>Mind COMPANY – aversion to – desire for solitude</td>
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<tr>
<td>Mind COMPANY – desire for</td>
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<tr>
<td>Mind COMPANY – desire for – amel in company</td>
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<tr>
<td>Mind COMPLY to the wishes of others; feeling obliged to</td>
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<td>Mind CONCENTRATION active</td>
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<td>Mind CONCENTRATION – difficult</td>
<td>2 36</td>
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<td>Mind CONCENTRATION – difficult – attention, cannot fix</td>
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<td>Mind CONCENTRATION – difficult – studying</td>
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<td>Mind CONFIDENCE – want of self-confidence</td>
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<td>Mind CONFLATION of mind</td>
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<td>Mind CRITISISM – aversion to</td>
<td>1 NS</td>
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<td>Mind DELUSIONS – alone, being</td>
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<tr>
<td>Mind DELUSIONS – dirty – he is</td>
<td>1 51</td>
<td></td>
</tr>
</tbody>
</table>

\^2 Font size and line spacing have been reduced slightly in order to reduce the overall number of pages of the dissertation.
Mind DELUSIONS – body – ugly; body looks
Mind DELUSIONS – floating – air, in
Mind DELUSIONS – floating
Mind DELUSIONS – head – separated from body; head is
Mind DELUSIONS – person – present; someone is
Mind DELUSIONS – person – room; another person is in the
Mind DELUSIONS – time – earlier; time seems
Mind DELUSIONS – time – exaggeration of time
Mind DELUSIONS – watched, she is being
Mind DELUSIONS – wrong – done wrong; he has
Mind DETERMINATION
Mind DISCONTENTED – himself, with
Mind ELATED
Mind ESCAPE, attempts to – run away, to
Mind EXERTION – physical – amel
Mind FASTIDIOUS – cleanliness; for
Mind FEAR
MIND FEAR – corpses; fear of
Mind FEAR – everything, constant of
Mind FEAR – failure, of
Mind FEAR – failure, of – examinations; in
Mind FEAR – narrow place, in
Mind FEAR – self – control, of losing
Mind FEAR – unknown; of the
Mind FORGETFUL
Mind FORSAKEN feeling
Mind FORSAKEN feeling – isolation; sensation of
Mind HATRED of self
Mind HELPLESSNESS; feeling of
Mind HOME – desires to go
Mind HOPEFUL
Mind HORROR MOVIES – love
Mind HURRY duties; as by imperative
Mind HURRY – eating; while
Mind HURT; easily – mentally hurt
Mind IMPATIENCE
Mind INSECURITY; mental
Mind IRRITABILITY
Mind IRRITABILITY – daytime
Mind IRRITABILITY – morning – waking on
Mind IRRITABILITY – night
Mind IRRITABILITY everything causes
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Mind IRRITABILITY – people; with
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Sleep

Sleep DISTURBED 1 1643
Sleep DREAMING- daytime, during sleep 1 1644
Sleep FALLING ASLEEP – easy 1 1646
Sleep POSITION – abdomen, on 1 1648
Sleep POSITION – changed frequently 1 1649
Sleep PROLONGED 1 1650
Sleep RESTLESS 1 1650
Sleep SHORT 1 1652
Sleep SHORT – catnaps, in 2 1652
Sleep SHORT – waking; on 1 1652
Sleep SLEEPINESS 2 1652
Sleep SLEEPINESS – daytime 1 1652
Sleep SLEEPINESS – morning 1 1652
Sleep SLEEPINESS – morning – waking; on 1 1653
Sleep SLEEPINESS – afternoon – 17.30h 1 1654
Sleep SLEEPINESS – evening – early 1 1654
Sleep SLEEPINESS – fever – during – agg 1 1656
Sleep SLEEPINESS – waking – on 1 1658
Sleep SLEEPLESSNESS 2 1658
Sleep SLEEPLESSNESS – night 2 1659
Sleep SLEEPLESSNESS – night – sleeps by day 1 1661
Sleep SLEEPLESSNESS – dispute, after 1 1663
Sleep SLEEPLESSNESS – dreams; from 1 1663
Sleep SLEEPLESSNESS – irritability; from 1 1664
Sleep SLEEPLESSNESS – accompanied by – sleepiness – with 2 1666
Sleep UNREFRESHING – morning 2 1667
Sleep WAKING – cheerful – after 1 NS
Sleep WAKING – difficult – morning 1 1669
Sleep WAKING – early; too 1 1669
Sleep WAKING – frequent 1 1669
Sleep WAKING – excess energy, with 1 NS
Sleep WAKING – perspiration, from 1 1671

Dreams

Dreams ANIMATIONS 1 NS
Dreams BODY; PARTS OF – removed 1 NS
Dreams CHILDREN – newborns 1 1679
Dreams CLAIRVOYANT 1 1679
Dreams COMPANIONSHIP 1 NS
Dreams COMPUTER GAMES 1 NS
Dreams CONFUSED 1 1679
Dreams CROCODILES 1 1680
Dreams DOGS 1 1682
Dreams DESIRED, he is 1 NS
Dreams EVENTS – unfortunate 1 1683
Dreams EXAMINATIONS – missing an exam 1 1683
Dreams FAMILY, own 1 1684
Dreams FRIENDS – seeing friends 1 1685
Dreams HAPPY 1 1686
Dreams MONKEY 1 1688
Dreams NIGHTMARES 1 1689
Dreams PREGNANT – being 1 1690
Dreams PURSUED, being – animals – wild 1 1691
Dreams ROBBED, being 1 NS
Dreams SEA 1 1692
Dreams SEARCHING – someone; for 1 1692
Dreams SNAKES 2 1693
Dreams UNREMEMBERED 2 1695
Dreams VIOLENCE 1 1695
Dreams WATER 1 1696
Dreams WATER – danger – in water; from danger 1 1696

Fever

Fever ACCOMPANIED BY – nausea 1 NS
Fever INTENSE heat – night 1 1726

Perspiration

Perspiration AFTERNOON 1 1735
Perspiration NERVOUS 1 1740
Perspiration PROFUSE 2 1741
Perspiration SLEEP – during – agg 1 1743

Skin

Skin ERUPTIONS – pimples 1 1763
Skin ITCHING 1 1776
Skin WARTS – painless 1 NS

Generals

Generals ACTIVITY – increased 1 1798
Generals ACTIVITY – desire for 1 1798
Generals COLD – air – amel 1 1812
Generals COLD – bathing – desire for cold bathing 1 1813
Generals COLD; BECOMING – Part of body agg – Feet 1 1814
Generals ENERGY – excess of energy 2 1838
Generals FAINTNESS 1 1839
Generals FAINTNESS – vertigo; with 1 1843
| Generals FOOD and DRINKS – beans – agg | 1 1846 |
| Generals FOOD and DRINKS – bread – agg | 1 1847 |
| Generals FOOD and DRINKS – cake – desire | 1 NS |
| Generals FOOD and DRINKS – cheese – desire | 1 1848 |
| Generals FOOD and DRINKS – chocolate – desire | 1 1849 |
| Generals FOOD and DRINKS – coffee – aversion | 1 1849 |
| Generals FOOD and DRINKS – coffee – desire | 1 1849 |
| Generals FOOD and DRINKS – cold drink, cold water – amel | 1 1849 |
| Generals FOOD and DRINKS – cold drink, cold water – desire | 1 1850 |
| Generals FOOD and DRINKS – eggs – desire | 1 1851 |
| Generals FOOD and DRINKS – French fried potatoes – desire | 1 1853 |
| Generals FOOD and DRINKS – fruit – desire | 2 1853 |
| Generals FOOD and DRINKS – lemons – desire | 1 1854 |
| Generals FOOD and DRINKS – milk – agg | 1 1855 |
| Generals FOOD and DRINKS – oatmeal – agg | 1 1856 |
| Generals FOOD and DRINKS – oranges – desire | 1 1857 |
| Generals FOOD and DRINKS – salt – desire | 1 1858 |
| Generals FOOD and DRINKS – sour drinks – desire | 1 1859 |
| Generals FOOD and DRINKS – spices – agg | 1 1859 |
| Generals FULLNESS; feeling of – Internally | 1 1863 |
| Generals HEAT – flushes of | 1 1865 |
| Generals HEAT – flushes of – extending to – Downwards | 1 1866 |
| Generals HEAT – lack of vital heat | 1 1866 |
| Generals HEAT – sensation of | 1 1867 |
| Generals HEAT – flushes of – accompanied by – vertigo | 1 NS |
| Generals INFLAMMATION – Sinuses; of | 1 1875 |
| Generals INFLAMMATION – Sinuses; of – air; in open – amel | 1 NS |
| Generals INFLAMMATION – Sinuses; of – odours – agg | 1 NS |
| Generals NUMBNESS – pain – during | 1 1893 |
| Generals PAIN – Muscles | 1 1915 |
| Generals PRESSURE – amel | 1 1925 |
| Generals PULSE – frequent | 1 1925 |
| Generals SITTING DOWN – amel | 1 1939 |
| Generals SWELLING – Glands; of | 1 1947 |
| Generals WARM – agg | 1 1961 |
| Generals WARM – air – agg | 1 1961 |
| Generals WARM – bathing – amel | 1 1962 |
| **Generals WEARINESS** | 3 1973 |
| Generals WEARINESS – afternoon | 1 1974 |
| Generals WEARINESS – air; in open – amel | 1 1974 |
| Generals WEARINESS – waking – after – agg | 1 1974 |
| Generals WEARINESS – waking; on | 1 1974 |
Generals WEATHER – rainy – amel 1 1975
Generals WEATHER – wet weather – agg 1 1976

The concluding proving data derived from the proving of *Carcharhinus leucas* 30CH presented a total of 590 rubrics. The majority of these rubrics were situated in the MIND (127), GENERALS (64), HEAD (55), EXTREMITIES (50), and EYE (34).

Table 4 shows the distribution of rubrics according to sections of the repertory.

**Table 4: The rubric distribution in relation to repertory sections**

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Table 5 shows the distribution of journal entries for each prover and section

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CHAPTER 5 : DISCUSSION OF THE RESULTS

5.1 Introduction

The objective of this chapter is to review the results of the research study in order to present a well-defined and informative interpretation of the remedy *Carcharhinus leucas* 30CH. The most significant physical and mental themes that occurred during the course of the proving will be discussed and the symptoms will then be compared to *Galeocerdo cuvier hepar* 30CH in order to discern probable similarities and differences between the original proving and the current proving as well as probable new symptoms.

It was hypothesised that *Carcharhinus leucas* 30CH would yield distinctly noticeable signs and symptoms in healthy provers in order to develop a symptom picture of the remedy which could then be compared with that of *Galeocerdo cuvier hepar* 30CH to determine similarities as well as dissimilarities.

5.2 Abbreviation of Remedy

The remedy abbreviation as per Schroyens (2012) is derived from the Latin or scientific substance name. The name is divided into a unique root which represents the Genus as ‘Carch’ and an extension ‘- l’ which denotes the species.

*Carcharhinus leucas* will be abbreviated as: Carch-l
5.3 Symptomatology of the Remedy

5.3.1 Mind

Anger and Irritability

There were various intensities of anger expressed in provers, which varied from experiencing irritability, to a self-awareness of anger, to having a desire to get physically aggressive. Prover 1 expressed in two entries (01aF 34: XX: XX, 1aF 32: XX: XX) how she “woke up pissed” and “got pissed off by the littlest thing” which caused her to want to be alone. Prover 12 (12F 10: XX: XX) experienced a suppression of anger that resulted in her going to sleep. Prover 30 (30F 19: XX: XX, 30F 20: XX: XX) felt anger due to having her heart broken which manifested in her chest feeling hot. Prover 09 (9M 07: XX: XX) states that he “Had a very angry outburst to a situation that upset me”. Prover 7 (07aM 05: XX: XX) experienced a high degree of anger to the point that he wanted to beat something up. Prover 24 (24F 26: XX: XX) felt angry upon awakening due to feeling ugly and she didn’t want to be around company. Prover 24 (24F 06: XX: XX) also discussed being angry and irritable as she felt she “was forced to do something I didn’t want to do”.

Numerous provers spoke of feeling irritable due to various factors. Provers 3, 4, 9, 12, 15 and 24 all experienced a sense of irritability in regard to people and environmental factors. This ranged from being unsociable, a desire to be alone, being irritated by people without a cause, to expressing that irritation by fighting with those around them (03F 14: XX: XX, 04F 09: XX: XX, 15F 02: XX: XX, 24F 29: XX: XX, 24F 34: XX: XX, 9M 11: XX: XX, 12F 06: XX: XX, 24F 07: XX: XX, 24F 18: XX: XX). Irritability was also seen coupled with impatience in provers 1, 3 and 25 (01F 34: XX: XX, 03F 30: XX: XX, 25F 08: XX: XX). Irritability on waking or going to sleep was also noted in provers 9, 10 and 24 where they either woke up in a bad mood or slept in a bad mood. Prover 15 (15F 01: XX: XX), in particular, states: “Can’t fall asleep, irritable”.
Aversion to Company and Solitude vs. Desire for Company

There was a noticeable polarity as seen in provers with regard to an aversion to, and desire for, company. It was evident that a strong aversion to being in company arose and this is seen in provers 3, 15, 19, 24 and 26 (03F 10: XX: XX, 15F 02: XX: XX, 19F 24: XX: XX, 24F 26: XX: XX, 26F 26: XX: XX). Prover 15 makes note that “Relatives say I’ve become moody and unsociable which is unusual for me”.

A longing for, as well as an appreciation for, solitude can be seen in provers 3, 9, 19 and 24 (03F 24: XX: XX, 9M 00: XX: XX, 19F 09: XX: XX, 24F 15: XX: XX). The degree of appreciation as well as insight in regard to solitude is seen in prover 3: “Have a deep appreciation for being alone sometimes. Loneliness is different from solitude”.

On the other end of the spectrum, provers 3 and 9 (03F 05: XX: XX, 09M 04: XX: XX) expressed a desire for company and an improvement within company. Prover 3 states: “Met my friend (mid-morning) to do some work. Was productive but just having company was better.”

Cheerfulness vs. Weepiness and Grief:

A theme of cheerfulness emerged in numerous provers which did not have a specific cause. This was stated by provers 3, 4a, 6 and 10 (03F 24: XX: XX, 04aF 15: XX: XX, 6F 22: XX: XX, 10M 14: XX: XX) where they described themselves as “happy”. Prover 6 mentions dancing throughout the day and feeling really good.

There was a polarity seen in prover 24 (24F 20: XX: XX) where she reflects on her heart being broken and that after listening to music, she eventually “fell asleep crying”.

Grief appeared in five provers. There was an emotion of “feeling down” (19F 14: XX: XX) as a whole among the provers which also resulted in fatigue (07M 31: XX: XX).
Confidence, Inadequate Confidence, Insecurity and Anxiety

A lack of confidence, sense of self-doubt and regret was observed in prover 1 regarding her studying as she states that she needs to “gain my confidence again” (01aF11: XX: XX). In contrast, an apparent improvement in confidence is perceived in prover 4 and 24 (04aF 20: XX: XX, 24F 16: XX: XX). A negative outlook associated with appearance or personality was openly expressed. Insecurity pertaining to her self-image was apparent as prover 3 mentions her “skin is horrible and I feel restless and insecure” (03F 05: XX: XX).

Anxiety was felt concerning various issues in multiple provers. This ranged from an unspecified anxiety where prover 9 notes that he “felt anxious” (09M 15: XX: XX) to anxiety involving family (06F 11: XX: XX) and examinations (04aF 06: XX: XX).

Contradiction and Capriciousness

Prover 24 became irritable as she felt she was being “forced to do something I didn’t want to do” (24 F 06: XX: XX) while prover 4 had an alteration in her affinity towards certain things (04aF 21: XX: XX).

Delusion

Various delusions were experienced by eight provers. A delusion regarding their physical appearance or a specific body part was noted in prover 4, 7, 9 and prover 24 where they believed their head would “come out” (04aF 01: XX: XX), a perception of being more attractive to the opposite sex (07aM 31: XX: XX), being “dirty” (09M 20: XX: XX) and also “feeling ugly” (24F 26: XX: XX).

Provers 3 and 24 stated instances where they felt “floaty” or as if they were “floating” (03F 08: XX: XX, 24F 23: XX: XX). There was a sense of being lonely and bewildered in prover 4 on two occasions (04a F 09: XX: XX, 04a F 10: XX: XX). Prover 12 documented feelings of guilt (12F 30: XX: XX). Prover 16 “had felt a strange presence” while asleep and described it as evil (16M 30: XX: XX). Prover 3
noted a distortion in regard to time and states “Feeling the days fly by and at the same time it seems to stand very still” (03F 32: XX: XX).

Desire to Go Home vs. Desire to Travel and Escape

There was a yearning to go home as well as travelling observed in prover 6. They stated that it “Felt so good” to be returning back home (06F 02: XX: XX). Opposing this, prover 4 observed a sense of things not feeling right and how she “could just go away” (04aF 14: XX: XX).

Disappointed Love and Heart Broken, Love Towards Family, Wanting Sympathy, Affection Increased, and Weeping

There was a distinct impression regarding provers and their emotional states which revolved around them feeling various intensities of sadness. Provers 3, 24 and 30 experienced grief arising from some form of heart break. Prover 3 documented how she was “broken from the crying” (03F 26: XX: XX) and prover 24 felt a physical ache (24F 02: XX: XX) which was aggravated by sad music (24F 20: XX: XX). Prover 30 demonstrated heart break that was coupled with anger and physical complaints such as a hot chest (30F 19: XX: XX).

A longing to reconnect with her mother arose in a dream of prover 4 whereby she states “I really miss my mom” (04aF 15: XX: XX).

Prover 3 noted her mood to be “Warm and friendly” (03F 06: XX: XX). A desire for attention and sympathy arose in prover 24 as she expresses that “I seem sad but I’m not just needing love” (24F 01: XX: XX). She also reveals how she fell asleep crying while reflecting upon a past relationship (24F 20: XX: XX).

Discontentment and Remorse

Provers 9 and 24 both discussed the idea of disappointment within themselves. Prover 24 expresses that her “efforts are for nothing” in regard to her academic
marks (24F 31: XX: XX) while prover 14 developed a feeling of regret and remorse regarding a past occurrence (14M 22: XX: XX).

**Difficulty Concentrating vs. Increased Concentration and Mental Tension vs. Weak Memory and Forgetfulness and Confusion, Decreased Focus and Distraction**

Eight provers commented on a marked decrease and difficulty in regard to their concentration levels. Prover 3 mentions that her “Thoughts were scattered” (03F 04: XX: XX) and provers 9 and 24 experienced feelings of being distracted (09M 07: XX: XX, 24F 28: XX: XX). In contrast to this, prover 6 noted that she was able to concentrate for a longer duration (06F 01: XX: XX) while prover 7 experienced “high energy in concentration and focus and was learning quickly” (07a M 05: XX: XX).

Mental tension and a persistent feeling of stress is stated by provers 4, 8 and 12 where they mention feeling “stressed” (08F 26: XX: XX, 04aF 12: XX: XX). Provers 4 and 24 both experienced a weakening of their memory as well as difficulty remembering information that she had read: “it was hard to study cause I couldn’t memorise anything” (24F 29: XX: XX). Confusion about the future as well as after reading was observed by prover 3 where she states she’s “Feeling very disconcerted about the future in general” (03F 11: XX: XX). Prover 4 displayed a self-hatred as well as uncertainty (4F 11: XX: XX). Prover 15 experienced confusion together with being afraid as well as a feeling that “negative thoughts fill my mind” (15F 00: XX: XX).

**Euphoria, Excitement, Elation and Laughter**

The general concept of exceeding the feeling of basic happiness was observed in eight provers. In most in cases, provers noted feeling “elated” (28F 00: XX: XX) or a euphoric feeling (09M 00: XX: XX). Excitement was demonstrated due to being in company where provers were grateful for their friends (03F 00: XX: XX) as well as laughing in company (08F 04: XX: XX).
Fear and Horror

There was an overall idea of being fearful, often without cause but some specific fears were apparent. Provers 12 and 15 reflected a “fear of failure” (12F 00: XX: XX, 15F00: XX: XX). Claustrophobia arose in provers 15 and 28, with prover 28 stated “that feeling does not go away until the work is complete” (28F 02: XX: XX). Self-doubt appeared in prover 4; she fears herself as she thinks she “will end up doing wrong things” (04aF 14: XX: XX). Prover 4 also expressed a fear regarding the cadavers in her anatomy class as she states “I am so afraid of dead people I can’t even look at them (04aF 19: XX: XX).

Prover 8 unexpectedly enjoyed watching horror movies (08F 34: XX: XX).

Forsaken Feeling

Abandonment emerged in four provers. Prover 4, 9, 12 and 19 all noted a feeling of being “alone in the world” (04aF 09: XX: XX). A sense of being distant from others as well as being disregarded was experienced (12F 08: XX: XX).

Hatred of Self, Sensitive and Aversion to Criticism

Prover 4 displayed doubtful thoughts about herself and stated how she hated herself (04aF11: XX: XX). Prover 3 displayed an aversion to criticism from her mother with a desire to escape (03F 00: XX: XX). Prover 9 felt sensitive to the statements made towards him (09M 00: XX: XX).

Helplessness vs. Hopeful, Positivity of Mind and Determination

Provers 4, 18 and 24 exhibited an “overwhelmed” (18F 20: XX: XX, 24F 31: XX: XX) mentality where they questioned many aspects of their lives. In contrast to this, prover 1 “Woke up hopeful” (01aF 21: XX: XX).
A sense of alertness and a positive outlook was noted in prover 9 as he “Felt very awake and positive (09M 01: XX: XX). Prover 9 also felt an increase in determination as he “Woke feeling determined” (09M 10: XX: XX).

**Hurry and Impatience vs. Patience**

A feeling of haste arose in provers 1 and 3 as they noticed feeling hurried when performing tasks regardless of their importance (01aF 05: XX: XX, 03F 09: XX: XX).

Similarly, an increase in impatience developed in provers 3 and 25, with prover 25 feeling that she became “impatient and short” (25F 08: XX: XX), whereas prover 12 expressed a change from being normally impatient to being patient (12F 29: XX: XX).

**Loquacity, Noisy Behaviour and Shrieking vs. Taciturn**

Out of 24 verum provers, only prover 9 made mention of an escalation in his talking habits, mentioning this five times. He noted that he “Was very talkative again after taking proving powder” (09M 00: XX: XX) with an increase in his energy (09M 01: XX: XX).

Prover 7 noticed that he became “very noisy this evening” (07aM 37: XX: XX) and prover 4 found herself “always shouting at everyone” (04aF 14: XX: XX). In juxtaposition to this, provers 26 and 27 did not want to talk to anyone (26F 11: XX: XX, 27M 05: XX: XX).

**Mood Irregularities and Disorientation**

An agreeable mood was seen in provers 6 and 19 as they noticed an improvement in their moods. Prover 6 “Felt quite energetic and happy” (06F 03: XX: XX) and prover 19 stated that her “mood is great” (19F 01: XX: XX).
A changeable mood was observed in three provers as they mentioned having “mood swings”. Prover 7’s mood went “from feeling happy to feeling down now. And I feel super angry like beating something anything” (07aM 05: XX: XX) and prover 9’s mood went from “Happy to sad to annoyed to aggressive to happy” (09M 07: XX: XX). Prover 9 further expressed how he “Felt very moody and disorientated from the morning” (09M 09: XX: XX).

An alternation of moods was seen in provers 7, 9 and 10 as they experienced mood swings that ranged from “very bored then all excited” (07aM 37: XX: XX) to “sad to happy to sad to happy” (09M 12: XX: XX).

**Obligation to Others**

Prover 3 makes note of two instances where she has committed herself to helping someone purely out of a sense of obligation. She states that “although utterly exhausted just pushing myself to try and help her” (03 F 05: XX: XX, 03 F 10: XX: XX).

**Occupation Ameliorates vs. Physical Exertion Ameliorates and Laziness**

Provers 6 and 12 both make note of different forms of physical activities that appear to ameliorate them respectively. Prover 6 found that performing household chores relaxed her (06F 14: XX: XX) whereas prover 12 went for a jog which made her “body feel fresh” (12F 13: XX: XX).

Four provers found themselves feeling lazy with “no desire to do anything” (15F 01: XX: XX).

**Prostration**

A marked feeling of prostration was observed in prover 3 and prover 8. On multiple occasions, prover 3 mentions how “exhausted” (03F 05: XX: XX, 03F 10: XX: XX)
and “drained” (03F 12: XX: XX, 03F 11: XX: XX) she is on a physical, mental and emotional level.

**Religion**

Provers 3, 4 and 12 noticed an improvement in mood after attending their respective places of worship. Provers 4 and 12 expressed themselves as being “blessed” (04F 16: XX: XX, 12F 16: XX: XX) whereas prover 3 experienced a sense of calm (03F 18: XX: XX).

**Tranquillity**

There was a feeling of being consistently “relaxed” in provers 1 (01aF 10: XX: XX) and 4 (04aF 15: XX: XX, 04aF 20: XX: XX) and prover 28 noticed an increased sense of calm (28F 00: XX: XX).

**5.3.2 Vertigo**

Prover 12 felt nauseous and stated that she “was about to vomit” (12F 15: XX: XX), had a headache (12F 23: XX: XX) as well as perspiration” (12F 15: XX: XX) which all occurred while in a taxi.

Prover 12 experienced vertigo on two occasions while travelling, specifically while turning around that was “Caused by the petrol smell” (12F 15: XX: XX, 12F 23: XX: XX).

Prover 12 noted that she “felt better for cold water” (12F 15: XX: XX, 12F 23: XX: XX) while prover 8 observed feeling “dizzy” which was ameliorated after eating (08F 01: XX: XX) and provers 8 (08F 01: XX: XX) and 20 both noticed an improvement of their symptoms while sitting down. Prover 20 states that “It felt better when I sat down” (20M 00: XX: XX). Prover 12 states that the vertigo would be aggravated when in a taxi and this was experienced on two occasions (12F 15: XX: XX, 12F 23: XX: XX).
Prover 8 described the sensation of the vertigo experienced as a feeling of being “dizzy” (08F 01: XX: XX).

Vertigo was mainly felt in the mornings or upon waking by provers 4 and 8 (4aF 26: XX: XX, 08F 01: XX: XX).

