



**PRESCRIPTION TRENDS OF *SULPHUR* AS AN ANTI-
PSORIC IN A HOMOEOPATHIC COMMUNITY CLINIC IN
ETHEKWINI**

BY

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DECLARATION

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is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources).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

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DEDICATION

I would like to dedicate this dissertation to my mother Lailah Ford for your endless love, support, guidance and sacrifice.

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I would like to thank the following people for their contribution towards the completion of this dissertation and for their support throughout my studies.

First of all my mother, Lailah Ford as well as Rafik Adam for your endless support and encouragement. This journey would not have been possible without you, you have been my pillar of strength and for that I will always be grateful, thank you.

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ABSTRACT

Brief background

In homoeopathy patients are treated miasmatically and this mode of prescribing is especially relevant in the case of chronic diseases. Miasms can be defined as dynamic, chronic disease producing agents. According to Hahnemann they are the fundamental causes of all natural chronic diseases (Kent, 2007).

The Durban University of Technology (DUT) established its first satellite Homoeopathic Community Health Centre; Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC), in 2004. UNHCHC provides a free homoeopathic primary healthcare service on the third floor of the Lifeline building in Warwick Junction, Durban, an area which is classified as being underprivileged. The clinic gives 4th and 5th year homoeopathic students the opportunity to treat patients under the supervision of a qualified homoeopathic practitioner and is funded solely by the Department of Homoeopathy (Smillie, 2010).

Aim of the study

The study aimed to determine the prescription trends of *Sulphur* as an anti-psoric in a homoeopathic community health centre in eThekweni for the period 2015-2016. Data from the study was analysed to determine the number of cases, the demographics and clinical conditions and guiding symptoms which led to the administration of *Sulphur*. The study was further analysed and a comparison of the guiding symptoms to that of *Sulphur* documented in various existing materia medica was conducted. The researcher evaluated the prescriptions in each case against psoric miasm prescribing criteria.

Methodology

A retrospective chart review of patient case files at UNHCHC was conducted for the period 2015-2016. Data was collected from patient files in which *Sulphur* was prescribed in the initial consultation according to a standardised rubric (Appendix A). Relevant information was extracted to document the demographics, clinical diagnosis, homoeopathic guiding symptoms and posology for the initial prescription of *Sulphur*. Each outline of the rubric was analysed collectively against the

prescriptions of *Sulphur*. A thematic analysis was conducted and prescription trends were revealed upon coding of recurring themes for the prescription of *Sulphur*. These were then documented and subsequently compared to the various existing materia medica of *Sulphur*.

A sample size of 80 patient files where *Sulphur* was prescribed in the period 2015-2016 was obtained for this research. All patients signed consent forms prior to the consultation whereby patients gave permission for their information to be used for research purposes (Appendix B). Only initial administration of *Sulphur* was recorded and taken into account to determine prescription trends.

Demographic descriptive statistics were conducted and illustrated using graphical presentations. Themes were drawn based on the data that emerged from the symptoms and rubrics. Prescription trends were documented after themes and prescription patterns were identified. Thereafter, a comparison to the various existing materia medica was conducted by comparing the arising symptomatology upon which the prescription of *Sulphur* was based, with that of the various existing materia medica. A comparison of the prescribing symptoms of *Sulphur* with that of the various existing materia medica, fulfilled the underlying rationale of clinical verification of the homoeopathic prescription of *Sulphur* in a community health Centre setting, where a wide range of clinical conditions are managed. Finally, prescriptions for each case were evaluated against the psoric miasm prescribing criteria.

Results

This research determined that *Sulphur* was prescribed as a first prescription to 80 patients at UNHCHC during 2015-2016. Twenty-five patients (31.3%) were seen in 2015 and 55 patients (68.8%) were seen in 2016. The age range was from 3 years old to 76 years old. The majority of patients (55, 68.8%) were in the age range 21-40 years. Of the 80 patients, 48 (60%) were female and 32 (40%) were male.

The results show that symptoms that emerged during the initial consultations where *Sulphur* was prescribed correspond with the symptoms in the existing materia medica, although some cases revealed symptoms that were not documented in the materia

medica. The data documented was further analysed and evaluated against the psoric miasm prescribing criteria, as per the criteria set out by Choudhury (2015).

The prescription trends of *Sulphur* at UNHCHC indicated that *Sulphur* was prescribed remedy across age, gender and pathology. As an anti-psoric remedy, *Sulphur* was prescribed for, typically, the complaints of psora, such as skin conditions. Thus, the results show that the decision to treat symptoms that correspond with *Sulphur* in the materia medica, may also address the underlying psoric miasm. This further reinforces the role of *Sulphur* as an important anti-psoric remedy.

The documenting of the prescription trends of *Sulphur* as an anti-psoric has assisted in providing formal clinical data demonstrating the utilisation of *Sulphur* in homoeopathic care and in a primary healthcare setting. It has also provided further information on *Sulphur* as an anti-psoric remedy.

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LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
DUT	Durban University of Technology
HAART	Highly active antiretroviral
HIV	Human Immunodeficiency Virus
NNRTI	Non-nucleoside reverse transcriptase inhibitors
NRTI	Nucleoside reverse transcriptase inhibitors
OCD	Obsessive Compulsive Disorder
PI	Protease inhibitors
PMC	Psoric miasm characteristic
UNHCHC	Ukuba Nesibindi Homoeopathic Community Health Centre

DEFINITION OF TERMS

HOMOEOPATHY

Homoeopathy is a system of medicine that was founded by a Dr. Samuel Hahnemann in 1809. It is based on the principles of 'like cures like' (the Law of Similars), 'individualisation', and 'infinitesimal dose' (De Schepper, 2001).

MATERIA MEDICA

This Latin terminology for 'materials of medicine'. Its role is to provide homoeopathic practitioners with a reference that describes the curative indications and therapeutic actions of a homoeopathic remedy (Bloch, 2003).

PROVING

A proving is a method by which homoeopathic substances are tested for their therapeutic effects. The remedy is tested on healthy volunteers and recorded to aid in expanding the materia medica.

POTENCY

An altered state of the crude substance used as a homoeopathic medicine. The potency level is dependent on the potentisation level of the remedy.

POTENTISATION

A homoeopathic process used in the preparation of remedies to increase potency levels. The substance undergoes serial dilution and agitation, by means of trituration and or succussion, in a specified ratio.

REMEDY

A medicinal substance used to treat disease or an injury, produced in accordance with the homoeopathic pharmaceutical process and homoeopathic philosophy.

MIASM

A miasm is an inherited or acquired predisposition that presents in an individual making them susceptible to a pattern of morbidity (Swayne, 2000).

MIASMATIC TREATMENT

A treatment method aimed at treating the miasm that presents in an individual (Swayne, 2000).

SIMILLIMUM

A single remedy which best matches the patient's symptoms in their totality.

VITAL FORCE

The invisible energy or life force present in all living organisms which creates balance, harmony and health.

PRIMARY HEALTH CARE

Basic health care provided to communities whereby patients make an initial approach to the medical practitioners.

DISEASE

Disease is the inability of a system to respond adequately to various environmental stimuli. Psychological, emotional and physical stress all act to destroy homeostasis or the harmonious internal balance. This later results in a failure to produce an appropriate adaptive response, leading to impaired functioning of a system or systems (Nicolai, 2008)

CHAPTER 1: INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

Homoeopathy is a system of medicine that was founded by German physician Dr. Samuel Hahnemann in 1809. It is based on three basic principles: 'like cures like' (the Law of Similars), 'individualisation', and 'infinitesimal dose' (De Schepper, 2001). The Law of Similars means that a medicine capable of producing symptoms when taken by a healthy individual is able to cure the same symptoms in a sick individual (Kamat, 2006).

In a diseased or sick individual the state of equilibrium is deranged; there is an unhealthy state of the mind and body thus affecting normal function. In homoeopathy disease is defined as the total sickness of the individual due to a deranged state of the vital force which manifests through the totality of the symptoms of that sick individual. The degree of severity of the disease varies and can be classified into two categories: acute disease and chronic disease (Ram, 2004).

After many years of research and experimentation Hahnemann concluded that the real cause of chronic disease could be categorised into three miasms: psora, sycosis and syphilis. Psora is the oldest miasm and plays the most vital role. The other two miasms would not exist if not for psora, which remains latent in the body and can obstruct the cure of acute diseases (Ram, 2004). Miasms morbidly influence the vital force, deranging it to a diseased state. Thus, psora produces a psoric state (Kent, 2007).

Each miasm has a corresponding miasmatic nosode remedy and a corresponding anti-psoric remedy that is indicated in the treatment of the miasm. For the psoric miasm the nosode is *Psorinum* and the corresponding anti-psoric remedy is *Sulphur* which is termed the great anti-psoric remedy by Hahnemann.

A nosode is defined as a remedy prepared from an infectious disease product. However, due to it undergoing homoeopharmaceutical processes of potentisation, dilution and vigorous shaking, the nosode loses its infectious properties leaving the energy of the substance available for medicinal purposes (Klein, 2010).

Hahnemann explained through his discovery of miasms that chronic diseases have a deep underlying cause and thus require a deep acting remedy to expel the disease for true healing. Anti-psoric remedies are those remedies which have the potential to eliminate the entire disease of the psoric miasm. This is achieved due to the well selected remedy having a similarity to the entire disease process. In order to cure an individual it is imperative to eradicate the cause of the disease; if the underlying cause is not adequately treated the ailment will be merely suppressed or palliated (Hahnemann, 2008).

Sulphur is an important anti-psoric remedy due to its elective affinity for the skin, where it produces burning and heat accompanied by itching which is worse at night or by becoming heated in bed (Boericke, 2006). When a well selected remedy fails to cure, especially in acute diseases, the administration of *Sulphur* provokes the stimulation of the immune system of the organism thereby potentially eradicating the entire disease process (Vermeulen, 2007).

This study was done to determine the prescription trends of *Sulphur* as an anti-psoric remedy. The documenting of guiding symptoms for the prescription of *Sulphur*, against the various existing materia medica and subsequent thematic analysis will contribute to existing knowledge, by providing formal clinical data that will illustrate the viability of *Sulphur* in homoeopathic care in a primary healthcare setting. It also provides further information on *Sulphur* as an anti-psoric remedy.

1.2 STUDY PROBLEM

The aim of this retrospective, explorative and descriptive study was to determine patient demographic and prescription trends of *Sulphur* as an anti-psoric remedy in a homoeopathic community health centre in eThekweni, namely Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC). The study aimed to determine and compare guiding symptoms and prescription trends for the initial prescription of *Sulphur* at UNHCHC for the periods 2015-2016 to that of the materia medica. Trends at UNHCHC relating to miasmatic prescriptions and *Sulphur* have not been determined or documented previously in a study. Hence, the current study set out to determine and document the prescription trends of *Sulphur* as a remedy and in particular *Sulphur* as an anti-psoric remedy.

UNHCHC has been operational since 2004 and has seen a significant increase in patient numbers. Statistics for the study period alone shows a significant increase in the total number of patients seen at UNHCHC, from 1 128 patient consultations in 2015 to 1 481 patient consultations in 2016. For the year 2015, 632 of the consultations were with new patients and 496 with follow up patients. In 2016 there were 826 new patient consultations and 655 follow up consultations. The literature indicates that there has been little research conducted on the major remedies; this study highlights the importance of one such major remedy, *Sulphur*.

1.3 HYPOTHESIS

It was hypothesised that the prescriptions for *Sulphur* at UNHCHC during the periods 2015-2016 has a relationship to the guiding symptoms for the prescription of *Sulphur* as found in the materia medica.

1.4 AIM OF THE STUDY

The aim of this retrospective and descriptive study was to determine patient demographics and prescription trends of the prescription of *Sulphur* as an anti-psoric, in a homoeopathy community health centre in eThekweni, namely, the Ukuba Nesibindi Homoeopathic Community Health Centre. This study aimed to provide information on the prescription trends of *Sulphur* to demonstrate its importance and relevance. The study reviewed data from the period 2015-2016.

1.5 OBJECTIVES OF THE STUDY

1.5.1 THE FIRST OBJECTIVE

To determine the number of cases where *Sulphur* was prescribed at UNHCHC.

1.5.2 THE SECOND OBJECTIVE

To determine the demographics and clinical conditions for which *Sulphur* was prescribed at UNHCHC.

1.5.3 THE THIRD OBJECTIVE

To determine the guiding symptoms which led to the prescription of *Sulphur* at UNHCHC.

1.5.4 THE FOURTH OBJECTIVE

To conduct a comparison of the guiding symptoms of *Sulphur* to those of various existing materia medica.

1.5.5 THE FIFTH OBJECTIVE

To evaluate the prescription in each case against psoric miasm characteristic criteria.

1.6 THE BENEFITS OF THE STUDY

Providing clinical data on *Sulphur*, which describes its use in certain diseases and certain patient demographics, will help validate the importance of *Sulphur* in homoeopathic practice and in a primary healthcare setting, as well as providing further information on *Sulphur* as an anti-psoric remedy.

The results of this study will contribute to the development of homoeopathic patient care as well as provide educational information on *Sulphur* as a remedy and as an anti-psoric agent.

1.7 DELIMITATIONS

1. Only the patient files from UNHCHC were included in this study.
2. Only new patient files for the period 2015-2016 were included in the study.
3. Patient benefit and response to treatment were not described or measured.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This study aimed to determine prescription trends of Sulphur as an anti-psoric in a homoeopathic community clinic in eThekweni. A thematic clinical analysis was conducted at UNHCHC in eThekweni for the period 2015-2016. Only cases where *Sulphur* was prescribed during an initial consultation were taken into consideration for documentation and analysis.

In 2004 the DUT established its first satellite homoeopathic community clinic, UNHCHC. UNHCHC provides the community with free homoeopathic primary healthcare. The clinic operates on the third floor of the Lifeline building situated in Warwick Junction, Durban, an area classified as being disadvantaged. Patients consult with 5th or 4th year homoeopathic students under the supervision of a qualified homoeopathic practitioner and the clinic is funded solely by the Department of Homoeopathy (Smillie 2010; Dube 2015; Watson 2015).

This study aims to provide information on prescription trends for *Sulphur* to validate its importance and relevance. By providing clinical data may assist in describing the viability of *Sulphur* in homoeopathic care and in primary healthcare settings as well as provide further information on *Sulphur* as an anti-psoric.

2.2 HISTORY OF HOMOEOPATHY

Homoeopathy was founded by Dr. Samuel Hahnemann. It is based on 'like cures like' (the Law of Similars), 'individualisation', and 'infinitesimal dose' (De Schepper, 2001). The Law of Similars means that a medicine capable of producing symptoms when taken by a healthy individual is able to cure the same symptoms in a sick individual (Kamat, 2006).

Homoeopathy is a holistic form of treatment which cures the organism as a whole (mental, physical and emotional) through the administration of a remedy to the sick individual. The patient's symptom totality, meaning symptoms derived from all three

planes (mental, emotional and physical), are taken into consideration in order to achieve a true cure (Vithoulkas, 2004).

Homoeopathic medicines are derived from crude substances. These crude substances are energised through the homoeopharmaceutical processes of trituration, dilution, and succussion. Diluted substances' therapeutic powers are intensified and diluted to such a degree that no physical properties remain, resulting in an energy-based medicine with minimal negative effects. A single remedy is prescribed and if the correct simillimum (the remedy most likely to restore health) is administered to the patient it should bring about a curative reaction in the body (De Schepper, 2001).

Every individual possesses a defence mechanism. This defence mechanism constantly manages internal stimuli as well as external environmental stimuli in order to maintain a state of homoeostasis. Homoeostasis is defined as a state of equilibrium within an individual; its impairment leads to imbalance and eventually death (Vithoulkas, 2004). When an individual is healthy, homoeostasis is achieved, meaning that there is harmony between mind and body and they are able to protect themselves against forces which tend to impair a diseased individual (Ram, 2004).

Initially when Hahnemann began employing drugs for the treatment of diseases he found that ordinary doses were too powerful and caused great aggravation of symptoms before curing the individual. He was dissatisfied with this, so he began reducing the doses through dilution until he achieved a curative effect without aggravations. To intensify diluted substances' therapeutic powers and produce an energy-based medicine, the substance needs to undergo potentisation, i.e. trituration, dilution and succussion. This process results in what is termed an 'infinitesimal dose', and is used to manufacture homoeopathic remedies worldwide (Clarke, 2002).

Homoeopathic remedies have no side effects but may cause aggravations. Aggravations are a slight intensification of the patient's symptoms after administration of a remedy. This is an indication that the remedy prescribed is working; an aggravation in most cases is followed by a cure (De Schepper, 2001).

Homoeopathic remedies are effective in treating acute and chronic diseases. Homoeopathic medications are derived from the zoological, botanical and the mineral kingdoms. The crude substance undergoes homoeopathic processes erasing the physical properties of the substance leaving the essence or energy of the substance, thus homoeopathy is referred to as energy-based. The remedies are safe to administer by trained personnel and are very cost effective (Chappell, 2005).

2.3 HOMOEOPATHIC PROVINGS

Provings form the fundamental basis upon which homoeopathy is built, and were utilised in 1790 by Samuel Hahnemann when he conducted the first proving using *Cinchona officinalis* (Peruvian bark). In a homoeopathic proving, a substance is given to healthy volunteers and symptoms produced serve as the therapeutic indications for the substance (Walach *et al.*, 2004).

Hahnemann developed set guidelines for conducting provings which are thoroughly explained in aphorisms 105-114 in his book The Organon. This book is regarded as the primary source of the guiding principles of homoeopathy, its laws and principles (De Schepper, 2001).

Homoeopathic provings are conducted by administering single substances in minute doses to ascertain their therapeutic effect through symptoms manifested in voluntary provers. Homoeopathy emphasises provings using healthy voluntary participants who are fully aware and who are capable of describing symptoms clearly, as symptoms produced are particularly being produced on the emotional and mental level (Vithoulkas, 2004).

Homoeopathic drug provings are essential in the advancement of the profession and they are the only way to expand the therapeutic armamentarium. According to Vithoulkas the purpose of conducting a proving is to record the totality of morbid symptoms produced by the substance administered to a healthy voluntary participant. Recordings from a proving then lead to indications for prescription of the curative remedy in sick individuals (Vithoulkas, 2004).

2.4 THE HOMOEOPATHIC MATERIA MEDICA

Hahnemann, a German physician born on April 10, 1755, was a versatile genius. He completed his doctorate in medicine at the age of 24 years at Erlangen University. He had vast knowledge on various subjects such as mineralogy, botony, pharmacology, pharmacy as well as being proficient in Greek, Latin, Hebrew, French and Arabic (Ram, 2004).

In the year 1790, while translating the book A Treatise on Materia Medica, written by William Cullen a Scottish physician, Hahnemann came across Cullen's description of *Cinchona officinalis* (Peruvian bark) as having the medicinal properties to cure malaria. Hahnemann wanted to know exactly how *Cinchona officinalis* could cure malaria and this prompted him to experiment with *Cinchona officinalis*. This led him to the discovery of the Law of Similars when he presented with all the symptoms of malaria after testing the substance on himself. He continued to experiment further on his family and friends thus concluding that 'like cures like', deriving the Law of Similars. This experiment known as a proving led to the first step in the compilation of the materia medica (Lilley, 2008).

Encouraged by his experiment with *Cinchona officinalis*, Hahnemann started experimenting with other drugs and the results were beyond his expectations as symptoms produced by the substances he experimented with were quite similar to those symptoms produced in sick individuals. Healthy individuals produced not only similar symptoms but many other characteristic symptoms making it possible to use these remedies for various other types of ailments. Through his experiments and discoveries he developed a new materia medica based on the totality of symptoms caused by various substances in healthy individuals. His work became known to the world via his books Materia Medica Pura and The Chronic Diseases (Ram, 2004).

New remedies continue to be discovered, and changes and improvements have been implemented to the original layout so that the materia medica now exists in many forms as well as in an index form known as the homoeopathic repertory. The materia medica and repertories are an essential tool to homoeopathic practitioners as they are used in daily practice (Lilley, 2008).

2.5 ACUTE AND CHRONIC DISEASE

Health can be described as the optimal functionality of all components – body, mind and soul. This is achieved when a dynamic equilibrium is maintained resulting in wellbeing and harmony within the individual. Thus, disease is described as a disturbance in the dynamic equilibrium so that the body's functionality can no longer be maintained (Resch et al., 1987). The disturbance first takes effect on a physical chemical level. This effect makes itself known through alterations of the persons state of health and restricted functionality. This disturbance manifests by means of particular signs and symptoms of a disease (Vithoulkas, 2004).

Homoeopathy acknowledges individualised treatment based on the totality of symptoms presented by the individual. Localised diseases have internal causes, except for those externally infected injuries as seen in certain skin conditions. Skin conditions reflect an internal imbalance thus should be treated from within rather than be suppressed externally with topical applications. Constitutional deep acting homoeopathic remedies provide the most effective help in skin conditions. The nature of the skin and the appearance of affected parts is indicative of the internal imbalance of the dynamic equilibrium needed to maintain health. The skin is an important symptom within the totality of symptoms. Many remedy pictures have distinct characteristic symptoms which help the physician to recognise the ailment as belonging to that particular remedy (Resch et al, 1987).

The characteristic features of *Sulphur* skin eruptions are voluptuous itching and marked burning with ailments worse at night, for heat and for water. It is known to be the chief remedy for treatment of skin conditions within the three categories of miasms, – psora, sycosis and syphilis (Vermeulen, 2007).

The appearance of the skin plays a major role in drug diagnosis. Its importance may be attributed to the fact that the skin and the nervous system develop from the exoderm during embryological development so the skin has both neurological and sensory functions (Resch et al, 1987).

Several factors play a role in the development of chronic diseases namely, genetic factors, environmental factors and the individual's evolving constitution. Most chronic diseases arise in the patient's constitution; thus, in order to treat efficiently, one must

use drugs which influences the constitution to bring about a true cure (Resch et al, 1987).

Chronic diseases can be treated homoeopathically with less negative side effects. Homoeopathy treats without disturbing the disease manifestations, healing the internal fundamental disease from within, through a well selected remedy, i.e. the simillimum. Homoeopathic treatment has frequently been able to remove chronic diseases in short periods of time, after the disease symptoms have been examined in their totality and the simillimum prescribed in the smallest dose (Hahnemann, 2008).

2.6 MIASMS

2.6.1 INTRODUCTION

Hahnemann observed during his continuous work in perfecting the art of homoeopathy that despite treating certain conditions there was a relapse or a repeated tendency of the condition to present itself. He came to the conclusion that some underlying condition was hindering a cure and preventing true healing. He realised that acute or chronic disease signs and symptoms were actually a superficial expression of a much deeper and destructive force. This led to the development of his miasmatic theory and his assertion that only a deep acting remedy or treatment could successfully bring about a true cure (Owen, 2007).

Miasms can be defined as dynamic, chronic disease producing agents. They are the fundamental causes of all natural chronic diseases. They negatively influence the vital force by deranging it into a diseased state; thus, psora produces a psoric state (Kent, 2007).

Nosodes form an essential part of the materia medica and play an important role in an anti-miasmatic approach. Nosodes are remedies made from preparations of diseased material such as bodily fluids and tissues. The substances are potentised and used in the treatment of disease. Nosodes were first studied and tested by a homoeopath, Constantine Hering, in the 19th century. He studied and tested contaminated sources from animals and humans. His ideology was inspired by Paracelsus who believed that identical poisons could cure poisoning when prepared through special processes (Seema, 2011).