5.3.3 Head

Various symptoms accompanied the headaches provers experienced. Provers noted sneezing (04aF 33: XX: XX), inflamed eyes (04aF 18: XX: XX), lachrymation (15F 05: XX: XX), nausea (25F 08: XX: XX), and dysmenorrhoea (26F 01: XX: XX).

Pain was experienced in four regions, namely the forehead, occiput, temples and sides. Provers 15, 16, 26, 27 and 30 all noted pain in the region of their foreheads. Headache that also extended around the eyes was documented on numerous instances by prover 15 (15F 02: XX: XX, 15F 5: XX: XX). Prover 16, on two separate days mentions how the pain moved from his “forehead then moved towards the top of my head” (16M 35: XX: XX). Provers 15 and 22 felt headaches in the occipital region (15F 05: XX: XX, 22M 02: XX: XX). Pain exhibited on the sides of the head was felt by provers 7, 12, 26 and 27. More specifically, provers 7 (07aM 13: XX: XX), 26 (26F 07: XX: XX) and 27 (27M 00: XX: XX) noted bilateral pain and in contrast, prover 12 noted right sided pain only (12F 11: XX: XX). Pain was observed on the right temple by provers 22 (22M 02: XX: XX) and 25 (25F 08: XX: XX).

Prover 1 noted how “frustrated and angry” she became which lead to her developing a headache (01aF 34: XX: XX).

Multiple modalities were highlighted among provers. Fresh, open air ameliorated provers 24 (24F 06: XX: XX) and 27 (27M 00: XX: XX). Closing the eyes ameliorated prover 12 (12F 03: XX: XX). Sitting down or sitting still ameliorated provers 18 (18F 14: XX: XX) and 25 (25F 08: XX: XX). Prover 27 states that “The headache is better with sleeping” (27M 05: XX: XX) and prover 28 noted that pressure ameliorated her headache (28F 14: XX: XX).
Prover 3 noted that the air-conditioning exacerbated the headache (03F 19: XX: XX). Prover 15 (15F 03: XX: XX) was aggravated by light while prover 22 (22M 02: XX: XX) was aggravated by the television. Prover 15 was also aggravated by being in a moving vehicle (15F 05: XX: XX). Prover 16 (16M 35: XX: XX) and 22 (22M 02: XX: XX) experienced an aggravation while sleeping. Prover 22 also displayed an aggravation on two occasions due to physically exerting himself (22M 02: XX: XX, 22M 03: XX: XX). Prover 27 experienced the same three modalities on two separate days where he states he is “Worse: with noise; indoors with warmth” (27M 00: XX: XX, 27M 04: XX: XX).

Three sensations apart from pain occurred. Prover 3 experienced a “dry scalp” (03F 10: XX: XX). A hot forehead was felt in prover 27 (27M 00: XX: XX, 27M 04: XX: XX). Provers 4 (04aF 00: XX: XX) and 28 both experienced a heavy sensation, more specifically in prover 28; she describes it as a “heavy ball sensation” (28F 14: XX: XX).


5.3.4 Eye

Prover 30 is the only one who notes a concomitant as per the eye section, that being lachrymation of the eyes that were also painful (30F 01: XX: XX).

Provers 7 and 10 mentioned five locations of eye symptoms. Prover 7 states that the area of the left eye was painful (07aM 19: XX: XX). Prover 10 however presented with multiple locations of symptoms. The inner canthi was noted as prover 10 comments that “Most of the medial part of the eye is swollen, inner part of the eyelid
is red” (10M 08: XX: XX). The left and right eyelid was also discussed as he states that the pain started in his right eye and then moved to his lower left eyelid (10M 14: XX: XX), which then progressed to a “bubble” forming (10M 15: XX: XX). The same process occurred in which a bubble formed on the lower right eyelid (10M 18: XX: XX, 10M 16: XX: XX). The pain was also noted in his right eye as becoming progressively worse (10M 20: XX: XX).

Two ameliorations were observed by provers 8 and 10. Prover 8 comments that it “felt like the earth was spinning” and closing her eyes ameliorated it (08F 01: XX: XX). Prover 10 makes mention to warm water being an amelioration (10M 08: XX: XX).

Aggravations were seen in provers 10 and 27. Prover 10 displayed various aggravations that ranged from light such as “bright light eg cellphone, sunlight” (10M 08: XX: XX), movement of the eye (10M 08: XX: XX), pressure (10M 08: XX: XX) and touch (10M 11: XX: XX). Prover 27 states that he was aggravated by warm water when showering (27M 04: XX: XX).

There was a tendency towards waking up with eye symptoms seen in provers 4 (04aF 27: XX: XX) and 10 (10M 19: XX: XX).

A wide array of sensations were experienced by provers 7, 10, 15, 18, 24, and 27. Prover 18 was the only person to present with heaviness, heat, a sensation of a foreign body as well as inflammation, all in one day (18F 02: XX: XX). Prover 27 noted itching in his eyes (27M 18: XX: XX). Prover 7 states that he had a continuous pain (07aM 19: XX: XX) while prover 10 presented with a progressive and “extreme pain” (10M 20: XX: XX) and prover 27 states he had an aching pain (27M 10: XX: XX). A sensitivity to light was seen in provers (10M 08: XX: XX, 15F 02: XX: XX). Redness of the eyes was noted in prover 27 (27M 11: XX: XX) and provers 15 (15F 02: XX: XX) and 18 (18F 02: XX: XX) sensed their eyes feeling smaller. Prover 10 displayed a developing stye which he describes as a “bubble” (10M 15: XX: XX). Provers 10 (10M 15: XX: XX) and 18 (18F 02: XX: XX) discuss a sensation of the eye being swollen.
5.3.5 Vision

Prover 15 states that her “vision seems blurry” (15F 00: XX: XX).

5.3.6 Nose

Prover 14 was the only prover to experience a concomitant with his nose symptom, when he states: “My blocked nose caused me to cough a lot” (14M 15: XX: XX).

A possible aetiology that caused excessive sneezing in prover 6 was exposure to cold weather (06F 19: XX: XX).

Three ameliorations presented in prover 27. He noted that his discharges were “better in open air” (27M 03: XX: XX), when he moves and when he is warm (27M 09: XX: XX).

A cold aggravation was seen in prover 6 when she states she “was sneezing a bit, I think from the cold weather” (06F 19: XX: XX) whereas prover 27 was ameliorated with the warmth (27M 09: XX: XX). An aggravation due to an odour was noticed by prover 14 who described the odour as a “damp carpet” which worsened his sneezing (14M 37: XX: XX).

Congestion appeared in six provers. Prover 7 states they had a “blocked nose” (07aM 11: XX: XX) while prover 15 felt that her “Nose feels like its clamped closed” (15F 04: XX: XX). Prover 14, on four different days presented with a “blocked nose” (14M 12: XX: XX) as well as noting that he would wake up with a blocked nose. A sense of a progressing congested feeling was seen in prover 26 as she experienced a congested feeling that got worse from one day to the next day (26F 13: XX: XX). It was interesting to note that prover 27 (27M 20: XX: XX) and prover 30 both experienced congestion more at night specifically where prover 30 states that she noticed her nose was “blocked more at night” (30F 02: XX: XX).
There was coryza present in provers 10 and 14. Prover 10 “woke up with a runny nose, which lasted the whole day plus some of the night” (10M 18: XX: XX) whereas prover 14 experienced a runny nose despite being congested (14M 11: XX: XX).

Four provers commented on varying degrees of nasal discharge. Prover 10 mentions a “Sinus overproduction of mucous lasted for about an hour” (10M 14: XX: XX). Prover 14 experienced excessive discharges to the point where he “could not inhale properly” (14M 12: XX: XX). Prover 27 noted a “clear and watery” discharge (27M 09: XX: XX) which also worsened in the morning after having a shower (27M 17: XX: XX). Heaviness, dryness and itching of the nose was seen in provers 18 (18F 00: XX: XX), 27 (27M 23: XX: XX), and 30 (30F 01: XX: XX).

Provers 4 and 27 both complained of pain. Prover 4 displayed sinus pain on the left side where he states that he “felt like I was going to die” (04aF 31: XX: XX) whereas prover 27 experienced an aching pain on the surrounding skin of his nose (27M 05: XX: XX).

Varying symptoms regarding sneezing occurred in six provers. Prover 4 noticed that she took a shower and began sneezing (04aF 26: XX: XX). Prover 6 experienced sneezing following a bout of cold weather (06F 19: XX: XX) as well as continuous sneezing the following day without discharges (06F 20: XX: XX). Prover 14’s sneezing was initiated by a “damp carpet” odour (14M 37: XX: XX). Prover 18 states that her “Nose feels heavy – It’s turned red because of the excessive sneezing” (18F 00: XX: XX) and that she was unable to sleep (18F 01: XX: XX). Prover 27 suffered from extensive sneezing where he states that the “Sneezing is worse in doors, better in open air” (27M 03: XX: XX) but better in the afternoon (27M 06: XX: XX). The sneezing was so intense that he describes it as “back to back sneezing (27M 23: XX: XX).

Two time modalities were apparent; that being mainly in the morning and at night. Prover 10 states “I woke up with a runny nose” (10M 18: XX: XX) as opposed to prover 14 who woke up with a blocked nose (14M 12: XX: XX). Prover 27
experienced his symptoms in the mornings that ranged from a watery discharge (27M 05: XX: XX) to sneezing (27M 06: XX: XX).

Provers 27 and 30 both presented with blocked noses at night where prover 27 experienced both nostrils being blocked (27M 20: XX: XX) whereas prover 30 only had a unilateral blockage on the left (30F 02: XX: XX).

5.3.7 Face

Prover 12 noted a blue discoloration to the skin around their eyes (12F 02: XX: XX).

Three provers displayed facial eruptions of varied areas on their faces. Prover 3 noticed a “New crop of cystic pimples on sides of forehead” (03F 16: XX: XX), prover 14 presented with pimples erupting on his cheek and mandible which were red and painful (14M 13: XX: XX, 14M 18: XX: XX) and prover 15 exhibited small pimples around their nose (15F 02: XX: XX).

Facial pain was experienced in diverse manners. Prover 14 states that “when I woke up, my jaw on the left side hurt” (14M 12: XX: XX) while prover 16 mentions how the pain in his temporomandibular joint had decreased (16M 33: XX: XX).

5.3.8 Mouth

Various sensations involving the mouth were noted. Prover 1 experienced a swelling of their gums (01aF 34: XX: XX). Provers 12 and 14 both displayed symptoms regarding their tongues. Prover 12 (12F 00: XX: XX) noted a painless lump below her tongue while prover 14 states that “I could not taste things like juice properly” (14M 07: XX: XX). Prover 20 experienced waking up very thirsty and with a dry mouth (20M 04: XX: XX).
5.3.9 Teeth

Only one prover makes note of a symptom pertaining to her teeth. She states that she “took out my tooth because it was loose. It was painless” (12F 02: XX: XX).

5.3.10 Throat

Prover 14 experienced a sore throat together with coughing (14M 12: XX: XX).

Two modalities were noted by two provers. Prover 1 states that swallowing cold water caused her throat to pain (01aF 01: XX: XX) while prover 18 mentioned that she “can feel the rawness in my throat” while she sneezes (18F 02: XX: XX).

Sensations experienced ranged from a feeling of constriction, dryness, scratching and rawness to a general expression of pain. Prover 18 displayed a feeling of constriction, rawness and scratching. This is seen when she states that it “Feels like my throat is closing up when I swallow liquids” (18F 02: XX: XX). She also notes a rawness when sneezing (18F 02: XX: XX) as well as a “scratchy” feeling in her throat (18F 03: XX: XX). Dryness of the throat presented in three provers, namely provers 7 (07aM 00: XX: XX), 26 (26F 12: XX: XX), and 30 (30F 02: XX: XX). A general pain or “sore throat” was mentioned by provers 14 (14M 09: XX: XX) and 15 (15F 00: XX: XX).

Regarding a specific time modality, only prover 14 experienced waking up with a sore throat (14M 09: XX: XX, 14M 10: XX: XX).

5.3.11 External Throat

Only prover 3 makes note that she had “slight neck stiffness and a tension headache” (03F 31: XX: XX).
5.3.12 Stomach

Emptiness coupled with burning in the stomach as well as weakness in the legs were both felt by prover 18 (18F 13: XX: XX).

Eating aggravated prover 6 as she states that it resulted in a bloated feeling (06F 33: XX: XX).

A marked decrease and increase in appetite was evident in multiple provers. Seven provers commented on a diminished appetite. This was seen as they stated that they “don’t eat as much” (01aF 18: XX: XX) or they “don’t feel like eating at all” (06F 08: XX: XX). Prover 26 had no appetite yet forced herself to eat (26F 01: XX: XX) and prover 6 only consumed a glass of juice (06F 33: XX: XX). On the opposite end of the spectrum, nine provers experienced an increase in their appetite. Provers noted an extreme hunger (03F 10: XX: XX) that was also frequent (25F 08: XX: XX). The appetite was also described as “unsatisfied” (03F 05: XX: XX, 06F 20: XX: XX) as well as “high” (12F 08: XX: XX). Opposing sensations, that being distension, fullness and emptiness presented in prover 6 where a “bloating” feeling arose (06F 33: XX: XX) and in contrast, prover 18 felt an empty feeling within her stomach (18F 13: XX: XX). Prover 3 displayed a heaviness in her solar plexus (03F 05: XX: XX) and prover 26 stated she experienced nausea due to her menses (26F 27: XX: XX). Provers 2 (02M 00: XX: XX), 6 (06F 00: XX: XX), and 28 (28F 14: XX: XX) exhibited a “cramp” within their stomachs.

Another contrast that was seen was between being thirsty and thirstless. Prover 9 (09M 01: XX: XX), 20 (20M 04: XX: XX) and 26 (26F 06: XX: XX) noted that they all woke up due to being very thirsty. The extent of the thirst was described as “parched” (03F 14: XX: XX) and cold water was craved as stated by prover 20 (20M 04: XX: XX). Prover 9 described his thirst as “endless” (09M 03: XX: XX) while prover 14 only drank a small amount of water at a time (14M 23: XX: XX). Contradicting this, provers 14 (14M 08: XX: XX) and 25 (25F 00: XX: XX) stated they had no thirst.
Prover 28 experienced an ulcer that yielded a burning and cramping pain. She also mentioned vomiting “a mixture of liquids, food and bright red blood” (28F 14: XX: XX).

5.3.13 Abdomen

A specific location arose in prover 9 on multiple occasions. She described the affected area as being “under my right breast” (19F 05: XX: XX). In most instances, the pain was a sharp or stinging pain and would cause the provers sleep to be interrupted (19F 19: XX: XX) and would persist for a few minutes at a time (19F 06: XX: XX, 19F 09: XX: XX).

With regard to modalities, prover 15 observed a sharp abdominal pain that was improved while lying on her back (12F 08: XX: XX).

Prover 15 experienced a “sharp piercing pain” in her pelvic region which presented with a high intensity of pain (15F 00: XX: XX).

Provers 3 (03F 22: XX: XX), 6 (06F 25: XX: XX), 24 (24F 13: XX: XX) and 26 all experienced a sensation of being bloated. This was depicted by prover 26 where she stated that her stomach “felt like it was full of air” (26F 06: XX: XX). Prover 24 presented with flatulence on three occasions and specifically described feeling “full of gas” (24F 11: XX: XX). Four provers noted abdominal pain ranging from “abdominal tenderness/ discomfort” (03F 11: XX: XX) and abdominal cramps (10M 02: XX: XX) to a sharp abdominal pain (12F 11: XX: XX).

5.3.14 Rectum

A single aetiology presented in prover 26 where she noted a “runny watery stool” due to consuming a spicy meal (26F 03: XX: XX).

A bilateral headache accompanied the diarrhoea in prover 7 (07aM 13: XX: XX).
Prover 24 noted a “burning bruised sensation” upon passing a stool (24F 06: XX: XX). The symptom of constipation was evident in four provers. Prover 6 presented with constipation due to excessive eating (06F 27: XX: XX) and prover 19 experienced a decrease in her appetite due to the constipation (19F 10: XX: XX) as well as an alteration in her mood (19F 11: XX: XX). In contrast, three provers had diarrhoea. Prover 4 makes note of the increased frequency due to the diarrhoea (04aF 00: XX: XX). The consumption of food containing flour caused prover 12 to have diarrhoea (12F 18: XX: XX) whereas spicy food caused the diarrhoea in prover 26 (26F 03: XX: XX).

Prover 26 makes note of an insufficiency of stool that was passed (26F 00: XX: XX) as well as an absence of stool despite having an urge to defecate (26F 06: XX: XX). Prover 12 experienced a burning pain coupled with diarrhoea (12F 18: XX: XX), while prover 19 states that she experienced pain due to being constipated (19F 14: XX: XX) as well as a burning pain subsequent to passing a stool (19F 08: XX: XX).

5.3.15 Stool

Provers 24 (24F 01: XX: XX) and 25 (25F 08: XX: XX) both noted a darker stool. Stools appeared more on the “dry side” as stated by prover 24 (24F 28: XX: XX) as well as “rough” (24F 06: XX: XX) and lighter in colour while on her menstrual cycle (24F 15: XX: XX). Strong stool odours presented in provers 24 and 26 (26F 00: XX: XX), specifically described as a “sour smell” (24F 17: XX: XX). Prover 26 makes note of passing a small quantity of stool (26F 00: XX: XX), a softer stool (26F 01: XX: XX) as well as a “runny watery stool” following spicy food (26F 03: XX: XX).

5.3.16 Bladder

Prover 20 (20M 15: XX: XX) and 26 (26F 29: XX: XX) noted an increase in frequency in urination. Prover 20 also experienced the urge to urinate more regularly in the mornings (20M 15: XX: XX).
5.3.17 Urine

Prover 9 stated that his urine appeared to be a “lime green colour with a pungent smell” (09M 00: XX: XX).

5.3.18 Male Genitalia/Sex

Prover 7 was the only individual who experienced symptoms pertaining to his genitalia. The left and right testicle (07aM 20: XX: XX, 07aM 26: XX: XX) as well as the pubic region and axilla presented with itching (07aM 03: XX: XX).

Prover 7 notes that subsequent to eating, the itching is aggravated (07aM 23: XX: XX) as well as an aggravation by the heat or warm water (07aM 35: XX: XX).

The predominant sensation felt was itchiness. Prover 7 noted excessive itching of his scrotum (07a M 19: XX: XX) and testicles (07aM 33: XX: XX) which resulted in a decreased ability to concentrate.

5.3.19 Female Genitalia/Sex

Prover 6 was the only individual who noted concomitant symptoms pertaining to her menstrual cycle. She stated that she felt “feverish and nauseous” (06F 26: XX: XX).

Slight pain was observed by prover 26 in the location of her uterus (26F 11: XX: XX).

Four ameliorations were noted in provers 1 and 24 in regard to their menstrual cycles. Prover 1 stated that the pain was relieved if she “crawled up and folded myself” (01aF 12: XX: XX) and if she was continuously moving around (01aF 13: XX: XX). Prover 24 observed an amelioration of her menstrual pain if she kept warm (24F 12: XX: XX), and an aggravation if she was sitting on a cold chair (24F 12: XX: XX).
Provers 19 (19F 26: XX: XX) and 26 (26F 11: XX: XX) both documented a sensation of prolonged menstrual pain despite not being on their cycles.

Provers 4 and 26 made note of a variation of their menstrual blood. Prover 4 noted that it was “thick and pure red” (04aF 33: XX: XX) whereas prover 26 observed “large deep red coloured lumps” (26F 01: XX: XX). Copious leukorrhea was noticed in prover 24 (24F 10: XX: XX) prior to her menstrual cycle as well as copious menstrual bleeding also experienced by prover 24 (24F 14: XX: XX) as well as prover 26 (26F 01: XX: XX).

Menstrual pain was noted in four provers. Prover 1 stated that the pain was “unbearable” (01aF 12: XX: XX) whereas prover 12 believed that her pain was less severe than it usually was (12F 24: XX: XX). Varying and specific types of menstrual pain were observed by two provers. Prover 24 documented “sharp pains shooting up my body” (24F 12: XX: XX). Prover 26 noted cramping (26F 13: XX: XX), pulling (26F 01: XX: XX) and sharp (26F 13: XX: XX) pains on different days of her menstrual cycle.

Thick menstrual blood was experienced by prover 4 (04a 33: XX: XX).

Prover 26 makes note that her “bleeding had been excessive during the night” (26F 29: XX: XX).

5.3.20 Cough

Two provers experienced concomitant symptoms together with a cough. Prover 7 notes chest pain (07aM 21: XX: XX) while prover 18 states that “a surge of heat comes over me for a moment after a cough” (18F 02: XX: XX).

“Lumps of mucous” was observed by prover 7 while coughing (07aM 02: XX: XX) as well as a tendency for this to occur in the morning (07aM 22: XX: XX).
5.3.21 Chest

Prover 3 experienced a panic concomitantly with a “pounding heart” as well as “a vice-like grip in my core that causes me to catch my breath” (03F 02: XX: XX).

Prover 24 observed breast pain as well as swelling (24F 12: XX: XX).

Provers 3 and 15 noted palpitations that varied to some extent. Prover 3 stated that her heart was pounding (03F 02: XX: XX) while prover 15 indicated that her “Heart beat is rapid” (15F 01: XX: XX).

A sensation of constriction arose in prover 19 on three occasions whereby the sensation was described as a “tight chest” (19F 31: XX: XX).

Two time modalities were noted by prover 19, that being a tight chest at night (19F 37: XX: XX) as well as upon waking with a tight chest (19F 31: XX: XX).

5.3.22 Back

The back of head and neck was stiff combined with a headache surrounding the eyes and forehead as noted in prover 15 (15F 05: XX: XX).

Various locations pertaining to pain was observed in multiple provers. Provers 1 (01aF 19: XX: XX) and 7 (07aM 16: XX: XX) both noted neck pain whereas prover 15 observed that they’re “neck is stiff” (15F 05: XX: XX). Prover 18 stated that “There’s so much of tension. I can’t handle the neck pain (18F 14: XX: XX). Left sided back and neck pain was experienced by prover 7 Prover (07aM 16: XX: XX). Provers 14 (14M 22: XX: XX) and 16 (16M 24: XX: XX) both identified pain in the lumbar region on various instances. Right scapula pain was noticed in prover 10 and was described as “a knot” (10M 09: XX: XX).

Prover 24 noted lower back pain that was exacerbated due to her menstrual cycle. She experienced an aching lower back pain (24F 13: XX: XX) to the extent that it was described as “carrying something heavy on my back” (24F 14: XX: XX).
A burning pain was observed by prover 16. It was often described as a “burning to sharp pain” (16M 09: XX: XX). Provers 1 (01aF 19: XX: XX), 7 (07aM 16: XX: XX) and 24 (24F 31: XX: XX) all noted a sensation of back pain. Prover 1 noticed perspiration on her back (01aF 02: XX: XX).

Three time modalities were observed by three provers. Prover 7 noted back pain in the morning (07aM 33: XX: XX) while prover 10 specifically experienced back pain upon waking (10M 09: XX: XX). Prover 16 makes note of waking up (16M 21: XX: XX) and going to sleep at night with the back pain (16M 24: XX: XX).

5.3.23 Extremities

Numerous provers experienced a variety of symptoms in nine different locations. Two categories were noted, that being the upper limbs and lower limbs. In regard to the upper limbs, prover 1 noted that her shoulders felt tired (01aF 00: XX: XX), prover 12 observed pain in the forearm (12F 14: XX: XX) and prover 15 experienced pain in her hands (15F 02: XX: XX).

Concerning the lower limbs, four provers reported symptoms in their legs (01aF 19: XX: XX, 10M 04: XX: XX, 12F 01: XX: XX, 18F 02: XX: XX), provers 7 (07aM 01: XX: XX) and 12 (12F 02: XX: XX) noted symptoms in their thighs, prover 12 recounted symptoms in her feet and provers 1 (01aF 15: XX: XX) and 16 (16M 08: XX: XX) both observed symptoms regarding their toes.

Multiple modalities regarding ameliorations and aggravations were noted. Pertaining to aggravations, prover 12 stated how “It is most painful when I walk or bend my knee” (12F 05: XX: XX) as well as when she is standing (12F 01: XX: XX). Prover 10 noted that the cold aggravated his leg pain (10M 05: XX: XX). Provers 10 (10M 04: XX: XX), 15 (15F 02: XX: XX) and 18 (18F 02: XX: XX) stated that motion aggravated their leg pain. In regard to ameliorations, prover 12 (12F 02: XX: XX) stated that “lying straight” would improve her pain. Prover 1 (01aF 01: XX: XX) noted that stretching ameliorated her shoulder pain. Prover 12, on three occasions stated that applying pressure would improve the pain. Prover 25 reported that the
heaviness experienced in her biceps subsided once she sat down (25F 00: XX: XX). Sleeping eased the leg weakness experienced by prover 18 (18F 15: XX: XX). Prover 10 noted that a hot bath ameliorated his leg (10M 03: XX: XX).

A variety of sensations were observed in multiple provers. Heaviness was seen in provers 4 and 25. Prover 4 experienced heaviness in her feet that altered her balance (04aF 01: XX: XX) while prover 25 noted intense heaviness in her upper biceps in both arms (25F 00: 00: 30). Prover 1 and 12 observed itching pertaining to their feet which differed slightly as prover 1 stated that her toes were itchy (01aF 15: XX: XX) while prover 12 made note of an “itchy and painful” right foot (12F 01: XX: XX). Itching was also seen in prover 7, particularly in anterior pelvic region as well as his thighs (07aM 01: XX: XX). A sensation of lameness was experienced by prover 18 in her right leg (18F 02: XX: XX). Contrasting symptoms regarding paralysis and shaking were observed by prover 18. Paralysis is seen from the waist down (18F 15: XX: XX) and, opposing this, she states how her “legs feel so jittery and weak” (18F 14: XX: XX). Prover 1 experienced swelling of her toes (01aF 15: XX: XX). Prover 12 described her leg as feeling tired (12F 02: XX: XX). Prover 24 makes note of painless, small warts on her right index finger (24F 34: XX: XX).