Disease manifest itself through manifestations of local symptoms. This symptom classification gives rise to the three miasms – psora, sycosis and syphilis. Each miasm has a corresponding miasmatic nosode remedy and a corresponding remedy that is indicated in the treatment of the miasm. In the psoric miasm, the nosode is *Psorinum* and *Sulphur* is the corresponding remedy. *Medorrhinum* is the nosode for the sycotic miasm and *Thuja* the corresponding remedy. *Syphilinum* is the nosode for the syphilitic miasm and *Mercurius* is the corresponding remedy. The corresponding remedies have the ability to cure the entire disease therefore they are referred to as anti-miasmatic remedies (Owen, 2007).

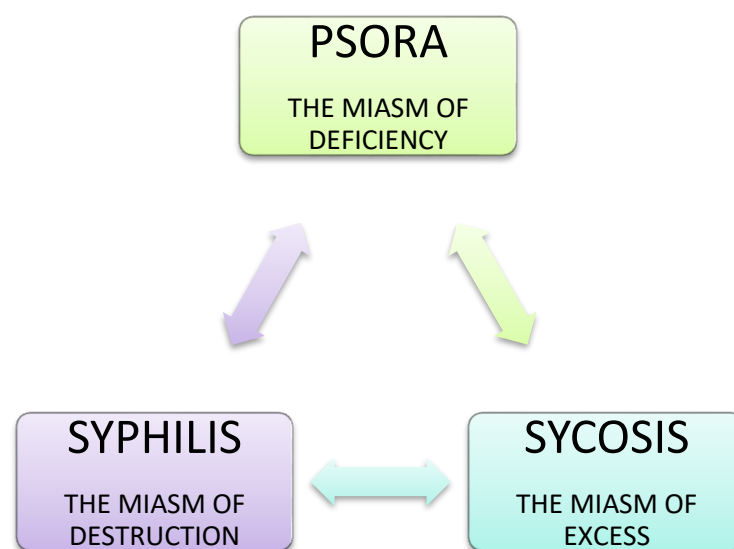


Figure 2.1: The three major miasms

2.6.1.1 PSORIC MIASM

Psora originated in ancient time and has evolved with time. The pathological manifestations of psora has increased as well as the number of individuals presenting with a psoric constitution. This makes the symptoms within a psoric disease state relatively wide and as such can be treated with an anti-psoric remedy (Hahnemann, 2008).

Psora is the first and oldest miasmatic chronic disease documented. As the nature of chronic diseases is long term or lifelong, psora can last a lifetime unless it is thoroughly cured. Such is the depth and nature of a psoric constitution that not even the most robust individual is able to destroy and extinguish it through their own

strength. Psora is known be the most hydra-headed of all the miasmatic diseases (Hahnemann, 2008).

Psora is the most fundamental miasm and gives rise to the other miasms or diseases. It represents a disturbed homoeostasis, leading to a functional disturbance without any structural changes. In psora, psychosomatic disease plays a major role, whereby the emotional or mental state causes the functional disease. There is a deficiency or a weakness of the vital force and lack of vital reactions; an impaired immune system with the inability to repair and recuperate. Psoric constitutions may present with hypersensitivity of the immune system such as atopic conditions. Even a well selected simillimum will fail to bring about a true or permanent cure. The psoric nature shows alternation of states or symptoms and is seen to arise due to suppression of functions or discharges, and is relieved through a natural eliminative process or by skin eruptions (Owen, 2007) (Table 2.1).

Table 2.1: Indications of the psoric miasmatic state

1	Hypersensitivity	A disturbance in functions and sensations
2	Mind-theoretical	He cannot embody what he thinks, they are in their own world mentally.
3	Restlessness	They are always in a hurry and cannot find peace.
4	Changing nature	A constant change in character due to his relentless need for new things.
5	Self centred	They are selfish and show no affection.
6	Hide and seek nature	In most psoric cases the patient is dishonest, they are very private and secretive.
7	Lack inclination	They think they are alright even when they are extremely ill.
8	Dirtiness	In their appearance and show signs of timidity.
9	Redness	All mucus membranes
10	Skin afflictions	Even if there is no current skin complaint there may be a history of skin diseases of psoric nature.
11	Neuralgic pains	All pains of psora are generally of a neuralgic nature.
12	Nervousness	One of the main characteristics of psora is affinity for the nervous system.
13	Standing	All symptoms in psora are aggravated by standing.
14	Discharges	All conditions of a psoric nature are ameliorated by natural discharge.
15	Deficiency / insufficiency/want	A significant indication of psora, most of the diseases of a deficient nature originated from psora.
16	Burnt taste	A major indication of psora and is only seen in psora. Other tastes in the mouth (sweet or slimy taste) may also indicate psora.

17	Burning sensation	A major indication of psora is burning of any part.
18	Age 40	Tendency for malignancy are inclined to manifest at age 40
19	The itch	Key feature of psora is the 'itch'. Unhealthy skin with itching and burning signifies psora.
20	Suppression	When there is suppression in psora it targets the nervous system producing mental and nervous phenomena which is ameliorated through skin eruptions.

Source: Choudhury (2015)

The other miasms would not exist without psora, psora gave rise to the other chronic miasmatic diseases. Through evolution diseases either remained dormant or express themselves within the individual when triggered. In modern times individuals are vulnerable and highly susceptible to various diseases due to social, environmental and genetic factors. Humans can develop any disease as we are predisposed biologically and genetically. Once an individual is exposed to an infection, the disease nature is dependent on the individual's immunity and overall level of health (Owen, 2007).

2.6.1.2 SYCOTIC MIASM

Sycosis is linked to gonorrhoea, which is, however, not the cause of the sycotic miasm but a consequence of a sycotic state i.e. a promiscuous mind. The pathogenetic organism, *Neisseria gonorrhoea* is responsible for the sexually transmitted disease and occurs almost entirely through direct sexual contact. Psora gives rise to the other miasms, thus psora must exist in the constitution before gonorrhoea can be contracted (Owen, 2007).

The sycotic miasm is characterised by hypersensitivity followed by sudden weakness or a state of debility. This weakness produces disorientation and a disproportion in sensation and function. A sycotic state is achieved by attacking the vital force and can be identified locally by the manifestation of a type of cauliflower-like growth, commonly found initially on the genitals (Das, 1984).

In sycosis there is an inclination to external manifestations and is known as the miasm of excess due to its tendency to hyperfunction and hypertrophy. The nosode for the sycotic miasm is *Medorrhinum* and remedies in the miasm include *Alumina*, *Anacardium*, *Lachesis* and *Thuja* (Choudhury, 2015; Owen, 2007) (Table 2.2).

Table 2.2: Indications of the sycotic miasmatic state

1	Inco-ordination	Excess or proliferation of tissues is a significant key feature for sycosis.
2	Mentally suspicious	Suspicion, jealousy, privacy and a tendency of concealment or secrecy.
3	Joints and connective tissue	Afflictions of the joint and connective tissue.
4	Discharges	Catarrhal discharges.
5	Condylomatous growths	Moles, warts, all types of tumours, unusually fleshy growth and malformation are characteristic for sycotic miasm.
6	Gonorrhoea	Aquired or a history of hereditary gonorrhoea.
7	Slow recovery	Even in acute diseases.
8	Asthma	Asthma or history of asthma.
9	Chronic inflammation	Especially of the joints, of the fallopian tubes as well as infertility due to a uterine tumour.
10	Sudden onset	Any sudden onset of any disease with sudden weakness.
11	Oedema	Of any part of the body.
12	Hypertrophy	Especially of the prostate gland.
13	Age	Malignancies may develop at any age.
14	Disruption of general metabolism	Dwarfism, anaemia, emaciation of any part, Cretinism, Addison's disease and Myxoedema.

Source: Choudhury (2015)

2.6.1.3 SYPHILITIC MIASM

The syphilitic miasm is characterised by degeneration. Pathogens create destruction in the organism thus it is known as the miasm of destruction. This miasm creates distortion of functions namely, Spasms, ulcers, degeneration of tissues, burning, destruction of the mind and organs are key features of the syphilitic miasm (Choudhury, 2015).

Major systems are affected in the syphilitic miasm namely, the skin and mucus membranes, cardiovascular, lymphadenopathy, central nervous system, the eyes and the optic nerves and the bones. Conditions seen in the syphilitic miasm include: endocarditis, arteriosclerosis, aneurysms, conditions affecting the brain and the spinal cord, congenital abnormalities and destructive lesions; ulcerations, gangrene, necrosis, recurrent boils and abscesses (Owen, 2007).

Mentally there is overestimation of ego, a love of power and money. They tend to be paranoid and have delusions of persecution. They have fixed ideas and can be

obsessive with obsessive compulsive disorder (OCD). There is a need to control or dominate others, are perfectionists, demanding, intolerable to opposition and tend to be argumentative (Owen, 2007).

The primary presentation of syphilis is the chancre. It manifests after the disease has become systemic and requires treatment with an anti-syphilitic remedy such as *Mercurius* or the nosode *Syphilinum* (Owen, 2007).

Table 2.3: Indications of the syphilitic miasmatic state

1	Destruction	Degeneration, destruction or distortion are key features of the syphilitic miasm.
2	Mentally dull or heavy	Restlessness, depression, slow reaction and fixed ideas. He keeps his depression to himself, he is very private.
3	Vital organs	Syphilitic miasm attacks the most vital organs; brain, heart, eye, and the bones.
4	Ulcers	A tendency to ulceration, skin eruptions ulcerate and occur without the itch but has offensive discharges.
5	Inflammation	Swelling and inflammation of glands with the development of an ulcer within.
6	Hair loss or thinning	Common is syphilis with thinning of nails.
7	Discharges aggravate	Discharges tend to aggravate the syphilitic patient unlike in the psoric where discharges ameliorate.
8	Offensive discharges	All discharges tend to be offensive.
9	Aggravation at night	Amelioration during the day and aggravation at night, from warmth and discharges.
10	Desires cold food, drink, alcohol, smoking which is harmful to him.	These are signs of destruction.
11	Copper or metallic taste in the mouth.	Taste should be neutral. Any distortion in taste has a miasmatic indication.
12	Age 40	Tendency for malignancy around age 40.
13	Suppression	If suppressed syphilis targets the major organs.

Source: Choudhury (2015)

2.6.1.4 THE TUBERCULAR MIASM

Through Hahnemann's discovery of the chronic miasms, he observed that the energy of the miasmatic disease increased from suppressive treatment. The tubercular miasm, also known as pseudopsora, is a mixed constitution that arises from inheriting the psoric and syphilitic miasm. A tubercular constitution does not

indicate an incident of clinical tuberculosis caused by the *Mycobacterium tuberculosis*, but rather a miasmatic predisposition within the individual's genetic material (Schneider, 2005).

According to Owen (2007), individuals with a tubercular constitution have fine, beautiful expressive features with long silky eyelashes. They can be fair or dark, most often tall and graceful when healthy. However, when the constitution is weak they appear emaciated with bad posture. They have low energy and stamina, even the least exertion exhausts them (Owen, 2007).

Mentally they show a lack of tolerance and dissatisfaction which leads to irritability and anger which eventually results in them feeling depressed. The dissatisfied mental state often makes them changeable mentally and physically. This changeability is characteristic of *Sulphur* and is often seen through manifestations of symptoms; symptoms are always changing in response to the slightest stimuli, for instance a change in weather. They lack concentration and do not care for their appearance as can be seen in psora, *Sulphur* expresses tubercular aspects but appears more psoric in nature (Banerjea, 2003).

In the tubercular miasm there is a tendency to respiratory ailments, diabetes, hypo- or hypertension, gastrointestinal complaints, rheumatism and bipolarity, alternating moods. The nosode treatment for the tubercular miasm is *Tuberculinum*. Major tubercular remedies include *Arsenicum album*, *Arsenicum iodatum*, *Bromium*, *Calcarea carbonica*, *Causticum*, *Drosera*, *Phosphorus*, *Phosphoric acid*, *Sulphur*, *Spongia* and *Stannum metallicum* (Owen, 2007).

2.6.1.5 THE CANCERINIC MIASM

The cancerinic miasm is a combination of syphilitic and sycotic miasm. The constitution develops when the sycotic aspect is subjected to extreme stress and the individual is pressured to perform exceptionally well. This creates a feeling of weakness within the individual, hence they push themselves to live up to expectations. The essence within the miasm is the need to push themselves to achieve the extraordinary which they feel incapable of, creating a sense of inner weakness which they feel they must cover up. This need for perfection or to achieve

that which they feel is beyond their capacity is a continuous struggle. Failure means destruction or the end, reflecting the syphilitic aspect (Sankaran, 2004).

According to Sankaran (2004) the clinical picture of the miasm is an individual representative of perfection. There is often a history of high expectations and the need to live up to these extraordinary expectations. The nosode in the cancerinic miasm is *Carcinosinum* and main remedy is *Nitricum acidum* (Sankaran, 2004).

Figure 2.1 shows the relationships between the miasms.

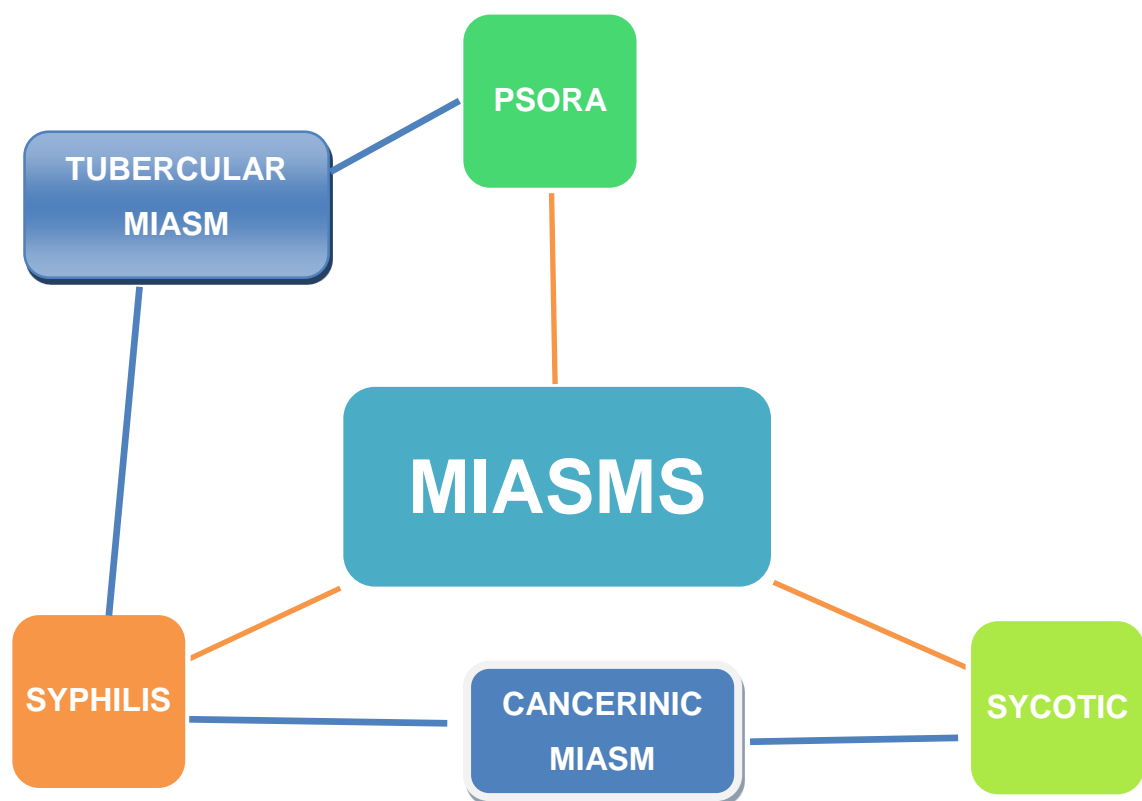


Figure 2.2: Relationship between the miasms

2.6.2 CONCLUSION TO THE MIASMS

Miasms are inherited predispositions and thus lie within our genetic material. They remain dormant until they are evoked and express themselves within an individual usually after long term suppression. Miasms are evolving with time and will continue to evolve, and mixed miasms give rise to new miasms, creating a new constitution or

state. Our cells within our body require an environment to eliminate bacteria and viruses in order to force a pathology to normalisation, thus requiring the system to have high immunity to fight off the disease.

Psoric ailments are parasitic and their chief action is confined to the skin. Sycotic ailments are bacterial and spreads from the skin through the blood destroying the soft tissue. The syphitic miasm also contains new bacteria which move from the skin and blood to attack the nervous system, causing degeneration of the nervous system, bones and hard tissue. Human Immunodeficiency Virus (HIV) is a virus, passing from the skin to the blood, and destroys tissues, especially the nerves (Fraser, 2002).

The original three miasms were more prominent during Hanhemann's time due to the time period and disease prevalence during that time period. However. The evolution of the bacteria and viruses gives rise to new diseases or epidemics giving rise to modernistic miasmatic constitutions such as the cancerinic, tubercular and AIDS miasms (Fraser, 2002).

The disease Acquired Immunodeficiency Syndrome (AIDS), appeared prominently in the last quarter of the 20th century. The disease expresses all the characteristics of a true miasmatic disease. It is a venereal disease that targets and breaks down the immune system and has a long incubation period (Fraser, 2002).

2.7 SULPHUR

2.7.1 INTRODUCTION

The name '*Sulphur*' is derived from the Latin '*Sulfurium*', Sanskrit '*Sulvere*' word. It is a chemical element that is represented with the symbol "S" on the period table, with atomic number 16, relative atomic mass 32.06, density 2.07g/cm³, melting point 115.36 °C / 239.38 °F, boiling point 444.75 °C / 832.3 °F and it is known to be a non-metal (Hemmerlein, 2016).

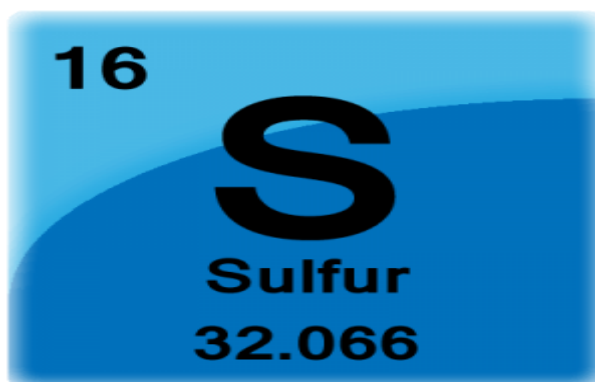


Figure 2.3: Pictorial representation of element *Sulphur* as it is represented on a periodic table
 Source: Helmenstine (2015)



Figure 2.4: A piece of Sulphur burning with a blue flame
 Source: Helmenstine (2015)

Sulphur is the 17th most abundant element making up 0.0384% of the earth's crust. It can take on many forms, including organo-Sulphur compounds in oil and coal, element *Sulphur*, H_2S in natural gas, and mineral Sulphates and Sulphides. *Sulphur* is extracted through a chemical process called the Frasch process, a method

whereby compressed air and superheated water is used to draw out *Sulphur* liquid to the surface. In its pure form *Sulphur* is tasteless and odourless and light yellow in colour (Hemmerlein, 2016).

2.7.2 USES AND PROPERTIES

The most common use of Sulphur is in the production of Sulphuric acid to manufacture phosphate used in soil fertilisers. It is also used in gun powder, as a fungicide and in the vulcanisation of black rubber. It can be found in many detergents and surfactants as well as being a food preservative. Sulphur plays an important biological role and is thus essential to all living organisms. Plants and algae from soil and seawater take up Sulphur (Emsley, 2011).

Within our bodies, Sulphur is an important trace element, contained in proteins and enzymes as well as being a part of the amino acid methionine and cysteine. It is an absolute dietary requirement; the average person takes in 900mg of Sulphur per day, mainly in the form of protein (Emsley, 2011).

Sulphur occurs naturally and is most commonly found in volcanic areas, however it can also be found in minerals including Epsom salts, galena, iron pyrites and gypsum. Modern *Sulphur* production is almost solely derived from various purification processes used to extract *Sulphur* from sand tar, natural gas and oil. *Sulphur* can be found in all living organisms and when the organism dies and fossilizes, *Sulphur* remains present as fossil fuel (Emsley, 2011).

2.7.3 THE FRASCH PROCESS

Sulphur is extracted through a chemical process called the Frasch process. Sulphur can be highly purified up to 99.9%, making it a high purity chemical commodity in large quantities. Metal Sulphides, also known as pyrites, are known to be the most Sulphur containing minerals (Hemmerlein, 2016).

The Frasch process was developed on the basis of Sulphur's low melting point, 115.21°C (239.38°F). This method extracts high purity Sulphur (99.9%) by means of compressed air and hot water. For this process, three concentric pipes are used and superheated water is forced down the outermost pipe at the same time that compressed air is pumped down the central tube. A mixture of hot water, element

Sulphur and air comes up the middle pipe, forcing Sulphur to the earth's surface. This occurs when Sulphur is melted with superheated water at 170 °C under high pressure (Hemmerlein, 2016).

Sulphur's most common use is for the production of Sulphuric acid used in the fertiliser industry; approximately 70% of Sulphuric acid produced worldwide is used in the manufacturing of fertiliser. This indicates that Sulphur is an essential biological element found in Sulphur containing proteins within living organisms (Hemmerlein, 2016).

2.7.4 SULPHUR IN HOMOEOPATHY

Anti-psoric remedies are those remedies which have the potential to eliminate the entire disease of the psoric miasm due to its similarities to the disease as a whole.

According to Boericke (2006) and Hahnemann (2008), *Sulphur* is a major anti-psoric remedy due to its selective affinity for the skin, where it produces burning and heat accompanied by itching which is worse at night or by becoming heated in bed (Boericke, 2006).

Sulphur is a significant remedy in the materia medica, and was the remedy Hahnemann used the most. *Sulphur* being an anti-psoric remedy is seen as the deepest expression of an anti-psoric state. Its importance may be due to its unique centrifugal action; it brings to surface latent or suppressed conditions. One of the most important characteristics of *Sulphur* is its ability to complement the actions of many remedies and it can assist when a well selected simillimum fails (Pitt, 2016).

The homoeopathic preparation of *Sulphur* is derived from the molten fiery red liquid or lava that erupts from volcanoes. *Sulphur* is produced from the mineral into a yellow fine powder often called flowers of *Sulphur*. This mineral is found within cells of all living organisms, and is especially concentrated in the nails, skin and hair (Pandey, 2012).

In allopathic treatment, *Sulphur* is used externally for treatment of skin conditions namely acne, However, in homoeopathy *Sulphur* is used more holistically. The remedy is used for ailments related to the skin, mind, mucus membranes and digestion (Pandey, 2012).

The most frequent reason for *Sulphur* patients to consult a homoeopath is for a skin condition. *Sulphur* fits various skin diseases that are primarily characterised by burning and itching. The skin is generally dry and the itch worsens with warmth or water (Kusse, 2011).

According to Scholten (2006), *Sulphur* is one of the most prescribed homoeopathic remedies. The symptomatology of *Sulphur* is considerable and is thus the most frequently mentioned remedy in the homoeopathic repertory. The theme analysis for *Sulphur* expresses an inability within the *Sulphur* group to integrate love and harmony in their lives. They tend to either react to everything or they will react to nothing. The mental picture of *Sulphur* varies, thus, *Sulphur* can be represented through two typologies; they can be very untidy or disorganised at home yet very tidy and orderly at work. They can also create chaos or make a great mess with the sudden desire to bring order or excessive cleaning, this brings into play the concept that there is no balance within *Sulphur* (Scholten, 2006).