Assortments of pain with varying descriptions were experienced. Pain was noted in provers 1, 10 and 12. Contrasting degrees of pain was seen as prover 1 (01aF 17: XX: XX) and prover 10 (10M 13: XX: XX) made note of minor pain whereas prover 12 observed knee pain that felt like her “femur is tied” (12F 03: XX: XX). Prover 1 makes note of a pulling pain experienced in the legs (01aF 19: XX: XX). Burning hands were noted in prover 3 (03F 15: XX: XX) as well as a “burning type of pain” on the small toe in prover 16 (16M 08: XX: XX). Prover 12 mentions a “red hot spot” on her right foot (12F 01: XX: XX) as well as intermittent right thigh pain (12F 02: XX: XX). A pressing pain was seen in prover 1 (01aF 19: XX: XX). Prover 12, on two occasions makes note of a “sharp pain” on her right femur (12F 03: XX: XX) as well as on her right forearm (12F 14: XX: XX). Prover 15 experienced a “constant stabbing pain” on her right arm and hand (15F 02: XX: XX).
A morning modality was noted by prover 12 who experienced pain in her right leg at 10:00 AM (12F 03: XX: XX).

5.3.24 Sleep

Three diverse concomitants were observed. Prover 4 noted dreaming during the day to be more apparent than at night (04aF 24: XX: XX). Prover 9 states that he “woke up sweaty” (09M 12: XX: XX). Prover 14 experienced a fever that resulted in him becoming sleepy (14M 13: XX: XX).

The only aggravating modality seen was in prover 14 who documented a fever which caused him to feel sleepy (14M 13: XX: XX).

In regard to sleeping positions, it was apparent that two patterns emerged. Provers 12 (12F 00: XX: XX) and 25 (25F 00: XX: XX) noted that they favoured sleeping on their abdomens whereas provers 9 (09M 12: XX: XX) and 14 changed positions frequently to the point where prover 14 stated that he “slept facing all sides” (14M 18: XX: XX).

Matters surrounding waking up were seen in multiple provers. Prover 6 noted waking up early (06F 03: XX: XX), prover 24 experienced frequent waking (24F 01: XX: XX) and provers 9 (09M 04: XX: XX) and 10 (10M 10: XX: XX) had difficulty waking up. Compared to this, prover 26 fell off to sleep without any difficulty (26F 01: XX: XX). A restless and disturbed sleep was seen in provers 3 (03F 11: XX: XX) and 16 (16M 09: XX: XX). A high energy upon awakening was noted in prover 9 (09M 05: XX: XX) as well as being cheerful (09M 15: XX: XX). On four occasions, prover 4 stated that he had a “bad sleep” (22M 01: XX: XX) as he would only sleep for 4-5 hours. A contrasting theme between sleepiness and sleeplessness was evident among numerous provers. Sleepiness was experienced by several provers. Prover 6 makes note that she “felt drowsy” and took a nap (06F 27: XX: XX). Prover 9 stated on four different days that he would wake up tired (09M 01: XX: XX) and prover 10 “struggled to get out of bed” due to the sleepiness (10M 06: XX: XX). Prover 27 felt sleepy despite sleeping for 11 hours (27M 04: XX: XX). Opposing this, nine provers
experienced sleeplessness. Prover 4 stated that she “couldn’t sleep I couldn’t even close my eyes” (04aF 27: XX: XX) while prover 9 could not sleep despite being tired (09M 08: XX: XX). Provers 12 and 15 were in a “bad mood” (12F 06: XX: XX) and “irritable” (15F 01: XX: XX) and were unable to sleep. Prover 24 in two instances was unable to sleep after dreaming (24F 04: XX: XX). Five provers experienced an unrefreshing sleep. Prover 3 stated that she “woke up tired and unfulfilled” (03F 12: XX: XX) whereas prover 15 “woke up lethargic” (15F 05: XX: XX).

Six varying modalities surrounding time was noted. Prover 9 stated that he fell asleep during the day as well as in the afternoon (09M 04: XX: XX). Provers 4 (04aF 01: XX: XX), 9 (09M 01: XX: XX) and 10 (10M 06: XX: XX) all experienced sleepiness in the morning. Differing from this, provers 6 (06F 20: XX: XX), 9 (09M 15: XX: XX) and 18 (18F 01: XX: XX) all observed symptoms pertaining to their sleep in the evening and at night. Interestingly, prover 4 stated how she would “prefer to sleep during the day” rather than at night (04aF 21: XX: XX). Excessive sleep was displayed in provers (06F 00: XX: XX) and 27 (27M 03: XX: XX). Prover 12 noticed that they would wake up earlier than normal (12F 06: XX: XX). Six provers noticed a tendency to napping. Prover 6 documented how she would nap around midday on numerous days (06F 01: XX: XX) and prover 25 stated that she would frequently sleep during the day (25F 00: XX: XX).

5.3.25 Dreams

Abundant assortments of dreams were expressed by the provers. Two provers had dreams regarding various animals and they all had an element of fear within them. Prover 14 dreamt about crocodiles (14M 15: XX: XX). Prover 24 dreamt about dogs which scared her and she woke up and “rebuked my dream in the name of Jesus” (24F 20: XX: XX). She also had a dream about monkeys (24F 13: XX: XX) as well as bears (24F 19: XX: XX).

Prover 14 had two dreams that revolved around animations (14M 05: XX: XX) and computer games (14M 07: XX: XX).
Prover 24 noted a dream about her friend severing her index finger (24F 03: XX: XX).


There was “longing for companionship” as seen in prover 16 as he dreamt about having a girlfriend (16M 18: XX: XX).

Prover 3 displayed confusion in her dreams as she was searching for something that she could not retrieve (03F 14: XX: XX).

Prover 14 dreamt about being more desirable to the opposite sex (14M 10: XX: XX).

Happiness within the dreams were documented by provers 6 (06F 31: XX: XX) and 10 (10M 20: XX: XX).

Provers 4, 14 and 24 had dreams pertaining to people. Prover 4 (04aF 25: XX: XX) dreamt about her family whereas prover 14 dreamt about high school friends (14M 20: XX: XX). Dreams about babies (24F 11: XX: XX) and being pregnant occurred in prover 24. A sense of feeling “trapped” and overwhelmed due the her being pregnant is evident (24F 12: XX: XX).

Prover 6 dreamt about missing a test which resulted in disciplinary action (06F 23: XX: XX). Similarly, prover 14 dreamt about his suspension from campus that occurred in reality (14M 11: XX: XX).

A nightmare was dreamt by prover 12 (12F 06: XX: XX).

Prover 24 dreamt that she had been robbed of her cellphone (24F 30: XX: XX).

A theme of searching for an ex-girlfriend appeared in a dream by prover 9 as he had a sense that he needed her (09M 09: XX: XX).
Provers 3, 14, 22 and 24 dreamt about snakes which encompassed an aspect of being scared. Prover 3 recalled herself running away from the snake (03F 20: XX: XX) whereas prover 22 states that the “snake was attacking me and looking at me” (22M 01: XX: XX).

The focus of strength occurred in a dream by prover 24. She was able to defend herself against people who wanted to cause her harm and she did this by recollecting that she “all of sudden had loads of strength I got up and hit him” (24F 09: XX: XX).

Several provers noted that they were unable to remember their dreams. Provers 1 (01F 02: XX: XX), 7 (07M 30: XX: XX), and 24 (24F 06: XX: XX) all stated that they did dream but could not remember them.

Prover 20 dreamt about being at the beach and witnessing a tsunami. He recalls staying behind in order to help his family and friends, he felt threatened by the water and was afraid of dying (20M 20: XX: XX).

5.3.26 Fever

Prover 14 experienced nausea and sleepiness with the fever (14M 13: XX: XX).

A night time modality was evident in prover 12 as her fever occurred at night (12F 01: XX: XX).

5.3.27 Perspiration

Nervousness was a concomitant symptom with perspiration in prover 24 (24F 12: XX: XX).

Prover 1 noticed perspiring specifically on her back (24F 12: XX: XX).

Following sleeping, prover 7 observed that he would perspire (07aM 30: XX: XX).
Profuse perspiration was documented in provers 3, 12 and 15. Prover 15 described his perspiration as “excessive perspiration” (15F 03: XX: XX).

Prover 1 (01aF 02: XX: XX) stated that he would perspire specifically in the afternoon.

5.3.28 Skin

Prover 3 noticed skin lesions in two locations. A “crop of cystic pimples on sides of forehead” (03F 16: XX: XX) as well as on the hairline and neck (03F 01: XX: XX).

Provers 3 and 14 experienced itching skin. Prover 3 stated that her “skin itched constantly” (03F 11: XX: XX) whereas prover 14 documented that his upper body was itchy (14M 16: XX: XX).

Small, painless warts were noted in prover 14 on her right index finger (24F 34: XX: XX).

5.3.29 Generals

Prover 4 displayed two concomitants regarding vertigo. Prover 14 stated that they were “feeling hot” and “a little bit dizzy” (04aF 01: XX: XX) as well as feeling weak with the vertigo (04aF 22: XX: XX).

Six provers experienced aggravations pertaining to food. Prover 3 noticed that “bread makes me feel heavy and lethargic” (03F 17: XX: XX). Milk aggravated prover 24 (24F 18: XX: XX). Prover 25 experienced stomach cramps after eating oats (25F 08: XX: XX). Constipation was a result of eating beans in prover 26 (26F 17: XX: XX). Spicy food caused an aggravation is provers 26 and 28. Prover 26 experienced diarrhoea from spicy food (26F 03: XX: XX) while prover 28 experienced a burning sensation due to her ulcer after eating spicy food (28F 14: XX: XX). In contrast, only one amelioration was documented by prover 6, that being warm water which eased her nausea (06F 28: XX: XX).
In regard to aversions, prover 25 stated that she was “put off coffee and craved water” (25F 08: XX: XX). Numerous provers displayed a wide variety of cravings. Cake and chocolate was craved by four provers. Provers 19 (19F 02: XX: XX) and 25 (25F 08: XX: XX) craved red velvet cake whereas provers 24 (24F 33: XX: XX) and 3 craved chocolate, with prover 3 “desperately craving chocolate” (03F 11: XX: XX). Prover 24 had a craving for cheese (24F 04: XX: XX). A desire for eggs was seen in provers 6 (06F 29: XX: XX) and 30 (30F 02: XX: XX). Prover 24 stated that she craved fried chips (24F 05: XX: XX). Provers 4 (04aF 11: XX: XX), 6 (06F 19: XX: XX) and 12 (12F 00: XX: XX) all noticed a craving for fruit. A craving for citrus fruits was apparent in provers 6 and 24. Prover 6 (06F 20: XX: XX) craved lemons while prover 24 (24F 02: XX: XX) craved oranges. A desire for salty food was evident in provers 3 (03F 27: XX: XX) and 6 (06F 20: XX: XX). Prover 7 had a desire for amasi (07aM 01: XX: XX) and similarly, prover 24 (24F 02: XX: XX) desired vinegar. Provers 12 (12F 01: XX: XX), 24 (24F 02: XX: XX) and 30 (30F 02: XX: XX) all craved spicy food.

Four different beverages were craved. Prover 24 stated that “When I woke up I just had to have coffee my body was craving it” (24F 21: XX: XX). Provers 1 (01aF 4: XX: XX) and 30 (30F 02: XX: XX) craved ice water whereas provers 24 and 25 (25F 08: XX: XX) craved water in general. Prover 24 makes note she would actually “look for water” (24F 34: XX: XX). A craving for tea was seen in prover 6 (06F 20: XX: XX).

A wide range of sensations occurred in many provers. On three occasions, prover 1 noted an increase in activity as well as a feeling of being refreshed (01aF 07: XX: XX). Provers 8 (08F 06: XX: XX), 10 (10M 04: XX: XX), and 26 (26F 14: XX: XX) stated that they enjoyed the cold and rainy weather as well as a cold shower but prover 9 “Felt very miserable because of my feet becoming cold and wet” (09M 05: XX: XX). Differing from this, three provers experienced aggravations and ameliorations regarding warmth. Provers 6 (06F 35: XX: XX) and 15 were aggravated, specifically prover 15 who stated that the “Heat is unbearable” (15F 04: XX: XX) and prover 26 expressed how she enjoyed a warm shower (26F 12: XX: XX).
Contrasting symptoms between having energy and a feeling of weariness was seen among numerous provers. An increase in energy was observed by six provers. Provers described themselves as having “a lot of energy” (01aF 28: XX: XX, 15F 00: XX: XX) as well as “energetic” (06F 22: XX: XX, 07aM 02: XX: XX). Contradictory to this, weariness was seen in nine provers and there was a general sense of lower energy. This was expressed as “extremely exhausted” (03F 11: XX: XX), “The worst day of my life I always feel tired with no reason” (04aF 24: XX: XX) or “really drained” (26F 24: XX: XX). Prover 20, on three instances experienced a feeling of faintness where he felt “lightheaded” (20M 00: XX: XX). A feeling of fullness was felt by prover 7 despite not eating anything (07aM 32: XX: XX). Five provers noted symptoms pertaining to heat. Prover 9 experienced a sensitivity to heat (09M 00: XX: XX), prover 15 stated that she had hot flushes (15F 01: XX: XX) and prover 18 described it as a “heat wave” (18F 02: XX: XX). Provers 4 and 27 documented an inflammation of their sinuses. Prover 4 described her sinusitis as very painful (04aF 04: XX: XX) while prover 27 noted that his sinusitis was aggravated by odours and ameliorated in open air (27M 19: XX: XX). Similarly, prover 3 stated that her lymph nodes in her neck were swollen (03F 27: XX: XX). Numb breasts were seen in prover 24 due to her menstrual cycle (24F 12: XX: XX). Prover 27 experienced intense bodily pains and stated that it feels like his “bones are dislocated” (07aM 02: XX: XX). Prover 9 expressed how he enjoyed having pressure being out on his shoulders (09M 00: XX: XX). Prover 15 observed a high pulse (15F 05: XX: XX).

5.4 Comparison

A comparison between the rubrics of *Carcharhinus leucas* and *Galeocerdo cuvier hepar* appears below and is summarized in Table 6.

- ✓ – Is used to denote a similar/same corresponding rubric that is found between the two provings
- X - Grade 1
- XX - Grade 2
- XXX - Grade 3
With regard to the mind, the following rubrics were the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Mind ANGER – trifles; at
- Mind ANXIETY
- Mind ANXIETY – health; about others; of
- Mind CHEERFUL
- Mind CHEERFUL – causeless
- Mind CHEERFUL – dancing, laughing, singing; with
- Mind CHEERFUL – waking, on
- Mind CONCENTRATION – difficult
- Mind CONCENTRATION – difficult – attention, cannot fix
- Mind CONCENTRATION – difficult – studying
- Mind CONFUSION of mind
- Mind CONFUSION of mind – reading, while
- Mind DELUSIONS – time – earlier; time seems
- Mind DELUSIONS – time – exaggeration of time
- Mind DISCONTENTED – himself, with
- Mind EXERTION – physical – amel
- Mind FEAR
- Mind FEAR – self – control, of losing
- Mind FORGETFUL
- Mind HOME – desires to go
- Mind IMPATIENCE
- Mind IRRITABILITY
- Mind MEMORY – weakness of memory
- Mind OCCUPATION amel
- Mind PATIENCE
- Mind TRANQUILLITY
- Mind WEEPING
With regard to vertigo, the following rubric was the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Vertigo MOTION – agg

With regard to the head, the following rubrics were the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Head HEAVINESS
- **Head PAIN**
  - Head PAIN – afternoon
  - Head PAIN – pressure – amel
  - Head PAIN – sharp
  - Head PAIN – sleep – amel
  - Head PAIN – extending to – Vertex
- **Head PAIN – Forehead**
  - Head PAIN – Forehead – pulsating pain
  - Head PAIN – Occiput
  - Head PAIN – Temples
  - Head PAIN – Temples – right

With regard to the eye, the following rubrics were the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Eye DISCOLORATION – red
- Eye ITCHING
- Eye PAIN – left
- Eye PAIN – aching
- Eye PAIN – lachrymation – during
- Eye PAIN – warm – applications – amel
- Eye PAIN – warmth – agg
- Eye PAIN – Canthi – Inner – right
- Eye PHOTOPHOBIA
- Eye PHOTOPHOBIA – light; from – artificial light – agg
With regard to the **nose**, the following rubric was the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Nose **DISCHARGE** – clear

With regard to the **face**, the following rubrics were the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Face **ERUPTIONS** – pimples – Chin
- Face **ERUPTIONS** – pimples – Forehead
- Face **ERUPTIONS** – pimples – Nose

With regard to the **mouth**, the following rubric was the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Mouth **DRYNESS** – morning – waking; on

With regard to the **throat**, the following rubrics were the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Throat **PAIN** – morning – waking; on
- Throat **PAIN** – sore
- Throat **SWALLOWING** – difficult – liquids

With regard to the **stomach**, the following rubrics were the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Stomach **APPETITE** – diminished
- Stomach **APPETITE** – diminished – morning
- **Stomach APPETITE** – increased
- Stomach **APPETITE** – increased – eating – after
- Stomach **HEAVINESS**
- Stomach **NAUSEA** – menses – during – beginning of menses – agg
- Stomach **PAIN** – cramping
- Stomach **THIRST** – extreme
- Stomach **THIRST** – small quantities, for
- Stomach **THIRSTLESS**
With regard to the **abdomen**, the following rubric was the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Abdomen FLATULENCE

With regard to the **rectum**, the following rubrics were the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- *Rectum* CONSTIPATION
- Rectum DIARRHœA

With regard to the **bladder**, the following rubric was the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Bladder URINATION – frequent – night

With regard to the **female genitalia/sex**, the following rubrics were the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Female genitalia/sex LEUKORRHEA – copious
- Female genitalia/sex MENSES – copious

With regard to the chest, the following rubrics were the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Chest PAIN – Mammae
- Chest PALPITATION of heart

With regard to the back, the following rubrics were the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Back PAIN
- Back PAIN – left
- Back PAIN – waking – on
- Back PAIN – extending to – Scapula
- Back PAIN – Lumbar region
- Back PAIN – Lumbar region – burning
- Back STIFFNESS – Cervical region – headache during
With regard to the **extremities**, the following rubrics were the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Extremities ITCHING – Thighs
- Extremities PAIN – pressure – amel
- Extremities PAIN – Forearms – right
- Extremities PAIN – Knees – bending – agg
- Extremities PAIN – Knees – walking – agg
- Extremities PAIN – Lower limbs
- Extremities PAIN – Shoulders
- Extremities PAIN – Upper limbs – motion – agg
- Extremities WEAKNESS – Legs

With regard to the **sleep**, the following rubrics were the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Sleep RESTLESS
- Sleep SHORT
- *Sleep SLEEPLESSNESS*
- *Sleep SLEEPLESSNESS – night*
- Sleep WAKING – difficult – morning
- Sleep WAKING – early; too
- Sleep WAKING – frequent

With regard to the **dreams**, the following rubrics were the same or similar between *Carcharhinus leucas* and *Galeocerdo cuvier hepar*:

- Dreams BODY; PARTS OF – removed
- Dreams CHILDREN – newborns
- Dreams DOGS
- Dreams EXAMINATIONS - missing an exam
- Dreams FAMILY, own
- Dreams FRIENDS – seeing friends
- Dreams SEA
- *Dreams UNREMEMBERED*
• Dreams WATER
• Dreams WATER – danger – in water; from danger

With regard to the skin, the following rubrics were the same or similar between
*Carcharhinus leucas* and *Galeocerdo cuvier hepar*:
• Skin ERUPTIONS – pimples
• Skin ITCHING

With regard to the generals, the following rubrics were the same or similar between
*Carcharhinus leucas* and *Galeocerdo cuvier hepar*:
• Generals FOOD and DRINKS – cheese – desire
• Generals FOOD and DRINKS – chocolate – desire
• Generals FOOD and DRINKS – French fried potatoes – desire
• Generals FOOD and DRINKS – lemons – desire
• Generals FOOD and DRINKS – oranges – desire
• Generals FOOD and DRINKS – salt – desire
• Generals FULLNESS; feeling of – Internally
• Generals HEAT – flushes of
• Generals HEAT – sensation of
  • **Generals WEARINESS**
• Generals WEARINESS – afternoon
• Generals WEARINESS – waking – after – agg
• Generals WEARINESS – waking; on

The following sections of *Carcharhinus leucas* did not share any rubrics with
*Galeocerdo cuvier hepar*:
• Vision
• Teeth
• External throat
• Stool
• Urine
• Male genitalia/sex
- Cough
- Fever
- Perspiration

### Table 6: Summary of comparison of rubrics between Grimes (2000) and the current study (Naidoo)

<table>
<thead>
<tr>
<th>Rubric:</th>
<th>Naidoo:</th>
<th>Grimes:</th>
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<tbody>
<tr>
<td><strong>MIND:</strong></td>
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<tr>
<td>Mind AFFECTIONATE</td>
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<td>Mind COMPANY – aversion to – alone amel; when</td>
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<tr>
<td>Mind COMPANY – aversion to – desire for solitude</td>
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<tr>
<td>Mind COMPLY to the wishes of others; feeling obliged to</td>
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<tr>
<td>Mind CONCENTRATION active</td>
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<tr>
<td>Mind CONCENTRATION – difficult</td>
<td>XX</td>
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<tr>
<td>Mind CONCENTRATION – difficult – attention, cannot fix</td>
<td>XX</td>
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<tr>
<td>Mind CONCENTRATION – difficult – studying</td>
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<tr>
<td>Mind CONFIDENCE – inadequacy; feeling of</td>
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<tr>
<td>Mind CONFIDENCE – want of self-confidence</td>
<td>X</td>
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<tr>
<td>Mind CONFIDENT</td>
<td>X</td>
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<tr>
<td>Mind CONFUSION of mind</td>
<td>X</td>
<td>✓</td>
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<tr>
<td>Mind CONFUSION of mind – reading, while</td>
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<tr>
<td>Mind CRITISISM – aversion to</td>
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<tr>
<td>Mind DELUSIONS – alone, being</td>
<td>X</td>
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<tr>
<td>Mind DELUSIONS – dirty – he is</td>
<td>X</td>
<td></td>
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<tr>
<td>Mind DELUSIONS – body – ugly; body looks</td>
<td>X</td>
<td></td>
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<tr>
<td>Mind DELUSIONS – floating – air, in</td>
<td>X</td>
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<tr>
<td>Mind DELUSIONS – floating</td>
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<tr>
<td>Mind DELUSIONS – head – separated from body; head is</td>
<td>X</td>
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<tr>
<td>Mind DELUSIONS – person – present; someone is</td>
<td>X</td>
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<tr>
<td>Mind DELUSIONS – person – room; another person is in the</td>
<td>X</td>
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<tr>
<td>Mind DELUSIONS – time – arlier; time seems</td>
<td>X</td>
<td>✓</td>
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<tr>
<td>Mind DELUSIONS – time – exaggeration of time</td>
<td>X</td>
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<tr>
<td>Mind DELUSIONS – watched, she is being</td>
<td>X</td>
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<tr>
<td>Mind DELUSIONS – wrong – done wrong; he has</td>
<td>X</td>
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<tr>
<td>Mind DETERMINATION</td>
<td>X</td>
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<tr>
<td>Mind DISCONTENTED – himself, with</td>
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<td>Mind ELATED</td>
<td>XX</td>
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<td>Mind ESCAPE, attempts to – run away, to</td>
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<td>Mind EXERTION – physical – amel</td>
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<td>Mind FASTIDIOUS – cleanliness; for</td>
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<td>Mind FEAR</td>
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<tr>
<td>MIND FEAR – corpses; fear of</td>
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<td>Mind FEAR – unknown; of the</td>
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<td>Mind HOME- desires to go</td>
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<td>Mind LAUGHING – immoderately</td>
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<td>Mind LAZINESS</td>
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<td>Mind LOQUACITY</td>
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<td>Mind MOOD – agreeable</td>
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<td>Mind MOOD – alternating</td>
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<td>Mind MOOD – changeable</td>
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<tr>
<td>Mind OCCUPATION amel</td>
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<tr>
<td>Mind ORIENTATION; sense of – decreased</td>
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<tr>
<td>Mind PATIENCE</td>
<td>X</td>
<td>✓</td>
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<tr>
<td>Mind PLAYFUL</td>
<td>X</td>
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<td>Mind POSITIVENESS</td>
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<td>Mind RELIGIOUS AFFECTIONS</td>
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<td>Mind SADNESS – night</td>
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<td>Mind SADNESS – extreme</td>
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<td>Mind SYMPATHY from others – desire for</td>
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<td>Mind TACITURN</td>
<td>X</td>
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<td>Mind TRANQUILLITY</td>
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<td>Mind WEEPING</td>
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### VERTIGO:

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<th>Example</th>
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<tbody>
<tr>
<td>Vertigo MORNING</td>
<td>X</td>
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<tr>
<td>Vertigo MORNING waking; on</td>
<td>X</td>
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<tr>
<td>Vertigo CONGESTION; from</td>
<td>X</td>
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<tr>
<td>Vertigo DRINKING – water – amel</td>
<td>X</td>
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<tr>
<td>Vertigo EATING – after – amel</td>
<td>X</td>
</tr>
<tr>
<td>Vertigo MOTION – agg</td>
<td>X ✓</td>
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<tr>
<td>Vertigo NAUSEA – with</td>
<td>X</td>
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<tr>
<td>Vertigo NAUSEA – with – morning</td>
<td>X</td>
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<tr>
<td>Vertigo NAUSEA – with – waking; on</td>
<td>X</td>
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<tr>
<td>Vertigo OIL, fumes of</td>
<td>X</td>
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<tr>
<td>Vertigo PERSPIRATION</td>
<td>X</td>
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<tr>
<td>Vertigo SITTING – amel</td>
<td>X</td>
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<tr>
<td>Vertigo TURNING; as if – everything were turning in a circle; as if</td>
<td>X</td>
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</table>

### HEAD:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Example</th>
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<tbody>
<tr>
<td>Head DRYNESS</td>
<td>X</td>
</tr>
<tr>
<td>Head HEAT – Forehead</td>
<td>X</td>
</tr>
<tr>
<td>Head HEAVINESS</td>
<td>X ✓</td>
</tr>
<tr>
<td>Head HEAVINESS – headache; from</td>
<td>X</td>
</tr>
<tr>
<td><strong>Head PAIN</strong></td>
<td>XXX ✓</td>
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<tr>
<td>Head PAIN – morning – hammering pain</td>
<td>X</td>
</tr>
<tr>
<td>Head PAIN – morning – waking – on</td>
<td>X</td>
</tr>
<tr>
<td>Head PAIN – afternoon</td>
<td>X ✓</td>
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<tr>
<td>Head PAIN – sneezing; frequent</td>
<td>X</td>
</tr>
<tr>
<td>Head PAIN – accompanied by – lachrymation</td>
<td>X</td>
</tr>
<tr>
<td>Head PAIN – accompanied by – nausea</td>
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<tr>
<td>Head PAIN – accompanied by – sneezing; frequent</td>
<td>X</td>
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<tr>
<td>Head PAIN – accompanied by – Eye complaints</td>
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<tr>
<td>Head PAIN – accompanied by – Eye complaints-inflammation of eyes</td>
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<tr>
<td>Head PAIN – air; in open – agg</td>
<td>X</td>
</tr>
<tr>
<td>Head PAIN – air; in open – amel</td>
<td>X</td>
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<tr>
<td>Head PAIN – anger; after</td>
<td>X</td>
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<tr>
<td>Head PAIN – closing the eyes – amel</td>
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<tr>
<td>Head PAIN – cold – air – agg</td>
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<tr>
<td><strong>Head PAIN – constant, continued</strong></td>
<td>XX</td>
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<tr>
<td>Head PAIN – cough – during – agg</td>
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<tr>
<td>Head PAIN – dull pain</td>
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<tr>
<td>Head PAIN – diarrhoea – during</td>
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<tr>
<td>Head PAIN – exertion – agg</td>
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<tr>
<td>Head PAIN – heavy</td>
<td>X</td>
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<tr>
<td>Head PAIN – increasing – gradually</td>
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<tr>
<td>Head PAIN – light; from – agg</td>
<td>X</td>
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<tr>
<td>Head PAIN – menses – during – agg</td>
<td>X</td>
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<tr>
<td>Head PAIN – motion – agg</td>
<td>X</td>
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<tr>
<td>Head PAIN – noise – agg</td>
<td>X</td>
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<tr>
<td>Head PAIN – odours – strong odors – agg</td>
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<tr>
<td>Head PAIN – pressure – amel</td>
<td>X ✓</td>
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<tr>
<td>Head PAIN – sitting; from – amel</td>
<td>X</td>
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<tr>
<td>Head PAIN – sharp</td>
<td>X ✓</td>
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<td>Head PAIN – sitting – amel</td>
<td>X</td>
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<tr>
<td>Head PAIN – sleep – after – amel</td>
<td>X</td>
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<tr>
<td>Head PAIN – sleep – amel</td>
<td>X ✓</td>
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<tr>
<td>Head PAIN – surging</td>
<td>X</td>
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<tr>
<td>Head PAIN – warmth – agg</td>
<td>X</td>
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<tr>
<td>Head PAIN – extending to – Vertex</td>
<td>X ✓</td>
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<tr>
<td>Head PAIN – Eyes</td>
<td>X</td>
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<tr>
<td>Head PAIN – Forehead</td>
<td>XX ✓</td>
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<tr>
<td>Head PAIN – Forehead – burning</td>
<td>X</td>
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<tr>
<td>Head PAIN – Forehead – pulsating pain</td>
<td>X ✓</td>
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<tr>
<td>Head PAIN – Forehead – sleep – after – agg</td>
<td>X</td>
</tr>
<tr>
<td>Head PAIN – Forehead – waking – on</td>
<td>X</td>
</tr>
<tr>
<td>Head PAIN – Occiput</td>
<td>X ✓</td>
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<tr>
<td>Head PAIN – Sides</td>
<td>XX</td>
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<tr>
<td>Head PAIN – Sides – right</td>
<td>X</td>
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<tr>
<td>Head PAIN – Temples</td>
<td>X ✓</td>
</tr>
<tr>
<td>Head PAIN – Temples – right</td>
<td>X ✓</td>
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<tr>
<td>Head PAIN – Temples – right – bursting pain</td>
<td>X</td>
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<tr>
<td>Head PERSPIRATION of scalp – sleep – during</td>
<td>X</td>
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<tr>
<td>Head SHAKING sensation</td>
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</tbody>
</table>

**EYE:**

| Eye CLOSING THE EYES – amel – vertigo during | X |
| Eye DISCOLORATION – red | X ✓ |
| Eye HEAT in – right | X |
| Eye HEAVINESS | X |
| Eye INFLAMMATION | X |
| Eye INFLAMMATION – morning | X |
| Eye INFLAMMATION – Lids – Lower | X |
| Eye IRRITATION | X |
| Eye ITCHING | X ✓ |
| Eye ITCHING – morning | X |
| Eye PAIN – right | X |
| Eye PAIN – left | X ✓ |
| Eye PAIN – aching | X ✓ |
| Eye PAIN – closing the eyes – agg | X |
| Eye PAIN – lachrymation – during | X | ✓ |
| Eye PAIN – light; from – agg | X |
| Eye PAIN – motion – agg | X |
| Eye PAIN – pressure – slight – agg | X |
| Eye PAIN – touch – agg | X |
| Eye PAIN – warm – applications – amel | X | ✓ |
| Eye PAIN – warmth – agg | X | ✓ |
| Eye PAIN – Canthi – Inner – right | X | ✓ |
| Eye PAIN – Canthi – Inner – foreign body; as from a | X |
| Eye PAIN – Lids – right | X |
| Eye PAIN – Lids – left | X |
| Eye PAIN – Lids – Lower – right | X |
| Eye PHOTOPHOBIA | X | ✓ |
| Eye PHOTOPHOBIA – light; from – artificial light| agg | X | ✓ |
| Eye PHOTOPHOBIA – light; from – sunlight| agg | X |
| Eye SMALLER; sensation as if | X |
| Eye STYES – appearing gradually | X |
| Eye STYES – Lid – Upper – right | X |
| Eye SWELLING – right | X |
| Eye SWELLING – left | X |
| Eye SWELLING – Canthi – Inner | X |

**VISION:**

Vision BLURRED | X |

**NOSE:**

<p>| Nose CONGESTION | XXX |
| Nose CONGESTION – accompanied by – cough | X |
| Nose CONGESTION – cold – amel | X |
| Nose CONGESTION – heat – agg | X |
| Nose CONGESTION – night | X |
| Nose CORYZA | X |
| Nose CORYZA – morning – waking; on | X |
| Nose DISCHARGE | X |
| Nose DISCHARGE – morning | X |
| Nose DISCHARGE – clear | X | ✓ |
| Nose DISCHARGE – constant | X |
| Nose DISCHARGE – copious | X |
| Nose DISCHARGE – motion – amel | X |
| Nose DISCHARGE – warmth – amel | X |
| Nose DISCHARGE – watery | X |
| Nose DRYNESS – Inside | X |
| Nose HEAVINESS | X |
| Nose ITCHING | X |</p>
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<tr>
<td>Nose PAIN – Outer part</td>
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<td>Nose PAIN-Sinuses</td>
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<tr>
<td>Nose SNEEZEING</td>
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<td>X</td>
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<tr>
<td>Nose SNEEZEING – morning</td>
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<td>Nose SNEEZEING – air; in open – amel</td>
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<td>Nose SNEEZEING- cold air agg</td>
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<td>Nose SNEEZEING – frequent</td>
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<td>Nose SNEEZEING – odours – agg</td>
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<td>Nose SNEEZEING sleepiness, with</td>
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<td>FACE:</td>
<td>Face DISCOLORATION – bluish – Eyes – Around; circles</td>
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<td>Face ERUPTIONS – acne</td>
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<tr>
<td>Face ERUPTIONS – pimples – Chin</td>
<td>X, ✓</td>
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<td>Face ERUPTIONS – pimples – Forehead</td>
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<td>Face ERUPTIONS – pimples – Nose</td>
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<td>Face ERUPTIONS – Nose – Around</td>
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<td>Face PAIN – Jaws – waking; on</td>
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<td>Face PAIN – Jaws – extending to – Joints</td>
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<td>Mouth DRYNESS – morning – waking; on</td>
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<td>Mouth SWELLING – Gums</td>
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<td>Mouth TASTE – sour</td>
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<td>Throat PAIN – morning – waking; on</td>
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<td>Throat PAIN – cough – after</td>
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<td>Throat PAIN – raw; as if</td>
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<tr>
<td>Throat PAIN – sneezing – agg</td>
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<tr>
<td>Throat PAIN – sore</td>
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<tr>
<td>Throat PAIN – swallowing – after – agg</td>
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<tr>
<td>Throat SCRATCHING</td>
<td>X</td>
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<tr>
<td>Throat SWALLOWING – difficult – liquids</td>
<td></td>
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<td>EXTERNAL THROAT:</td>
<td>External Throat STIFFNESS of sides</td>
<td>X</td>
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<tr>
<td>STOMACH:</td>
<td>Stomach APPETITE – diminished</td>
<td>XX, ✓</td>
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218
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<th>Condition</th>
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<tr>
<td>Stomach APPETITE – diminished – morning</td>
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<tr>
<td><strong>Stomach APPETITE – increased</strong></td>
<td>XXX</td>
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<td>Stomach APPETITE – increased – morning – waking; on</td>
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<tr>
<td>Stomach APPETITE – increased – eating – after</td>
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<tr>
<td>Stomach APPETITE – insatiable</td>
<td>X</td>
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<tr>
<td>Stomach APPETITE – ravenous</td>
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<tr>
<td>Stomach DISTENSION – eating – after – agg</td>
<td>X</td>
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<td>Stomach EMPTINESS – accompanied by – burning</td>
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<td>Stomach EMPTINESS – eating – after – agg</td>
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<td>Stomach FULLNESS, sensation of – eating – after – agg</td>
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<tr>
<td>Stomach HEAVINESS</td>
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<tr>
<td>Stomach NAUSEA – menses – during – beginning of menses – agg</td>
<td>X</td>
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<tr>
<td>Stomach PAIN – cramping</td>
<td>XX</td>
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<tr>
<td>Stomach PAIN – nausea – during</td>
<td>X</td>
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<tr>
<td>Stomach THIRST – morning – waking – on</td>
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<td></td>
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<tr>
<td>Stomach THIRST – night</td>
<td>X</td>
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<tr>
<td>Stomach THIRST – cold – water – amel</td>
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<tr>
<td><strong>Stomach THIRST – extreme</strong></td>
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<td>Stomach THIRST – heat aggravated by</td>
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<td>Stomach THIRST – heat – during</td>
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<td>Stomach THIRST – large quantities; for</td>
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<td>Stomach THIRST – unquenchable</td>
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<td>Stomach THIRSTLESS</td>
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<td>Stomach ULCERS – painful – burning</td>
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<tr>
<td>Stomach VOMITING – blood – bright</td>
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**ABDOMEN:**

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<td>Abdomen DISTENSION – menses – during – agg</td>
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<tr>
<td>Abdomen FLATULENCE</td>
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<tr>
<td>Abdomen PAIN</td>
<td>X</td>
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<tr>
<td>Abdomen PAIN – cramping</td>
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<td>Abdomen PAIN – flatus; from</td>
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<tr>
<td>Abdomen PAIN – flatus; passing – before</td>
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<tr>
<td>Abdomen PAIN – lying – back; on – agg</td>
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<tr>
<td>Abdomen PAIN – sharp pain</td>
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<td>Abdomen PAIN – Hypochondria – right</td>
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<tr>
<td>Abdomen PAIN – Pelvic region</td>
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### RECTUM:

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<tr>
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<tr>
<td>Rectum CONSTIPATION</td>
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<td>Rectum CONSTIPATION – insufficient</td>
<td>X</td>
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<tr>
<td>Rectum CONSTIPATION – painful</td>
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<td>Rectum CONSTIPATION – travelling, while</td>
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<td>Rectum DIARRHOEA</td>
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<td>Rectum DIARRHOEA – food – farinaceous, after</td>
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<td>Rectum DIARRHOEA – headache – during</td>
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<td>Rectum DIARRHOEA – pain; from</td>
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<td>Rectum DIARRHOEA – spices, from</td>
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<td>Rectum PAIN – stool – after – burning</td>
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<td>Rectum URGING</td>
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### STOOL:

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<td>Stool GRANULAR</td>
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<td>Stool LIGHT COLOURED</td>
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<td>Stool ODOUR – offensive</td>
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<td>Stool ODOUR – sour</td>
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<td>Stool SMALL quantity</td>
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<td>Stool SOFT</td>
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<td>Stool UNDIGESTED</td>
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### BLADDER:

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### URINE:

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<td>Urine COLOUR – greenish</td>
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<td>Urine ODOUR – strong</td>
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### MALE GENITALIA/SEX:

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<td>Male genitalia ITCHING – Scrotum</td>
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<td>Male genitalia ITCHING – Scrotum – eating after</td>
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<td>Male genitalia ITCHING – Scrotum – left</td>
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<td>Male genitalia ITCHING – Scrotum – right</td>
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<td>Male genitalia ITCHING – Scrotum – sides</td>
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<td>alternating</td>
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<td>Male genitalia ITCHING – Scrotum – warm, agg;</td>
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<td>Male genitalia ITCHING – Thighs, between</td>
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<td>FEMALE GENITALIA/SEX:</td>
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<tr>
<td>Female genitalia/sex LEUKORRHEA – copious</td>
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<td>Female genitalia/sex PAIN – menses – after – agg</td>
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<td>Female genitalia/sex PAIN – Uterus</td>
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<td>Female genitalia/sex PAIN – Uterus – sharp</td>
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<td>COUGH:</td>
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<tr>
<td>Cough MORNING – early</td>
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<td>Cough ACCOMPANIED BY – Chest – pain</td>
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<td>Cough HEAT – after</td>
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<td>Cough MUCOUS – Chest; in</td>
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<td>Chest PAIN – Mammae</td>
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<tr>
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<td>Chest PERSPIRATION – Axilla</td>
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<td>BACK:</td>
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<td>Back PAIN – left</td>
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<tr>
<td>Back PAIN – morning</td>
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<td>Back PAIN – waking – on</td>
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<td>Back PAIN – extending to – Scapula</td>
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<td>Back PAIN – Cervical region</td>
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<td>Back PAIN – Lumbar region</td>
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<td>Back PAIN – Lumbar region – burning</td>
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<td>Back PERSPIRATION</td>
<td>X</td>
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<td>Back STIFFNESS – Cervical regin – headache during</td>
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**EXTREMITIES:**

| Extremities ERUPTIONS – Feet | X |
| Extremities ERUPTIONS – Feet – itching | X |
| Extremities HEAVINESS – Feet | X |
| Extremities HEAVINESS – Upper limb | X |
| Extremities INFLAMMATION – Feet | X |
| Extremities ITCHING – Thighs | X | ✓ |
| Extremities LAMENESS – Legs | X |
| Extremities PAIN – hot pain | X |
| Extremities PAIN – pressure – amel | X | ✓ |
| Extremities PAIN – standing agg | X |
| Extremities PAIN – Forearms – right | X | ✓ |
| Extremities PAIN – Forearms – hot pain | X |
| Extremities PAIN – Forearms – pressure – amel | X |
| Extremities PAIN – Forearms – sharp pain | X |
| Extremities PAIN – Hands – right | X |
| Extremities PAIN – Hands- burning | X |
| Extremities PAIN – Knees – bending – agg | X | ✓ |
| Extremities PAIN – Knees – walking – agg | X | ✓ |
| Extremities PAIN – Legs | X |
| Extremities PAIN – Legs – right | X |
| Extremities PAIN – Legs – morning – waking; on | X |
| Extremities PAIN – Legs – cold agg; becoming | X |
| Extremities PAIN – Legs – motion – agg | X |
| Extremities PAIN – Legs – pulling pain | X |
| Extremities PAIN – Legs – warmth – amel | X |
| Extremities PAIN – Lower limbs | X | ✓ |
| Extremities PAIN – Shoulders | X | ✓ |
| Extremities PAIN – Shoulders – motion – amel | X |
| Extremities PAIN – Thighs – right | X |
| Extremities PAIN – Thighs – left | X |
| Extremities PAIN – Thighs – continuous | X |
| Extremities PAIN – Thighs – intermittent | X |
| Extremities PAIN – Thighs – lying – amel | X |
| Extremities PAIN – Thighs – pressing pain | X |
| Extremities PAIN – Thighs – pressure – amel | X |
| Extremities PAIN – Thighs – sharp pain | X |
| Extremities PAIN – Thighs – tired | X |
| Extremities PAIN – Toes – burning | X |
| Extremities PAIN – Toes – left | X |
| Extremities PAIN – Upper limbs – motion – agg | X | ✓ |
| Extremities PAIN – Upper limbs – stabbing pain | X |
| Extremities PARALYSIS – Lower limbs | X |
| Extremities SHAKING – Lower limbs | X |
| Extremities SWELLING – Feet – itching | X |
| Extremities SWELLING – Toes - right | X |
| Extremities WARTS – Fingers – First | X |
| Extremities WEAKNESS – Legs | X | ✓ |
| Extremities WEAKNESS – Legs – sleep – amel | X |
| Extremities WEAKNESS – Legs – standing agg | X |

**SLEEP:**
- Sleep DISTURBED | X |
- Sleep DREAMING – anytime, during sleep | X |
- Sleep FALLING ASLEEP – easy | X |
- Sleep POSITION – abdomen, on | X |
- Sleep POSITION – changed frequently | X |
- Sleep PROLONGED | X |
- Sleep RESTLESS | X | ✓ |
- Sleep SHORT | X | ✓ |
- Sleep SHORT – catnaps, in | XX |
- Sleep SHORT – waking; on | X |
- Sleep SLEEPINESS | XX |
- Sleep SLEEPINESS – daytime | X |
- Sleep SLEEPINESS – morning | X |
- Sleep SLEEPINESS – morning – waking; on | X |
- Sleep SLEEPINESS – afternoon – 17.30h | X |
- Sleep SLEEPINESS – evening – early | X |
- Sleep SLEEPINESS – fever – during – agg | X |
- Sleep SLEEPINESS – waking – on | X |
- Sleep SLEEPINESS | XX | ✓ |
- Sleep SLEEPINESS – night | XX | ✓ |
- Sleep SLEEPINESS – night – sleeps by day | X |
- Sleep SLEEPINESS – dispute, after | X |
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<thead>
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<tr>
<td>Sleep SLEEPINESS – irritability; from</td>
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<tr>
<td><strong>Sleep SLEEPINESS – accompanied by – sleepiness – with</strong></td>
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<tr>
<td><strong>Sleep UNREFRESHING – morning</strong></td>
<td>XX</td>
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<tr>
<td>Sleep WAKING – cheerful – after</td>
<td>X</td>
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<tr>
<td>Sleep WAKING – difficult – morning</td>
<td>X</td>
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<tr>
<td>Sleep WAKING – early; too</td>
<td>X</td>
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<td>Sleep WAKING – frequent</td>
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<tr>
<td>Sleep WAKING – excess energy, with</td>
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<tr>
<td>Sleep WAKING – perspiration, from</td>
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| DREAMS: |
|------------------|---|
| Dreams ANIMATIONS | X |
| Dreams BODY; PARTS OF – removed | X | ✓ |
| Dreams CHILDREN – newborns | X | ✓ |
| Dreams CLAIRVOYANT | X |
| Dreams COMPANIONSHIP | X |
| Dreams COMPUTER GAMES | X |
| Dreams CONFUSED | X |
| Dreams CROCODILES | X |
| Dreams DOGS | X | ✓ |
| Dreams DESIRED, he is | X |
| Dreams EVENTS – unfortunate | X |
| Dreams EXAMINATIONS – missing an exam | X | ✓ |
| Dreams FAMILY, own | X | ✓ |
| Dreams FRIENDS – seeing friends | X | ✓ |
| Dreams HAPPY | X |
| Dreams MONKEY | X |
| Dreams NIGHTMARES | X |
| Dreams PREGNANT – being | X |
| Dreams PURSUED, being – animals – wild | X |
| Dreams ROBBED, being | X |
| Dreams SEA | X | ✓ |
| Dreams SEARCHING – someone; for | X |
| Dreams SNAKES | XX |
| **Dreams UNREMEMBERED** | XX | ✓ |
| Dreams VIOLENCE | X |
| Dreams WATER | X | ✓ |
| Dreams WATER – danger – in water; from danger | X | ✓ |

<p>| FEVER: |
|-----------------|---|
| Fever ACCOMPANIED BY – nausea | X |
| Fever INTENSE heat – night | X |</p>
<table>
<thead>
<tr>
<th><strong>PERSPIRATION:</strong></th>
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<tbody>
<tr>
<td>Perspiration AFTERNOON</td>
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<tr>
<td>Perspiration NERVOUS</td>
<td>X</td>
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<tr>
<td><strong>Perspiration PROFUSE</strong></td>
<td>XX</td>
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<tr>
<td>Perspiration SLEEP – during – agg</td>
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<tr>
<td>Skin ERUPTIONS – pimples</td>
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<tr>
<td>Skin ITCHING</td>
<td>X ✓</td>
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<tr>
<td>Skin WARTS – painless</td>
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<tr>
<td>Generals ACTIVITY – increased</td>
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<tr>
<td>Generals ACTIVITY – desire for</td>
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<td>Generals COLD – air – amel</td>
<td>X</td>
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<tr>
<td>Generals COLD – bathing – desire for cold bathing</td>
<td>X</td>
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<tr>
<td>Generals COLD; BECOMING – Part of body agg – Feet</td>
<td>X</td>
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<tr>
<td>Generals ENERGY – excess of energy</td>
<td>XX</td>
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<tr>
<td>Generals FAINTNESS</td>
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<tr>
<td>Generals FAINTNESS – vertigo; with</td>
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<td>X</td>
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<tr>
<td>Generals FOOD and DRINKS – bread – agg</td>
<td>X</td>
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<tr>
<td>Generals FOOD and DRINKS – cake – desire</td>
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<tr>
<td>Generals FOOD and DRINKS – cheese – desire</td>
<td>X ✓</td>
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<tr>
<td>Generals FOOD and DRINKS – chocolate – desire</td>
<td>X ✓</td>
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<tr>
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<td>X</td>
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<tr>
<td>Generals FOOD and DRINKS – coffee – desire</td>
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<td>X</td>
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<tr>
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<tr>
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<tr>
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<td>X</td>
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<td>X</td>
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<tr>
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<td>X ✓</td>
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<tr>
<td>Generals FOOD and DRINKS – salt – desire</td>
<td>X ✓</td>
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<tr>
<td>Generals FOOD and DRINKS – sour drinks - desire</td>
<td>X</td>
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<tr>
<td>Generals FOOD and DRINKS – spices – agg</td>
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<tr>
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<tr>
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<tr>
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<td>X</td>
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<tr>
<td>Generals HEAT – sensation of</td>
<td>X</td>
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<tr>
<td>Generals HEAT – flushes of – accompanied by – vertigo</td>
<td>X</td>
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<td>Generals INFLAMMATION – Sinuses; of – odours – agg</td>
<td>X</td>
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<tr>
<td>Generals NUMBNESS – pain – during</td>
<td>X</td>
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<td>Generals PAIN – Muscles</td>
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<td>Generals PRESSURE – amel</td>
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<td>Generals PULSE – frequent</td>
<td>X</td>
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<td>Generals SWELLING – Glands; of</td>
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<td>Generals WARM – agg</td>
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<td>X</td>
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<tr>
<td>Generals WEATHER – wet weather – agg</td>
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### 5.4.1 Mind

#### Anger

Anger in *Carcharhinus leucas* was expressed in varying degrees that ranged from irritability to a desire to become violent. There was intolerance for trivial issues as well as anger upon waking. For one prover, anger upon waking was due to having a poor self-image of herself which led to an aversion to company. Suppression of
anger was expressed which resulted in the prover going to sleep. Anger was evident regarding issues pertaining to feeling heartbroken; this later manifested itself on a physical level by causing the prover’s chest to become hot. An angry outburst was apparent following an upsetting situation. An obligation to perform a task resulted in anger and irritability. An extreme degree of anger was noticeable and significant as the prover expressed the desire to become physically violent. Irritability was a marked symptom among provers and resulted in numerous expressions thereof. The sources of the irritability were due to being in a social setting and various environmental factors. The irritability was expressed by being unsociable, a desire to be alone, being easily irritated by people without a reason, fighting with peers and becoming impatient. Irritability upon waking and upon going to sleep was evident as well as sleeplessness due to the irritability.

*Galeocerdo cuvier hepar* also displayed anger but in a far more aggressive and violent manner which contrasts with the varying degrees seen in *Carcharhinus leucas*. Both remedies had an intolerance for trivial issues as well as violent thoughts. Irritability was also seen in both remedies but in *Galeocerdo cuvier hepar*, it appeared to escalate rapidly to a point of extreme anger and was directed at people, family and one’s pet.

**Aversion to Company, Solitude and Being Forsaken vs. Desire for Company**

A polarity regarding desiring company and an aversion to company was evident in *Carcharhinus leucas hepar*. A strong aversion to company was seen as provers felt irritable and unsociable in the presence of people as well as a great desire for solitude. A sense of abandonment emerged within provers as well as a sense of being distant and disregarded. In contrast to this, a desire for company was evident as well as amelioration within company.

*Galeocerdo cuvier hepar* expressed similar features in the form of detachment but differed from *Carcharhinus leucas* as there was a much stronger desire to be alone and not be in company. *Galeocerdo cuvier hepar* displayed a sense of needing to
disconnect from family and friends and wanting to distance themselves from their surroundings as well as a lack of wanting to socialise with people.

**Cheerfulness vs. Weepiness and Grief**

*Carcharhinus leucas* displayed a contrast in regard to cheerfulness, weepiness and grief. Being happy and cheerful, even to the point of dancing around was seen. There was also a feeling of being heartbroken which resulted in listening to melancholic music and crying. Grief combined with fatigue arose and provers described their state as “feeling down”.

Similarly, *Galeocerdo cuvier hepar* experienced a feeling of being content and devoid of negative feelings. Weeping was also apparent but differed from *Carcharhinus leucas* as this was due to issues regarding a fear of one’s secrets being exposed as well as reminiscing about childhood.

**Confidence, Inadequate Confidence, Insecurity and Anxiety**

A lack of confidence, sense of self-doubt, insecurity about one’s self-image as well as regret was observed in *Carcharhinus leucas* but this was also contrasted with an apparent improvement in self-confidence. A generalised and unspecified anxiety was experienced as well as anxiety particularly regarding upcoming examinations and one’s family.