Another strong symptom in *Sulphur* is the delusion he/she is disgraced. The *Sulphur* patient feels unappreciated and unloved, which leads to depression and they begin to neglect themselves. They feel it is pointless to take care of themselves as they do not feel attractive or loved, thus they start to look neglected and dirty (Kent, 2007; Scholten, 2006).

The prescription criteria for *Sulphur* according to Guanavante (2006), include: patients who are indifferent to their personal appearance, they look dirty and are not disturbed by their appearance. They suffer from afflictions of the skin; there is intense itching, redness and burning of affected parts which are aggravated by heat. They suffer from bad odour of secretions (perspiration, discharges) and poor elimination of toxins. They have an abnormal appetite with a tendency to gain weight. The *Sulphur* patient presents with functional pathologies, including “hypo” (hypotension, hypoplasia, etc.) and atrophic conditions. *Sulphur* conditions or pathologies are due to suppression; there is always some form of suppression seen in *Sulphur* cases. A burning sensation of affected parts is essential or key for a *Sulphur* prescription. There is a predisposition to parasites in *Sulphur* (Guanavante, 2006).

Sulphur is widely prescribed for unhealthy conditions of the skin as well as being administered when patients do not react to treatment after a prolonged disease. It is an important remedy especially where there is slow healing and internal order is not repaired after an acute disease. *Sulphur* brings complaints to the surface so that symptoms may be seen better, thus it is known as a general broad antidote. It is prescribed when there has been suppression; *Sulphur* is able to develop symptoms which have been covered by long time suppression. Symptoms which have been suppressed must return in order for a cure to be possible. In patients where symptoms are masked due to long term suppression making it difficult for the practitioner to prescribe, *Sulphur* is administered first to open up the case before the actual remedy required is administered and a cure is achieved (Kent, 2007).

In *Sulphur* the skin symptoms are of utmost importance. It has very characteristic skin features, predominately itching and burning which is almost always worse for heat, becoming hot, at night or the heat of the bed. *Sulphur* is indicative in all types of skin diseases including herpes zoster, eczema, psoriasis, impetigo, urticaria, herpes simplex, measles, poison oak and ringworms. *Sulphur* also has an affinity for the digestive system, everything from stomach reflux to heartburn, ulcers and colitis. The key feature as seen in *Sulphur* is burning and very often in the mornings on waking. Weakness and hunger is also very characteristic of *Sulphur*. They are never satisfied and there is an emptiness which results in constantly being hungry and eating (Pitt, 2016).

Mentally they are very forgetful, have poor concentration, show irritability and appear busy all the time. They can have a selfish nature, where they show no regard for others and they tend to be lazy. *Sulphur* patients are nearly always depressed, irritable, weak and thin, although they have good appetite. They tend to be religious and philosophical and have fixed ideas. *Sulphur* patients weep without cause. Their depression makes them vulnerable to suicidal impulses, usually by drowning or jumping from a high place (Boericke, 2006; Phatak, 2013; Vermeulen, 2007).

The most prominent head affliction in *Sulphur* is the headache which tends to ascend from the nape of the neck to the vertex. There is constant heat on top of the head, recurring periodically. The headache is described as a heaviness, fullness or pressure in the temples. It may also present as a beating headache made worse by

vertigo or bending the head forward. The sensation of a band around the head is noted in *Sulphur* cases. The scalp tends to be dry and is extremely itchy at night (Boericke, 2006; Phatak, 2013; Vermeulen, 2007). They suffer from pressive frontal headaches which are worse in the morning on waking. The roots of their hair may be painful to the touch and is often accompanied by an offensive discharge; the discharge is a thick pus with yellow crusts, itching, bleeding and burning (Vermeulen, 2007).

Sulphur is indicated for the first stages of ulceration of the cornea – patients present with ulcerative burning of the margins of the eyelids. They complain of heat and burning in the eyes, a bursting pain in the eyeball and a cutting sensation as if sand were in the eyes. *Sulphur* is also indicated in chronic ophthalmia, parenchymous keratitis, obscuration of vision and retinitis. They may experience a foreign body sensation, pain as if a splinter of glass was between the eyelids, cutting burning pains. Burning is a key feature, burning with dryness and lachrymation in open air (Boericke, 2006; Phatak, 2013; Vermeulen, 2007). They cannot tolerate to have their eyes washed, every cold affects the eyes. They may experience dark spots, flickering before the eyes and become dazzled after staring at an object (Vermeulen, 2007).

Sulphur may be indicated for purulent offensive otorrhoea, whizzing sounds in the ear, sensitive to hearing preceding deafness. They may experience pain and pressure in the ear on swallowing and sneezing, pains are sharp, drawing or shooting. They may have ringing and roaring with itching in the ears. They have an oversensitivity to bad odours, imagining foul odours. Herpetic skin eruptions can be found over the nose, the nose feels stuffed. They may suffer from chronic dry catarrh which forms dry scabs and bleeds easily, adenoids, polyps, epistaxis which is worse at night and when lying on their sides. It is indicated for ferocious fluent coryza with frequent sneezing in the morning and evening. Copious yellow purulent discharge with itching and burning in the nostril is a key feature for *Sulphur* (Vermeulen, 2007).

Regarding the facial features of *Sulphur*, the patient tends to look old, pale and sickly with marked redness of the cheeks and swollen bright red lips. Sulphur may be indicated for acne and mumps and patients may present with swollen veins on the forehead. The mouth symptoms: patients present with aphthae, thrush, bleeding

swollen gums, and sensitive teeth with shooting or jerking pains in the teeth. They often grind their teeth. Their tongue may be dry with a sour, foul, sweetish or bitter taste in the mouth. They complain of a lump, ball, splinter or hair-like sensation in the throat. They often describe the sensation as if a ball rises up the throat closing the pharynx. A dry and exciting cough is also seen in *Sulphur* (Phatak, 2013).

An important feature in *Sulphur* is appetite; there is either excessive appetite or a complete loss of appetite. The patient may drink large quantities of liquids and eat small amounts of solids. They desire sweets and dislike milk or milk may aggravate them. They complain of food tasting too salty. They experience a weight like pressure, burning or pain in the abdominal region – feeling faint and weak is typically seen in *Sulphur* patients. They tend to be very sensitive to pressure and may complain of soreness over the liver. *Sulphur* patients often suffer from indigestion or great acidity and have sour eructations (Boericke, 2006).

The urinary system of *Sulphur* patients presents with frequent micturition, enuresis, burning in the urethra during micturition or after, and pus or mucus may be found in the urine. Symptoms are often seen or are worse at night and they usually have an urgency to pass urine. They pass large quantities of colourless urine (Boericke, 2006).

In males the testes hang low, the penis feels cold, and the prepuce is stiff and hard like leather. Seminal discharge in the morning causing exhaustion on touching a woman. They complain of backaches and weakness after sex accompanied by irritation and sadness. Discharge of prostatic fluid after micturition. The semen is typically watery and odourless. For both male and female reproductive complaints, itching is prominent. In females there is itching and burning of the vulva and vagina. They have a sore feeling in the vagina that is worse when they sit or during sex, and a bearing-down sensation is felt in the pelvic region. Menstruation can be too late, too short, scanty, irregular, thick, foul, acrid, or black in appearance. Yellow vaginal mucus and leucorrhoea, the vagina burns and itches, pimples appear around the vulva. *Sulphur* may be indicative when there is amenorrhea, prolapse of the uterus and cancer of the uterus or breast. The uterus and breast develop defectively (Phatak, 2013).

In the respiratory system of *Sulphur*, difficulty in breathing is common, and there is oppression of the chest with a burning sensation. The chest feels heavy with stitching pains shooting through to the back; they desire to have the windows open for fresh air. The cough in *Sulphur* is loose with a lot of rattling of greenish, sweetish purulent mucus which is expectorated (Boericke, 2006).

Sulphur is indicated for pericarditis with effusion, the heart seems too big. They complain of palpitations which are made worse by lying down, at night, in bed or when ascending. Sharp pains from the chest to settle between the shoulders, their pulse appears more rapid in the morning than at night (Phatak, 2013).

Sulphur plays a significant role in the treatment of rheumatism. Patients often present with trembling hands, hot, sweaty hands more commonly at night with a sensation as if there is a band around the bone. Heaviness or parietic feeling, rheumatic pain more commonly on the left side, rheumatic gout, swelling, numbness, stiffness of joints, ulcers around the nails, tuberculosis of the knee and hip joint, cramps in the calves and soles particularly at night, coldness of hands and feet with cold sweat on feet may all be indicative for the prescription of *Sulphur* if it is the simillimum of the case (Boericke, 2006; Phatak, 2013; Vermeulen, 2007).

Sleep problems are common in *Sulphur* patients. They jerk, talk and twitch during sleep. They often find it difficult to stay asleep thus wake up frequently during the night and have the urge to eat. They are wide awake from 2am to 5am and wake up feeling unrefreshed. The slightest sound wakes them, they frequently wake up with a feeling as if blood is rushing to the head and there is drowsiness during the day (Vermeulen, 2007).

Sulphur patients frequently experience flushes of heat, with night sweats commonly on the nape of the neck and the occiput. The perspiration of *Sulphur* is unpleasant and often sour. They feel too hot, and their fever can be described as violent. They perspire easily, from the least exertion, and may experience chills spreading up the back (Vermeulen, 2007).

2.7.5 STUDIES RELATED TO SULPHUR AND THE PSORIC MIASM

Studies conducted on *Sulphur* in homoeopathy internationally and locally are insufficient which points to the relevance of the study conducted and the need for

further studies to validate the importance of one of the major remedies in homoeopathy. *Sulphur* has many uses in both acute and chronic ailments and is a major anti-psoric remedy. This study aims to contribute to the validation of its significance. Treating patients constitutionally is vital for the practitioner to achieve a cure. Studies that have been conducted on constitutional or miasmatic treatment show a significant success rate of homoeopathic treatment in chronic diseases. The benefits of treating constitutionally is that a true cure can be obtained and not just suppression of symptoms to give temporarily relief to patients. It also strengthens the immune system thus preventing future recurrence of the disease.

2.7.5.1 A COMPARATIVE STUDY OF THE NMR SPECTRA OF *SULPHUR* 12CH PREPARED USING HAHNEMANNIAN METHOD AND SONICATION

A comparative study was conducted at DUT in 2016 by Marsh-Brown comparing the preparation of *Sulphur* 12CH by means of the traditional Hahnemannian method to that of sonication as an alternative method of agitation. Sonication is a highly effective method that produces similar effects to those produced using the Hahnemannian hand succussion method (Bhattacharyya, 2008). For the study five sample groups were used; three were experimental with two sample groups as control. The Hahnemannian samples were produced by hand in accordance with the German homoeopathic pharmacopoeia. The sonication samples were produced at 30 seconds of sonication in a sonication bath at 40Hz. Results for this study showed clear similarities between the experimental and the control sample groups. This was ascertained by means of a non-parametric Mann-Whitney test as well as by the Kruskal-Wallis method. The researcher concluded that there were distinct similarities between the results of Hahnemannian hand succussion and sonication (Marsh-Brown, 2016).

This study was able to prove distinct similarities between the Hahnemannian method and the sonication method; the sonication method is rarely used in homoeopathy thus research to support this method is vital. Further research needs to be conducted into the sonication method using an array of potency levels to further validate its similarities (Marsh-Brown, 2016).

2.7.5.2 HOMOEOPATHY FOR THE TREATMENT OF *LICHEN SIMPLEX CHRONICUS*: A CASE SERIES

A study was conducted in 2016 on the skin disease Lichen Simplex, characterised by itching, thickened and a hyperpigmented skin. The study was conducted on 27 patients with chronic lichen simplex over a one-year period. Various remedies were prescribed, the most common being *Hydrocotyle* which were prescribed to 21 patients in different potencies. Other remedies prescribed included *Thuja* which was prescribed to three patients, and *Graphites*, *Kali bich* and *Sulphur* was were prescribed to one patient each. Only two patients showed complete improvement in this study, in one case treated with *Thuja* and one with *Graphites*. In the other cases improvement was limited to partial relief of itching (Gupta *et al.*, 2006).

This study used a small sample size 27 patients initially and of the 27 only 20 completed this study. *Sulphur* was prescribed to only one patient who showed an improvement to the symptom of itching. The basis for a *Sulphur* prescription was due to the mental and general symptoms that emerged during case taking, the study rated the itching as moderate. *Sulphur* has characteristic key symptoms and specific indications; its itch is known to be intolerable or voluptuous, thus *Sulphur* would it would only truly cure a disease if it was the correct simillimum.

2.7.5.3 AN ATTEMPT TO UNDERSTAND THE ROLE OF HOMOEOPATHY IN MANAGEMENT OF *GENERALISED ANXIETY DISORDER* THROUGH CLINICAL CASE STUDIES

A study conducted in India in 2011 attempted to understand the role homoeopathy played in the management of Generalised Anxiety Disorder through a clinical study (Tyagi, 2011). The study consisted of 30 cases taken from various institutions and was conducted over three months. One of the objectives of the study was to determine the role of miasms in the development of generalised anxiety disorder. Diagnosis for each case was made on the clinical presentations. The major clinical features that arose from the cases were anticipatory anxiety, fear of being alone, fear of unknown things, animals and lack of concentration with palpitations during an anxiety attack. The study revealed that psora was the dominant miasmatic expression, accounting for 23 of the 30 cases. Five cases were analysed to be syphilitic and two to be syphilitic. All patients were treated successfully constitutionally

or anti-miasmatically, thus the study concluded that homoeopathic drugs were effective in the treatment of generalised anxiety disorder (Tyagi, 2011).

2.8 UKUBA NESIBINDI HOMOEOPATHIC COMMUNITY HEALTH CENTRE (UNHCHC)

The DUT Department of Homoeopathy, in collaboration with Lifeline, established a health centre in 2004 located in Warwick Junction, Durban, an area classified as being disadvantaged. The area in which UNHCHC is situated consists primarily of small, informal businesses and low cost housing and experiences high crime rates, prostitution and violence (Dube, 2015; Watson, 2015; Smillie, 2010). The UNHCHC serves as a free primary health care service on the third floor of the Lifeline building in Acorn Road, Warwick Junction, less than one kilometre from the main DUT campus (Smillie, 2010). Lifeline offers free counselling 24/7 through on-site sessions or by means of electronic communication. The centre also provides HIV counselling and testing and has an Educare facility for children of street vendors from Mondays to Saturdays (Lifeline, 2009).

UNHCHC offers free homoeopathic consultations and treatment to the local community and is operated by the 5th year Master's degree students and 4th year B. Tech. students under the supervision of a qualified homoeopathic clinician. The UNHCHC consists of consultation rooms, a dispensary and a small waiting area. The clinic operates three days a week, namely, Tuesdays, Thursdays and Fridays. An interpreter is often required as many patients are unable to speak English. UNHCHC is solely funded by the Department of Homoeopathy at DUT. According to Dr. Ngobese-Ngubane there has been tremendous growth of patient numbers since the clinic first opened in 2004 (Ngobese, 2008).

Statistics for the study period alone shows a significant increase in the total number of patients seen at UNHCHC, from 1128 patient consultations in 2015 to 1481 consultations in 2016. In 2015 there was 632 new patients and 496 follow ups. In 2016 there were 826 new patients and 655 follow up consultations.

2.9 CONCLUSION

This study aimed to provide information on *Sulphur* to validate its importance and relevance, and to provide formal clinical data to describe the viability of *Sulphur* in

homoeopathic care and in a primary healthcare setting, as well as provide further information on *Sulphur* as an anti- psoric remedy.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The purpose of this study was to determine the prescription trends of *Sulphur* as an anti-psoric at UNHCHC situated in eThekweni. This chapter introduces the research method for collecting, interpreting and analysing data for the purpose of understanding the subject in order to analyse the study problem.

This study was a retrospective, descriptive, content analysis of clinical data reviewed for the periods 2015-2016.

3.1.1 OBJECTIVES

1. To determine the number of cases where *Sulphur* was prescribed at UNHCHC.
2. To determine the demographics and clinical conditions for which *Sulphur* was prescribed at UNHCHC.
3. To determine the guiding symptoms which led to the prescription of *Sulphur* at UNHCHC.
4. To conduct a comparison of the guiding symptoms of *Sulphur* to that of the symptoms in the various existing materia medica.
5. To evaluate the prescription in each case against the psoric miasm characteristic criteria.

All the objectives were achieved through collection and analysis of data. It was determined that *Sulphur* was prescribed to 80 patients during their first consultations over the two-year period. *Sulphur* was prescribed to 25 patients in 2015 and 55 patients in 2016, as determined by reviewing the log book which documents daily prescriptions at UNHCHC. The data showed that more female patients were seen, with 60% being female and 40% being male. The age ranges varied from age 3 to 76 years, with the age range 21-40 being predominant as 55 patients were in this age range. According to the data reviewed, patients were treated for numerous clinical conditions with *Sulphur*. All conditions treated displayed characteristics that was

suggestive for the prescription of *Sulphur*. A comparison of the guiding symptoms extracted from patient files was conducted and these matched the symptoms documented in the various existing materia medica. Additionally, the guiding symptoms corresponded to the psoric miasm prescribing criteria.

3.2 RESEARCH DESIGN

3.2.1 STUDY DESIGN

This study design was focused on providing relevant information on *Sulphur* in order to satisfy all the objectives mentioned previously.

This study was descriptive in nature, being a qualitative study whereby clinical data for the relevant periods was analysed. Each initial case whereby *Sulphur* was prescribed at UNHCHC for the period 2015-2016 was identified by means of using the log book and then individually documented by use of a standardised rubric (Appendix A) and later analysed. Prior to conducting this research the researcher reviewed the log book and initially 82 patients names reflected, however due to missing information only 80 patient files fit the selection criteria.

Data was collected in the form of a retrospective chart review of the case files where *Sulphur* was prescribed in the initial consultation at UNHCHC. The use of a standardised rubric (Appendix A) assisted in documenting the demographics, clinical conditions and homoeopathic guiding symptoms for each case reviewed.

A thematic analysis was then conducted and a trend pattern was established upon coding of the recurrent themes of the prescribed *Sulphur*. Further study was then conducted to compare the documented data to that of the various existing materia medica of *Sulphur*.

The psoric characteristics of the cases were evaluated to assess the validity of each prescription of *Sulphur* as an anti-psoric remedy. The prescription in each case was evaluated against the psoric miasm prescribing criteria, as set out by Choudhury (2015).

The guiding symptoms were recorded under various subdivisions, namely:

1. Description of main complaint (CLAMITS)
2. Mental and emotional symptoms

3. Physical general symptoms
4. Particular symptoms

In homoeopathy each remedy is unique, displaying certain characteristics which assist practitioners in prescribing the best suited remedy for any given condition. This study used the acronym CLAMITS to break down the main complaint Table 3.1.

Table 3.1: Concomitant symptoms

C	Concomitant Symptoms that accompany the main complaint.
L	Location of the main complaint. Most remedies favour a particular side or location.
A	Aetiology of the main complaint.
M	Modalities. What makes the complaint better or what makes it worse.
I	Intensity of the main complaint.
T	Time or times when the complaint occurs or when it is worse.
S	Sensation of the main complaint.

3.2.2 STUDY SETTING

The study was conducted using data from UNHCHC which is situated in the Warwick Junction area on the third floor of the Lifeline building. The health centre is mainly run by 5th year Master's students, but 4th year B.Tech students also use the facility under the supervision of a qualified clinician. The health centre provides free consultations and treatment to the community, and is solely funded by DUT. Once files were identified for data collection they were analysed on the DUT premises within the Department of Homoeopathy under the supervision of the clinic director.

DUT in association with Lifeline (an international non-profit organisation) founded UNHCHC in 2004 providing the local underprivileged community with free health care.

3.2.3 PATIENT POPULATION

The UNHCHC log book was used to ascertain the number of patients *Sulphur* was prescribed to for the period 2015-2016 at UNHCHC, which was the population size. The log book keeps records of the date, clinical diagnosis, remedy prescribed as well as remedy potency and medium.

After reviewing the log book it was determined that 80 *Sulphur* prescriptions were dispensed over the two years. Only those dispensed for initial consultations were taken into account. Prior to conducting this research the researcher reviewed the log book and initially 82 patients names reflected, however due to missing information only 80 patient files fit the selection criteria

UNHCHC saw a significant increase in the number of patient consultations over the study period: 1128 patient consultations in 2015 (of which 632 were new patients and 496 were follow up patients) and 1481 consultations in 2016 (826 were new patients and 655 were follow up patients).

3.3 SAMPLING PROCESS

The sample for this research was procured from files in which *Sulphur* was prescribed at the initial consultation only for the period 2015-2016 as identified in the log book. The sample was derived from data collected at UNHCHC. A standardised rubric (Appendix A) was used to obtain relevant data needed to achieve and successfully solve the study problem and objectives. Patient files were assigned case numbers, S1 to S80 through random selection to maintain confidentiality and anonymity. A thematic study was conducted and a trend pattern was established. Furthermore, a comparison of the guiding prescribing symptoms was made against the various existing materia medica.

3.4 INCLUSION AND EXCLUSION CRITERIA

3.4.1 INCLUSION CRITERIA

All cases where *Sulphur* was prescribed during initial consultations for the period 2015-2016 were used. All patients signed consent forms prior to the consultation whereby they gave permission for their information to be used by research students (Appendix B). There was no disclosure of personal details and confidentiality was maintained at all times according to all regulations and ethical codes of conduct and by law.

3.4.2 EXCLUSION CRITERIA

Files were excluded where patients had not given consent. However, it is standard procedure for patients to sign consent forms prior to the initial consultation. Follow up *Sulphur* consultations were not taken into account.

3.5 DATA COLLECTING PROCEDURE

Prior to identifying patient files to be documented and analysed, permission was obtained from the UNHCHC clinic director (Appendix C1), the Head of Department of the Department of Homoeopathy at DUT (Appendix C2) and the Lifeline director (Appendix C3).

It was determined that 80 patient files met the criteria as stipulated in 3.1.1 i.e., only initial cases whereby *Sulphur* was prescribed. Prior to conducting this research the researcher reviewed the log book and initially 82 patients names reflected, however due to missing information only 80 patient files fit the selection criteria. Data was then recorded using a standardised rubric (Appendix A). Thereafter, a comparison of the guiding prescribing symptoms were made against various existing materia medica. Table 3.2 shows the categories of data captured from each data file.

Table 3.2: Data captured from each case file

Case number		
File number		
Date of Sulphur prescription		
Patient age		
Patient gender		
Description of complaint (CLAMSIT)		
Clinical diagnosis of complaint		
Mental/ Emotional symptoms		
Physical general symptoms		
Particular symptoms		
Potency	Medium	
	Dosage	
	Frequency	

3.6 ETHICS AND CONFIDENTIALITY

Anonymity and confidentiality was maintained by the overall clinic consent (Appendix B). The UNHCHC patient files are subject to routine privacy legislation. Each patient's identity was protected; each patient received a file number, patient files were numbered randomly to maintain anonymity. Data capturing took place at the Department of Homoeopathy at DUT, and files were not removed from the assigned storage room. The researcher and the head clinician at UNHCHC were the only researchers who accessed the files accordingly. Permission to access the patient files was sought and obtained prior to the commencement of the study.

3.7 DATA ANALYSIS

Descriptive statistics were obtained and illustrated by means of graphical presentation and bar graphs. Themes were identified based on emergent data from symptoms through the use of a standardised rubric (Appendix A).

Through analysis of data it was determined that *Sulphur* was prescribed to 80 patients over the two-year study period, with 25 patients receiving *Sulphur* as an initial prescription in 2015 and 55 patients in 2016. The sample consisted of 48 female patients and 32 male patients. The age range were from 3 to 76 years, with the majority being in the age range 21-40 years old. Patients presented with various clinical conditions, but each case displayed characteristic key features for the prescription of *Sulphur* hence *Sulphur* was prescribed.

Prescription trends were successfully established and documented and analysed from the data reviewed at UNHCHC for the periods 2015-2016. Thereafter the arising symptomatology of the initial *Sulphur* prescriptions was compared with symptoms of the materia medica. This fulfilled the underlying rationale of clinical verification of the homoeopathic prescription of *Sulphur*, in a community health centre setting in which a wide range of clinical conditions were managed. Prescriptions for each case were then evaluated against the psoric miasm prescribing criteria which were successfully achieved, meeting the criteria according to Choudhury (2015).

Various sources were used to analyse and to conduct a comparative study to enhance the quality of research results. The materia medica sources on *Sulphur*

used to guide this study were Boericke (2006), Phatak (2013) and Vermeulen (2007), all of which are used by homoeopathic students and qualified clinicians in the day to day operation at UNHCHC.

3.8 CONCLUSION

The study aimed to determine the prescription trends of *Sulphur* as an anti-psoric at UNHCHC in eThekweni for the periods 2015-2016. This study sought to answer the research aim and objectives for this study. Once data was collected and documented it underwent analysis for better interpretation of results obtained during this study process. Each objective was successfully achieved and fulfilled the aim of the study. Data obtained from the 80 cases is presented in the next chapter. The guiding symptoms for the prescription of *Sulphur* are presented in table form and compared to those of the various existing materia medica, as well as to the guiding symptoms of the psoric miasm.

CHAPTER 4: PRESENTATION OF RESULTS

4.1 INTRODUCTION

Subsequent to data gathering, data was tabulated in addition to being graphically presented by means of bar graphs. The data contained in this chapter were obtained from 80 patient files instead of the 82 patients initially agreed upon. It was determined after commencing research that 80 patients met the selection criteria, only initial consultation where *Sulphur* was prescribed for the period 2015-2016 at UNHCHC were used. Data from the study were tabulated and recorded by using a standardised rubric (Appendix A).

The data was documented and analysed to reveal prescription trends for *Sulphur* as an anti-psoric remedy. The guiding symptoms of *Sulphur* were documented and subsequently compared to the various existing materia medica of *Sulphur*. Thereafter, the prescription for each *Sulphur* case was evaluated against the psoric miasm according to set guideline criteria for its prescription.

The objectives addressed were as follows:

1. To determine the number of cases where *Sulphur* was prescribed at UNHCHC.
2. To determine the demographics and clinical conditions arising from which *Sulphur* was prescribed, at UNHCHC.
3. To determine the guiding symptoms which led to the prescription of *Sulphur* at UNHCHC.
4. To conduct a comparison of the guiding symptoms of *Sulphur* to those of the various existing materia medica.
5. To evaluate the prescription in each case against psoric miasm characteristic criteria.

4.2 OVERVIEW OF THE RESULTS

4.2.1 INITIAL CONSULTATIONS (NUMBER OF PATIENTS SEEN)

Table 4.1: Initial consultations (number of patients seen)

Case number	Initial consultations
S1	22 January 2016
S2	13 March 2015
S3	21 April 2016
S4	08 October 2015
S5	05 February 2015
S6	01 September 2016
S7	13 March 2015
S8	11 May 2016
S9	16 September 2016
S10	04 March 2016
S11	11 February 2016
S12	04 February 2015
S13	09 March 2015
S14	28 February 2015
S15	30 May 2016
S16	12 July 2016
S17	28 November 2016
S18	16 May 2016
S19	26 April 2016
S20	19 February 2016
S21	17 March 2016
S22	08 April 2016
S23	13 March 2015
S24	19 August 2016
S25	08 June 2016
S26	05 October 2015
S27	06 June 2016
S28	28 February 2015
S29	28 July 2016
S30	23 August 2016
S31	12 October 2016
S32	10 February 2016
S33	18 September 2015
S34	04 November 2016
S35	08 November 2016

S36	01 April 2016
S37	08 April 2016
S38	06 February 2015
S39	23 February 2016
S40	12 November 2015
S41	03 April 2016
S42	17 April 2015
S43	08 June 2016
S44	28 May 2016
S45	05 November 2015
S46	07 August 2015
S47	05 October 2015
S48	28 May 2015
S49	06 April 2016
S50	03 June 2016
S51	20 October 2016
S52	12 June 2016
S53	23 November 2016
S54	15 November 2016
S55	03 June 2016
S56	07 June 2016
S57	15 September 2016
S58	03 June 2016
S59	09 February 2015
S60	24 May 2016
S61	18 November 2015
S62	31 July 2015
S63	01 April 2016
S64	31 August 2016
S65	12 April 2016
S66	15 April 2016
S67	21 April 2016
S68	04 September 2015
S69	24 May 2016
S70	15 November 2016
S71	29 April 2016
S72	19 March 2015
S73	06 July 2016
S74	03 June 2016
S75	19 July 2016

S76	14 August 2016
S77	09 March 2015
S78	18 March 2016
S79	11 May 2016
S80	14 November 2015

Table 4.1 reflects the dates for initial consultations whereby *Sulphur* was prescribed. The data was collected for the periods 2015-2016, and only initial consultations were taken into account. Patients were randomly assigned case numbers, a comparison between the two years was made to determine the number of patients seen for each year, as reflected in Figures 4.1. and 4.2 It was determined that 25 (31.3%) *Sulphur* patients were seen in 2015 and 55 (68.8%) in 2016.

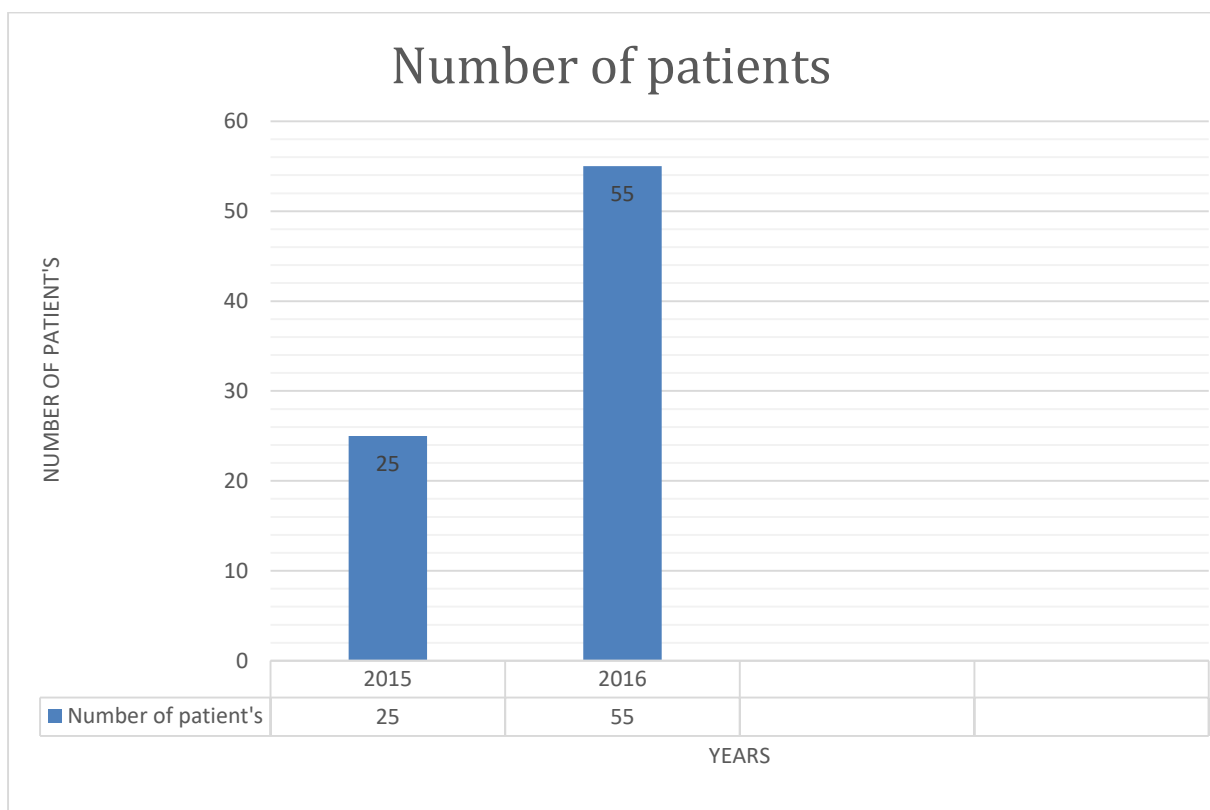


Figure 4.1: Initial consultations (number of patients seen)

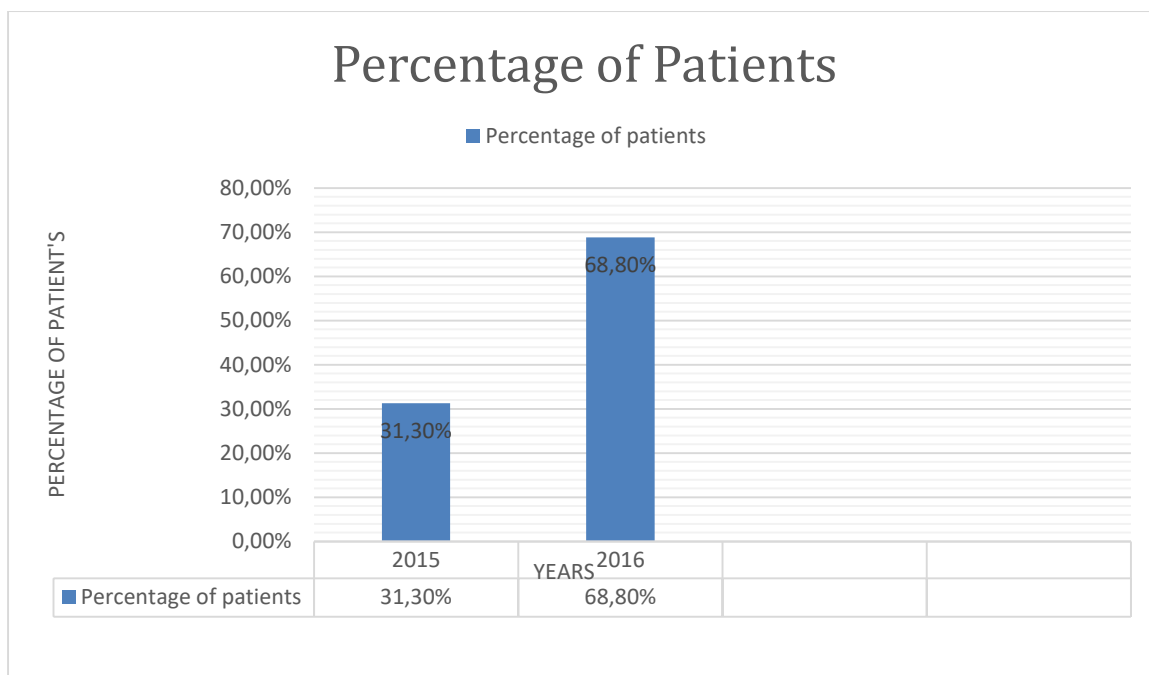


Figure 4.2: Initial consultations (number of patients seen, percentage)

4.2.2 DEMOGRAPHICS

4.2.2.1 AGE

Table 4.2: Age

Case number	Patients ages
S1	28 years old
S2	45 years old
S3	27 years old
S4	67 years old
S5	41 years old
S6	24 years old
S7	34 years old
S8	56 years old
S9	42 years old
S10	09 years old
S11	32 years old
S12	29 years old
S13	43 years old
S14	51 years old
S15	52 years old
S16	76 years old
S17	40 years old

S18	68 years old
S19	30 years old
S20	55 years old
S21	12 years old
S22	41 years old
S23	03 years old
S24	33 years old
S25	76 years old
S26	53 years old
S27	50 years old
S28	52 years old
S29	40 years old
S30	67 years old
S31	46 years old
S32	52 years old
S33	37 years old
S34	58 years old
S35	75 years old
S36	58 years old
S37	42 years old
S38	24 years old
S39	37 years old
S40	26 years old
S41	26 years old
S42	34 years old
S43	30 years old
S44	31 years old
S45	28 years old
S46	51 years old
S47	64 years old
S48	36 years old
S49	58 years old
S50	18 years old
S51	20 years old
S52	65 years old
S53	03 years old
S54	21 years old
S55	30 years old
S56	07 years old
S57	50 years old

S58	36 years old
S59	22 years old
S60	41 years old
S61	42 years old
S62	58 years old
S63	31 years old
S64	11 years old
S65	42 years old
S66	20 years old
S67	22 years old
S68	41 years old
S69	48 years old
S70	25 years old
S71	53 years old
S72	25 years old
S73	66 years old
S74	64 years old
S75	25 years old
S76	60 years old
S77	24 years old
S78	23 years old
S79	67 years old
S80	30 years old

Table 4.2 reflects the ages of patients in the study. Ages ranged from 3 years to 76 years and thus age groups were used to analyse data collectively. Results reflected in Figures 4.3 and 4.4 show that there were 9 (11.25%) patients in age group 0-20, 32 (40%) in age group 21-40, 29 (36.25%) in age group 41-60 and 10 (12.5%) in age group 61-80.

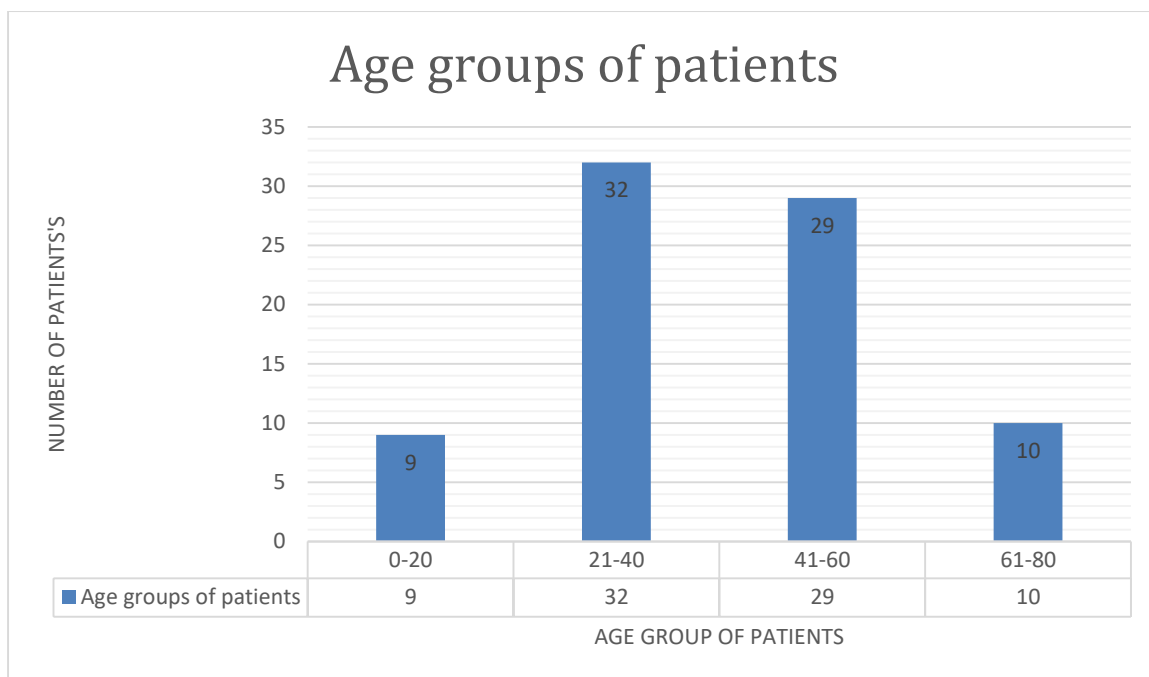


Figure 4.3: Age

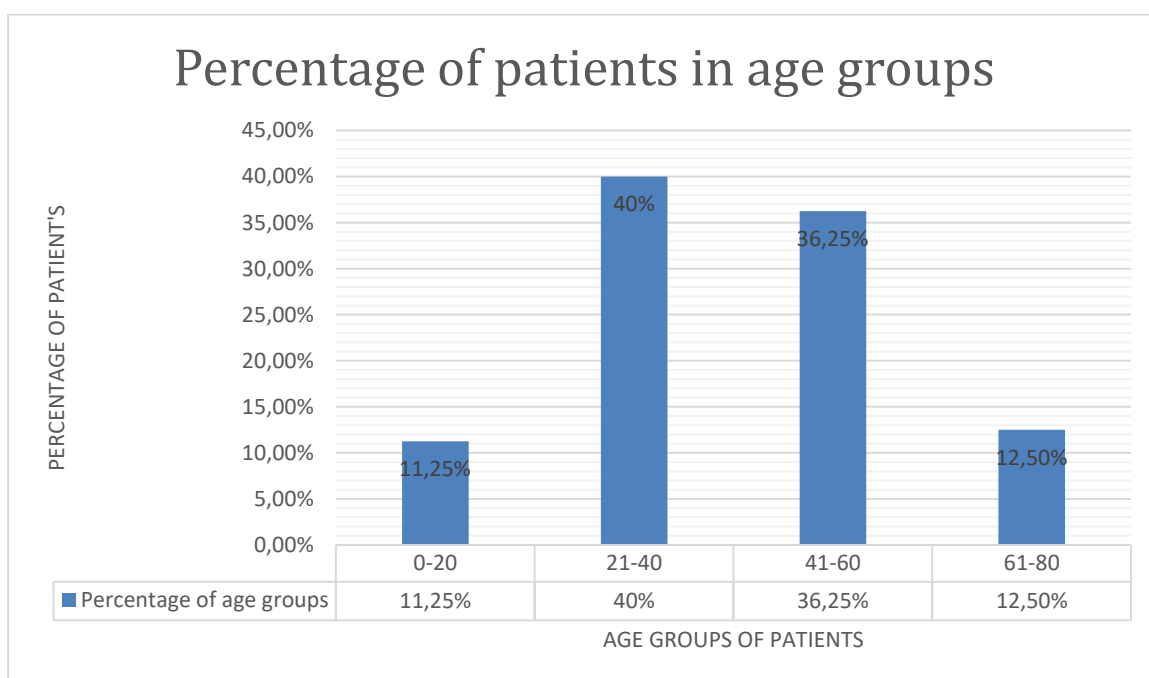


Figure 4.4: Age, percentage of patients in different age groups

4.2.2.2 GENDER

Table 4.3: Gender

Case number	Patients Gender
S1	Female
S2	Male
S3	Female
S4	Female
S5	Female
S6	Female
S7	Male
S8	Male
S9	Male
S10	Female
S11	Female
S12	Female
S13	Male
S14	Female
S15	Male
S16	Male
S17	Female
S18	Female
S19	Female
S20	Male
S21	Male
S22	Female
S23	Female
S24	Female
S25	Female
S26	Female
S27	Female
S28	Female
S29	Female
S30	Female
S31	Male
S32	Male
S33	Female
S34	Female
S35	Female
S36	Female

S37	Female
S38	Male
S39	Female
S40	Female
S41	Male
S42	Male
S43	Male
S44	Male
S45	Female
S46	Female
S47	Female
S48	Male
S49	Female
S50	Male
S51	Male
S52	Male
S53	Male
S54	Female
S55	Female
S56	Female
S57	Male
S58	Male
S59	Male
S60	Female
S61	Female
S62	Female
S63	Female
S64	Male
S65	Male
S66	Male
S67	Female
S68	Female
S69	Female
S70	Female
S71	Female
S72	Female
S73	Female
S74	Female
S75	Male
S76	Male

S77	Female
S78	Male
S79	Male
S80	Male

Table 4.3 and Figures 4.5 and 4.6 reflect the gender of patients in the study. The results show that 48 (60%) females and 32 (40%) males received a *Sulphur* prescription for the given period, therefore we can conclude more females than males received *Sulphur* during the two years, with a ratio of 1.5:1.