*Galeocerdo cuvier hepar* did not present with symptoms pertaining to confidence but did exhibit anxiety specifically in regard to one’s health and about possibly being pregnant due to experiencing stomach distress.

**Delusions**

Various delusions emerged in *Carcharhinus leucas*. A delusion regarding one’s physical appearance or a specific body part was noted in provers as they felt that their heads would “come out”. Other physical delusions included a perception of
being more attractive to the opposite sex as well as a sense of dirtiness and unattractiveness. A delusion regarding distortion of time, bewilderment, floating and sensing a presence while asleep was apparent. *Galeocerdo cuvier hepar* presented one similar delusion in regard to the distortion of time in that they exhibited a confusion pertaining to time. In contrast to *Carcharhinus leucas*, *Galeocerdo cuvier hepar* produced various delusions. A vision of a dark-haired woman with dripping black teeth was noted and it produced a troubled feeling in a prover. It was thought that this vision was imagined to be the dark side of the prover and they found themselves praying upon seeing this vision. A right sided high pitched humming sensation was heard as well as felt within and on the exterior of the body. It was noted that one’s aura was sensed close to their body as well as a heightened awareness of the body’s parameters. A tingling sensation together with humming was experienced. The idea of a plug being pulled in regard to a prover’s energy levels was seen and another prover felt that their thoughts were able to penetrate the walls and kill the rats within them. It was interesting to note that one prover identified themselves as feeling like an animal. A theme regarding aliens arose as one prover possessed thoughts about something being higher in the order of existence as well as recalling alien abductions from their childhood.

**Difficulty Concentrating vs. Increased Concentration and Mental Tension vs. Weak Memory and Forgetfulness, Confusion, Decreased Focus and Distraction**

*Carcharhinus leucas* exhibited difficulty concentrating, a “scattered” mindset, confusion and becoming easily distracted. Contrasting this, an increased concentration and comprehension ability was seen. Mental tension, a consistent feeling of being stressed and difficulty in retaining information was experienced.

*Galeocerdo cuvier hepar* presented similarly with mental clarity and increased focus. There was also a resemblance to the “spaced out” feeling as well as forgetfulness. *Galeocerdo cuvier hepar* differed in this regard in that mental dullness and unclear thoughts were experienced.
Euphoria, Excitement vs. Tranquility, Elation and Laughter

A sense of euphoria and elation was experienced in *Carcharhinus leucas*. Excitement and gratitude for company was seen as well as excessive laughter in company. Contrasting this, a feeling of being relaxed and increasingly calmer than usual was apparent.

Similarly, *Galeocerdo cuvier hepar* also experienced a sense of calmness as well as excitement but lacked the euphoria, elation and excessive laughter that was evident in *Carcharhinus leucas*.

Fear and Horror

An overall feeling of being fearful was apparent but also a number of specific fears arose in *Carcharhinus leucas*. A fear of failure, claustrophobia, dead cadavers as well as a fear of doing the wrong thing was evident. One prover noticed that they unexpectedly enjoyed horror movies.

*Galeocerdo cuvier hepar* presented with a fear pertaining to the dark which was a prominent aspect that arose as well as a sense of paranoia regarding the dark that would only subside once it was daylight. Visions of a scary, dark-haired woman with dripping black teeth arose which left the prover feeling troubled and had to resort to praying to put them at ease. A fear of the ocean was noted as it was seen as being powerful, scary and harsh. One prover also experienced a feeling of dread due to an upcoming dentist appointment. Compared to this, provers noted that lights were too bright as well as being content to sit in the light.

Hatred of Self, Sensitive and Aversion to Criticism

*Carcharhinus leucas* acquired a negative outlook in regard to one’s appearance and personality. A sense of self-doubt and hatred about one’s self emerged. An aversion to criticism by a prover’s mother led them to have a desire for escape. Sensitivity developed due to certain comments made towards a prover.
Galeocerdo cuvier hepar similarly experienced a critical and negative attitude towards themselves which led to feeling irritable and resentful in regards to their salary. Due to feeling vulnerable, defensive and criticised, one prover felt the need to hide as they felt they were weak.

Galeocerdo cuvier hepar also expressed feelings of excitement, eager apprehension and playfulness. Similar to Carcharhinus leucas, a contrast to this excited nature was apparent in the calmer nature exhibited in a prover.

Helplessness vs. Hopeful, Positivity of Mind and Determination

Carcharhinus leucas presented with an overwhelmed feeling as provers questioned certain aspects of their lives. Opposing this, a hopeful attitude was also evident. An increased sense of determination and a positive attitude was experienced.

Contrasting this, Galeocerdo cuvier hepar expressed a sense of hopelessness and a diminished and altered state of optimism. A diminishment of existing enthusiasm, joy, excitement and happiness was experienced.

Hurry and Impatience vs. Patience

A marked feeling of haste arose in Carcharhinus leucas as a sense of being hurried regardless of the significance of the task being performed. Becoming impatient and abrupt was evident and opposing this, a change from being impatient to patient occurred.

Galeocerdo cuvier hepar displayed a similarity in regard to time as provers either appeared hurried or not concerned with being late. A confusion pertaining to time was also seen.

Loquacity, Noisy Behaviour and Shrieking vs. Taciturn
Carcharhinus leucas exhibited increased loquacity and was accompanied by a rise in energy levels. Making excessive noise and shouting at one’s peers was apparent but in contrast to this, a desire to not converse with anyone was noted. Galeocerdo cuvier hepar also displayed a feature in regard to speech but it centred around the heightened awareness of one’s manner of speech. The prover noted that they would pay more attention to how they spoke as well, being more playful and not as serious as they usually know themselves to behave.

Occupation Ameliorates vs. Physical Exertion Ameliorates and Laziness

Physical activity was noted as an amelioration in Carcharhinus leucas. Specifically, performing household chores was found to be relaxing and going for a jog was found to be refreshing. Opposing this, there was also a sense of laziness without the desire to do anything.

Galeocerdo cuvier hepar also had an amelioration pertaining to movement as it was apparent that a constant state of movement was enjoyed. Symptoms pertaining to speed and movement was noted when one closed their eyes, they could still see the scenery passing by them. Driving slowly as well as not feeling hurried was also noticed.

Prostration

A feeling of prostration, exhaustion and being physically, mentally and emotionally drained was evident in Carcharhinus leucas. However, this was contrasted with a significant increase in energy. Similarly, Galeocerdo cuvier hepar exhibited an increase in energy which resulted in a desire to walk and to maintain some form of physical activity. Simultaneously, a decrease in energy contrasted with this energised state.

Although many similarities and contrasts were identified between Carcharhinus leucas and Galeocerdo cuvier hepar, there were certain aspects regarding the mind that stood out exclusively to the respective remedies.
The following characteristics were unique to *Carcharhinus leucas*:

- **Confusion**: Regarding the future, subsequent to reading, uncertainty, self-hatred and fear together a negative mindset.
- **Contradiction and Capriciousness**: Irritability due to doing something that goes against what one would want to do and an alteration in affinity towards certain factors.
- **Desire to Go Home vs. Desire to Travel and Escape**: A desire and happiness to return home and a desire to travel. This was contrasted with a feeling of desiring to escape.
- **Disappointed Love and Heart Broken, Love Towards Family, Wanting Sympathy, Affection Increased, and Weeping**: Issues regarding disappointed love was seen as grief from a former heart break, a physical “heart ache”, an aggravation from listening to melancholic music and heart break together with anger and a physical complaint of a burning chest. Love towards family was noted as a longing to reconnect with one’s mother arose in a dream. A warm and friendly mood was evident as well as a desire for attention and sympathy and weeping due to a prior relationship.
- **Discontentment**: Self-disappointment regarding academic marks was evident.
- **Obligation to Others**: In regard to needing to fulfill an obligation to another person despite being exhausted.
- **Religion**: An improvement in mood after attending respective places of worship was seen as it resulted in a feeling of tranquillity and being blessed.

The following characteristics were unique to *Galeocerdo cuvier hepar*:

- **Sexual Thoughts**: Increased and persistent libido and sexual thoughts contrasted with a diminished libido.
- **Ocean/Control**: A fear of the ocean or a strong urge to be near the ocean or a body of water and a feeling of not being in control while driving.
- **Miscellaneous – Lonely/Boredom/Hide/Women**: Loneliness, boredom, a desire to hide due to feeling vulnerable, defensive and criticised and an issue regarding one’s view on feminism being challenged was evident.
5.4.2 Vertigo

In *Carcharhinus leucas*, the aetiology of the vertigo was due to the odour of petrol. The concomitants were a headache, nausea and perspiration. The vertigo was ameliorated by consuming cold water, sitting down and subsequent to eating and was aggravated by being in a moving vehicle. The sensation of the dizziness was described as a feeling of dizziness. The time modalities of the vertigo occurred in the mornings and upon waking.

The vertigo aetiology of *Galeocerdo cuvier hepar* was due to being in a moving vehicle specifically around corners. Ameliorations differed slightly from *Carcharhinus leucas* as *Galeocerdo cuvier hepar* was ameliorated by driving around the corners slowly and by resting.

5.4.3 Head

*Carcharhinus leucas* produced various concomitant symptoms pertaining to a headache such as sneezing, period pain, watering eyes, nausea and swollen eyes. The location of the pain varied and was situated on the sides, forehead, occiput and temples. The headache also extended around the eyes as well as from the forehead to the vertex. Bilateral pain and right sided pain was evident. The only aetiology appeared to be on the onset of becoming frustrated and angry. Modalities that ameliorated the headache included fresh, open air, closing of the eyes, sitting down, sitting still, sleeping and applying pressure. Aggravations included air-conditioning, light, watching television, being in a moving vehicle, sleeping, physical exertion, noise and the warm air indoors. Time modalities were in the afternoon, morning and upon waking. Sensations experienced apart from the pain were a dry scalp, a hot forehead and heaviness. The pain itself was described as minimal, continuous, progressive, pounding, heavy, dull, exploding, pulsating, throbbing and burning and hammering.

The accompanying symptoms of *Galeocerdo cuvier hepar* differed entirely as vertigo, confusion, sleepiness, hunger and decreased mental functioning were
experienced. Similar locations included the temples, forehead, vertex and occiput but differed as *Galeocerdo cuvier hepar* also included the frontal and maxillary sinuses in the location. Unlike *Carcharhinus leucas*, *Galeocerdo cuvier hepar* presented with a left and right sided laterality. The aetiology of the headache differed from *Carcharhinus leucas* as it was due to sharing personal information with a male friend. Similar ameliorations included applying pressure and resting and similar aggravations were the action of shaking one’s head which could be compared to the physical exertion seen in *Carcharhinus leucas*. A somewhat more intense pain was seen in *Galeocerdo cuvier hepar* as it was mild to moderate. Similar time modalities were also noted in the afternoon, specifically at 3.30PM and 5PM. Throbbing and heaviness were similar sensations experienced by both remedies.

5.4.4 Eye

The concomitants of *Carcharhinus leucas* pertaining to the eye were lachrymation and pain. The locations of the symptoms were the left and right eye, the inner canthi, left and right eyelid and lower right eyelid. Ameliorations included a warm water application and closing the eyes while aggravations were due to bright light, movement of the eye, pressure, touch and warm water when showering. The only time modality presented was upon waking. Sensations experienced were noted as heavy, hot, a sensation of a foreign body, inflammation and itching. The pain itself was continuous, progressive, and extreme and described as aching. Photophobia, red discoloration of the eyes and a sensation of the eye feeling smaller was apparent. A stye developed and was described a bubble.

Unlike *Carcharhinus leucas*, *Galeocerdo cuvier hepar* noted a red discoloration of the eye as an accompanying symptom. The similar locations of symptoms were in the left and right eye, lower right eyelid and the left inner canthus but differed as *Galeocerdo cuvier hepar* experienced symptoms in the upper eyelid. Both remedies noted photophobia as an aggravating modality and similarly state that hot warm was an ameliorating factor. In regard to sensations, aching was the only sensation in common whereas *Galeocerdo cuvier hepar* experienced a tired sensation around the eyes as well as intermittent twitching.
5.4.5 Vision

*Carcharhinus leucas* exhibited blurry vision whereas *Galeocerdo cuvier hepar* did not experience any issues pertaining to vision. This characteristic is therefore unique to *Carcharhinus leucas*.

5.4.6 Ear

*Carcharhinus leucas* did not produce symptoms pertaining to the ears or any aspects regarding hearing. However in *Galeocerdo cuvier hepar*, an apparent humming sound was perceived as well as an increased awareness of the manner of speech and this was described as hearing an echo while talking. Hence, this characteristic is unique to *Galeocerdo cuvier hepar*.

5.4.7 Nose

The concomitant symptoms of *Carcharhinus leucas* in regard to a congested nose was excessive coughing. The only aetiology noted was due to exposure to cold weather. In regard to laterality, left sided and bilateral congestion was apparent. Ameliorations included being exposed to open air, while moving and when warm. Aggravating factors included exposure to cold weather and a damp odour. Congestion was evident which would progressively worsen, was more apparent at night and would occur upon waking. Coryza was present upon waking and continued throughout the day until the night and it was unusual as coryza was evident despite a state of congestion. Nasal discharges were excessive which caused a difficulty in inhalation. It was described as being clear and watery and would be aggravated after a shower in the morning. Sensations noted were dryness and itching of the nose and heaviness. Severe left sided sinus pain was experienced and an aching pain surrounding the skin of the nose. Sneezing was prominent and was accompanied by sleeplessness. The aetiology of the sneezing was due to exposure to cold weather and a damp odour. Aggravations included being indoors and were ameliorated in open air and in the afternoon. The intensity is depicted by the excessive and continuous sneezing experienced however no discharges were produced. The only
sensation noted was heaviness. Time modalities were noted in the morning and at night.

*Galeocerdo cuvier hepar* presented fairly contrarily in regard to nose symptoms. The accompanying symptoms were similar as clear nasal discharge and a sore throat was evident. Other similarities included congestion and sneezing. Unlike *Carcharhinus leucas*, *Galeocerdo cuvier hepar* exhibited catarrh in the posterior nares that was excessive in the evening and was dry, crust and dark in colour. Another difference noted was small, white papular eruptions that were located at the tip of the nose as well as a hollow sensation within the nose.

5.4.8 Face

*Carcharhinus leucas* presented with a blue discoloration of the skin around the eyes. Eruptions were located on the forehead, cheek, and mandible and around the nose. They were described as cystic pimples and small, red pimples which were painful. Facial pain, specifically the left side of the jaw and temporomandibular joint was noted. Left sided jaw pain was evident and interestingly the temporomandibular joint pain that was noticeable previously had decreased.

Unlike *Carcharhinus leucas*, *Galeocerdo cuvier hepar* only experienced a small lesion on the lower, left lip and chapped lips which indicates no similarities.

5.4.9 Mouth

*Carcharhinus leucas* exhibited symptoms in the location of the gums and tongue. Inflammation of the gums were evident as well as a painless protuberance below the tongue. Also pertaining to the tongue, an alteration in taste and a dry mouth in the mornings was noted.

The only similarity between the mouth symptoms of *Carcharhinus leucas* and *Galeocerdo cuvier hepar* was the location in regard to the tongue. Specifically, symptoms were noted in the middle, the tip, the left side and towards the root of the
tongue. A roughened area in the middle of the tongue and lesions on the left side of the tongue were apparent. Minor pain was experienced and there was an afternoon and evening time modality.

5.4.10 Teeth

_Carcharhinus leucas_ exhibited an interesting symptom in regard to the teeth as it was stated that a tooth was removed due to becoming loose and it was also painless.

Differing from this, _Galeocerdo cuvier hepar_ noted a sensation of grinding one’s teeth while asleep.

5.4.11 Throat

_Carcharhinus leucas_ presented with an accompanying symptom of coughing together with a sore throat. Aggravations included drinking cold water and sneezing. Sensations experienced were dryness, constriction, scratching, rawness and general pain. Time modalities were noted upon waking.

_Galeocerdo cuvier hepar_ also experienced general throat pain and a similar sensation of choking and difficulty swallowing that can be compared to the constrictive nature in _Carcharhinus leucas_. However, _Galeocerdo cuvier hepar_ differed as nasal discharge and hoarseness with the need to continuously clear the throat was evident.

5.4.12 External Throat

_Carcharhinus leucas_ only experienced one symptom in regard to the external throat, that being minor neck stiffness together with a tension headache.

Similarly, _Galeocerdo cuvier hepar_ experienced the sensation of tightness and stiffness in the left side of the neck and base of the skull
5.4.13 Stomach

Accompanying symptoms seen in *Carcharhinus leucas* was emptiness and burning in the stomach and weakness in the legs. The only aggravation experienced was eating which caused a bloated feeling. A significant diminished appetite was evident. Contrasting this, an increase in appetite and frequency of eating was apparent as well as an extreme and unsatisfied nature in regard to eating. Opposing sensations such as fullness, distention and emptiness were noted. Other sensations experienced included heaviness, nausea and cramping. Contrasting symptoms regarding an increase in thirst, sipping on small amounts of liquids and being thirstless. An ulcer that produced a burning and cramping pain was evident as well as vomiting of liquids, food and blood. A morning time modality was apparent.

*Galeocerdo cuvier hepar* presented with a different concomitant symptom to *Carcharhinus leucas*, that being hunger. Similarly, a diminished appetite was prominent but differed as an easy satiety was seen in *Galeocerdo cuvier hepar*. Cramping and nausea was seen in both remedies but heartburn and belching was specific to *Galeocerdo cuvier hepar*. In regard to pain, *Carcharhinus leucas* did not experience this symptom as intensely as *Galeocerdo cuvier hepar*. Fatigue and being agitated were accompanying symptoms in *Galeocerdo cuvier hepar* and the location of the pain was in the stomach. Walking in an area with hills and discussing personal feelings were apparent aggravations which differed from *Carcharhinus leucas*. A morning time modality was common between the remedies but *Galeocerdo cuvier hepar* also noted an evening time modality. The severity of the pain was intense and the time modalities were upon waking and in the evening. The sensation experienced was that of a distressed nature and was described as a gnawing pain. Similarly, *Galeocerdo cuvier* also experienced a diminished thirst, absence of thirst and a tendency to sip on liquids but differed as an increased thirst was not noted compared to *Carcharhinus leucas*.

5.4.14 Abdomen

The location in regard to abdomen symptoms in *Carcharhinus leucas* was the right hypochondria and pelvic region. The abdominal pain was ameliorated by lying on the
back and was noted as being severe while the pain in the hypochondria would persist for a few minutes. In terms of the pain experienced in the hypochondria, it was described as sharp and stinging and similarly, the abdominal pain was also described as sharp and piercing. The sensations experienced were bloating and flatulence and abdominal pain was described as cramping, sharp and tender.

*Galeocerdo cuvier hepar* did not have extensive abdominal symptoms and was found to be similar to *Carcharhinus leucas* in terms of the flatulence and bloating experienced.

### 5.4.15 Rectum

The only aetiology in terms of the rectum symptoms of *Carcharhinus leucas* was due to consuming spicy food and the only concomitant symptom was a bilateral headache. The sensations experienced were of a bruised and burning nature. Constipation due to eating excessively was observed and similarly a decrease in appetite due to the constipation was seen. Pain was also noted due to the constipation. Contrasting this, diarrhoea was experienced due to consuming spicy food and flour and the sensation experienced was that of a burning nature as well as an increased frequency of the diarrhoea. An insufficient passing of stool and an absence of stool despite having an urge was noted. Like *Carcharhinus leucas*, *Galeocerdo cuvier hepar* also experienced constipation with an absence of stool despite having an urge. Diarrhoea was noted in both remedies but differed as it had a morning time modality. Unlike *Carcharhinus leucas*, *Galeocerdo cuvier hepar* presented with a curative potential as it cured constipation and improved irregularity.

### 5.4.16 Stool

The stool of *Carcharhinus leucas* was noted as being darker and lighter in colour during the menstrual cycle. It was described as being dry rough, softer, smaller in quantity and watery specifically after consumption of spicy food. The stool also possessed a sour odour.
In contrast to this, *Galeocerdo cuvier hepar* noted harder stools in comparison to the softer stool seen in *Carcharhinus leucas* and differed as stools were smaller than usual and had a tail.

### 5.4.17 Bladder

*Carcharhinus leucas* exhibited an increase in frequency regarding urination as well as the urge to urinate more regularly in the mornings.

In contrast to this, *Galeocerdo cuvier hepar* experienced an apparent decrease in urination especially during the night which indicated its curative potential. A decreased urine output was also observed.

### 5.4.18 Urine

*Carcharhinus leucas* presented with an interesting colour and odour in regard to urine produced, that being lime green coloured urine and a pungent odour.

*Galeocerdo cuvier hepar* did not exhibit any symptoms pertaining to urine thus the above mentioned symptom is unique to *Carcharhinus leucas*.

### 5.4.19 Male Genitalia/Sex

*Carcharhinus leucas* exhibited symptoms regarding the male reproductive system and the location of the symptoms were the left and right testicle and pubic region. Aggravations included becoming hot, bathing in warm water and subsequent to eating. Itchiness was the predominant sensation experienced which resulted in a decreased ability to concentrate. As *Galeocerdo cuvier hepar* did not exhibit any symptoms pertaining to the male genitalia/sex, this characteristic is unique to *Carcharhinus leucas*. 
5.4.20 Female Genitalia/Sex

Fever and nausea were accompanying symptoms in *Carcharhinus leucas*. Pain was experienced in the location of the uterus. Ameliorations included continuous movement, keeping warm and bending double while symptoms were aggravated by sitting on a cold surface. The sensation experienced was that of prolonged menstrual pain despite not menstruating. Menstrual pain was described as being intolerable as well as an apparent improvement in terms of the severity of the pain. Specific descriptions of menstrual pain such as sharp, cramping and pulling were noted. In terms of the menstrual blood, it was noted as being thick, clotted, bright red and copious. Copious leukorrhea was observed prior to the menstrual cycle. A night time modality was evident.

In regard to the female reproductive system, *Galeocerdo cuvier hepar* shared a similar heat related concomitant symptom which was hot flushes however cloudy urine was solely evident in *Galeocerdo cuvier hepar*. The location of symptoms was the vagina. Both remedies shared a night time modality but differed as *Galeocerdo cuvier hepar* experienced symptoms during the day and upon going to sleep. *Carcharhinus leucas* and *Galeocerdo cuvier hepar* both presented with leukorrhea but more features were apparent in *Galeocerdo cuvier hepar* such as the musty odour, clumpy and creamy nature of it. In regard to the menstrual cycle of *Galeocerdo cuvier hepar*, it was noted that it discontinued and this was not evident in *Carcharhinus leucas*. Vaginal itchiness and an increase and decrease in hot flushes were apparent only in *Galeocerdo cuvier hepar*. A night time modality was the same in both remedies but *Galeocerdo cuvier hepar* also had a daytime modality.

An interesting feature of *Galeocerdo cuvier hepar* that was not apparent in *Carcharhinus leucas* was the noticeable decrease and increase in libido. In regard to the decrease in libido, this was noted in the company of a male partner but was contrasted with a high libido experienced when alone and anticipatory anxiety was an accompanying symptom. A major increase in libido was noted but later decreased to a more manageable level. It was also apparent that sexual desire was elevated in the presence of one’s partner but would diminish once apart. Accompanying
symptoms was frustration, embarrassment and a fear of leaving one’s partner. Ameliorations included exercise and eating while aggravations would occur when at home, riding in a car, in the evening and at 5PM. An extremely high and intense sexual desire was experienced. The time modalities included the evening and at 5PM. Due to the high intensity of sexual desire, sexual thoughts were uncontrollable and there was difficulty focusing. The thoughts were often persistent and pervasive and would result in a feeling of embarrassment as well as frustration as the sexual thoughts could not always be acted upon.

5.4.21 Cough

Concomitant symptoms pertaining to the cough of *Carcharhinus leucas* was chest pain and a sensation of heat. Lumps of mucous were expelled while coughing and a morning time modality was evident.

*Galeocerdo cuvier hepar* did not present with any similarities to *Carcharhinus leucas* in regard to cough symptoms. However, *Galerocerdo cuvier hepar* did produce its own cough symptomatology. The only accompanying symptom was a sore throat. Mucous was found to be crusty in the posterior nares and was described as being dry, crusty and dark in colour. Increased nasal catarrh was noted in the evening and sensations observed were congestion, sniffling and hoarseness of the voice.

5.4.22 Chest:

Accompanying symptoms regarding the chest of *Carcharhinus leucas* were seen during a panic attack whereby palpitations and a constrictive sensation were experienced. The mammae were painful and inflammation was noted and symptoms pertaining to the heart were evident. Variations of palpitations were felt including a pounding or rapid heartbeat. Time modalities particular to the constrictive sensation of the chest were at night or upon waking.

*Galeocerdo cuvier hepar* shared some similarity to the chest symptoms of *Carcharhinus leucas* as they both experienced symptoms in the location of the
mammae and heart. Palpitations were apparent in both remedies but *Galeocerdo cuvier hepar* experienced emotions such as excitement and elation. A mutual night time modality was seen but *Galeocerdo cuvier hepar* had an additional time modality of 5PM. Chest pain was only seen in *Galeocerdo cuver hepar* and was accompanied by an increase in libido. Heaviness and a stabbing pain were the sensations experienced due to the chest pain.

### 5.4.23 Back

Concomitant symptoms regarding the back of *Carcharhinus leucas* were a headache surrounding the eyes and forehead. Back pain was located in the left cervical and lumbar region and right scapula. Pain in the lumbar region was aggravated due to the occurrence of the menstrual cycle. The types of pain experienced were burning, sharp, stiff and aching and perspiration was noted on the back. Time modalities were noted in the morning, upon waking, and upon going to sleep.

Unlike *Carcharhinus leucas*, *Galeocerdo cuvier* experienced a different accompanying symptom, that of skin sensitivity in the left groin and ischial tuberosity. Both remedies shared the same locations such as the lumbar region and scapula, except that *Galeocerdo cuvier hepar* noted the pain below the left scapula as well as the movement of the pain in an anterior to posterior manner. Other locations specific to *Galeocerdo cuvier hepar* were the shoulder and thoracic region. *Carcharhinus leucas* did not note any aetiologies but *Galeocerdo cuvier* observed an aetiology due to walking. No shared modalities were evident between the remedies but *Galeocerdo cuvier hepar* noted pressure and movement as aggravating factors but this was contrasted as particular movements such as stretching and continuously moving ameliorated the pain. In terms of intensity of the pain, only *Galeocerdo cuvier hepar* noted that it would progressively worsen throughout the day. Both remedies noted a morning time modality. Like *Carcharhinus leucas*, *Galeocerdo cuvier hepar* also experienced sensations such as burning, aching, stiffness, aching and sharpness. However some certain sensations were only experienced by *Galeocerdo cuvier hepar*, those being itchiness, a stabbing, sticking and stinging pain. It was also only
evident in *Galeocerdo cuvier hepar* that symptoms relating to fibromyalgia were cured temporarily, returning later.

### 5.4.24 Extremities

*Carcharhinus leucas* presented with symptoms in the upper and lower extremities. In the upper extremities, symptoms were in the shoulder, forearm and hands and symptoms in the lower extremities were in the legs, thighs, feet and toes. Aggravations were due to bending the knee, motion, cold weather, standing and walking. Ameliorations noted were lying in a straight position, stretching, applying pressure, sitting down, sleeping and a hot shower. A morning time modality was noted. Sensations experienced were weakness, heaviness, itching, lameness, inflammation, tiredness and warts. Contrasting sensations were seen in relation paralysis and shaking. Various degrees and types of pain were noted such as burning, intermittent, pressing, sharp, hot, pulling and stabbing.

Unlike *Carcharhinus leucas*, *Galeocerdo cuvier hepar* noted concomitant symptoms such as skin sensitivity, ligament pain and crepitus. Both remedies shared the same locations in the upper limb but *Galeocerdo cuvier hepar* also noted symptoms pertaining to the elbow and wrist. Shared locations of the lower limbs were the legs and feet, however *Galeocerdo cuvier hepar* also experienced symptoms in regard to the groin, left knee, behind the knee, buttocks and left hip. Contrasting *Carcharhinus leucas*, *Galeocerdo cuvier hepar* noted aetiologies due to falling down stairs and falling on ice. The only amelioration *Galeocerdo cuvier hepar* shared was stretching while the only aggravation shared was motion. Other aggravations specific to *Galeocerdo cuvier hepar* were pressure and a sensitivity to being touched. Interestingly, pressure was an amelioration in *Carcharhinus leucas* but was an aggravation in *Galeocerdo cuvier hepar*. Pain intensity was progressive and skin sensitivity was also severe, thus making it exclusive to *Galeocerdo cuvier hepar*. The time modality was similar as *Galeocerdo cuvier hepar* noted symptoms upon waking while *Carcharhinus leucas* noted symptoms in the morning. Shared and similar sensations of the remedies were itching and strain while *Galeocerdo cuvier hepar* also experienced weakness, numbness and tingling. Only one similar type of pain
was experienced by both the remedies that being sharp pain while aching, shooting, sudden pain was exclusive to *Galeocerdo cuvier hepar*.

### 5.4.25 Sleep

Concomitant sleep symptoms in *Carcharhinus leucas* were dreaming more during the day, perspiration, and a fever. A fever was an aggravating factor while in regard to sleeping positions, sleeping on one’s abdomen was favoured and a frequent alteration of the sleeping position was noted. Waking up early, frequent waking, and difficulty waking were evident and opposing this, falling asleep without difficulty was seen. Also relating to waking, a high energy and cheerfulness was apparent. Pertaining to sleep, it was described as disturbed, restless, prolonged and a tendency to have a catnap was seen. A contrast between sleepiness and sleeplessness was experienced. Sleepiness was specifically due to having a fever while sleeplessness was due to having a dispute with someone, from dreams and from being irritable. An unrefreshing sleep was noted which led to a feeling of lethargy. In terms of time, a morning, daytime, afternoon, night and evening modalities were evident.

*Galeocerdo cuvier hepar* shared variations of similarities in terms of sleep. Unlike *Carcharhinus leucas*, *Galeocerdo cuvier hepar* noted yawning and feeling hot as concomitant symptoms. Restlessness, sleeplessness, ability to wake up without difficulty, frequent waking and a tendency to napping were all shared features between the remedies. The causes of the sleeplessness of *Galeocerdo cuvier hepar* were sexual arousal, consuming coffee, stomach cramps and waking up too early. The only common cause of sleeplessness between the remedies was irritability. *Carcharhinus leucas* and *Galeocerdo cuvier hepar* both shared time modalities pertaining to waking up early, morning, night and upon waking. Like *Carcharhinus leucas*, *Galeocerdo cuvier hepar* also noted waking up too early but waking up later than usual was also experienced. Contrasting the disturbed sleep in *Carcharhinus leucas*, *Galeocerdo cuvier hepar* makes note of having an undisturbed sleep. Some aspects were only apparent in *Galeocerdo cuvier hepar*, namely being more alert.
upon waking, a gnawing pain upon waking and a concomitant symptom of sleeping following a headache.

5.4.26 Dreams

Many themes emerged in the dreams of *Carcharhinus leucas*. A theme regarding animals such as crocodiles, dogs, bears, snakes and monkeys was experienced and within the dreams, an element of fear was present. Specifically in the dream about snakes, running away and being attacked was noted. A nightmare was experienced but was devoid of any content. Dreams surrounding animations and computer games were noted. Having one’s index finger severed by a friend was experienced. A sense of clairvoyance regarding an upcoming academic presentation occurred in a dream. A longing for companionship and desire to have a girlfriend was seen. Similarly, a dream regarding searching and yearning to find an ex-girlfriend was apparent. Confusion arose in a dream pertaining to searching for something that could not be obtained. People themed dreams were evident as friends and family, babies and being pregnant were noted. The pregnant dream in particular evoked a feeling of being trapped and overwhelmed. The sense of being more sexually attractive to the opposite sex was apparent. A happy and excited nature was mentioned. Dreams regarding unfortunate events such as missing a test which resulted in disciplinary action were experienced as well as a dream pertaining to being suspended from university in reality. Being robbed was noted in a dream. Great strength was experienced in a dream where the need to defend oneself occurred. A dream about being at the beach while witnessing a tsunami occurred. A threatened and vulnerable impression was felt as well as the fear of dying. It was also noted that the need to help others in the dream emerged. Although many dreams were evident, there was also the inability to remember dreams.

In general the dreams of *Galeocerdo cuvier hepar* were either absent, excessive or repetitive and altered. Both remedies shared dream themes about water, children, missing someone/something, being lonely, feelings of guilt, committing a crime, being judged, feeling of power and fingers (rod shape awareness). Dream themes and features that were specific to *Galeocerdo cuvier hepar* were about control, light,
performance, houses, belonging, embarrassment, food, travel, confusion, sexual ambiguity, being unprepared, handling groups of people, physical activities like walking, biking and basketball, cold, the colour white, matters regarding women, machinery, criticism, being overprotective and dead relatives. Although both remedies shared overlapping dream themes, *Carcharhinus leucas* and *Galeocerdo cuvier hepar* both presented with dreams that were exclusive to them.

### 5.4.27 Fever

*Carcharhinus leucas* presented with sleepiness as a concomitant symptom to the fever and experienced a night time modality. *Galeocerdo cuvier hepar* did not exhibit symptoms pertaining to a fever which makes these symptoms exclusive to *Carcharhinus leucas*. It was however observed that *Galeocerdo cuvier hepar* did produce symptoms regarding a heat sensation but these were not classified as a fever.

### 5.4.28 Perspiration

Nervousness was noted as an accompanying symptom in *Carcharhinus leucas*. The only location perspiration occurred was on the back. Subsequent to sleeping, perspiration was apparent. It was evident that profuse perspiration occurred and that it had an afternoon time modality. *Galeocerdo cuvier hepar* did not experience symptoms pertaining to perspiration thus making these symptoms exclusive to *Carcharhinus leucas*.

### 5.4.29 Skin

*Carcharhinus leucas* experienced skin symptoms on the forehead, hairline, neck, upper body and right index finger. Cystic pimples and painless warts were noted and itching was the sensation experienced.

Like *Carcharhinus leucas*, *Galeocerdo cuvier hepar* shared common locations of symptoms, that being the hairline and upper body. Other locations specific to
Galeocerdo cuvier hepar were the tip of the nose, left occiput, left wrist, palm, left knee, behind the right knee, legs, arms, ishium and hip. Although both remedies experienced eruptions, they did not share any common eruptions. Galeocerdo cuvier hepar noted a small, white lesion which then healed and was then followed by small, papular eruptions. Painful, small, papular lesions were also noted in the left occiput. The only sensation experienced was skin sensitivity on the ishium which extended anteriorly and towards the hip. This sensation and eruptions are therefore unique to Galeocerdo cuvier hepar.

5.4.30 Generals

Concomitant symptoms as per the generals of Carcharhinus leucas were in relation to vertigo and a sensation of heat and weakness were the accompanying symptoms. Food and drink aggravations included bread, milk, oats, beans and spicy food while the only beverage amelioration was drinking warm water. The only beverage aversion was coffee while food and drink cravings include water, red velvet cake, chocolate, cheese, eggs, fried chips, citrus type fruits such as lemons and oranges, salty food, amasi (“sour milk”), vinegar and spicy food. Specific beverage cravings were noted such as coffee, ice water, water in general and tea. Sensations varied and were abundant. An increase in activity and feeling of being refreshed was noted. Weather modalities were diverse as the exposure to cold air, rain and having a cold and warm shower was an amelioration but in contrast, exposure to cold and wet weather was an aggravation. Opposing symptoms were apparent in regard to an increased energy and weariness which was apparent upon waking, after waking up, and in the afternoon. The sensation of faintness was experienced. A feeling of fullness was noted despite not eating any food. In regard to heat, heat sensitivity was apparent and hot flushes were a result of this. Inflammation of the sinuses was experienced which was painful, aggravated by odours and ameliorated in open air. Inflammation was also seen in the lymph nodes of the neck. During a menstrual cycle, numb breasts were experienced. Intense bodily pains as well as an amelioration from pressure were evident. A noticeable elevation in the pulse was experienced.
In regard to food and drink cravings, *Carcharhinus leucas* and *Galeocerdo cuvier hepar* both craved chocolate, oranges, salt and tea. Cravings specific to *Galeocerdo cuvier hepar* however were bread, cheese, nuts, raisins, hot peppers, potato chips, farinaceous food and peppermint. Both remedies did not share any common food and drink aversions as *Galeocerdo cuvier hepar* noted an aversion to sweets. *Carcharhinus leucas* and Galeocerdo cuvier hepar shared time modalities upon waking and in the afternoon but time modalities specific to *Galeocerdo cuvier hepar* included 3AM/3PM, 5AM/5PM, morning, midnight and night. Sensations that were the same or similar that appeared in both remedies were lassitude, feeling alert and refreshed, breast pain, hot flushes, palpitations. In particular, only *Galeocerdo cuvier hepar* exhibited concomitant symptoms in regard to lassitude such as flatulence, grogginess, yawning and a feeling of the body appearing heavier, but did not exhibit a contrast in increased energy as seen in *Carcharhinus leucas*. Breast symptoms differed as *Carcharhinus leucas* noted breast numbness as opposed to breast pain in *Galeocerdo cuvier hepar*. While *Galeocerdo cuvier hepar* noted palpitations, *Carcharhinus leucas* similarly experienced a higher pulse. Sensations that were specific to *Galeocerdo cuvier hepar* were increased libido, lower back pain, yawning, internal humming, stomach pain, and itchy eyes. Modalities that were the same or similar included wanting fresh air, an aggravation an amelioration from warmth and an amelioration from the cold. Modalities that were particular to *Galeocerdo cuvier hepar* were walking, motion, stretching, being covered, being touched and sleeping. The breast was the only same location shared between the remedies while *Galeocerdo cuvier hepar* exhibited symptoms in the lower back, stomach, eyes, nose and a left sided laterality. Certain aspects were only apparent in *Galeocerdo cuvier hepar*, namely dry hair nails, exertion/motion that was accompanied with unclear thoughts and vertigo, excessive sleepiness, tendency to nap, undisturbed sleep, photophobia, weight gain and inadequate sleep.

5.5 Possible Clinical Indications

- Styes, conjunctivitis;
- Headaches;
- Fever;
- Vertigo and motion sickness;
- Congestion, coryza and allergic rhinitis;
- Gastrointestinal disturbances involving appetite and thirst: Gastritis, cramping, diarrhoea, constipation and tenesmus;
- Bloating and flatulence;
- Dysmenorrhoea;
- Urinary tract infections;
- Muscle and joint disorders: Arthritis, back pain and torticollis;
- Sleep disorders: Insomnia and hypersomnia;
- Anxiety; and
- Anger.

5.6 Miasmatic Indication of *Carcharhinus Leucas* 30CH

5.6.1 Typhoid Miasm

In the Typhoid miasm (Sankaran, 2005: 7), there is a sense of being in a life threatening situation that requires a person’s full capacity in order to survive. Violence, lying, scheming and even escaping are some features that might be implemented in order to return to a secure state. The overall mind set is one of overcoming a crisis and once that is achieved, rest can take place. Another feature of the Typhoid miasm is a concentrated effort and intense struggle over a short duration. In a successful state, there is a focused effort characterised by impatience that aims to quickly make a full recovery when facing a crisis. Contrasting this is the failed state, in which the effort appears to be excessive and results in collapse. A state of restlessness and haste is evident which can bring about a sense of impulsivity and violence in order to return to a state of rest.

Keywords pertaining to the Typhoid miasm:
- Crisis;
- Intense;
- Sinking;
- Recover;
• Intense short effort;
• Typhoid;
• Sub-acute;
• Emergency;
• Homesick;
• Intense struggle;
• Critical period;
• Collapse;
• Reaching position of comfort;
• Impatience; and
• Demanding.

It is evident that *Carcharhinus leucas* 30CH exhibits features in relation to the Typhoid miasm. A sense of being hurried and impatient arose while performing tasks. Prostration was predominant with a feeling of being drained and exhausted. Homesickness was apparent as the concept of travelling and returning home brought about happiness. Similarly, a feeling of escaping was also brought about.

### 5.6.2 Cancerinic Miasm

In the Cancerinic miasm (Sankaran, 2005: 7), an intense desire to regain control of a chaotic situation is apparent. An inner feeling of weakness, inadequacy along with high expectations regarding performance brings about a reaction that extends far beyond their capacity in order to achieve a state of control. This persistent and continuous struggle appears to be endless as it is essential for survival. A perfectionist and fastidious manner is evident with the need for control of one’s self and their surroundings.

Keywords pertaining to the Cancerinic miasm:
• Control;
• Perfection;
• Fastidious;
• Beyond one’s capacity;
- Superhuman;
- Cancer;
- Great expectations;
- Chaos;
- Order;
- Stretching beyond capacity;
- Loss of control; and
- Self-control.

It is evident that *Carcharhinus leucas* 30CH exhibits features in relation to the Cancerinic miasm. The inadequacy and lack of self-confidence is apparent as well as a sense of self-doubt which relates to the inner feeling of weakness. A further similarity is the fear of failing and losing control. A discontentment within also reflects the feelings of being inadequate as well as an insecurity regarding one’s appearance. Contradiction within the remedy in terms of doing something that is under someone else’s command correlates with the issues surrounding control.

### 5.7 Summary

To summarise, the similarities and differentiations between *Carcharhinus leucas* and *Galeocerdo cuvier hepar* pertaining to symptomatology produced by provers during the proving period was undoubtedly apparent. As *Carcharhinus leucas* is the only additional shark to have been homoeopathically proven, it is possible to conclude that it has produced its own distinctive remedy depiction that allows it to be distinguishable and recognised.
CHAPTER 6 : RECOMMENDATIONS AND CONCLUSION

6.1 Recommendations

6.1.1 The Provers

The symptoms and quality of homoeopathic provings are greatly dependent on the individual provers. The researcher recruited provers that were students from the DUT as well as from the general public.

Although a thorough description of correct symptom journaling was verbally communicated to provers along with an instructional handout, some provers recorded unclear and partial symptoms. This was potentially due to their basic knowledge and understanding of homoeopathic provings, inadequate prover compliance as well their state of self-awareness. Despite this, most provers did accurately document thorough symptomatology. It was evident that homoeopathic students provers were more accurate with more well-defined descriptions pertaining to proving symptomatology than non-homoeopathic provers. This could be expected due to their relatively broader understanding of homoeopathy and the homoeopathic proving process, compared to non-homoeopathic provers.

Thus it is suggested that in future proving research should utilise predominantly individuals who are well educated in the practise of homoeopathic provings as this will ensure a more precise and broader spectrum of symptomatology as well as a higher quality proving (Naidoo, 2008).

6.1.1.1 Prover Ethnicity and Prover Gender

Sex, age as well as ethnicity play a vital part in a comprehensive and balanced proving. These factors contribute to the diversity pertaining to dietary preferences, cultural habits and one's individual regime. In this proving, there was a dominance of
African and Indian provers and an absence of individuals of Caucasian ethnicity. With regard to gender, the ratio of male to female provers who participated in the proving was almost equal. Age of provers was distributed between 18 and 60 with the majority being between the ages of 18 and 34.

In order to improve the disparity and quality of symptoms, it is suggested that for future provings, a more equalised prover sample be utilised as variation was evident pertaining to ethnicity and age distribution within the prover sample group in the investigative study of *Carcharhinus leucas* 30CH.

### 6.1.2 Further Provings of *Carcharhinus Leucas*

In order to expand on the mental, emotional and physical spheres of a new remedy, Vithoulkas (2002) recommends that an array of potencies be used. Sherr (2003) believes that conducting a proving utilising various levels of potencies can ascertain information that would assist in the selection of the correct potency for a patient. It is suggested, therefore, that further investigations be conducted utilising 6CH, 9CH, 200CH and 1M potencies of *Carcharhinus leucas*, as symptomatology yielded from the various potencies may vary in contrast to the symptomatology produced by the 30CH potency. In addition to the recommendation for other potencies to be proved, the following recommendations are proposed for consideration in future research of *Carcharhinus leucas*:

- Comparative research of other remedies sourced from the sea that have already been proven as this could establish possible discrepancies between the different species of sea animals.
- A re-proving of sea remedies that have already been proven but may not have been proven thoroughly.
- A homoeopathic proving of squalene as it is a main constituent in a shark’s liver.
6.1.3 Publication

The proving of *Carcharhinus leucas* 30CH yielded a wide variation of symptoms pertaining to the mental, emotional and physical spheres among provers and it would be highly beneficial that information concerning this homoeopathic remedy be accessible to homoeopathic physicians, locally and internationally. It is therefore recommended by the researcher that the study of this proving and the materia medica of *Carcharhinus leucas* 30CH be prepared and made available as articles in homoeopathic journals.

6.1.4 Conclusion

At the onset of this research, the aim stipulated that a homoeopathic drug proving would be conducted. The first objective was to establish the effect of *Carcharhinus leucas* in the thirtieth potency on healthy provers in order to ascertain the therapeutic potential of the substance. The second objective was to interpret the symptoms acquired into the materia medica and repertory format. The third and final objective was to compare the symptoms of *Carcharhinus leucas* 30CH to *Galeocerdo cuvier hepar* 30CH in order to acquire probable similarities and differences between the original proving and the current proving as well as probable new symptoms. As per the hypotheses, *Carcharhinus leucas* 30CH did yield noticeable symptoms in healthy provers as well as display similarities, differences and new symptoms.

It was interesting to note that *Carcharhinus leucas* and *Galeocerdo cuvier hepar* both exhibited similar themes evident in sea remedies as discussed by Mangialavori (2002). The theme of individuality was apparent in *Carcharhinus leucas* in terms of the aversion to company and desire for solitude. Similarly, the need to detach from people was seen in *Galeocerdo cuvier hepar*. Pertaining to weakness, *Carcharhinus leucas* exhibited helplessness whilst *Galeocerdo cuvier hepar* displayed a sense of helplessness. In terms of communication problems, *Carcharhinus leucas* displayed a tendency to be loquacious and noisy and opposing this, taciturnity was seen. *Galeocerdo cuvier hepar* on the other hand experienced a heightened awareness of one’s speech. Although *Carcharhinus leucas* did not exhibit symptoms regarding the
past, *Galeocerdo cuvier hepar* expressed a nostalgia for one’s childhood. The topic of sensitivity was evident in *Carcharhinus leucas* as it presented in a prover becoming sensitive due to statements directed towards them. Similarly, *Galeocerdo cuvier hepar* experienced a heightened awareness of the body’s parameters as well as a sense of one’s aura. Pertaining to motion, *Carcharhinus leucas* displayed symptoms that were predominantly aggravated from motion but an amelioration of symptoms was also seen. Corresponding to this, *Galeocerdo cuvier hepar* also noted an aggravation and amelioration of symptoms due to motion. Regarding harmony, *Carcharhinus leucas* exhibited a similar characteristic of tranquillity and a sense of calmness as well as state of calmness that was also evident in *Galeocerdo cuvier hepar*. A stinging pain was noted in *Carcharhinus leucas*, specifically in the abdomen, back and rectum and similarly, a stinging sensation was also experienced in *Galeocerdo cuvier hepar*. It was evident that the theme of weakness/independence was not seen in *Carcharhinus leucas* nor *Galeocerdo cuvier hepar*.

By achieving the objectives, a comprehensive materia medica was developed regarding *Carcharhinus leucas* 30CH as well as a thorough comparative study with *Galeocerdo cuvier hepar* 30CH. A total of 590 rubrics were obtained, the majority of which were 127 mind rubrics, followed by 64 general rubrics, 55 head rubrics, 50 extremities rubrics and 34 eye rubrics. In the comparative section of the study, many similarities were identified although the differences were far more abundant.
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Homoeopathic Proving Guidelines
Harmonised by LMHI and ECH

Approved and published by the
Liga Medicorum Homoeopathica Internationalis
and the
European Committee for Homoeopathy
First edition, May 2014
Visit www.lmhi.org or www.homeopathyeurope.org to download this document and
French and Spanish translations.

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Foreword
The guidelines for homoeopathic provings in this document are the result of a consensus process between the Liga Medicorum Homoeopathica Internationalis (LMHI) and the European Committee for Homoeopathy (ECH) that took place between July 2013 and May 2014. All comments received prior to April 2, 2014 have been considered.
The LMHI and ECH have approved the current document on May 20 and April 4, 2014, respectively.
We cordially invite comments on these guidelines from all stakeholders, and will publish a revised document based on comments received until May 2016. Please send your comments to provings@homeopathyeurope.org or provings@lmhi.net
For reference purposes, the individual ECH and LMHI Guidelines for Provings as they existed prior to this harmonisation process are available in English on the respective website [i.e. www.homeopathyeurope.org and www.lmhi.net].
Dr Jean Pierre Jansen
Chair of the Provings Subcommittee
European Committee for Homoeopathy
Prof. Ashley Ross
Chair of the Committee for Provings
Liga Medicorum Homoeopathic Internationalis
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Preface
Dr Renzo Galassi, president of LMHI
When Hahnemann left us his theoretical and clinical will in the form of the Sixth edition
of the Organon, one of the main insights was that of testing potential homoeopathic medicines on the healthy person, that today we call ‘proving’. He, together with his first students, gave us an example of what it means to be a prover, being one of the main provers and proving supervisors in our history. Thanks to Hahnemann we understand that the only sure way of studying our medicines and discovering their true possibilities for healing patients, as homoeopathic remedies, is through the wellconducted proving.
Proving is not a casual activity that anyone can organise according to his/her own rules or ideas. We have a protocol and procedures. Unfortunately these protocols and procedures differ a little in the minds of various experts or groups of experts. It is with great pleasure that the LMHI Proving working group, together with the ECH Subcommittee on Provings, decided to define these aspects for the future work of all those colleagues around the world who may decide to study new substances or to restudy old ones. As LMHI President, I am honoured to give my total support and approval to the result of this work and collaboration among the best-skilled experts in the world, headed by Prof. Ashley Ross for the LMHI and Dr Jean Pierre Jansen for the ECH.
Dr Renzo Galassi
President LMHI
Dr Thomas Peinbauer, president of ECH
The European Committee for Homoeopathy (ECH) represents nearly 45,000 medical
doctors specialising in homoeopathy in 25 European countries. As a representative
body, the ECH promotes the scientific development of homoeopathy and the
harmonisation of professional standards of homoeopathic practice across Europe.
In 2004, the ECH published the first edition of its ‘Homoeopathic Drug Proving
Guidelines’. In 2013, the Liga Medicorum Homoeopathica Internationalis (LMHI) and
the ECH agreed on a collaborative process to harmonise proving guidelines towards
a
single global standard.
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These harmonised Guidelines are the result of an exemplary collaborative and
cooperative
endeavour. After ten years of dedicated effort by Jean Pierre Jansen and
the ECH Subcommittee on Provings, we, as the ECH, are proud to be able to
present
these new Guidelines in collaboration with the LMHI.
Homoeopathic provings are essential to the progress of homoeopathy. These
Guidelines
are intended to serve as a community reference for the improvement of the quality of
homoeopathic provings, and as a reliable reference to proving methodology and
procedures for proving directors, ethical review boards and other authorities dealing
with this subject.
On behalf of the ECH, I recommend these Guidelines to colleagues all over the
world
who are interested in the process of harmonisation and the progressive improvement
of the quality of homoeopathic provings.
Dr Thomas Peinbauer
President ECH
!
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Introduction

Departure point

These guidelines have as their departure point the objective of conducting scientifically accountable provings that are in full agreement with homoeopathic theory.

These guidelines assume that all relevant national and international legislation and regulations will be considered in the formulation and conduct of the individual homoeopathic proving.

Audience of the guidelines

The intended audience of these harmonised proving guidelines includes:

• Principal Investigators (P.I.) and sponsors
• ethical review boards
• regulatory authorities
• scientists
• publishers and editors of scientific journals
• homoeopaths who will apply provings in their practice
• proving participants

Purpose of the guidelines

The purpose of these guidelines is:

• to assist proving directors and sponsors in their understanding of the basic structure and framework of a homoeopathic proving, and the need to comply with regulatory/scientific standards
• to assist ethical review boards in their appreciation of the unique characteristics of homoeopathic provings in contrast to other more conventional modes of scientific investigation
• to assist competent authorities in their understanding of the nature of homoeopathic provings and their pivotal context within the practice of homoeopathy
• to assist the various pharmacopoeias in their monograph approval processes, by providing a reference to a community standard for the conduct of homoeopathic provings
• to provide to journal editors and medical publishers a reference upon which to
develop a framework for the publication of provings.
• to provide a methodological base upon which to ensure inter-proving comparability and the progressive development of the understanding and methodology of the proving experiment, as first described by Samuel Hahnemann.