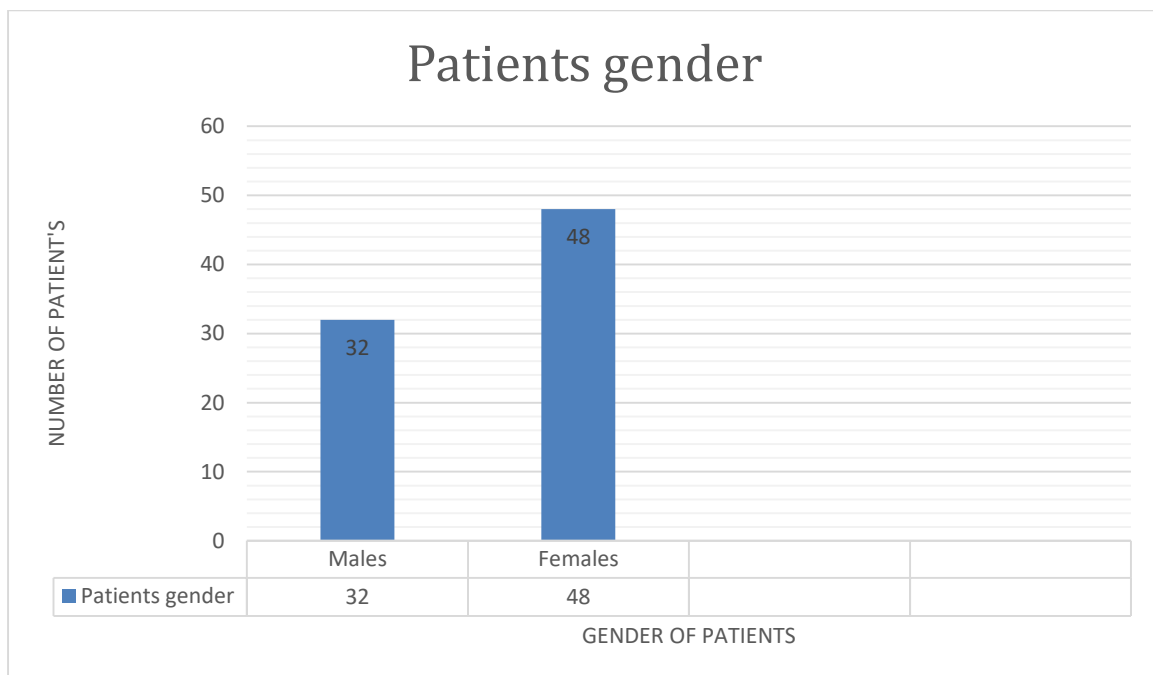


Figure 4.5: Gender

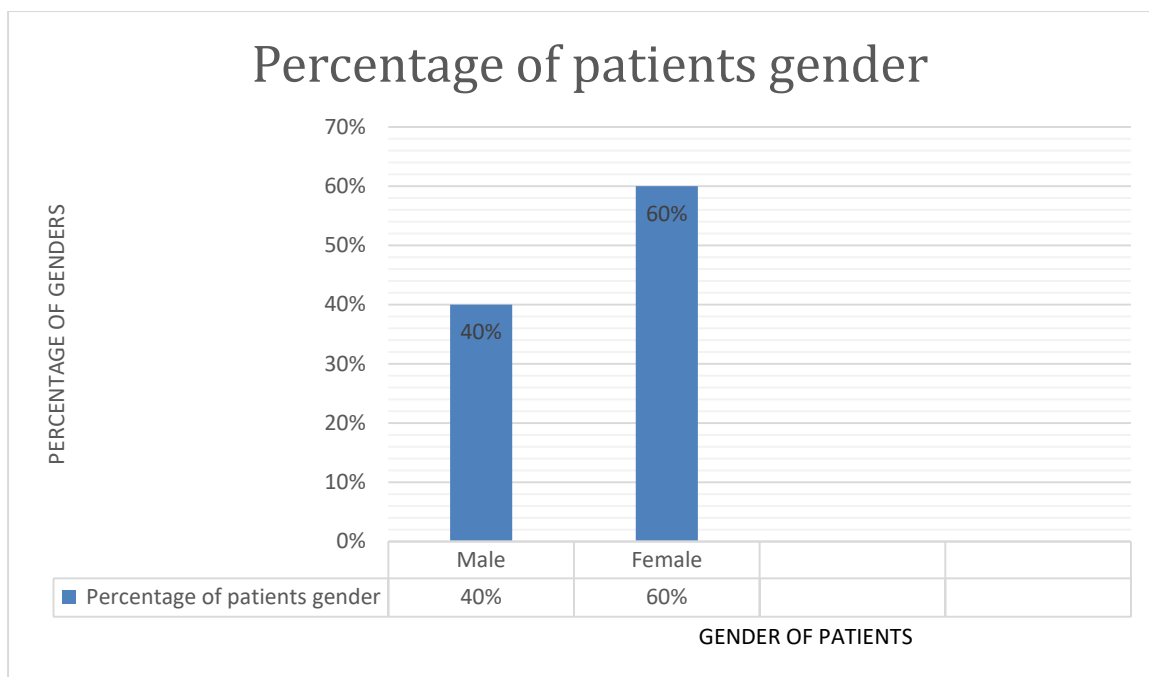


Figure 4.6: Gender, percentage

4.2.3 DESCRIPTION OF THE MAIN COMPLAINT DURING CONSULTATION

Table 4.4: Description of the main complaint

Case number	Description of the main complaint
S1	Pruritic sores that ooze pus, patient describes the itch as an internal itch affecting the lower extremities, bilaterally. The main complaint was rated 10/10 and was accompanied by diarrhoea. The aetiology of the main complaint is unknown, eruptions were worse at night and for water.
S2	Hot burning skin affecting the left leg, with pins and needle sensation in the foot (unilateral). The foot was extremely painful, with the sensation as if something was crawling (internally). Concomitant symptoms: constriction of chest and abdominal pain. Patient has a history of diabetes and rated symptoms 6/10. Worse for rest, lying down, wind, night and symptoms were better for movement.
S3	Constant pruritic skin eruptions affecting the lower extremities bilaterally, accompanied by dyspepsia. Main complaint was worse for getting legs wet, bathing and symptoms were better for scratching.
S4	Pruritic skin eruption that also burned, intensity 9/10 and affected the whole body. Concomittant symptom: arthritis of the knee joints. Worse for cold, wind and wearing clothes.
S5	Pruritic burning skin eruptions affecting the left lower extremity (unilateral). Concomitant symptoms: vaginal pruritis and arthritis. Worse at night and for washing, symptoms were better for scratching and cool application.
S6	Stabbing pains of affected area, left lower extremity (unilateral). Concomitant symptoms: influenza and gastic ulcer described as with burning pains. Patient had oil burns on left leg (aetiology). Better for bandaging or pressure.
S7	Constant itching on the face, follicular eruptions due to shaving. Accompanied by right sided lower back pain, burning feet and itchy eyes. Symptoms were better for cold water.

S8	Intensely burning feet with a stabbing knife-like sensation, bilateral. Symptoms were worse for walking.
S9	Stiffness and burning in the lumbar region with bitter saliva (on waking) and arthritis of the small joints. Occurs spontaneously, worse for movement and exertion. Symptoms were better for sitting and resting.
S10	Itching and stinging pains on the face, arm and trunk. Constantly itchy, scratches in sleep. Worms in stool and difficulty breathing (asthma). Worse for cold water, summer, motion. Symptoms were better for hot water.
S11	Burning pruritic eruptions with the sensation as if something was crawling under the skin. Eruptions on whole body, intensity 9/10, burning and itching was worse on waking (morning) and at night.
S12	Burning pruritic eruption on the face (recurrent), patient has a history of skin disease. This was accompanied by burning feet, intensity 8/10. Worse for touching the affected part, bathing and rubbing.
S13	Intense pruritic eruption with a sensation as if something was crawling up and down the face (unilateral), right side only. Swelling of the right eyelid, aetiology unknown. Worse for hot water, bending forward, movement of the face and better for rubbing affected side.
S14	Papular pruritic rash, all over the body with a throbbing frontal headache accompanied by eye pain. Worse at night, warmth and sweating.
S15	Burning cramping feet, bilateral with abdominal pain. Worse at night, for heat and walking.
S16	Burning on urination, pain radiates from umbilicus to the bladder. Pain was described as poking, cutting pains in the bladder. Concomitant symptoms: erectile dysfunction and dyspepsia. Aetiology for main complaint, urinary tract infection (recurrent). Worse after urination, walking and at night. Symptoms were better for sitting and minimal movement.
S17	Intense itching and burning, 8/10. Periodicity of symptoms, Wednesday. Eruption on the right ankle (unilateral), concomitant: influenza. Worse for heat, perspiring, hot water and touch.
S18	Burning with sharp knife-like pains in the lower extremity (unilateral - right side) and lumbar. Concomitant symptoms: frequent burning urination and influenza. Intensity 8/10, symptoms were worse for motion and better for hot water.
S19	Dry throat, dry cough without expectoration (acute, symptoms two days). General malaise and lethargy, patient felt heated then chilly. Frontal throbbing headache with heat sensation to the head. Worse for change in weather, symptoms were better for drinking water.
S20	Intense pruritic eruption, 10/10 on the ankle, on the right side (unilateral). Itching day and night, constant, worse for scratching, perspiring, heat. Itching is better for cold water. Concomitant: throbbing occipital headache.
S21	Heat sensation with itching affecting the whole body. Recurrent skin eruption, patient has a history of skin disease. Concomitant symptom: asthma. Symptoms were worse for heat, bathing and sweating.
S22	Recurring pruritic eruptions on the face, elbow and head. Intensity 7/10, concomitant symptoms, dyspepsia, asthma and hot flushes. History of skin disease, worse for winter, hot water, wearing wool. Symptoms were better for cold water.
S23	Painful throat with dry hacking cough due to exposure to cold. Worse at night, change in weather, cold weather, eating, morning and heat.

S24	Throbbing burning pains on the left foot and axillar, recurrent. Influenza: dry cough, nasal congestion. Worse at night, morning on waking and initial movement. Symptoms were better for rest and open air.
S25	Pruritic recurring eruptions on the face, scalp and upper extremities. Patient has a history of skin disease, intensity 7/10. Worse for hot water and wearing clothes.
S26	Burning hot pulling sensation in the frontal region of the head with neck pain, throat pain (ball sensation), abdominal bloating and pruritis ani (internal itch). Headache was brought on by mental strain, intensity 7/10. Worse late afternoon and better for pressure and extending the neck.
S27	Throbbing, burning, bleeding anus with heat sensation. Recurring every morning due to poor diet, accompanied by temporal headache, urine retention and backache. Symptoms were worse for sitting, pressure and passing stool.
S28	Extremely pruritic vesicles on skin affecting the entire body. Itching comes and goes but was worse at night, warmth and sweating. Intensity of itch 9/10, accompanied by a dull frontal headache with eye pain (pressure in eye) and shoulder pain.
S29	Pruritic burning skin under the breast and neck. Patient has a history of skin disease, intensity 8/10. Concomitant symptoms: sinusitis, dysmenorrhoea with abdominal pain. Worse for bathing, hot weather and summer.
S30	Aching cramps with stiffnes of joints; small joints, knee and shoulder joints. Lesions on foot, hot burning feet (diabetic), intensity 10/10. Worse for cold, walking, standing, hot weather, morning and night.
S31	Pruritic eruption on the body and feet with sharp left sided pain caused by a fungal infection. Itching was worse in the evening.
S32	Recurrent pruritic eruptions with heat sensation on the medial aspect of the feet. Worse for heat and walking, better for warm applications.
S33	Pruritic burning eruptions on the neck, left wrist and abdomen (upper body only). Intense allergic skin reaction, 7/8. Worse at night, after bathing, tight things around affected area. Concomitant symptom: sore throat.
S34	Hot pruritic eruption affecting the whole body accompanied by fatigue, bladder infection, cough, fever and diarrhoea. Persistant eruption, intensity 8/10 and symptoms were worse for heat and at night.
S35	Severly pruritic skin eruptions accompanied by sharp joint pains (left sided lumbar pain), difficulty breathing (asthmatic) and palpitations. Intensity of joints 6/10 and skin 10/10. Worse for water, movement or walking and at night and better for resting.
S36	Pruritic rash on the left arm, knee and legs. Main complaint was accompanied by a wet cough (itchy throat), temporal headache, painful itchy eyes, sharp back pain and heat burn. Intensity of the main complaint 7/10, worse for the sun, warm weather and late afternoons.
S37	Pruritic rash with heat sensation accompanied by heartburn and a temporal headache. Constant itch intensity 7/10, symptoms were worse for heat or hot weather and was better for rubbing, cold weather or cold application.
S38	Pruritic burning skin rash on the thighs, axillae, hand and between fingers due to poor personal hygiene. Intensity of the main complaint 6/10, worse late afternoon and better for cold water or cold application.
S39	Pruritic skin with sensation as if something was coming out of the skin, dry throat and abdominal pain. Main complaint was influenza due to exposure to cold. Worse in the evening, night cough and better for cold water.

S40	Voluptuous pruritic skin eruption with redness, itch until eruption bleeds. Concomitant symptoms: swollen eyes, diarrhoea and asthma. Allergic reaction due to ingested food, intensity 10/10 and is worse at night.
S41	Pruritic pustular eruption accompanied by temporal headache with vertigo and asthma. Intensity of eruption 7/10, complaints were worse at night, for heat, humid weather and were better for cold; cold weather.
S42	Main complaint was sleep apnoea at night on falling off to sleep. Sensation as if something was blocking his breathing, difficulty breathing due to compression of chest. Concomitant symptoms: sinusitis and night sweat.
S43	Foul smelling diarrhoea (old egg smell), black stool, feeling as if stomach is dirty. Concomitant symptoms: heartburn and chest pain.
S44	Pruritic dry skin eruption, patient has a history of skin disease. Concomitant symptoms: stress and tinea pedis. Symptoms were worse for heat, bathing, at night and sweating.
S45	Malaise, lethargy, sore throat with difficulty swallowing, wet cough, night sweat, temporal headache and heartburn. Main complaint influenza due to exposure to rain.
S46	Pruritic dry skin eruption with stinging pains accompanied by haemorrhoids, worms in stool and asthma. Symptoms were worse for cold water, at night and in summer; sun.
S47	Sharp face and neck pain with skin eruption on the affected side, right side. Eruption and pain intensity 9/10 caused by herpes zoster virus. Concomitant symptoms: dry cough, arthritis, heartburn and temporal headache. Symptoms worse at night, lying on the right side, heat clothes and touching affected area.
S48	Pruritic scaly rash with burning sensation affecting the skin including the genitals. Voluptuous itch, intensity 10/10 accompanied by painful urination. Symptoms worse at night, bathing, on urination and sexual intercourse.
S49	Pruritic burning eruptions on the arms and legs. Intensity of symptoms 5/10, worse for heat, night, touch and better for cold water and cold applications. Concomitant symptoms: heartburn and asthma.
S50	Pruritic burning eruption on the right hand on scalp. Concomitant symptom: indigestion with heavy sensation in the abdomen (chronic). Symptoms worse for hot water, bathing and perspiring.
S51	Pruritic eruption on the trunk and extremities with a burning temporal and frontal headache. Symptoms worst in the morning, hot baths, sweating and they were better for cold water or cold applications.
S52	Painful sores in anus, pain and burning during defecation. Symptoms were worse for standing and better for sitting. Concomitant symptoms: heartburn and left sided temporal headache.
S53	Pruritic burning hot feet, bilateral. Symptoms were worse for heat, touch and water; bathing.
S54	Intolerable itch, 10/10 eruption on the genitalia from an STD. Patient also suffers from heartburn, symptoms are constant but worse at night, bathing, sexual intercourse and on urination.
S55	Burning pruritic eruption on folds of skin, intensity 10/10. Concomitant symptoms: abdominal pain and headache. Symptoms were worse for heat, on the right side and better for bathing in cold water.
S56	Pruritic skin eruption, patient has a history of skin disease. Symptoms were worse at night, hot weather and better for bathing.

S57	Excessive sweating (hyperhydrosis), heat sensation as if he had a fever then a chilly sensation, he feels ice cold. Body burns internally but feels icy externally. Concomitant symptom: palpitations. Symptoms were worse at night, afternoon and for heat.
S58	Burning skin eruption on the arms, legs and buttocks accompanied by a headache. Symptoms were worse for touch, sitting/ lying on affected parts and better for cold applications.
S59	Extremely pruritic eruptions, 8/10 on the hand and buttocks accompanied by painful diarrhoea. Symptoms were worse for warm weather and bathing.
S60	Pruritic skin eruptions on the back and arms accompanied by swollen fingers and a wet cough. Symptoms are worse at night, heat, lying in bed (heat of bed).
S61	Intense burning pruritic skin eruptions on the lower limbs bilaterally. Concomitant symptoms: diarrhoea with abdominal pain and a headache with vertigo. Symptoms were worse for heat, warm water and better for cool air and cold baths.
S62	Pain on coughing, painful throat, pruritic skin and uterine bleeding. Symptoms were worst at night and for cold.
S63	Burning pruritic skin rash on the back, arms and abdomen. Concomitant symptoms: lower back pain and fatigue, intensity of all complaints 10/10. Symptoms were worse for heat, sun, sweating, touch and they were better for cold water.
S64	Painful chest, productive cough caused by exposure to cold. Symptoms were worse at night and bending double (forward).
S65	Pruritic, hot burning boils on the stomach and lower limbs, worse for bathing and pressure.
S66	Burning pruritic eruption on the legs and hand with a productive cough. Symptoms were worse at night.
S67	Throbbing eye pain, left sided accompanied by a temporal and occipital headache. Symptoms were worse for rubbing eye and worse at night.
S68	Burning pruritic eruption on the shoulders, back and buttock. Concomitant symptoms: influenza with respiratory complaints, dry barking cough. Symptoms were worse in the morning and at night, cold water and was better for sunny weather.
S69	Compression of chest; difficulty breathing, chest pain, fibroids and headache (sensation of burning in the head). History of bronchitis, worse at night, exertion and better for rest.
S70	Itching vagina, burning and cutting due to urinary tract infection (recurrent). Intensity 10/10 accompanied by a fever, myalgia and frontal headache. Symptoms were worse for bathing, heat and urination.
S71	Burning pruritic hot feet with poking pain, bilateral. Concomitant symptoms: boils on buttock and arthritis. Symptoms were worse at night and for touch.
S72	Pruritic eruptions on scalp, ulcers in mouth, insomnia, vertigo, abdominal cramps, heartburn and bloating. Symptoms were worse for water and touching affected parts.
S73	Pain on swallowing, lump in throat sensation accompanied by bloating and gastric ulcers. Symptoms were worse for swallowing, eating food; solid and dry, night.
S74	Pruritic dry skin eruption, patient has a history of skin disease. Intensity of complaint 6/10, concomitant symptoms: heartburn, stomatitis and abdominal cramps. Symptoms were worse for clothes and pressure.

S75	Burning pruritic eruptions on the penis due to an STD. Intensity of symptom 7/10 and was accompanied by a wet cough and frontal throbbing headache. Symptoms were worse for bathing, urination, touch and at night.
S76	Pruritic eruption on the hand and feet accompanied by a throbbing temporal and frontal headache as well as a wet cough. Symptoms were worse at night, for sweating and better for open air.
S77	Persistent intense itching without any relief, intensity 10/10. Eruption on the abdomen, scapular area of the back, anterior aspect of the thighs and legs. Concomitant symptoms: vaginitis and a hoarse voice. Symptoms were worse at night and for humid weather.
S78	Pruritic rash on the medial aspect of the thigh (unilateral), constipation, sharp pain on passing stool and fatigue. Intensity of symptoms 7/10, symptoms were worse for hot weather, clothes and better for cold weather.
S79	Tingling pain in the lumbar region, bilateral. Pain comes and goes, concomitant symptoms cough, skin itch without eruption. Symptoms were worse for bending, over exertion, lying on the back and better for pressure and resting.
S80	Extreme weakness, throbbing temporal headache, fever, dry cough and fatigue. Main complaint was influenza due to exposure to rain, intensity 7/10. Symptoms were worse for bending head forward, heat, coughing and better for cool air and closing their eyes.

Table 4.4 reflects the main complaints of patients taken during the initial consultation where *Sulphur* was prescribed. On analysis of the data reviewed for 2015-2016 it was determined that 48 (60%) patients presented with pruritic, burning skin eruptions predominantly.

Patients also presented with other complaints:

- headaches, 24 (30%)
- insomnia, 23 (28.75%)
- with a cough, 16 (20%),
- dyspepsia, 12 (15%)
- abdominal pain and bloating, 11 (13.75%)
- dyspnoea, 10 (12.5%)
- with a dry or painful throat, 8 (10%)
- burning feet, 7 (8.75%)
- influenza, 7 (8.75%)
- lower backache, 6 (7.5%)
- diarrhoea, 6 (7.5%)
- arthritis, 6 (7.5%)
- chest pain, 4 (5%)

- pruritis, 4 (5%)
- burning or painful urination, 4 (5%)
- eye pain with swelling of the eyelid, 4 (5%)
- fever, 4 (5%)
- leg and foot pain, 3 (3.75%)
- palpitations, 3 (3.75%)
- face and neck pain, 3 (3.75%)
- vertigo, 3 (3.75%)
- itchy eyes, 2 (2.25%)
- worms in their stool, 2 (2.25%)
- gastric ulcers, 2 (2.5%)
- sinusitis, 2 (2.25%)
- dysmenorrhoea, 1 (1.25%)
- sleep apnoea, 1 (1.25%)
- haemorrhoids, 1 (1.25%)
- shoulder pain, 1 (1.25%)
- erectile dysfunction, 1 (1.25%)
- mouth ulcers or aphthous ulcers, 1 (1.25%)
- uterine fibroids, 1 (1.25%) and
- Hyperhydrosis 1 (1.25%)

4.2.4 CLINICAL DIAGNOSIS

Table 4.5: Clinical diagnosis

Case number	Clinical diagnosis
S1	Disease of the skin, unspecified
S2	Peripheral neuropathy
S3	Dermatitis, unspecified
S4	Dermatitis, unspecified
S5	Dermatitis, unspecified
S6	Burns of unspecified body region
S7	Folliculitis
S8	Gout idiopathic
S9	Backache
S10	Dermatitis, unspecified

S11	Atopic dermatitis
S12	Contact dermatitis, unspecified
S13	Pyoderma
S14	Dermatitis, unspecified
S15	Foot pain, unspecified
S16	Imperfect erection
S17	Dermatitis and influenza
S18	Arthritis, unspecified
S19	Influenza
S20	Scabies
S21	Dermatitis, unspecified
S22	Eczema
S23	Acute tonsillitis
S24	Furuncles
S25	Eczema
S26	Tension headache
S27	Haemorrhoids
S28	Dermatitis, unspecified
S29	Dermatitis, unspecified
S30	Arthritis, unspecified
S31	Tinea cruris
S32	Dermatitis, unspecified
S33	Allergic dermatitis
S34	Arthritis, unspecified
S35	Arthritis, unspecified
S36	Dermatitis, unspecified
S37	Dermatitis, unspecified
S38	Dermatitis, unspecified
S39	Influenza
S40	Dermatitis due to ingested food
S41	Atopic dermatitis
S42	Sleep apnoea
S43	Diarrhoea and gastro-enteritis
S44	Dermatitis, unspecified
S45	Influenza
S46	Dermatitis, unspecified
S47	Herpetic neuralgia
S48	Atopic dermatitis
S49	Dermatitis, unspecified
S50	Seborrhoeic dermatitis

S51	Scabies
S52	Hypertension
S53	Furuncle infection, unspecified
S54	Pruritis vulvae
S55	Dermatitis, unspecified
S56	Eczema
S57	Hyperhydrosis
S58	Impetigo
S59	Dermatitis, unspecified
S60	Pruritis, unspecified
S61	Scabies
S62	Influenza
S63	Dermatitis, unspecified
S64	Cough
S65	Dermatitis, unspecified
S66	Scabies
S67	Conjunctivitis
S68	Impetigo
S69	Cough, unspecified
S70	Leucorrhoea, unspecified
S71	Seborrhoeic dermatitis
S72	Dermatitis, unspecified
S73	Dysphagia
S74	Skin eruption, unspecified
S75	Rash, unspecified
S76	Dermatitis, unspecified
S77	Dermatitis, unspecified
S78	Impetigo
S79	Muscle pain, unspecified
S80	Influenza

Table 4.5 reflects the clinical diagnosis for the prescription of *Sulphur* at UNHCHC for 2015-2016. The results show that skin afflictions were the main reason for prescription of *Sulphur*, with 50 (62.5%) cases. These were:

- Dermatitis unspecified (24)
- Scabies (4)
- Atopic dermatitis (3)
- Impetigo (3)

- Seborrhoeic dermatitis (2)
- Eczema (2)
- Furuncles (2)
- Allergic dermatitis (1)
- Pyoderma (1)
- Pruritis unspecified (1)
- Contact dermatitis (1)
- Tinea Cruris (1)
- Disease of the skin unspecified (1)
- Folliculitis (1)
- Skin eruptions unspecified (1)
- Skin rash unspecified (1) and
- Burns of unspecified body origin (1)