Scope of the guidelines
• This document is focused upon the various elements of proving design, and is intended to be applied within the context of broader ethical and regulatory guidance. Notwithstanding this focus, it is not intended to specifically exclude other emerging proving design formats. Many elements of these guidelines may indeed be used to inform other proving designs, according to the preferences and requirements of the coordinator.
• These guidelines are developed from the accumulated expertise of two centuries of homoeopathic proving practice, which, in turn, has formed the basis of the subsequent successful clinical utilisation of newly proved remedies.
• In accordance with modern clinical research and ethical requirements, these guidelines have deliberately been aligned with the requirements of the ICH- GCP and international ethical frameworks, as described, inter alia, in the Belmont Report, CIOMS Guidelines and the Declaration of Helsinki (as revised in 2013).
• The guidelines, as described, are both fully cognizant of mainstream ethical and regulatory frameworks (as cited above) and respectful of the unique approach and methodological imperatives of homoeopathy as a medical system, and proving as a specific experimental mode within that system.
• The guidelines are not intended to describe the various details or variations. As a framework it is intended to be used as a basis for evaluation, while leaving sufficient freedom for experiment and variation.
• Specific guidelines are indicated to be either ‘required’ or ‘recommended’.
• Guidelines are indicated as ‘required’ when they indeed are required by many national or international regulations, or when they are considered, by the homoeopathic community, to be a minimum requirement for usefulness.
• Guidelines are indicated as ‘recommended’, when there is understood to be some room for variation, or when the specific guideline falls outside of regulatory or pharmacopoeial frameworks.

• In those specific instances in which these guidelines are found to be in disagreement with specific national regulations, the specific national regulations are understood to take precedence over these guidelines. These guidelines are to be seen as best practices, and may be used to assist the formulation and adaptation of national and international regulations. The proving committees of the ECH and LMHI are committed to providing detailed assistance in such formulations and adaptation, should they be requested.

• This document is subject to revision in accordance with projected changes in scientific understanding and regulatory requirements.

Structure of the document

The ‘required’ and ‘recommended’ elements of each guideline are listed. The required guidelines are marked with a diamond sign ❖. Recommended guidelines are marked with a bullet sign •.

The rationale for specific guidelines is not provided. The bibliography does, however, provide a detailed list of sources and references that were consulted in the formulation of this document.

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Main proving guidelines

Provings as an experimental mode

Despite the existence of certain points of overlap between homoeopathic proving and early-phase clinical trial, provings cannot be defined as either a phase I or a phase 0 trial. The following table summarises the differences that justify a unique and specific definition of provings, as a mode of experimental enquiry.

Phase 0 Phase I Proving

Aim Assess whether a highrisk drug behaves as would be expected
from pre-clinical studies
Derive Pharmacokinetic and Pharmacodynamic data and determine safety
Collect subjective symptoms for formulation of a homoeopathic drug picture
Volunteers Patients, with few or no other therapeutic options
Healthy volunteers Healthy volunteers, never patients
Number of volunteers 10-15 20-100 Any
Placebo control No No Not essential
Dose Micro-doses Single ascending dose Multiple ascending dose
Repeated micro-dose until symptoms occur.
Predefined maximum number of doses
Safety Unknown, not a purpose Variable, some risks prevented by pre-clinical studies
Almost perfect, toxic levels excluded.
Concept of first safe dilution
GCP/ICH guidelines
Under development by EMA and FDA.
Concept of IND (Investigational New Drug) studies
Exist, used by Ethical Boards
No official guidelines, but ECH/LMHI Guidelines conform to GCP/ICH guidelines
Indication specified
Yes Yes No
Demonstrative purpose
To confirm biological activity in line with early pre-clinical indications, ahead of formal phase I-IV studies
To ensure safety of drug in healthy human subjects, ahead of efficacy testing in subsequent phases
To investigate the therapeutic potential of a substance. No
Purposes of proving
Homoeopathic provings may be conducted for a range of purposes. The value of the proving experiment to the homoeopathic and scientific community at large or the individual proving participant, and the restrictions imposed on the methodology will vary according to the purpose of the proving. The most prominent purposes of homoeopathic proving are:

• Extending the materia medica. This is the most common reason to conduct a proving. After the publication of the proving report, curative responses will further enrich the final materia medica. This results of provings conducted for this purpose may form part of the documentation that would be submitted towards market approval by a national authority, e.g. admission to a pharmacopoeia. In such cases, specific pharmacopoeial requirements in addition to those described in these guidelines, may exist.

• As a self-learning experience. In such proving experiments the principal objective is the experience of the action of a homoeopathic potency on oneself. The focus is not on extending the materia medica, although this may occur.

• Evaluating the effectiveness of a potentised substance. Provings conducted for this purpose are designed to investigate the mechanism of action or other parameters related to the action of a homoeopathic potency on the organism. These harmonised guidelines are focused expressly on provings conducted for the purpose of extending the homoeopathic materia medica.

The test substance

◆ The identity of the test substance, in terms of its scientific name and its common name(s) must be clearly defined. In the case of botanical and animal sources, it is advisable that these be accurately identified by an appropriately skilled botanist/zoologist.

◆ Where toxicological information on the test substance exists this is required to be included in documentation provided to the ethical review board and/or the proving report.
• Documented case experiences, where these exist within the literature, are recommended to be included.

• Where these are known and available, all previous provings and toxicological symptoms should be reviewed in the proving report.

❖ In all cases in which a part of a plant or animal is used as a source material, the part used must be accurately defined. In the case of plants, the stage of the plant's life cycle and time of collection are required to be described in the proving report.

• Details about the source, in terms of habitat and location, and the manufacturing process, manufacturer, and source of the potentised test substance are recommended to be included.

• The storage of vials (or powders) of the test substance and/or blanks in the same container should be avoided. Doses of respective test or blank substances should be mailed separately.

❖ The date and time of each dose are required to be recorded in the prover's diary and by the supervisor.

Potencies to be used

❖ It is required to use potencies above, and including, the C12 or equivalent (i.e. D24 or LM4), because these are considered safe.

❖ Lower potencies above the First Safe Dilution (FSD), if known, are allowed.

The use of potencies below the FSD is considered unsafe.

• Potencies between C12 and C30 (or their equivalent dilutions) are recommended.

Potencies above C30 are allowed at the Principal Investigator's discretion.

• In view of the existence of a range of systems, including using more than one potency in the same volunteer, in various orders, it is recommended that the rationale for the employment of a particular potency, or range of potencies, should be described in the report.

Posology

• Oral doses are recommended.

❖ If any other route of administration is used, the rationale for such should be provided.
Dose
• The timeline for the repetition of doses shall be established prior to the initiation of the proving. These should include:
  • Frequency of dosing
  • Maximum number of doses
  • Criteria for stopping the dosing (non-repetition)
  • It is recommended that doses are repeated until symptoms appear.
  • There should be no repetition of dosing if proving symptoms appear.
  • It is further recommended that dosing should not be repeated when symptoms have disappeared.
  • The rules for stopping should also be defined for those cases in which no symptoms appear.
Adverse events
• Provings using test substances according to the guidelines provided in 'Potencies to be used', above, are considered to be safe.
• In the case of an adverse event (AE), the HPCUS guidelines are to be followed.
  This reporting system is informed by generally accepted regulations for the handling of AE's.
• The Principal Investigator decides which AE are to be included as a proving symptom. It is recommended that the reasons for the inclusion or exclusion of these should be documented and described in the proving report.
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Duration of the proving
• The following phases with duration are recommended:
  • Pre-observation phase: the prover is recommended to journal daily for one week (7 days) immediately preceding the first dose.
  • Observation phase: the prover is recommended to journal and be observed until the disappearance of the last new symptom
  • Post-proving phase: the prover is recommended to journal and be monitored for an additional 2 weeks after the disappearance of the last new symptom, or a minimum of 6 weeks after the first dose.
  • Exit interview: an exit interview if to be conducted 3 months after the first
dose.

Pre-observation
• It is required to include a Pre-observation period for the following reasons:
  ◆ to establish rapport between the prover and the supervisor.
  ◆ to ensure that the prover understands all proving requirement and procedures (including accurate and detailed journaling) and to check for prover compliance.
  ◆ to establish a baseline of existing symptoms for validation of experimental symptoms.

Control group
• The inclusion of a control group is recommended. If this is not an element of the design of the proving, the blinding for name and potency employed should be rigorous.
• The term 'blank' is recommended for 'look-alike' doses employed in the control group within provings, the purpose of which is to induce a more focused awareness in all provers. This purpose is fundamentally different to the use of 'look-alike' doses in experimental controls to eliminate matching symptoms that might occur in both verum and placebo groups. The term 'placebo' is appropriate to the latter purpose, while 'blank' is appropriate to the former.
• The use of blanks is recommended. If this is not an element of the design of the proving this should be explained in the report.
• When blanks are used, it is recommended that 10%, or a minimum of 2 volunteers are assigned to the control group.
• Reporting and analysis of the verum symptoms and the 'blank' symptoms are presented separately in the proving report.
• Verum symptoms that have been excluded because they match a symptom in the control group, should be clearly indicated.
  ◆ The Principal Investigator, all supervisors, and all volunteers are required to be blind to the assignment of blanks.

Blanks
◆ Where the use of blanks is part of the proving design, these should be indistinguishable in all respects from the verum.
◆ All operations performed in the preparation of blanks, particularly in respect to use of the same solvent as verum and/or whether such was subjected to serial dilution and/or succession, are required to be accurately described.
◆ A description of the rationale for the use of blanks is recommended. Where blanks are used as a means of eliminating matching verum symptoms, the criteria for exclusion should be defined in advance.
◆ It is required that the randomisation and allocation procedures are accurately described.

Blinding
• Different levels of blinding are to be maintained.
• Blinding for the name of the remedy is ideally recommended to be maintained until the analysis of the symptoms has been finalised. Minimally blinded for name is recommended to be maintained until the last exit interview has been completed.
• Blinding for allocation to blank or verum is recommended to be maintained until closure of the observation phase and all diaries have been handed in.
• Blinding for the level of the potency or potencies, when more than one potency is used, is recommended to be maintained until after finalisation of the analysis.

Volunteers
• The recruitment of volunteers is required to be accurately described:
• It is recommended that not only homoeopathically literate volunteers be recruited.
• No volunteer should be coerced into participating in a proving.
• The criteria for the inclusion and exclusion of volunteers must be defined before the initiation of a proving.
• The following requirements are only valid inasmuch as confidentiality is able to be maintained.
• Inclusion criteria:
The inclusion criteria are recommended to be formulated so as to:
• reasonably estimate the prognosis of well-being and observational skills of the volunteer, and their ability and likelihood to comply with the proving plan.
• ensure that volunteers are capable of providing accurate information while recording their subjective symptoms.

• Exclusion criteria:
  ❖ It is required to exclude volunteers who are not healthy, or who present possible confounding factors to the proving, and who may not be in a position to report / record symptoms accurately. These criteria would, therefore be required to exclude mentally incompetent volunteers, pregnant volunteers, volunteers with serious emotional disorders, volunteers who plan medical / dental treatment during the test period, those under current homoeopathic treatment (30 days), and volunteers anticipating a change in lifestyle habits which is likely to alter results.
  • It is recommended that volunteers <18 years and >75 years be excluded.

• Prover demographics
  ❖ It is required to include both male and female provers and to document demographic characteristics, which would include details of ethnicity and location, and homoeopathic literacy.

• Initial interview:
  ❖ It is required that a face-to-face interview, that includes age, gender, past medical history, medications, allergies, current conditions, prior symptoms that required treatment, clinically important symptoms occurring in the past 3 months, is conducted on all volunteers.
  • A full homoeopathic history and physical examination with the development of the homoeopathic picture as baseline is recommended.

• Journaling and Symptoms:
  ❖ It is required that volunteers receive instruction on how to record symptoms and report on their general well-being, and the format and frequency of contact with their supervisor.
  ❖ It is further required that a coded list of volunteers, that enables the direct linking of each symptom to a specific volunteer is compiled and provided in the report.

• Exit interview
  ❖ It is required that an exit interview, to ensure the return of the prover to their
former healthy state and to check each symptom for accuracy, is conducted on every prover, prior to closure. Such exit interview is recommended to be conducted in person.

Optimal number of provers
• A minimum of 10 verum provers at closure of the observation phase is recommended.
• An experimental group of more than 20 verum provers is not recommended, as this would reflect a negative burden/benefit ratio.
• Notwithstanding the above recommendation, it is recognised that a proving employing fewer than 10 verum provers may contribute significantly to clinical practice.
• The expertise of the Principal Investigator, supervisors and volunteers will affect the optimal number of provers in a particular circumstance.

Informed consent
◆ It is required that all participants complete and sign informed consent forms (ICFs). Such ICF is mandatorily to include clear statements of the purpose and expected effort/burden of the proving, and the right to withdraw at any point without prejudice or consequence.
◆ It is further required that the confidentiality of provers is protected. The Principal Investigator is ultimately responsible for the protection of prover privacy.
• It is recommended that an independent and informed adviser should be available to volunteers before the signing of informed consent
• It is recommended that insurance be provided to all volunteers
• Submission of a proving protocol for approval by an ethical review board is recommended

Symptoms: Recording, analysis
◆ Both subjective and objective data are required to be included.
• Where objective data are recorded, the relationship of the observer of such objective data should be recorded.
• In transcription of the subjective journal record, the expression of the individual prover should be preserved as accurately as possible (i.e. verbatim).
❖ Each symptom is required to be traceable to a specific volunteer.
❖ Within the journal record, all physical, mental and emotional symptoms, with an indication of the day of occurrence are required to be recorded.
❖ Symptom parameters that define the nature of the time relationship of a proving symptom to an earlier occurrence of the symptom, viz. new, recent, existing, old, altered, or cured are required to be defined before initiation of a proving. All existing symptoms prior to administration of the first dose and recurrences of recent symptoms should be excluded. An existent symptom is present when the observation phase started, a recent symptom was absent when the observation started, but was present within a predefined relatively short time before the observation phase, e.g. 1 year is recommended.
❖ Symptom qualities:
❖ It is required that provers will be encourage to record complete symptoms, which include location, time of occurrence, duration, frequency or periodicity, relation to other symptoms, modalities related to amelioration/aggravation, and identifiable potential aetiological factors
❖ Other symptom qualities: It is required to determine whether a presumed proving symptom arises from factors outside of the proving or the administration of the test substance:
❖ accident
❖ intercurrent acute disease
❖ symptoms due to other changes in circumstances, e.g. in the workplace or within the family.
❖ Where the intensity of a symptom is recorded, it is recommended that this should be according to a predefined scale.
❖ It is required that all corrections and editorial changes be logged with recording of the editor, date and time.
❖ It is required that all symptoms of provers are included in the proving report.
❖ If a prover is excluded, for any reason, all symptoms recorded by that prover prior to the exclusion should be considered for analysis.
❖ Existing and recent symptoms should be excluded.
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• All differences in text between the original recording and later editing should be logged.
• After final editing by the prover, the text is recommended to be locked. Subsequent editing for purposes of improved reading, provided such editing does not result in a change of meaning, is allowed and is also recommended to be logged.
❖ Where these are used, the reasons for the recording and interpretation of biomarkers should be defined prior to the start of a proving.
• The use of questionnaires to detect predefined symptoms is not recommended.
• The choice of recording in handwriting or typing is recommended to be left to the volunteer.
❖ Each volunteer is required to be assigned a code, so as to ensure continuity of data and the ability to track each symptom recorded by an individual volunteer, as well as their assignment of a specific potency or blank.
Supervisor’s tasks
❖ The supervisor is required to be responsible for monitoring the safety and well-being, compliance, and self-observational ability of the prover.
❖ He/she is required, also, to decide on the stoppage and/or further repetition of the dose.
❖ He/she is further required to support the observation and recording of symptoms.
❖ It is required that the supervisor ensure twice-a-day contact with each volunteer until the day after their last dose. Daily contact until symptoms abate and less frequent contact are sufficient thereafter.
Withdrawal criteria for volunteers
❖ It is required to withdraw volunteers when the well-being, compliance or self-observational ability of the prover is compromised.
• Therapeutic interventions, whether or not related to the remedy, may be grounds for withdrawal, depending on an estimation of their impact on the symptoms.
• Likewise, large excesses in lifestyle, e.g. getting unusually drunk, that may
negatively impact on the symptoms may serve as grounds for withdrawal.

Reporting
• In this version no detailed guidelines for the compilation of a proving report are defined.
• It is recommended that the Consort guidelines, extended with RedHot additional guidelines be followed.
• It is recommended that detailed references for any reviewed information (cases, previous provings, toxicology) be provided.

❖ Not withstanding the above recommendations, it is required that a proving report should include the following additional information:
• a list of missed appointments, or record of doubt about proper self-observation.

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• the day number and time of the day of each dose.
• a record of any concomitant interventions.
• a list of cured symptoms and/or a list of persisting symptoms.
• a list of reported adverse events.
• a tabulation of the reason(s) for the withdrawal of volunteer(s)
• It is recommended that the proving be translated to a reportorial format and that such repertory be included in the proving report, and subsequently submitted to repertory publishers.

Analysis
❖ It is required that the results of a proving be presented in a standard and accessible format – i.e. conventional head-to-toe format with grouping of all modalities; concomitants; causalities, etc.
• It is recommended that the following analytical features be included to facilitate appreciation of the unique features of the proving:
• grouping of symptoms by intensity
• extraction of generalities, based on repeating patterns (modalities, sensations, alternations, concomitants and causations or triggering factors) across several local and particular symptoms
• a tentative compilation of characteristic symptoms, based upon the Principal Investigator’s subjective evaluation of the proving data. While it is
acknowledged that there is currently no established, objective or reproducible method of establishing characteristic symptoms in a new proving, where such insights are possible, it is recommended to be included in the publication of a proving.

• descriptive statistics

Qualifications of Principal Investigator and supervisors

• The Principal Investigator and supervisors are required to have sufficient experience in homoeopathic practice to be able to:
  a. look after the well-being of the volunteer
  b. judge symptoms if they can be considered complete, and recognise if a symptom is strange, rare and peculiar.

• A Principal Investigator should have at least 5 years of experience in homoeopathic practice, and have participated, if possible, as a volunteer in at least one proving and as supervisor in another proving.

◆ It is required of the Principal Investigator, and recommended for all supervisors, that a formal ethics course should have been completed. (e.g. NIH online course, 4 hours).

• A supervisor should have at least 5 years of experience in homoeopathic practice, and participated, if possible, as volunteer in at least one proving. In those cases in which a proving is conducted within the context of the education of homoeopathic students, a lesser criterion is allowed, if this is described in the report

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Terms, definitions and abbreviations

Allocation - The procedure of assigning a certain numbered vial to a particular prover.

Blank - A look-alike vehiculum, which is identical in all observable respects (including taste) to the medicated vehiculum.

ECH - European Committee for Homoeopathy. See www.homeopathyeurope.org

FSD - First Safe Dilution: The minimal molecular dilution that is considered safe

HPCUS - Homoeopathic Pharmacopoeial Convention of the United States. See www.hpus.com

HPUS – Homoeopathic Pharmacopoeia of the United States. See www.hpus.com
Informed consent – A written and signed statement that the volunteer has received and understood all relevant proving information, including the aim, purpose, benefits, risks of the project and the right to withdraw without prejudice or any other consequence. The researcher should be convinced that this is correct.

LMHI - Liga Medicorum Homoeopathica Internationalis. See www.lmhi.org

Principal Investigator (P.I.) - The researcher who assumes ultimate responsibility for all aspects of the proving.

Placebo – An inert look-alike vehiculum, used as a control for purposes of eliminating symptoms that match a symptom produced in the verum group

Randomisation - The procedure of randomly assigning a verum potency or a blank to a specific numbered vial.

Proving Guidelines LMHI and ECH, version 1, 2014

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Bibliography


5. ECH Homoeopathic drug proving guidelines (1rst edition). Brussels: European Committee for Homoeopathy ECH; 2004


8. HPCUS Proving Guidelines. 2013
14. World Medical Association 2013. WMA Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Subjects
Proving Guidelines LMHI and ECH, version 1, 2014

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Appendix I: Adverse event form [example]
Prover code:
Sex: M / F
DOB:
Code and nature of IMP unblinded by (name) on (date):
Potency / Blank / Placebo
Description of complaint or problem:
Date, duration:
Time since last dose:
Nature of event: Intercurrent disease / Accident / Serious adverse event
Description:
Intensity:
Diagnostic and therapeutic actions:
Hospitalisation: Y / N
Outcome: Full recovery / Not yet recovered / Unknown / Other
Name and phone number of treating doctor
Principal investigator informed on date and time:
Other relevant information:
This form is completed by: (name)
Proving Guidelines LMHI and ECH, version 1, 2014

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Appendix II: Document history

<table>
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<th>Draft version</th>
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<td>2</td>
<td>16-1-2014</td>
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<td>9b</td>
<td>20-6-2014</td>
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APPENDIX B: Letter from KwaZulu-Natal Sharks Board

11 May 2015

To: [Recipient's Name]

Re: Attaching of tissue sample from the KZN Sharks Board

The following M.Tech Thoa students [Name of students] will be assisted by the KZNSh in their M.Tech research and will be given one tissue from a sample of species Caretta caretta from our fishery for use in their research. Please be advised that the initial request of control tissue sample is null and void.

[Signature]

[Name]

Head of Research

[Name]

Junior Scientist Involved

[Name]

[Name]

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## APPENDIX C: Research Quote

![DUT Logo]

**P.O. Box 1334, Durban, 4000**

**RESEARCH QUOTE**

**DATE:** 12/06/2014  
**NAME OF STUDENT:** Nolwazi Ntabo and Ismaeel Khan

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<td>10</td>
<td>5 - 17</td>
<td>51 - 70</td>
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<td>5ml Bottles</td>
<td>20</td>
<td>3 - 00</td>
<td>60 - 00</td>
</tr>
<tr>
<td>Lactose</td>
<td>305g</td>
<td>R40/100g</td>
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<tr>
<td>Lactose Powders</td>
<td>2.10</td>
<td>4 - 00</td>
<td>8.40 - 00</td>
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<tr>
<td>No. 10 sticks</td>
<td>3</td>
<td>4 - 00</td>
<td>12 - 00</td>
</tr>
<tr>
<td>25ml Granules</td>
<td>2</td>
<td>25 - 00</td>
<td>50 - 00</td>
</tr>
</tbody>
</table>

**TOTAL AMOUNT DUE**  
R1018 - 70

*Quotation for the items must be obtained from the technician or research budget.*

*Goods will be dispensed and invoiced on budget and ethics approval.*

Ref: Research Quote

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APPENDIX D: Methods of Preparation


Methods of Preparation

[German Homoeopathic Pharmacopoeia (Benyunes, 2005: 36-39)]

i) Method 6: Triturations
Preparations made according to method 6 are triturations of solid basic drug materials with lactose as the vehicle unless otherwise prescribed. Triturations up to and including the 4th dilution are triturated by hand [or machine] in a ratio of [1 to 10 decimal dilution or] 1 to 100 (centesimal dilution). Unless otherwise stated, the basic drug materials are reduced to the particle size given in the Monograph (Mesh aperture). Quantities of more than 1000g are triturated by mechanical means.

The duration and intensity of trituration should be such that the resulting particle size of the basic drug materials in the 1st [decimal or] centesimal dilution is below 10µg at 80 percent level; no drug particle should be more than 50µg.
Triturations up to and including the 4th [decimal or] centesimal are produced at the same duration and intensity of trituration.

Trituration by hand:
Divide the vehicle [lactose 19.800g] into 3 parts and triturate the first part [6.600g] for a short period in a porcelain mortar. Add the basic drug material [0.200g] and triturate for 6 minutes, scrape down for 4 minutes with a porcelain spatula, triturate for a further 6 minutes, scrape down again for 4 minutes, add
the second part [6.600g] of the vehicle and continue ad above. Finally add the third part [6.600g] and proceed as before. The minimum time required for the whole process will thus be 1 hour. The same method is followed for subsequent dilutions.

[For triturations above the 4x or 4c dilute 1 part of the dilution with 9 parts of lactose or 99 parts of lactose as follows: in a mortar, combine one third of the required amount of lactose until homogeneous. Add the second third of the lactose, mix until homogenous, and repeat for the last third.]

**ii) Method 8a: Liquid preparations made from triturations**

Preparations made by Method 8a are liquid preparations produced from triturations made by Method 6.

[To produce a 6x liquid dilution, 1 part of the 4x trituration is dissolved in 9 parts of water and succussed. 1 part of this dilution is combined with 9 parts of ethanol 30 percent to produce the 6x liquid dilution by succession. In the same way, the 7x liquid dilution is made from the 5x trituration, and the 8x liquid dilution from the 6x trituration. From the 9x upwards, liquid decimal dilutions are made from the previous decimal dilution with ethanol 43 percent in a ratio of 1 to 10.]

To produce a 6c liquid dilution, 1 part of the 4c trituration is dissolved in 99 parts of water and succussed. 1 part of this dilution is combined with 99 parts of ethanol 30 percent to produce the 6c liquid dilution by succession. [In the same way, the 7c liquid dilution is made from the 5c trituration, and the 8c liquid dilution from the 6c trituration.] From the 9c upwards, liquid centesimal dilutions are made from the previous centesimal dilution with ethanol 43 percent in a ratio of 1 to 100.

[The 6x, 7x, 6c, 7c liquid dilutions produced from the above method must not be used to produce further liquid dilutions.]

**Modified Method 8a:**

To produce a 4CH liquid dilution, 1 part [0.200g] of the 3c trituration is dissolved in 49 parts [9.800g] of water and dissolved. To this is added 50 parts [10.000g] of ethanol 60% percent. This mixture is succussed to
produce the 4c liquid dilution. 1 part of this dilution \([30\mu l]\) is combined with
99 parts of ethanol 96 percent \([2.970ml]\) to produce the 5CH liquid dilution
by succession. From the 6CH upwards, liquid centesimal dilutions are
made from the previous centesimal dilution with ethanol 96 percent in a
ratio of 1 to 99.

a) [italics] indicates portions of the methods which are not applicable to the
preparation of Carcharhinus leucas 30CH.
b) [bold italics] indicates specific detail applicable to the preparation of
Carcharhinus leucas 30CH.
Gatekeeper permission letter

To Dr. Korporaal- Chiropractic department

I am writing to seek permission to utilise the Homoeopathic Day Clinic for consultation with participants and the Homoeopharmaceutics facilities to prepare and conduct a Homoeopathic proving of *Carcharhinus leucas* 30CH.

This research is being conducted by Nalini Naidoo and Ismaeel F. Khan, from Durban University of Technology as part of a Master's degree in Homoeopathy. I require gatekeeper permission from those in charge in order to recruit participants at DUT and the greater KZN community.

The aim of this study is to elucidate the symptoms produced in healthy provers in response to *Carcharhinus leucas* 30CH. The overall goal of this study is to obtain the materia medica of the substance so that it may be prescribed according to the Law of Similars. The proving will take the form of a double blind, placebo controlled trial carried out on 30 healthy, consenting participants whom will be randomly divided into two groups, 6 will be assigned to the placebo group and 24 to the experimental group. The 2 researchers, Naidoo and Khan will each be responsible for their own placebo and verum group (i.e. 15 provers each); the two students will also manage and share the clinical trial processes and data. However each student has differing objectives which each supervisor will manage. The research will be conducted for a minimum period of 8 months and the premises will be required for an initial consult and follow up.

Thank you for this opportunity.

I await a positive response.

I [Name]: ____________________________________________ as

[Role Title]: __________________________ of [Site Name]: ____________________________, having been fully informed as to the nature of the research to be conducted, hereby give my permission for the study to be conducted.

Signature: ________________________________ Date:

________________________________________

Researchers: Nalini Naidoo and Ismaeel F. Khan
Gatekeeper permission letter

To Dr Nienaber- Homoeopathic Clinic Director

I am writing to seek permission to utilise the Homoeopathic Day Clinic for consultation with participants and the Homoeopharmaceutics facilities to prepare and conduct a Homoeopathic proving of *Carcharhinus leucas* 30CH.

This research is being conducted by Nalini Naidoo and Ismaeel F. Khan, from Durban University of Technology as part of a Master's degree in Homoeopathy. I require gatekeeper permission from those in charge in order to recruit participants at DUT and the greater KZN community.

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Thank you for this opportunity.

I await a positive response.

I [Name]: __________________________________________________________ as

[Role Title]: ____________________________ of [Site Name]:
______________________________________, having been fully informed as to the nature of the research to be conducted, hereby give my permission for the study to be conducted.

Signature: _______________________________ Date:
______________________________________

Researchers: Nalini Naidoo and Ismaeel F. Khan
Gatekeeper permission letter

To Professor S. Moyo- Post Graduate Research Office

I am writing to seek permission to utilise the Homoeopathic Day Clinic for consultation with participants and the Homoeopharmaceutics facilities to prepare and conduct a Homoeopathic proving of *Carcharhinus leucas* 30CH.

This research is being conducted by Nalini Naidoo and Ismaeel F. Khan, from Durban University of Technology as part of a Master's degree in Homoeopathy. I require gatekeeper permission from those in charge in order to recruit participants at DUT and the greater KZN community.

The aim of this study is to elucidate the symptoms produced in healthy provers in response to *Carcharhinus leucas* 30CH. The overall goal of this study is to obtain the materia medica of the substance so that it may be prescribed according to the Law of Similars. The proving will take the form of a double blind, placebo controlled trial carried out on 30 healthy, consenting participants whom will be randomly divided into two groups, 6 will be assigned to the placebo group and 24 to the experimental group. The 2 researchers, Naidoo and Khan will each be responsible for their own placebo and verum group (i.e. 15 provers each); the two students will also manage and share the clinical trial processes and data. However each student has differing objectives which each supervisor will manage. The research will be conducted for a minimum period of 8 months and the premises will be required for an initial consult and follow up.

Thank you for this opportunity.

I await a positive response.

I [Name]: __________________________________________________________ as

[Role Title]: ______________________ of [Site Name]: ______________________, having been fully informed as to the nature of the research to be conducted, hereby give my permission for the study to be conducted.

Signature: ______________________________________________________ Date:

________________________

Researchers: Nalini Naidoo and Ismaeel F. Khan
Would you like to participate in homoeopathic research?

By being a part of a discovery of a new medicine, you will be able to add to the medical field and benefit future generations!

Learn about the amazing workings of homoeopathy and at the same time, discover new things about yourself...

If you are between the ages of 18 and 75 years old and in a general good state of health, don’t hesitate...

Contact:

Nalini Naidoo- 082 663 2465

Ismaeel F. Khan- 078 054 227
APPENDIX I: Preliminary Letter of Information

PRELIMINARY LETTER OF INFORMATION

Title of the Research Study: A homoeopathic drug proving of *Carcharhinus leucas* 30CH with subsequent comparison to *Galeocerdo cuvier hepar*.

Principal Investigator/s/researcher: Nalini Naidoo

Co-Investigator/s: Ismaeel F. Khan

Supervisor/s: Dr. M Maharaj (M. Tech: Homoeopathy)

Brief Introduction and Purpose of the study:
A homoeopathic drug proving is a study in which people who are in a relatively good state of health, take a homoeopathically prepared substance in order to observe and record any symptoms they may experience. These symptoms are then said to form the drug picture for that substance and can be used as basis for prescription according to the Law of Similars, when a patient displays a similar symptom picture. Provings are vitally important to homoeopathy as they represent the only truly accurate manner in which to ascertain the action of the homoeopathic drugs and allow on to gain a practical and experimental understanding of homoeopathic medicines.

Outline of the procedures:
1. Once you have read and understood this information letter fully and had the opportunity to ask questions you will be asked to sign a preliminary consent form which allows the researcher to take you through the preliminary stage of this research.
2. After signing the preliminary consent form the researcher will determine if you meet the required criteria for this study, this will take place in the form of a set of questions about your lifestyle and medical history.
3. If you meet the required criteria in order to participate the next process can begin.
4. The researcher will then conduct a homoeopathic case history; this is a detailed interview where the researcher asks detailed questions about your health.

5. The researcher will then conduct a general physical examination and measure things like blood pressure, pulse, height, weight, etc.

6. The researcher will also request a urine sample from all potential female provers – this is so that a routine pregnancy test can be conducted on this urine sample. The urine sample test will be done at the end of the physical examination and the researcher will give you feedback immediately thereafter.

7. After all of the above are conducted (which should take about 1 hour to perform) the researcher will provide feedback on their finding and then if all the necessary criteria are met you will be invited to attend a prover training workshop where all provers will be trained on how to conduct a proving.

At any stage in the preliminary process you are free to change your mind and withdraw without having to provide any reason for doing so. All of the above will be conducted at the homoeopathic Day Clinic at Durban University of Technology.

**Risk or Discomforts to the Participant:** There is no risk to participation or risk of discomfort in this preliminary stage of the proving; no medicine is tested at this stage. Prospective provers are only being screened for suitability for the main part of the proving.

**Benefits:**

Although there is no direct benefit to participating in this preliminary stage of the proving; you will receive a comprehensive assessment of your health status which may be of indirect benefit to you, there will be no charge for this assessment and there will be no remuneration for your participation – you are requested to volunteer your time accordingly.

**Reason/s why the Participant May Be Withdrawn from the Study:**

Participation in this study is purely voluntary and provers can withdraw themselves at any time should they wish to do so. Participants will however be excluded if they do not meet the inclusion criteria, in addition should participants fall ill or require orthodox or other medication during the study they may be excluded by the researchers.
Remuneration:
Participants will not be remunerated for participation in this proving.

Costs of the Study:
There will be no costs to the participants for partaking in this research.

Confidentiality:
All of the above will be conducted in private; and all information is kept strictly confidential, only the researchers will have access to the information and at no stage will your name be mentioned in the research process. Only the researcher will be present during your physical examination.

Research-related Injury:
Participation in this preliminary stage of the proving is highly unlikely to result in any injury, since the preliminary stage of the proving is merely a screening process, however all provers are covered by an insurance policy in the event that they incur any injury or harm.

Persons to Contact in the Event of Any Problems or Queries:
If you have any queries or concerns during the duration of this proving you may please contact the following individuals:

- Researcher: Nalini Naidoo (082 663 2465)
- Researcher: Ismaeel Khan (078 054 2278)
- Supervisor: Dr. M. Maharaj (082 921 6149)
- The institutional Research Ethics Administrator (031 373 2900)
  Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac.za.

This appendix has been taken from: Ross, A.H.A. 2011. An Appraisal of Homoeopathic Proving Methodology as a Bridge between the Indigenous and Rationalist-Scientific Understandings of Medicinal Plants: The Case of *Strychnos henningsii*. M. Tech. Homoeopathic. Dissertation, Durban University of Technology
APPENDIX J: Preliminary Consent

PRELIMINARY CONSENT

Statement of Agreement to Participate in the research Study:

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

____________________   __________   __________
Full Name of Participant   Date   Time   Signature   /
Right
Thumbprint

I, ________________ (name of researcher) herewith confirm that the above participants have been fully informed about the nature, conduct and risks of the above study.
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<th>Date</th>
<th>Signature</th>
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<th>Signature</th>
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<td></td>
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</tbody>
</table>

Screening for Suitability and Inclusion in the Proving

ALL INFORMATION ON THIS PAGE WILL BE TREATED AS STRICTLY CONFIDENTIAL

Surname: ...........................................................................................................

First Names: ...................................................................................................

Age: .............. Sex: M F Telephone: .........................

Today’s Date: / /

To be completed only after participant has signed the Informed Consent:
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<th>Proving Drug Randomization Number</th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

Informed Consent signed on: (Date)

Date of Birth: .................... Occupation: .........................

Initials: ......................... Ethnicity: ............................

Martial Status

Children: ........................
- Do you consider yourself to be in a general state of good health?
  YES  NO

- If you are between the ages of 18 and 21 years do you have consent from a parent/guardian to participate in this proving?
  YES  NO

- Are you willing to follow the proper procedures for the duration of the proving (including journal keeping, consultations with your proving supervisor)?
  YES  NO

- If you have participated in a previous proving or any conventional clinical trial: Has there been at least a period of 6 weeks since the end of the last trial?
  YES  NO

*This appendix has been adapted from Wright, C. (1999) A homoeopathic Drug Proving of *Bitis arietans arietans.*
Initial Case History & Physical Examination

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

1. Past Medical History:
(Please list previous health problems and their approximate dates : )

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you have a history of any of the following? [Please tick relevant blocks]

Cancer [ ] Asthma [ ]
HIV [ ] Pneumonia/ Chronic bronchitis [ ]
Parasitic infections [ ] Tuberculosis [ ]
Glandular fever [ ] Boils/ Suppurative tendency [ ]
Bleeding disorders [ ] Smoking [ ]
Eczema/ Skin conditions [ ] Oedema/ Swelling [ ]
Warts [ ] Haemorrhoids [ ]

Other [ ]

2. Surgical History:
(Please list any past surgical procedures [e.g. tonsils, warts, moles, appendix etc.] and their approximate dates : )

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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3. **Family History:**
Is there a history of any of the following within your family?

(including siblings, parents and grandparents)

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<th>Selection</th>
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<td>Cerebrovascular disease</td>
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<tr>
<td>incl. stroke, transient ischaemic attacks, etc.</td>
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<tr>
<td>Diabetes mellitus</td>
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<tr>
<td>Tuberculosis</td>
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Sleep:
Quantity:

__________________________

______
Quality:
__________________________

______
Position:
__________________________

______

Dreams:
__________________________

__________________________

__________________________

__________________________

Time modalities:

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Weather modalities:

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Perspiration:

__________________________

__________________________

__________________________

__________________________
Appetite:

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<td>&lt;</td>
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Thirst:

Bowel habits:
Respiratory System:

Cardiovascular System:

Gastrointestinal System:

Urinary System:

Genitalia and Sexuality:

Musculoskeletal System:
Extremities:
Upper:

________________________________________

________________________________________

Lower:

________________________________________

________________________________________

8. The Physical Examination:

a) Physical Description

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<th>Frame / Build:</th>
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<th>Complexion:</th>
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<td>Complexion:</td>
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<tr>
<td>Eye colour:</td>
<td>Skin Texture:</td>
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b) Vital Signs

<table>
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<tr>
<td>Pulse rate:</td>
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<tr>
<td>Respiratory rate:</td>
<td>Breaths/min</td>
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<td>Temperature:</td>
<td>°C</td>
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<tr>
<td>Blood Pressure:</td>
<td>mmHg</td>
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c) Findings on Physical Examination [Tick positive blocks]

<table>
<thead>
<tr>
<th>Jaundice</th>
<th>Oedema</th>
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<th>Lymphadenopathy</th>
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<th>Hydration</th>
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Specific System Examinations

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APPENDIX M: Letter of Information

INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IREC)

LETTER OF INFORMATION

Title of the Research Study: A homoeopathic drug proving of *Carcharhinus leucas* 30CH with subsequent comparison to *Galeocerdo cuvier hep 30CH*.

Principal Investigator/s/researcher: Nalini Naidoo (M. Tech: Homoeopathy)

Co-Investigator/s: Ismaeel F.Khan (M. Tech: Homoeopathy)

Supervisor/s: Dr. M Maharaj (M. Tech: Homoeopathy)

Brief Introduction and Purpose of the Study: thank you for agreeing to take part in this proving. We are grateful for your willingness to contribute to the advancement and growth of homoeopathic Science, and are sure that you will derive benefit from the experience. A homoeopathic drug proving is a study in which people who are in a relatively good state of health, take a homoeopathically prepared substance in order to observe and record any symptoms they may experience. These symptoms are then said to form the drug picture for that substance and can be used as basis for prescription, according to the Law of Similars, when a patient displays a similar symptom picture. Provings are vitally important to homoeopathy as they represent the only truly accurate manner in which to ascertain the action of the homoeopathic drugs and allow one to gain a practical and experimental understanding of homoeopathic medicines.
Outline of the Procedures:

Before the proving:

Ensure that you have:

- attended the pre-proving training session
- read and understood these Instructions
- signed the Informed Consent Form
- had a case history taken and a physical examination performed
- an assigned prover number, and corresponding journal

The Principal Investigator or any of the Co-Investigators/supervisors will contact you with the date that you are required to commence the pre-proving observation period, and the date that you are required to start taking the remedy. You will also agree on a daily contact time for the researcher to contact you.

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

Beginning the proving:

After having been contacted by your proving supervisor or the research supervisor and asked to commence the proving, record your symptoms daily in the diary for one week prior to taking the remedy. This will help you to get into the habit of observing and recording your symptoms, as well as bringing you into familiarity with your normal state. This is an important step as it establishes a baseline for you as an individual prover.

Taking the remedy:

The proving drug is a highly diluted homoeopathic medicine originating either from plants, minerals, animals, other chemicals or orthodox medicines.

All the remedies used during this process have been prepared by the proving researchers. The active substance/placebo has been assigned according to randomization whereby 6 participants will receive placebo and the other 24 will receive the active substance.
Begin taking the remedy on the day that you and your supervisor have agreed upon. Record the time that you take each dose. Time keeping is an important element of the proving.

The remedy should be taken on an empty stomach and with a clean mouth. Neither food nor drink should be taken for a half-hour before and after taking the remedy. The remedy should not be taken for more than 3 doses a day for five days. In the event that you experience symptoms, or those around you observe any proving symptoms, do not take any further doses of the remedy. This is very important.

By proving symptoms we mean:

- any new symptom, i.e. ones that you have never experienced before
- any unusual change or intensification of an existing symptom
- any strong return of an old symptom, i.e. a symptom that you have not experienced for more than one year.

If in doubt phone your supervisor. Be on the safe side and do not take further doses. Homoeopathic experience has repeatedly shown that the proving symptoms begin very subtly – often before the prover recognises that the remedy has begun to act.

**Lifestyle during the proving:**

Avoid all antidoting factor such as coffee, camphor and mints. If you normally use these substances, please stop taking them for two weeks before, and for the duration of the proving. Protect the medicine you are proving like any other potentised remedy: store them in a cool, dark place away from strong smelling substances, chemicals, electrical equipment and cellphones.

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

Avoid taking medication of any sort, including antibiotics and any steroid or cortisone preparations, vitamin or mineral supplements, herbal or homoeopathic remedies.
In the event of medical or dental emergency of course common sense should prevail. Contact your doctor, dentist or local hospital as necessary. Please contact your research supervisor or proving supervisor as soon as possible.

**Confidentiality:**
It is important for the quality and the credibility of the proving that you discuss your symptoms only with your supervisor. Keep your symptoms to yourself and do not discuss them with fellow provers.
Your privacy is something that we will protect. Only your supervisor will know your identity and all information will be treated in the strictest confidence.

**Contact with your Supervisor:**
Your proving supervisor or the research supervisor will telephone you to inform you to begin your one week observation period, and then daily from the day that you begin to take the remedy. This will later decrease to 2 or 3 times a week and then to once a week, as soon as you and the supervisor agree that there is no longer a need for such close contact. This will serve to check on your progress, ensure that you are recording the best quality symptoms possible and to judge when you need to cease taking the remedy.

If you encounter any problems during the proving, please do not hesitate to call your supervisor.

**Recording of Symptoms:**
When you commence the proving note down carefully any symptoms that arise, whether they are old or new, and the time of the day or night at which they occurred. **This should be done as vigilantly and frequently as possible so that the details will be fresh in your memory.** Make a note even if nothing happens.

Please start each day on a new page with the date noted at the top of each page. Also note which day of the proving it is. The day that you took the first dose is day zero.
Write neatly on alternate lines, in order to facilitate the extraction process, which is the next stage of the proving. Try to keep the journal with you all times. Please be as precise as possible. Note in an accurate, detailed but brief manner your symptoms in your own words.

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

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

This is easily remembered as:

| C   |  | concomitants  |
|-----|  | location      |
| L   |  | aetiology     |
| A   |  | modality      |
| M   |  | intensity     |
| T   |  | time          |
| S   |  | sensation     |
On a daily basis, you should run through the following checklist to ensure that you have observed and recorded all your symptoms:

- Mind / mood
- Head
- Eyes / vision
- Ears / hearing
- Nose
- Back
- Chest and respiration
- Digestive system
- Extremities
- Urinary organs
- Genitalia
- Sex / menstruation
- Skin
- Temperature
- Sleep
- Dreams
- Generalities

Please give full description of dreams, and in particular note the general feels or impression the dream left you with.

Mental and emotional symptoms are important, and sometimes difficult to describe – please take special care in nothing these.

Reports from friends and relatives can be particularly enlightening. Please include these where possible. At the end of the proving, please make a general summary of proving:
note how the proving affected you in general; how has this experience affected your health? Would you do another proving?
As far as possible try to classify each of your symptoms be making a notion according to the following key in brackets next to each entry:

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

(NS) – New symptom

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

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

(US) – An unusual symptom for you.

If you have any doubts, discuss them with your supervisor.

**Risks or Discomforts to Participant:** you may develop mild, functional symptoms in response to taking the proving substance; due to the very high dilution of the proving medicine though these symptoms are not permanent and disappear when the proving medicine is stopped. While taking part in the proving you will be closely monitored by the researcher and the research supervisor; in the unlikely event that proving symptoms persist upon withdrawal of the proving medicine an antidote will be provided.

**Benefits, costs and remuneration:** Although there is no direct benefit to participating in this proving, you will receive an in depth assessment of your health status which may be of indirect benefit to you, there will be no charge for this assessment. No remuneration will be offered to participants who are requested to partake voluntarily.

**Reason/s why the participant May Be Withdrawn from the proving:** Participation in this proving is purely voluntary and provers can withdraw at any given time. Participant will be excluded if they do not meet the inclusion criteria. If participants fall ill and require allopathic treatment they will also be withdrawn from the study.
Confidentiality: It is important for the quality and the credibility of the proving that you discuss your symptoms only with your supervisor. Keep your symptoms to yourself and do not discuss them with fellow provers. Your privacy is something that we will protect. Only your supervisor will know your identity and all information will be treated in the strictest confidence.

Persons to Contact in the Event of Any Problems or Queries:
Please contact the researchers:
- Researcher: Nalini Naidoo (082 663 2465)
- Researcher: Ismaeel Khan (078 054 2278)
- Supervisor: Dr. M. Maharaj (082 921 6149)
- The institutional Research Ethics Administrator (031 373 2900)
  Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac.za.

General: Participation is purely voluntary and you can withdraw from the study at any given time. A total number of 30 participants will be involved in this proving. If you have any questions or require any information please feel free to contact the researcher or supervisor on the above contact details.

INSTITUTIONAL RESEARCH ETHICS COMMITTEE (IERC)

CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, __________________ (name of researcher), about the nature, conduct, benefits and risks of this study – Research Ethics Clearance Number: ________________.
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.
- I have no objection (personal, religious or other) to the ingestion of the proving drug which may be originally derived from plants, minerals, animals, other chemicals or orthodox medicines.
- I hereby consent to a pregnancy test during the physical examination (all prospective female provers of child bearing age)

_________________   __________   __________________
Full Name of Participant  Date   Time     Signature / Right Thumbprint

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


Department of Health. 2006. South African Good Clinical Practice Guidelines. 2nd Ed. Available at:
http://www.nhrec.org.za/?page_id=14
APPENDIX N: Quotation for consumables
DIABETIC

DIS-CHEM LIFE STYLE
DIS-CHEM COMBI 9 + SG URINE TEST STRIPS
Item Code: 009863000EA

R186.40

OR PAY WITH
Benefit Points 18640
Discovery Miles 1864

PREGNANCY TESTS

DIS-CHEM
DIS-CHEM ONE STEP PREGNANCY TEST
Item Code: 050581000EA

R25.95

OR PAY WITH
Benefit Points 2595
Discovery Miles 250
The inclusion and exclusion criteria below will determine whether any symptomatology should be included or excluded in the proving.

**Inclusion Criteria:**

- An unfamiliar new symptom to the prover (1CCH, 1999: 36)
- Intensification of a usual or present symptoms to a significant degree (1CCH, 1999: 36).
- The modification or alteration of current symptoms using clear description of the present and modified components (1CHH, 1999: 36).
- The appearance of old symptoms that have not been present for at least one year. The time that the old symptoms occurred needs to be noted (1CCH, 1999: 36).
- The disappearance of current symptoms during the proving (1CCH, 1999: 36).
- If there is a repetition of the time of day at which a symptom occurs in one or more provers then only should it be included (1CCH, 1999: 36).
- If doubtful about a symptom then include it in brackets. The symptom could be valid if another prover experiences the same symptom. But it must be included (1CCH, 1999: 36).
- After taking the medication a symptom occurred twice during the homoeopathic drug proving.
- A symptom that was experienced when the proving commenced and which disappeared or has ameliorated significantly after the proving remedy has been administered. This can be classified as a symptom that is cured (Riley, 1997: 227)
- All symptoms presenting in more than one prover (Riley, 1997: 227).
- All the new symptoms can be regarded as proving symptoms if all the provers are under the influence of the remedy in general (Sherr, 2003: 76).
Exclusion Criteria:

Symptoms will be excluded if they have occurred recently ie. one year or less (Sherr, 2003: 76).

The provers usual or present symptoms should be excluded (Sherr, 2003: 76).

If the validity of the symptom is seriously doubtful then it should be excluded.

All information will be collected, edited and collated. The collating procedure involves the combination of all the information that was received from every prover and assembling and structuring it together ‘as if one person’ (Sherr, 2003: 76). The information that is collated will be written in a materia medica and repertory format which will be included in the synthesis repertory. *Carcharhinus leucas 30CH* can be used by homoeopaths locally and internationally in clinical practice.
Follow Up Case History & Physical Examination*

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

Background Personal History:

Allergies:

________________________________________________________________________

Vaccinations:

________________________________________________________________________

Medication (including supplements):

________________________________________________________________________

________________________________________________________________________

Estimation of daily consumption:

Alcohol:

________________________________________________________________________

Cigarettes:

________________________________________________________________________
Generalities:

Energy:
Describe your energy levels on a scale from 1 to 10, where 1 is the lowest and 10 is the highest.

Sleep:
Quantity:
Quality:
Position:

Dreams:
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<th>Nature of bleed:</th>
<th>Duration:</th>
<th>Days</th>
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<td>Meno-</td>
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Post-menstrual:

Pain:

Head-to-toe and Systems Overview:

Head:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Eyes and Vision:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Ears and Hearing:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Nose and Sinuses:

____________________________________________________________________

328
Mouth, Tongue and Teeth:


Throat:


Respiratory System:


Hair and Nails:


Other:


Mental Overview:

Disposition:


Fears:


Relationships:


Social interaction:


330
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<th>Ambition / Regret:</th>
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<th>Hobbies/Interests:</th>
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PROVER CODE:  Random NO:

Consultation Date:   Signature
Investigator/ Supervisor:

FOLLOW UP:

☐ There are no ongoing proving symptoms  Prover back to normal state

☐ There are ongoing symptoms, details / explanation:

Final Consultation Date:   Signature of Investigator/ Supervisor:
APPENDIX Q: Editing certificate

DR RICHARD STEELE
BA, HDE, M Tech(Hom)
HOMEOPATH
Registration No: A07309 HM
Practice No: 080/324
Freelance Academic Editor
Associate Member: Profession Editors' Guild, South Africa

110 Cato Road
Glenwood, Durban 4001
031-201-6508/082-928-6208
Fax 031-201-4989
Postal: P.O. Box 30043, Mayville 4056
Email: rsteele@telkomsa.net

EDITING CERTIFICATE

Re: NALINI NAIDOO
Master’s dissertation: A homeopathic drug proving of *Carcharhinus leucas* 30CH and a subsequent comparison with that of *Galeocerdo cuvier hep 30CH*

I confirm that I have edited this dissertation and the references for clarity, language and layout. I am a freelance editor specializing in proofreading and editing academic documents.

My original tertiary degree which I obtained at the University of Cape Town was a B.A. with English as a major and I went on to complete an H.D.E. (P.G.) Sec. with English as my teaching subject. I obtained a distinction for my M.Tech. dissertation in the Department of Homeopathy at Technikon Natal in 1999 (now the Durban University of Technology).

During my 13 years as a part-time lecturer in the Department of Homeopathy at the Durban University of Technology I supervised numerous Master’s degree dissertations.

Dr Richard Steele
19 August 2019
*electronic*