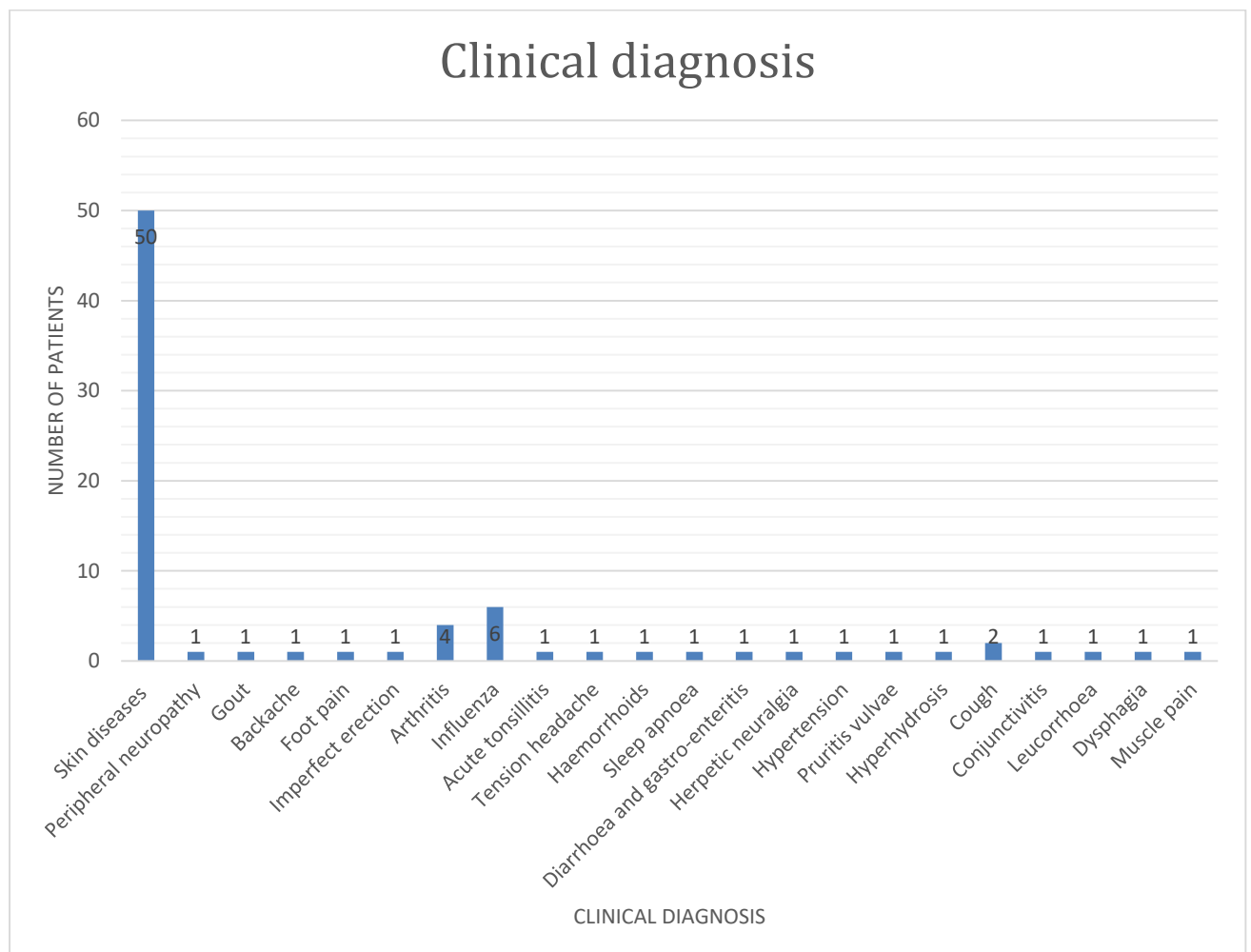


Figure 4.7: Clinical diagnosis

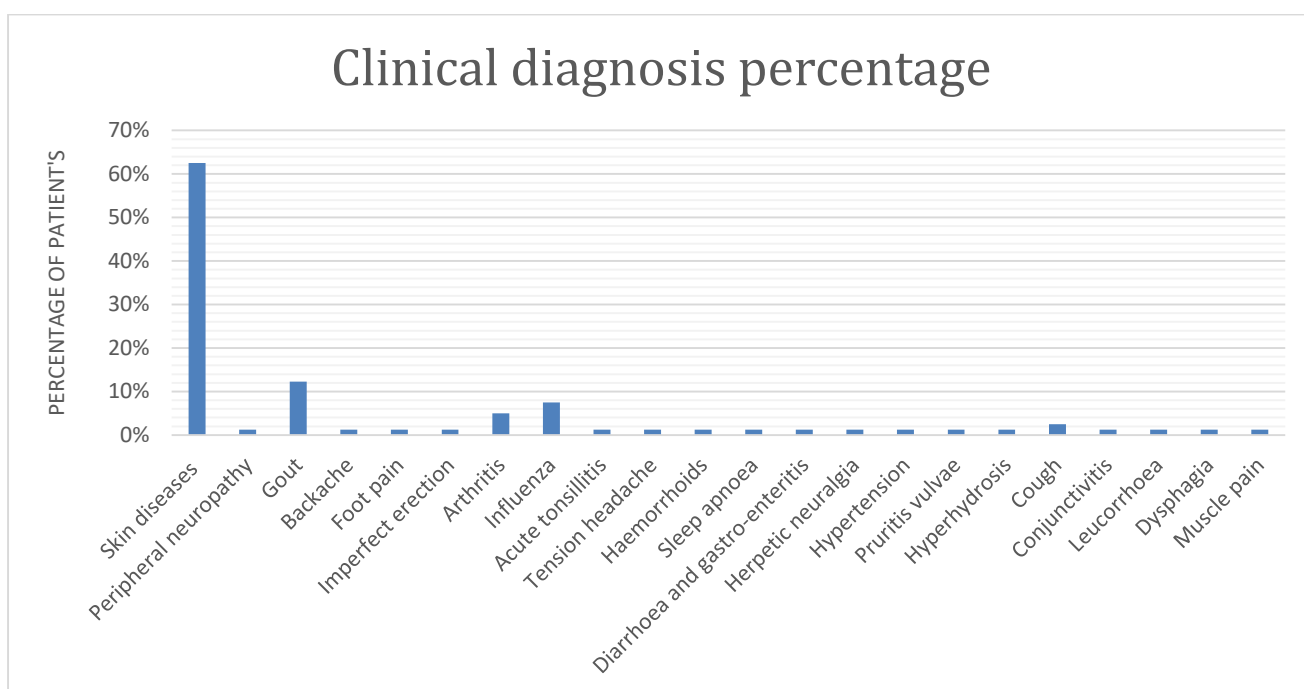


Figure 4.8: Clinical diagnosis percentage

Figures 4.7 and 4.8 show that *Sulphur* was used for various other clinical conditions.

These were:

- Influenza, 6 (7.5%)
- Arthritis unspecified, 4 (5%)
- Cough, 2 (2.5%)
- Acute tonsillitis, 1 (1.25%)
- Tension headache, 1 (1.25%)
- Haemorrhoids, 1 (1.25%)
- Sleep apnoea, 1 (1.25%)
- Diarrhoea and gastro-enteritis, 1 (1.25%)
- Herpetic neuralgia, 1 (1.25%)
- Hypertension, 1 (1.25%)
- Pruritis vulvae, 1 (1.25%)
- Hyperhydrosis, 1 (1.25%)
- Peripheral neuropathy, 1 (1.25%)
- Gout, idiopathic, 1 (1.25%)
- Backache, 1 (1.25%)

- Foot pain, 1 (1.25%)
- Imperfect erection, 1 (1.25%)
- Conjunctivitis, 1 (1.25%)
- Leucorrhoea, 1 (1.25%)
- Dysphagia, 1 (1.25%)
- Muscle pain, 1 (1.25%)

4.2.5 MENTAL AND EMOTIONAL SYMPTOMS

Table 4.6: Mental and emotional symptoms

Case number	Mental and emotional symptoms
S1	<u>Mental</u> : loquacious, weak memory <u>Emotional</u> : happy
S2	<u>Mental</u> : poor concentration, weak memory, timid <u>Emotional</u> : symptom was not described by patient
S3	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : symptom was not described by patient
S4	<u>Mental</u> : none recorded <u>Emotional</u> : none recorded
S5	<u>Mental</u> : stressed due to finance, fears poverty, starving and health reasons <u>Emotional</u> : unhappy but puts on a cheerful face for others
S6	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : symptom was not described by patient
S7	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : symptom was not described by patient
S8	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : worried about health
S9	<u>Mental</u> : timidity <u>Emotional</u> : anger, disappointment, suppressed emotions
S10	<u>Mental</u> : timidity, aversion to talking, desires to be alone, self-conscious about appearance <u>Emotional</u> : mildly depressed
S11	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : symptom was not described by patient
S12	<u>Mental</u> : mental and physical abuse <u>Emotional</u> : sadness, concerned about the welfare of her children
S13	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : depression due to medical diagnosis
S14	<u>Mental</u> : mental fatigue, stressed <u>Emotional</u> : sensitive, weeps easily
S15	<u>Mental</u> : desires company, aversion to being alone, fears dogs <u>Emotional</u> : symptom was not described by patient
S16	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : symptom was not described by patient
S17	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : symptom was not described by patient
S18	<u>Mental</u> : mental confusion <u>Emotional</u> : symptom was not described by patient
S19	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : symptom was not described by patient

S20	<u>Mental:</u> desires to be alone, aversion to talking <u>Emotional:</u> symptom was not described by patient
S21	<u>Mental:</u> symptom was not described by patient <u>Emotional:</u> symptom was not described by patient
S22	<u>Mental:</u> desires company, to travel. Fears snakes, dogs, heights. Perfectionist, organised <u>Emotional:</u> weepy, everything upsets her
S23	<u>Mental:</u> desires company <u>Emotional:</u> symptom was not described by patient
S24	<u>Mental:</u> symptom was not described by patient <u>Emotional:</u> symptom was not described by patient
S25	<u>Mental:</u> mental fatigue <u>Emotional:</u> weeps easily
S26	<u>Mental:</u> talkative <u>Emotional:</u> happy loves socialising
S27	<u>Mental:</u> aversion to conflict, desires peace <u>Emotional:</u> happy, bubbly personality
S28	<u>Mental:</u> stressed about finances, mental fatigue <u>Emotional:</u> weeps easily, suppressed emotions, overwhelmed with responsibility of being a single parent
S29	<u>Mental:</u> lonely <u>Emotional:</u> worried about the future, anxiety causing restlessness, insomnia at night
S30	<u>Mental:</u> symptom was not described by patient <u>Emotional:</u> concerned about her health
S31	<u>Mental:</u> symptom was not described by patient <u>Emotional:</u> symptom was not described by patient
S32	<u>Mental:</u> symptom was not described by patient <u>Emotional:</u> symptom was not described by patient
S33	<u>Mental:</u> mental fatigue <u>Emotional:</u> overwhelmed by pressure from family. with regards to her studies
S34	<u>Mental:</u> mental fatigue, emotionally abused <u>Emotional:</u> anger
S35	<u>Mental:</u> symptom was not described by patient <u>Emotional:</u> symptom was not described by patient
S36	<u>Mental:</u> stressed about welfare of grandchild <u>Emotional:</u> grief, loss of child
S37	<u>Mental:</u> stressed, domestic abuse, timid and withdrawn <u>Emotional:</u> depressed
S38	<u>Mental:</u> unhappiness, desires high that drugs gives him, desires to feel happy <u>Emotional:</u> sadness
S39	<u>Mental:</u> symptom was not described by patient <u>Emotional:</u> symptom was not described by patient
S40	<u>Mental:</u> symptom was not described by patient

	<u>Emotional</u> : symptom was not described by patient
S41	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : symptom was not described by patient
S42	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : worried about finances.
S43	<u>Mental</u> : stress and anxiety about finances <u>Emotional</u> : worried about his unstable relationship
S44	<u>Mental</u> : stressed about unemployment, mental fatigue <u>Emotional</u> : sadness and worried
S45	<u>Mental</u> : stressed <u>Emotional</u> : anger about boyfriends betrayal.
S46	<u>Mental</u> : very shy, timid, aversion to being alone, self-conscious <u>Emotional</u> : symptom was not described by patient
S47	<u>Mental</u> : hopelessness, does not care about life <u>Emotional</u> : sadness
S48	<u>Mental</u> : hopelessness, desires to escape <u>Emotional</u> : anger about being abandoned by father
S49	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : happy
S50	<u>Mental</u> : quiet, introvert <u>Emotional</u> : symptom was not described by patient
S51	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : symptom was not described by patient
S52	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : grief, loss of son
S53	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : happy
S54	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : symptom was not described by patient
S55	<u>Mental</u> : mental confusion, forgetful <u>Emotional</u> : sadness
S56	<u>Mental</u> : reserved, quiet <u>Emotional</u> : symptom was not described by patient
S57	<u>Mental</u> : fears for his health, forgetful <u>Emotional</u> : worried
S58	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : symptom was not described by patient
S59	<u>Mental</u> : active mind, mentally alert, patience <u>Emotional</u> : happy
S60	<u>Mental</u> : symptom was not described by patient <u>Emotional</u> : symptom was not described by patient
S61	<u>Mental</u> : fears death, dying, being sick and suffering <u>Emotional</u> : worries about health

S62	<u>Mental:</u> talkative, bubbly <u>Emotional:</u> happy
S63	<u>Mental:</u> hypersensitive (pain), poor concentration, feels her mind is all over the place (overactive mind) <u>Emotional:</u> worried, scared
S64	<u>Mental:</u> shy, aversion to reprimand, fears snakes, apprehension <u>Emotional:</u> symptom was not described by patient
S65	<u>Mental:</u> anxious about health <u>Emotional:</u> symptom was not described by patient
S66	<u>Mental:</u> symptom was not described by patient <u>Emotional:</u> symptom was not described by patient
S67	<u>Mental:</u> indifferent, aversion to talking <u>Emotional:</u> emotionally numb
S68	<u>Mental:</u> symptom was not described by patient <u>Emotional:</u> symptom was not described by patient
S69	<u>Mental:</u> symptom was not described by patient <u>Emotional:</u> worried about health
S70	<u>Mental:</u> domestic abuse, stressed <u>Emotional:</u> sadness
S71	<u>Mental:</u> talkative, mentally alert, stressed about health <u>Emotional:</u> grief, weeps when alone
S72	<u>Mental:</u> loves her independence, desires being around people, caring <u>Emotional:</u> happy
S73	<u>Mental:</u> fears life, of dying <u>Emotional:</u> grief loss of close family
S74	<u>Mental:</u> optimistic <u>Emotional:</u> calm and at peace
S75	<u>Mental:</u> fears death and suffering, gets irritated easily <u>Emotional:</u> emotionally sensitive, violent rage
S76	<u>Mental:</u> mental alertness <u>Emotional:</u> symptom was not described by patient
S77	<u>Mental:</u> diagnosed with bipolar disorder <u>Emotional:</u> depressed
S78	<u>Mental:</u> desires consolation and company <u>Emotional:</u> happy
S79	<u>Mental:</u> optimistic, social, desires to travel (loves seeing new places), fears height <u>Emotional:</u> happy in a good space
S80	<u>Mental:</u> mental fatigue, poor concentration, hopelessness <u>Emotional:</u> sadness

Table 4.6. reflects the results of the mental and emotional symptoms that emerged during the initial consultation.

Mental symptoms:

The mental symptoms that emerged from data are as follows:

- stress, 9 (11.25%)
- timidity and shyness, 8 (10%)
- mental fatigue, 7 (8.75%)
- fear for their health and/or a fear of death, 6 (7.5%)
- the desire for company with an aversion to being alone, 6 (7.5%)
- weak memory, 4 (5%)
- loquacious, 4 (5%)
- poor concentration, 4 (5%)
- sense of hopelessness, 3 (3.75%)
- desire to be alone with an aversion to talking, 3 (3.75%)
- mentally alert, 3 (3.75%)
- feared dogs, 2 (5%)
- mental confusion, 2 (2.5%)
- indifferent, 2 (2.25%)
- desire to travel, 2 (2.5%)
- self-conscious about their appearance, 2 (2.5%)
- fear of snakes, 2 (2.5%)
- fear of heights, 2 (2.5%)
- over-active mind, 2 (2.25%)
- hypersensitive to pain, 1 (1.25%)
- an aversion to being reprimanded, 1 (1.25%)
- apprehensive, 1 (1.25%)
- feeling lonely, 1 (1.25%)
- aversion to conflict, 1 (1.25%)
- anxiety, 1 (1.25%)
- easily irritated, 1 (1.25%) and
- violent rage. 1 (1.25%)

Emotional symptoms:

Various emotional states emerged from the data reviewed:

- sense of happiness, 11 (13.75%)
- feeling worried, 9 (11.25%)
- feeling of unhappiness or sadness, 7 (8.75%)
- emotionally sensitive, wept easily. 6 (7%)
- grief, 4 (5%)
- depression, 4 (5%)
- anger, 4 (5%)
- feeling overwhelmed, 3 (3.75%)
- suppressed their emotions, 3 (3.75%)
- feeling of disappointment, 1 (1.25%)
- feeling calm and peaceful, 1 (1.25%) and
- his drug addiction and desire for the high feeling that the drugs gave him, 1 (1.25%)

4.2.6 PHYSICAL GENERAL SYMPTOMS

Table 4.7: Physical general symptoms

Case number	Physical general symptoms
S1	Low energy Worse at night, bathing, hot weather; summer Itchy skin
S2	Worse for rest, lying down, night, wind Better for movement Poor vision due to cataract over left eye Desires: apples, bananas and water Aversion: red meat Increased thirst and perspiration Hot and burning sensation of skin, pins and needle sensation of feet, painful feet with sensation as if something was crawling internally
S3	Worse for water on affected parts Low energy, itchy skin
S4	Insomnia, low energy Worse for cold, wind and wearing clothes Burning and itchy skin
S5	Worse at night, bathing Low energy Large appetite; blurry vision when hungry, constantly hungry

	Craves: meat and cranberry juice Burning and itchy skin
S6	Better for bandaging or pressure, salt water Craves: pineapples Stabbing pains on left leg
S7	Increased thirst, better for cold water. Itchy face, burning feet, itchy eyes
S8	Good appetite, thirstless Worse for walking Burning with knife-like sensation of both feet
S9	Good appetite, craves: beef Dislikes: samp and beans Low energy, takes energy drink daily Increased perspiration, perspires even in cold weather or when uncovered Stiffness and burning in lumbar region Bitter saliva on waking Worse: movement, exertion Better: sitting
S10	Worse: sun, summer, motion, cold water Better: hot water Generally itching but stings after scratching on face, arms and trunk
S11	Worse: night and on waking (morning) Increased thirst, better for drinking water Craves: mealies and sweets Aversion; beans Energy: fluctuates but most days energy is low Itching and burning with sensation as if something is crawling under the skin
S12	Worse: touching affected parts, bathing, rubbing Itching and burning of face and feet
S13	Extreme thirst, dry mouth worse on waking Increased appetite, constantly hungry Craves: fruit particularly banana, pears and grapes Worse: hot weather, hot application, bending forward, moving the face Better: rubbing Intense itching and the sensation as if something was crawling up and down the face, right sided complaint
S14	Worse: night, warmth Craves: fruit Low energy, fatigue Sharp frontal headache with eye pain
S15	Worse: walking, night, heat Good appetite Increased perspiration Burning cramping of both feet

S16	<p>Worse: night, movement, after urination</p> <p>Better: sitting</p> <p>Aversion: beans</p> <p>Insomnia, increased perspiration</p> <p>Burning on urination, radiating poking, cutting pain from umbilicus to bladder</p>
S17	<p>Worse: heat, bathing; hot water, touch, perspiring</p> <p>Increased thirst and appetite</p> <p>Periodicity of symptoms; symptoms only occurred on Wednesdays</p> <p>Intense itching and burning of right ankle</p>
S18	<p>Worse: motion; better: hot water</p> <p>Insomnia</p> <p>Sharp burning knife-like pains on the right side of the lower extremities</p>
S19	<p>Worse: drinking water; better: change in weather</p> <p>Low appetite and energy</p> <p>Fever and chills, dry throat, frontal throbbing headache with heat sensation to heat. General malaise and lethargy with yellow discharge</p>
S20	<p>Worse: heat, perspiration; better: cold weather</p> <p>Throbbing occipital headache</p> <p>Intense itching of right ankle</p>
S21	<p>Worse: heat, hot weather, perspiring, bathing</p> <p>Heat sensation with itching of skin</p>
S22	<p>Worse: winter, hot water, wearing wool</p> <p>Better: cold water</p> <p>Good appetite, low energy, insomnia</p> <p>Itchy face, elbow and head (scalp)</p>
S23	<p>Worse: night, change in weather, heat</p> <p>Good appetite, constantly hungry</p> <p>Desires: bananas</p> <p>Painful throat, dry hacking cough, ailments due to exposure to cold</p>
S24	<p>Worse: night, morning, initial movement</p> <p>Better: rest, open air</p> <p>Increased thirst for large amounts of water</p> <p>Insomnia, low energy</p> <p>Throbbing burning pains, left-sided complaint</p>
S25	<p>Worse: summer, wearing wool</p> <p>Better: cold applications</p> <p>Increased appetite, constantly hungry</p> <p>Itchy eruptions on the face and head</p>
S26	<p>Better: pressure, extending the neck</p> <p>Low energy, fatigue, constant desire to sleep</p> <p>Burning hot sensation with pulling pain</p> <p>Ball sensation in the throat, abdominal bloating</p>
S27	<p>Worse: sitting, pressure, bending</p> <p>Craves: bread, apples, red meat</p>

	Low energy, temporal headache, urine retention Throbbing, burning pains
S28	Worse: warmth, night sweating Craves: red meat Dull pressure frontal headache with eye pain, shoulder pain and Itchy skin
S29	Worse: bathing, hot weather, summer Insomnia, fatigue, increased thirst, good appetite Craves: soil/ sand Aversion: red meat Itchy, burning skin
S30	Worse: cold application, walking, standing, hot weather, morning (on waking) Low energy, increased thirst Craves: fruit particularly banana Aching cramps with stiffness of joints Hot burning feet
S31	Worse: evening Aversion: beans Left- sided complaint, sharp abdominal pain Itchy head and feet, left side
S32	Worse: heat, walking Better: warm applications Good energy, itchy heat sensations
S33	Worse: night, after bathing, tight things around affected area Hot flushes, decreased energy Itching and burning
S34	Worse: heat, night Low energy, fatigued Increased appetite, constantly hungry Increased perspiration, increased thirst Craves: sweat things Hot, itchy, burning skin Bladder infection, cough, fever and diarrhoea
S35	Worse: water, movement/ walking, night Better: rest Insomnia, sweet saliva, increased perspiration Itching with sharp pains Lightning temporal headache with pulling pains in the eyes Left- sided complaint, increased palpitations and difficulty breathing
S36	Worse: sun, warm weather, afternoon, morning Increased perspiration, increased flatulence Insomnia Craves: sour milk, red meat, cabbage Aversion: beans Itchy throat and skin, wet cough, temporal headache with eye pain

	(itchy eyes), piercing backache and heartburn
S37	Worse: heat/ hot weather Better: rubbing, cold weather/ applications Insomnia Aversion: beans Itchy and heat sensation of skin, heartburn and temporal headache
S38	Worse: afternoon; better: cold water Poor appetite, extremely thirsty (5L daily) Craves: fruit Itching and burning
S39	Worse: evening; better: cold water Low energy, fatigued, low appetite Craves: fruit Increased perspiration, night sweat Sensation as if something was crawling under the skin, itchy and dry skin and throat Ailments due to exposure to cold
S40	Worse: night, insomnia Aversion: beef, beans, cabbage Desires: rice, fish and vegetables Aggravation: bread Intense itching, swelling of eyes, diarrhoea and asthma
S41	Worse: heat, humid weather; better: cold Aversion: meat Desires: vegetables Temporal headache with vertigo, asthma and itchy skin
S42	Worse: night Low energy Increased perspiration (night sweat) and increased thirst Compression of chest, difficulty breathing accompanied by sinusitis
S43	Heartburn and chest pain Foul smelling black stool, old egg smell
S44	Worse: night, heat, bathing, sweating, water Craves: meat Insomnia, increased thirst, greasy skin generally Itchy dry skin
S45	Ailments due to exposure to rain Low appetite, fatigue, malaise, lethargy Sore throat, difficulty swallowing, wet cough, night sweats, temporal headache and heartburn
S46	Worse: sun, cold water, night, summer Desires: chicken, food Itchy dry skin with stinging pains
S47	Worse: night, lying on the affected side, heat, clothes, touching. Increased perspiration, thirst

	<p>Fatigue, throbbing temporal headache</p> <p>Desires: cool weather</p> <p>Dry cough, arthritis and heartburn</p> <p>Sharp neuralgic pains with itching</p>
S48	<p>Worse: night, bathing</p> <p>Good appetite, constantly hungry</p> <p>Desires: meat</p> <p>Aversion: bread</p> <p>Low energy, excessive sleep</p> <p>Increased perspiration, night sweats</p> <p>Burning sensation and painful urination</p>
S49	<p>Worse: heat, night, touch</p> <p>Better: cold water and cold applications</p> <p>Aversion: bread</p> <p>Craves: white meat</p> <p>Heartburn, asthma, burning and itching skin</p>
S50	<p>Worse: hot water, bathing, sweating, night</p> <p>Dyspepsia, heaviness in abdomen and burning itchy skin</p>
S51	<p>Worse: morning, perspiring, hot baths</p> <p>Better: cold water</p> <p>Increased perspiration and thirst</p> <p>Temporal and frontal headaches described as burning with heat sensation to the head</p>
S52	<p>Worse: sitting</p> <p>Better: standing</p> <p>Disturbed sleep, heart burn and left sided temporal headache</p> <p>Aversion: meat; desires: samp and beans</p>
S53	<p>Worse: touch, water; bathing, heat</p> <p>Decreased appetite, increased thirst</p> <p>Burning hot itching feet</p>
S54	<p>Worse: bathing, night</p> <p>Aversion: dairy and bread</p> <p>Intolerable itch (genitalia) and heartburn</p>
S55	<p>Worse: heat, right side</p> <p>Better: bathing, cold</p> <p>Increased perspiration especially on face and head</p> <p>Aversion: spicy food</p> <p>Headache with abdominal pain</p>
S56	<p>Worse: night, hot weather</p> <p>Better: bathing</p> <p>Low energy, increased appetite</p> <p>Itchy skin</p>
S57	<p>Worse: night, afternoon, heat</p> <p>Increased perspiration, fluctuating appetite (mostly poor appetite), insomnia and frequent urination</p> <p>Heat sensation (as if body is on fire) then chills, internally burning heat</p>

	but externally skin is icy
S58	Worse: touch, sitting, lying on affected part Better: cold application Burning skin and headache
S59	Worse: warm weather, bathing Aversion: spicy food, beef Heat sensation at night, night sweat Extremely itchy skin and painful diarrhoea
S60	Worse: night, heat, lying down (heat of the bed) Increased thirst, itching skin, swollen fingers and a wet cough
S61	Worse: heat, warm water Better: cool air, cold baths No appetite, desires: meat Foul smelling stool with increased flatus Diarrhoea with abdominal pain Thobbing, pulsating headache with vertigo
S62	Worse: cold,night Constantly thirsty, craves fruit, good energy Uterine bleeding, boils in axilla and itchy skin Pain on coughing with a painful throat
S63	Worse: heat,sun, sweating, touch Better: cold water Low energy, fatigue, insomnia, increased thirst and appetite. Lower back pain with itchy and burning skin
S64	Worse: night Better: bending double Good appetite, aversion to meat, bread, likes cabbage and rice, poor sleep but very energetic and increased perspiration. Ailments due to exposure to cold
S65	Worse: bathing, pressure Good appetite, itchy hot and burning skin
S66	Worse: night Itching and burning legs and hands
S67	Worse: rubbing, night Low energy, fatigue, excessive thirst and great hunger. Temporal and occipital head with throbbing pain in the left eye
S68	Worse: morning and night,cold water Better: sunny weather Burning and itching of the shoulder, back and buttock. Influenza with respiratory complaints, dry barking cough
S69	Worse: exertion, night Better: rest Constantly hungry, big appetite, craves sweets Increased flatus, insomnia, painful hot feet at night, fibroids, chest pain and headache Compresion of chest, difficulty breathing with burning sensation in the

	head
S70	Worse: bathing, heat, urination Burning urination with itching vagina. Burning and cutting pains on urination. Fever, myalgia and frontal headache
S71	Worse: touch, night Increased energy and appetite Difficulty falling asleep (insomnia) Itching burning hot feet with poking pains in joints (arthritis)
S72	Worse: eating Aversion: spicy food, salty food, tomato, fish and cabbage. Loss of appetite, low energy, insomnia, vertigo, abdominal cramps with bloating, heartburn and sensitive itchy skin (dry skin)
S73	Worse: swallowing, solid foods, dry food, eating, night Lump in throat sensation, pain on swallowing Aversion to beans, low energy, no thirst, insomnia, bloating and gastric ulcer
S74	Worse: clothes, pressure Fatigue, aversion to beans, heartburn, stomatitis and abdominal cramps. Itchy dry skin affecting entire body except the face
S75	Worse: bathing, urination, touch, night Very energetic, excellent sleep and appetite and increased perspiration. Burning and itching eruptions
S76	Worse: sweating, night Better: cool air Fatigue, increased perspiration, good appetite, aversion to red meat, desires cold water, palpitations, headache and productive cough. Itching with no relief
S77	Worse: night, humid weather Fatigue, insomnia, big appetite, craves sugar, increased flatus, hoarse voice and vaginitis
S78	Worse: hot weather, clothes Fatigue, increased flatus, yellow stool, excessive sleep, insomnia, fluctuating appetite, aversion to red meat and dairy products and craves coffee
S79	Worse: bending, overexertion, lying on the back and afternoon. Better: pressure, and resting Tingling nerve pain, cough and itching skin without and eruptions
S80	Worse: bending head forward, heat Better: cool air, closing eyes Thirst for cold water, increased perspiration, craves meat and fruit, aversion to beans, low energy, sleeps well, throbbing temporal headache and a dry cough

Table 4.7 reflects the results of the physical general symptoms that patients included in the study presented with in the study period.

The data was categorised under different sub-headings for analysis. Sub-headings include: sensations, modalities, and generals.

4.2.6.1 SENSATIONS

Sensations that emerged from the cases analysed where *Sulphur* was prescribed:

- Itching
- Burning
- Heat
- Pins and needles
- Crawling (internally/ under the skin)
- Stabbing pains, sharp, cutting, knife-like
- Stiffness
- Stinging pains
- Pulling pains
- Dryness
- Throbbing
- Malaise and lethargy
- Ball or lump sensation (in throat)
- Bloating or heaviness (abdomen)
- Neuralgic pains

The above sensations that emerged from the cases reviewed were drawn from various systems of complaint and reflected the general sensations experienced by patients for whom *Sulphur* was prescribed. From the data that emerged, the key features for the prescription of Sulphur were noted: most patients complained of itching and burning of some sort or heat related to the affected part.

4.2.6.2 MODALITIES

Table 4.8: Modalities of cases where *Sulphur* was prescribed

Worse for:	Better for:
Night	Movement (less common)
Bathing, water on affected parts	Pressure/bandaging
Hot weather; summer	Sitting (more common)
Wearing clothes	Cold applications

Walking	Closing the eyes
Movement (more common), exertion	
Mornings (on waking)	
Touching, rubbing affected parts	
Hot applications	
Bending over / bending double	
After urination	
Perspiring	
Wearing wool	
Change in weather	
Heat of bed (night)	
Swallowing	
Lying on the back	

The modalities that arose from the data revealed that most patients were better for sitting or resting, while a few felt better for movement. Patients also felt better for pressure or bandaging the affected part, closing their eyes and for cold applications to the affected part.

In accordance with a *Sulphur* prescription, the majority of patients complained of feeling worse at night, for bathing or having water over the affected part. They also felt worse during summer or hot weather, a change in weather, wearing clothes particularly wool, walking or movement, in the mornings particularly on waking, for touching or rubbing the affected part or parts, hot applications to affected part, bending over or bending double, after urination, perspiring, the heat of a bed; becoming heated in bed at night, swallowing in throat afflictions and for lying on their backs.

4.2.6.3 GENERAL SYMPTOMS

General symptoms for cases analysed where *Sulphur* was prescribed:

- Poor vision
- Increased thirst, for large quantities and for cold water or thirstless
- Increased perspiration
- Desires: fruit, sweets, sour milk, vegetables, coffee, soil/sand, red meat (more common)

- Aversions: red meat (less common), beans, bread, spicy foods and dairy products
- Insomnia
- Appetite: increased or large, constantly hungry
- Bitter saliva (on waking), sweet saliva or dry mouth
- Ailments due to exposure to cold or rainy weather
- Urine retention, bladder infection, frequent burning, painful urination
- Energy: low, fluctuating but mostly low, excessive sleep
- Hot flushes, fever and chills, night sweats
- Increased palpitations, compression of chest with difficulty breathing, sharp chest pain
- Increased flatulence, dyspepsia
- Skin: generally unhealthy; greasy/ excessively dry skin, eruptions of all sorts, eruptions on genitalia
- Influenza with respiratory complaints; productive (green sputum) / dry cough
- Joint stiffness and pain (arthritis)
- Yellow discharges

4.2.7 PARTICULAR SYMPTOMS

Table 4.9: Particular symptoms

Case number	Particular symptoms
S1	Pruritic bilateral sores that develop into pustules. Sores on legs only, however, patients whole body is intensely pruritic.
S2	Hot and burning lower extremity, unilateral, affects the left leg.
S3	Bilateral eruption on the lower extremities, eruptions are suppurating a yellow thick substance.
S4	Burning intense itching eruption.
S5	Burning pain in the left leg with vesicular eruptions on the body which resolves leaving a black scar.
S6	Blisters on the left leg with stabbing pains, the leg is oozing pus.
S7	Itching face and eyes.
S8	Knife-like sensation in the feet, sharp burning sensation in the feet.
S9	Stiffness and burning pain in the lumbar region, bitter saliva on waking and excessive perspiration.
S10	Dry itchy skin with vesicles suppurating a watery substance.

S11	Pruritic burning eruptions wich ooze blood and leave a black scar when resolved.
S12	Eruptions on the face that develop into big pimples which suppurate a clear substance, leaving a black spot or mark once resolved.
S13	Eruptions on the right side of the face with swelling of the right eyelid.
S14	Papular rash that is extremely itchy.
S15	Feet are extremely white with ulcers between the toes, feet perspire.
S16	Burning pains on urination with poking, cutting pains in the bladder.
S17	Periodicity. Dry, scaly eruptions (white scales), voluptuous itch that is worse for touch. Patient felt feverish then chills.
S18	Sharp pains in the lower extremities with burning pain in the lumbar region.
S19	Yellow nasal discharge with throbbing frontal headache.
S20	Papular rash that is intensely itchy.
S21	Eruptions aggravated by water, blisters suppurating a clear substance.
S22	Pruritic recurring eruptions that bleed and eventually develop into sores.
S23	Teeth brittle, break off with bleeding gums and general unhealthy skin.
S24	Furuncles on the foot and axilla.
S25	Pruritic eruptions that suppurate a sticky white substance.
S26	Burning pulling headache at the vertex.
S27	Throbbing anus with bleeding that feels hot when passing stool.
S28	Small vesicular eruptions that are extremely itchy.
S29	Red, moist rash under the breast that is itching and burning.
S30	Lesion on foot (diabetic) that is hot and burning, worse at night and for bathing (water).
S31	Sores on the scalp and feet that are extremely itchy.
S32	Scaly dry eruptions on the feet, the skin is thick and lichenified with clear white exudate. Eruptions leave a black mark when resolved.
S33	Greasy eruptions, tiny vesicular eruptions that cluster.
S34	Inflamed rash that is intensely itchy and burning and suppurating yellow discharge.
S35	Severely itchy skin, lightning pain headache (temporal) with eye pain.
S36	Rash that forms a plaque and leaves a black scar once resolved. Starts as a bullous white small rash, a water-filled rash with clear discharge.
S37	Papular rash that is intensely itchy.

S38	Watery vesicles in axilla and between fingers.
S39	Influenza with itching and night sweats.
S40	Ringworms over body and itching due to allergies.
S41	Pustular eruptions leaving black discoloration once resolved.
S42	Heavy breathing with sensation of a weight on the chest with flaring of nostrils.
S43	Black foul stool that smells like rotten eggs.
S44	Small itchy vesicles with no discharge.
S45	Influenza with coughing, night sweats and a temporal headache.
S46	Blisters with stinging pains and worms on passing stool.
S47	Neuralgic pain, eruptions on the right side of the face and neck with a temporal headache.
S48	Scaly itchy rash that burns and ulcerates.
S49	Lesions on the right thigh and groin with clear discharge.
S50	Scaly, dry, itching small vesicles that turn black once resolved.
S51	Itching eruptions with watery discharge, sticky discharge in the morning on waking. Discharge oozes, maculopapular rash.
S52	Sores in the anus, raised sores as if swollen.
S53	Dry scaly feet, plantar warts bilaterally. Yellow discharge that bubbles as it oozes.
S54	Small pustules on the genitalia that are intensely itchy, no vaginal discharge.
S55	Crusty sores covering entire body, bleeding sores. Eruptions on the folds of the skin, genital warts. Unhealthy appearance of skin, ulcers suppurating yellow pus, oozing discharge.
S56	Eczema that is dry and scaly with hyperpigmented skin.
S57	Internal heat, the body is on fire but externally skin is ice cold.
S58	Oozing sores, small pimples that develop into boils and suppurate a yellow discharge. Skin is generally extra dry.
S59	Vesicles on the hand and buttocks suppurating a clear liquid.
S60	Intensely itchy skin that leaves a discoloration. Skin around nail is hard and discharging, slow healing and swollen fingers.
S61	Pruritic eruption suppurating a watery discharge.
S62	Influenza with a wet cough, pain on coughing. Boils in axilla suppurating yellow discharge.
S63	Intensely pruritic, burning rash.
S64	Productive cough with green sputum, coughs until he gags.
S65	Boils suppurating yellow pus and are intensely itchy and burning.
S66	Small vesicular eruption that is fluid filled, with a productive cough, green sputum.
S67	Throbbing temporal, occipital headache with eye pain.
S68	Ringworm on shoulders, back and buttock that burns and leaves black discoloration. Boils suppurate clear watery discharge.

S69	Compression of chest with difficulty breathing and sharp chest pain.
S70	Itching of vagina (internal and external) with a white discharge and vesicular eruptions.
S71	Dry scaly and very crusty feet that are intensely itchy.
S72	Yellow ulcer in the mouth caused by certain foods and a dry itchy scalp.
S73	Lump sensation in the throat with pain on swallowing.
S74	Pruritic dry unhealthy skin.
S75	Pruritic burning fluid filled vesicular eruptions worse for bathing.
S76	Desquamation of skin with a temporal and frontal throbbing headache.
S77	Itching on the anterior aspect of the body leaving black scars once resolved.
S78	Vesicular rash on inner thigh suppurating clear fluid.
S79	Extremely dry skin, painful feet and legs. Itching groin with burning and pruritic feet.
S80	Extreme weakness, throbbing headache, hot flushes and dry cough.

Table 4.9 reflects the results of the particular symptoms of each patient where *Sulphur* was prescribed in the study period. The results show that most patients (60%) suffered from skin afflictions of some sort.

Various types of skin eruptions were documented: pustules, vesicles, papules, bullous lesions, furuncles, lichenification, plaque, desquamated and ulcerated eruptions. These eruptions were described as being extremely pruritic (intolerable), hot and burning. Itching and burning eruptions on all parts of the body from the scalp to the feet, most commonly burning painful feet. Eruptions tend to leave dark or black scars once resolved and suppurate a yellow, bloody or clear exudate. There were generally unhealthy skin, patients presented with recurring skin conditions or a history of skin disease. Skin eruptions were worse at night, for heat and aggravated by water or bathing.

They also experienced backaches and painful extremities described as burning knife-like pains with stiffness of joints, worse for movement and on waking. There was an increase in perspiration particularly at night, as well as fevers and hot flushes. Nasal discharge and mouth ulcer or aphthae were described as being yellow with difficulty swallowing due to sore throat, ball or lump sensation in the throat.

Headaches occurred with eye pain or vertigo, more commonly a throbbing headache. Patients were also treated for influenza with respiratory complaints, productive cough (green sputum) or dry cough, night sweats and a headache which commonly tends to be temporal.

4.2.8 REMEDY POTENCIES

Table 4.10: Remedy potencies

Case number	Potencies
S1	30CH+
S2	30CH+
S3	30CH
S4	30CH+
S5	30CH+
S6	30CH+
S7	30CH+
S8	30CH
S9	30CH+
S10	30CH+
S11	30CH
S12	30CH
S13	200CH
S14	30CH+
S15	30CH+
S16	30CH
S17	30CH
S18	30CH+
S19	30CH
S20	30CH+
S21	30CH+
S22	30CH+
S23	200CH
S24	30CH+
S25	30CH+
S26	30CH+
S27	30CH+
S28	30CH+
S29	30CH+
S30	30CH
S31	30CH

S32	30CH+
S33	200CH
S34	30CH+
S35	30CH
S36	30CH+
S37	30CH+
S38	30CH+
S39	30CH
S40	30CH+
S41	30CH+
S42	30CH+
S43	30CH
S44	30CH+
S45	30CH+
S46	30CH+
S47	30CH+
S48	30CH
S49	30CH+
S50	30CH+
S51	30CH
S52	30CH+
S53	30CH
S54	30CH+
S55	30CH+
S56	30CH+
S57	200CH
S58	30CH+
S59	30CH+
S60	30CH+
S61	30CH
S62	30CH+
S63	30CH
S64	200CH
S65	30CH+
S66	30CH
S67	30CH
S68	30CH+
S69	30CH
S70	30CH+
S71	30CH+

S72	30CH
S73	30CH
S74	30CH+
S75	30CH
S76	30CH
S77	30CH+
S78	30CH+
S79	30CH
S80	30CH

Table 4.10 and Figures 4.9 and 4.10 show the potencies used, when *Sulphur* was prescribed during the study period. The most frequently prescribed potency was 30CH plussed potency, with 49 (61.25%) patients receiving this prescription. Powders were the second most popular for the two different potencies, 30CH powders with 25 (31.25%) and five (6.25%) patients receiving 200CH powders. A No. 1 vial of 30CH granules was dispensed to 1 (1.25%) patient, S8.

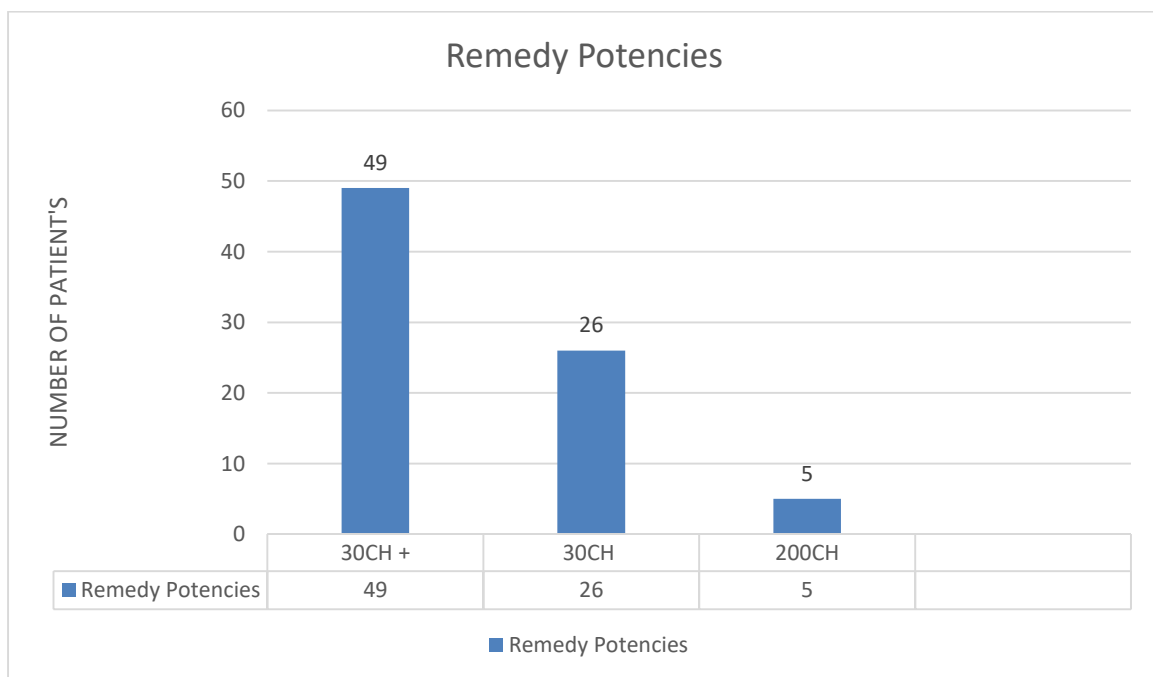


Figure 4.9: The number of remedy potencies prescribed

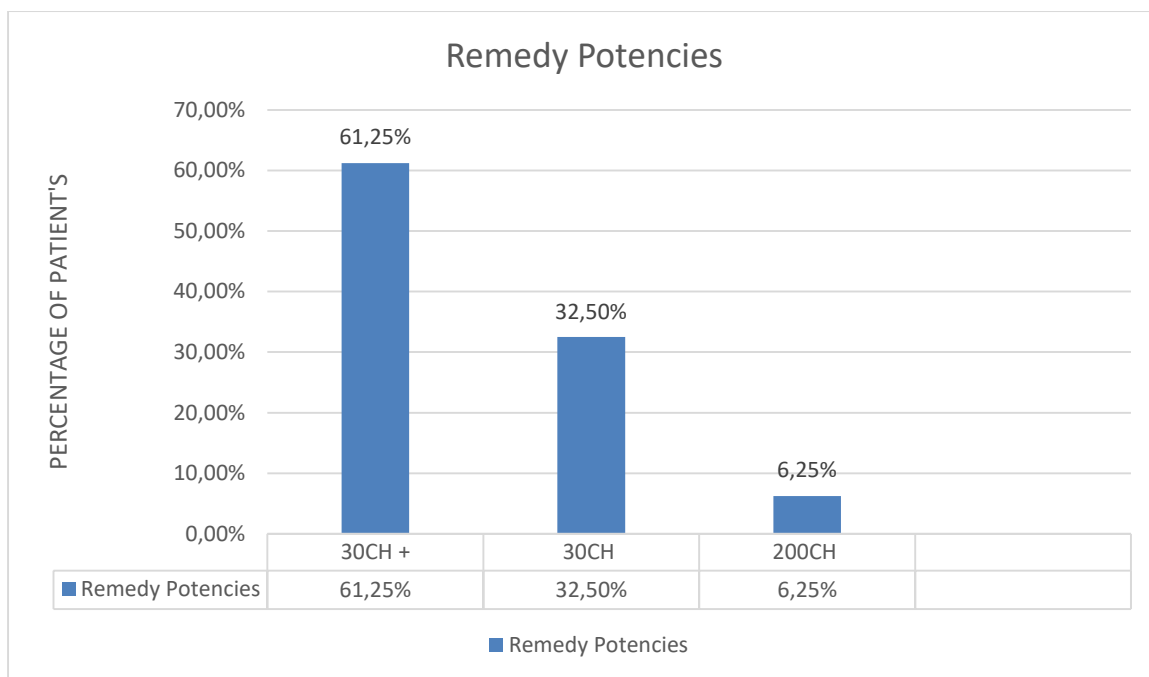


Figure 4.10: The percentage of remedy potencies prescribed

4.2.9 MEDIUM FOR REMEDY

Table 4.11: Medium for remedy

Case number	Medium
S1	30% alcohol
S2	30% alcohol
S3	Powders
S4	30% alcohol
S5	30% alcohol
S6	30% alcohol
S7	30% alcohol
S8	No. 1 vial granules
S9	30% alcohol
S10	30% alcohol
S11	Powders
S12	Powders
S13	Powders
S14	30% alcohol
S15	30% alcohol
S16	Powder
S17	Powder
S18	30% alcohol
S19	Powders

S20	30% alcohol
S21	30% alcohol
S22	30% alcohol
S23	Powders
S24	30% alcohol
S25	30% alcohol
S26	30% alcohol
S27	30% alcohol
S28	30% alcohol
S29	30% alcohol
S30	Powders
S31	Powders
S32	30% alcohol
S33	Powders
S34	30% alcohol
S35	Powders
S36	30% alcohol
S37	30% alcohol
S38	30% alcohol
S39	Powders
S40	30% alcohol
S41	30% alcohol
S42	30% alcohol
S43	Powders
S44	30% alcohol
S45	30% alcohol
S46	30% alcohol
S47	30% alcohol
S48	Powders
S49	30% alcohol
S50	30% alcohol
S51	Powders
S52	30% alcohol
S53	Powders
S54	30% alcohol
S55	30% alcohol
S56	30% alcohol
S57	Powders
S58	30% alcohol
S59	30% alcohol

S60	30% alcohol
S61	Powders
S62	30% alcohol
S63	Powders
S64	Powders
S65	30% alcohol
S66	Powders
S67	Powders
S68	30% alcohol
S69	Powders
S70	30% alcohol
S71	30% alcohol
S72	Powders
S73	Powders
S74	30% alcohol
S75	Powders
S76	Powders
S77	30% alcohol
S78	30% alcohol
S79	Powders
S80	Powders

Table 4.11 and Figures 4.11 and 4.12 show the results for the medium in which *Sulphur* was dispensed. Three mediums were used, namely, liquid (30CH plussed), powders and No. 1 vial of granules. The liquid potency was predominately used as 49 (61.25%) patients received the 30CH+ potency. A total of 30 (37.5%) patients received powders and 1 (1.25%) patient received a No.1 vial with granules.

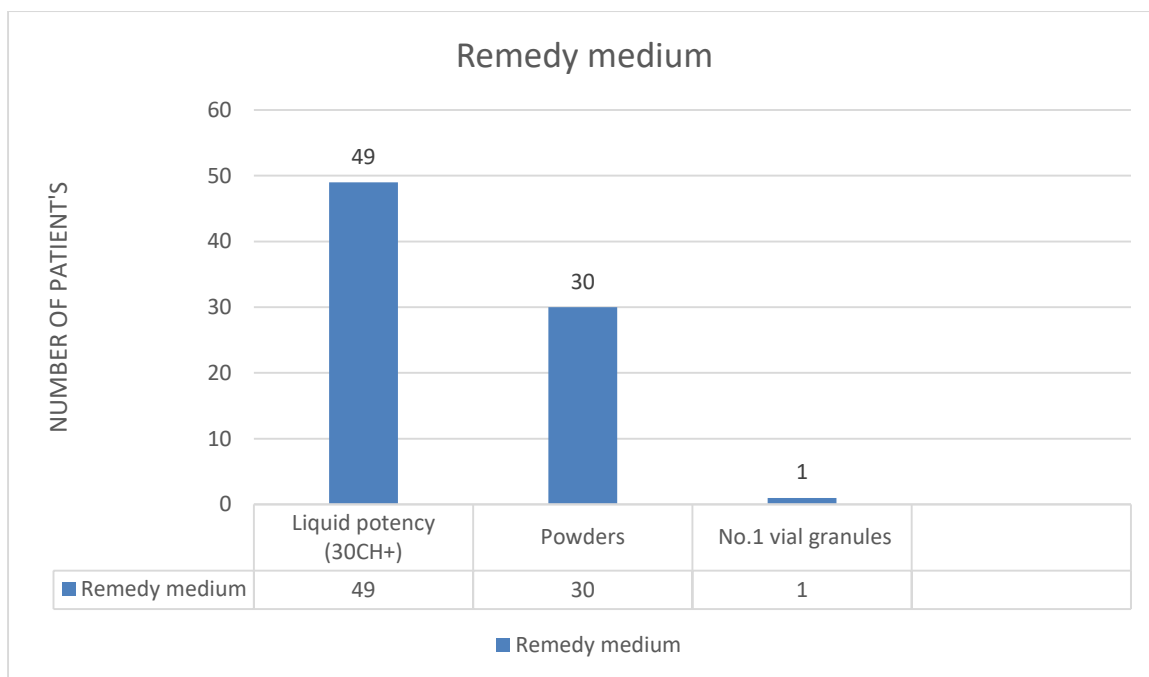


Figure 4.11: The medium in which *Sulphur* was prescribed

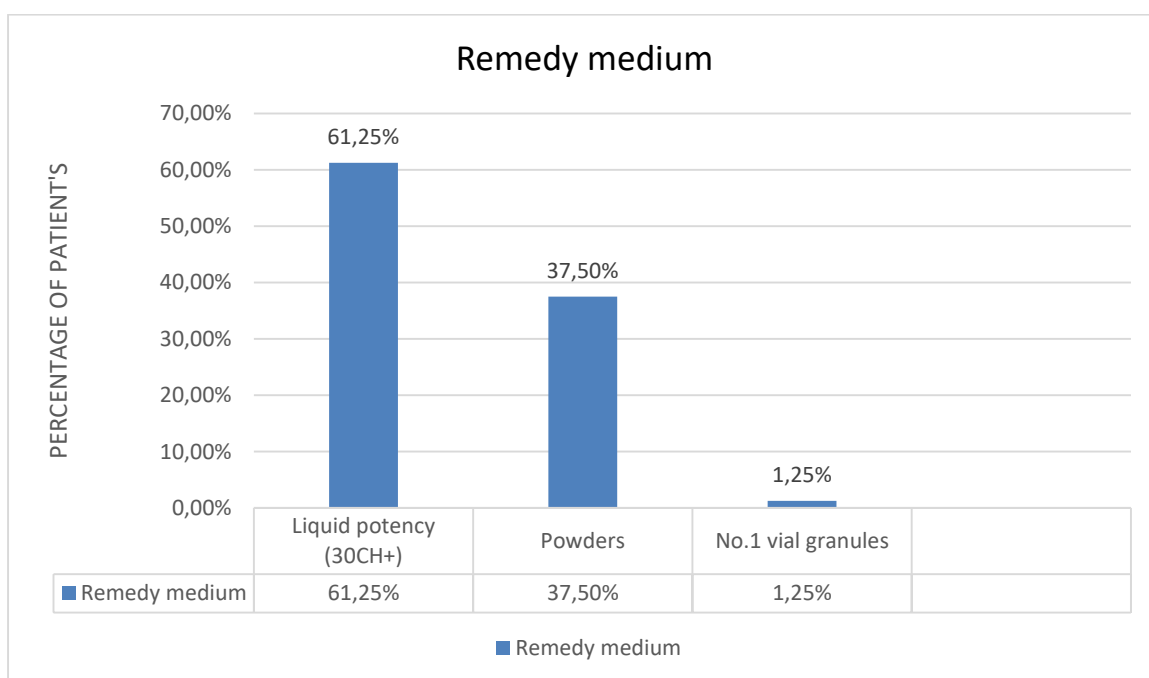


Figure 4.12: The percentage proportion of medium of *Sulphur* prescriptions

4.2.10 DOSAGE AND FREQUENCY

Table 4.12: Dosage and frequency

Case number	Dosage and frequency
S1	25ml/ 10 drops every morning
S2	30ml/ 5 drops twice daily
S3	6 powders/ 1 powder daily
S4	30ml/ 10 drops every morning
S5	30ml/ 10 drops every morning
S6	30ml/ 10 drops twice daily
S7	30ml/ 20 drops twice daily
S8	No.1 vial/ ¼ cap 3 times daily
S9	25ml/ 10 drops twice daily
S10	25ml/ 10 drops every morning
S11	5 powders/ 1 powder every morning
S12	3 powders/ 1 powder every morning
S13	3 powders/ 1 powder every morning
S14	30ml/ 10 drops every morning
S15	20ml/ 10 drops every morning
S16	6 powders/ 1 powder every morning
S17	3 powders/ 1 powder every morning
S18	25ml/ 10 drops every morning
S19	6 powders/ 1 powder every morning
S20	20ml/ 5 drops twice daily
S21	25ml/ 10 drops every morning
S22	30ml/ 10 drops every morning
S23	4 powders/ 1 powder 3 times daily
S24	30ml/ 10drops twice daily
S25	30ml/ 10 drops every morning
S26	25ml/ 10 drops every morning
S27	25ml/ 10 drops twice daily
S28	30ml/ 10 drops every morning
S29	25ml/ 10 drops twice daily
S30	6 powders/ 1 powder twice daily
S31	6 powders/ 1 powder twice daily
S32	30ml/ 10 drops every morning
S33	3 powders/ 1 powder daily
S34	25ml/ 5 drops twice daily
S35	6 powders/ 1 powder twice daily
S36	30ml/ 10 drops every morning

S37	20ml/ 5 drops twice daily
S38	30ml/ 5 drops twice daily
S39	6 powders/ 1 powder twice daily
S40	20ml/ 20 drops every morning
S41	25ml/ 10 drops every morning
S42	30ml/ 10 drops twice daily
S43	6 powders/ 1 powder twice daily
S44	25ml/ 6 drops twice daily
S45	25ml/ 6 drops twice daily
S46	20ml/ 10 drops every morning
S47	20ml/ 10 drops every night
S48	3 powders/ 1 powder daily
S49	25ml/ 5 drops twice daily
S50	20ml/ 10 drops twice daily
S51	3 powders/ 1 powder every morning
S52	20ml/ 10 drops every morning
S53	3 powders/ 1 powder every morning
S54	25ml/ 10 drops twice daily
S55	20ml/ 5 drops twice daily
S56	20ml/ 10 drops every morning
S57	5 powders/ 1 powder every morning
S58	20ml/ 5 drops twice daily
S59	30ml/ 5 drops three times daily
S60	20ml/ 10 drops twice daily
S61	3 powders/ 1 powder daily
S62	25ml/ 5 drops twice daily
S63	3 powders/ 1 powder daily
S64	3 powders/ 1 powder daily
S65	30ml/ 10 drops twice daily
S66	9 powders/ 1 powder three times daily
S67	6 powders/ 1 powder twice daily
S68	20ml/ 10 drops every morning
S69	6 powders/ 1 powder twice daily
S70	25ml/ 10 drops every morning
S71	20ml/ 5 drops every morning
S72	6 powders/ 1 powder twice daily
S73	6 powders/ 1 powder twice daily
S74	25ml/ 5 drops every morning
S75	5 powders/ 1 powder every night
S76	3 powders/ 1 powder daily

S77	30ml/ 10 drops every morning
S78	25ml/ 5 drops twice daily
S79	6 powders/ 1 powder every morning
S80	6 powders/ 1 powder three times daily

Table 4.12 reflects the dosage and frequency of *Sulphur* prescriptions. The results show that the 30CH+ potency was favoured, with 49 (61.25%) patients receiving this liquid potency. The most common dosage and frequency prescribed was the 30ml/ 10 drops every morning. Powders were prescribed to 30 (37.5%) patients; 1 powder daily was most common (18, 22.5%), followed by two times daily (8, 10%) and three times daily (4, 5%) patients. Granules in a No. 1 vial was prescribed to 1 (1.25%) patient.

4.2.11 COMPARISON OF EMERGING SYMPTOMS AGAINST THE VARIOUS EXISTING MATERIA MEDICA

Table 4.13: Comparison of emerging symptoms to the various existing materia medica

Emerging symptoms:	Concordant Materia Medica (Vermeulen, 2007)
Mind: S1- Loquacious, forgets easily but overall she is in a happy phase. S2- Poor concentration with weak memory. S5- Financial worries, fear of poverty, starving. S13- Patient is depressed due to medical diagnosis. S18- Mental confusion S20- Desires to be alone, aversion to talking. S22- Weepy, everything upsets her. S25- Mental fatigue, weeps easily. S27- Very religious, always praying, god fearing. Loves peace hates conflict. S28- Stressed about finances, sensitive, weeps easily. Aversion to talking, mental fatigue. S29- Anxiety about her future causing restlessness, insomnia at night. S37- Stressed, timid and withdrawn. S38- Unhappiness, desires drugs to give him a sense of happiness. S42- Financial worry, poverty. S43- Stress and anxiety about finance. S44- Stressed, mental fatigue (dullness). S46- Quiet, timid, withdrawn.	Very forgetful, difficult thinking. Too lazy to arouse himself; and too unhappy to live. <i>Sulphur</i> individuals are nearly always irritable, depressed, thin, weak, even with good appetite. Misplaces words or cannot find proper words, when talking or writing. Lazy, hungry and always tired. Dislikes having anyone near him, strong impulsive tendency to suicide by drowning or jumping from a window (in epileptic fits worse for during menses). Weeps without cause, or from slightest provocation, worse for consolation. Anxiety, preventing sleep in the evening. Depressed and weeping mood, restless at night, starting up. Weak memory, especially for names. Indifference to personal appearance; to welfare of others, to external things, to pleasure. Restlessness, persistent thought. Anxiety on waking at night. Dullness of mind, fear of poverty, starving (Vermeulen, 2007).

<p>S47- Upset over small trifles, sometimes does not care about life, hopelessness.</p> <p>S48- Does not care about himself if he dies, loss of hope. Desires to run away, to escape.</p> <p>S55- Mental confusion, misplaces things, very forgetful, sadness.</p> <p>S57- Forgetful</p> <p>S63- Poor concentration</p> <p>S65- Anxiety</p> <p>S67- Indifference, aversion to talking, desires silence</p> <p>S69- Restlessness, insomnia at night due to worrying about health</p> <p>S70- Financial stress/ anxiety</p> <p>S71- Weeps when alone, heartbroken</p> <p>S75- Gets irritated easily, very sensitive, bad temper, violent rage</p> <p>S77- Diagnosed with bipolar disorder (depression)</p> <p>S80- Poor concentration, mental fatigue, hopelessness</p>	
<p>Headache</p> <p>S14- Sharp frontal headache with eye pain</p> <p>S19- Frontal headache, throbbing pains with heat sensation to head</p> <p>S20- Throbbing occipital headache</p> <p>S26- Burning pulling pains, tension headache in the vertex.</p> <p>S27- Temporal headache</p> <p>S28- Dull pressure frontal headache with eye pain.</p> <p>S35- Lightening temporal headache with pulling pain in the eyes.</p> <p>S36- Temporal headache with eye pain.</p> <p>S37- Temporal headache</p> <p>S41- Temporal headache with vertigo.</p> <p>S45- Headache (unspecified)</p> <p>S47- Thobbing temporal headache.</p> <p>S51- Burning temporal and frontal headache.</p> <p>S52- Left sided temporal headache.</p> <p>S55- Headache (unspecified)</p> <p>S58- Headache (unspecified)</p> <p>S61- Throbbing, pulsating headache with vertigo.</p> <p>S67- Throbbing temporal and frontal headache with eye pain.</p> <p>S69- Burning headache</p> <p>S70- Frontal headache</p> <p>S72- Vertigo without headache.</p>	<p>Constant heat on top of head, desires cold applications.</p> <p>Heaviness and fullness, pressure in temples. Beating headache worse for stooping, and vertigo. Tinea capitis, dry scalp,< worse for washing/bathing. Itching; scratching = burning. Feeling of heaviness and fullness, especially in the morning; or in the evening,pressure in the forehead; or at night. Scalp dry and sore, excessive itching at night. Pressive headache, especially in the temples, in the morning on rising. Pain as if brain was beating against the skull,worse movement, light and after eating. Stitches in the head and out of the eye. Heavy, pressive frontal headache,especially in the morning and restlessness. Headache is better for hot application and closing eyes, in a dark room (Vermeulen, 2007).</p>

S75- Throbbing frontal headache S76- Headache (unspecified) S80- Throbbing temporal headache.	
Vertigo S41- Temporal headache with vertigo S61- Throbbing, pulsating headache with vertigo S72- Vertigo without headache	Vertigo in the forehead,worse for stooping and accompanied by a headache. Vertigo while walking in open air, on looking down and when rising from a seat (Vermeulen, 2007).
Eyes: S7- Eyes itching S13- Swelling of right eyelid S14- Eye pain accompanying a headache S28- Eye pain, dull pressure accompanying a frontal headache S35- Pulling eye pain accompanied by lightning temporal headache S36- Eye pain accompanying a temporal headache S40- Swollen eye S67- Throbbing pain in the eye accompanied by temporal and occipital headache	Burning ulceration of margin lids, head and burning in the eyes. Chronic ophthalmia and much burning and itching. Bursting pain in eyeballs. Painful inflammation of eyes from presence of foreign body. Photophobia, burning dryness of eyes, can not bear to have eyes washed (Vermeulen, 2007).
Nose: S6- Influenza, runny nose S17- Influenza, itching, burning, runny nose S18- Influenza, runny nose S19- Influenza, Yellow discharge from the nose S24- Nasal congestion S42- Sinusitis with flaring nostrils S45- Influenza, nasal congestion S68- Influenza, nasal congestion	Herpes across the nose, nose stuffed or congested. Fluent, burning coryza, worse for cold, frequent sneezing. Violent, frequent coryza, and frequent sneezing in the morning and evening. Profuse discharge of thick, yellow, purulent mucus. Itching and burning in nostrils, as if sores (Vermeulen, 2007).
Face: S7- Folliculitis, itching of face S12- Eruptions on the face that is itching and burning S13- Eruptions on the right side of the face, intense itching and sensation as if something is crawling under the skin S22- Eruptions on face, itching and burning S47- Neuragic pain (sharp) and eruption on the right side of the face and neck	Acne, drawing jerking pain in lower jaw. Painful eruptions around the chin. Herpes at the corner of the mouth. Heat and burning on the face, dark and red face (Vermeulen, 2007).

Mouth: S9- Bitter saliva, on waking. S13- Dry mouth, on waking S23- Teeth are brittle, break off with bleeding gums S72- Ulcers in the mouth, yellow ulcers	Bitter taste in the morning. Jerks through teeth. Swelling of gums;throbbing pains, thirst at night. Saliva profuse, and nauseating taste. Aphthae; thrush. Worse in the evening and at night, cold water and heat (Vermeulen, 2007).
Throat: S19- Dry throat, better drinking water. S26- Throat pain, ball sensation in throat S33- Sore throat without cough S39- Sore throat with cough S45- Sore throat, difficulty swallowing with a wet cough S62- Painful throat with a painful cough S73- Lump sensation in throat with pain on swallowing, worse after eating and at night	Pressure as from a lump, as from a splinter, as of a hair, as of vapour rising in throat. Burning, redness and dryness. Ball seems to rise and close pharynx. Swollen sensation in throat. Dryness of throat,= cough. Sore throat; soreness begins on the right side and goes to left; redness of tonsils. Burning up into throat, and sour eructations (Vermeulen, 2007).
Stomach: S2- Abdominal pain, desires; fruit in particular, apples and bananas, aversion to red meat Increased thirst S3- Dyspepsia S5- Large appetite, craves fruit juice. Patient is always hungry S6- Gastric ulcer (burning), craves; fruit in particular pineapples S8- Large appetite S9- Large appetite S11- Craves ; sweets, increased thirst S13- Large appetite, craves; fruit. Extremely thirsty, dry mouth on waking S14- Craves; fruit S16- Dyspepsia S17- Increased appetite, large appetite, increased thirst S19- Loss of appetite, low appetite S22- Dyspepsia, good appetite S23- Desires: fruit, generally good appetite S24- Increased thirst for large quantities of water S27- Craves: bread, fruit (apple), red meat S26- Abdominal bloating S29- Craves; soil/ sand, aversion; red meat. Increased thirst S30- Low appetite, craves: fruit, increased thirst	Complete loss of, or excessive appetite. Drinks much eats little. Great desire for sweets. Great acidity, sour eructations. Burning painful weight like pressure. Dyspepsia and heartburn. Very weak fainting ;must have something to eat. Aversion to meat, eggs, olives, beer, chicken,milk, sweets. Desires beer, fat and sweets, chocolate, sour, vegetables, warm drinks. Headache or tired feeling when he doesn't eat often. Stomach and abdomen seem full as soon as he sees food, cannot eat. Heaviness and dragging in the stomach, abdomen; at night, and palpitations. Can digest nothing but live on the most simple food (Vermeulen, 2007).

<p>S34- Increased appetite, constantly hungry. Craves sweet things, increased thirst</p> <p>S36- Heartburn, increased flatulence, craves; sour milk, meat and vegetables (cabbage), aversion to beans.</p> <p>S37- Heartburn, aversion; beans</p> <p>S38- Poor appetite, craves; fruit, extremely thirst, large quantities of water</p> <p>S39- Low appetite, craves fruit</p> <p>S40- Decreased appetite, aversion; beans, beef, cabbage. Desires; fish and vegetables</p> <p>S41- Aversion; red and white meat, desires; vegetables</p> <p>S43- Heartburn</p> <p>S45- Heartburn, loss of appetite</p> <p>S47- Heartburn, increased thirst.</p> <p>S48- Large appetite, constantly hungry</p> <p>S49- Heartburn</p> <p>S50- Dyspepsia with heaviness in the abdomen</p> <p>S51- Normal appetite but increased thirst</p> <p>S52- Heartburn, aversion; meat. Loss of appetite, increased thirst</p> <p>S53- Loss of appetite, increased thirst</p> <p>S54- Heartburn, aversion; dairy (milk)</p> <p>S56- Large appetite</p> <p>S57- Fluctuating appetite, mostly poor appetite</p> <p>S61- Loss of appetite</p> <p>S62- Craves; fruit, constantly thirsty</p> <p>S63- Large appetite, increased thirst</p> <p>S64- Good appetite, aversion; meat, desires; cabbage</p> <p>S67- Large appetite, excessive thirst</p> <p>S69- Constantly hungry, increased flatus, craves; sweets.</p> <p>S71- Large appetite</p> <p>S72- Heartburn, bloating, worse for water. Aversion; spicy foods, fish, cabbage. Loss of appetite.</p> <p>S73- Bloating, gastric ulcer, worse; swallowing, after eating and no thirst.</p> <p>S74- Heartburn, stomatitis, aversion; beans</p> <p>S75- Large appetite, aversion; sour milk.</p> <p>S76- Good appetite, desires; cold water, aversion; red meat.</p> <p>S77- Large appetite, increased flatus, craves; sugar.</p> <p>S78- Increase flatus, aversion; red meat, dairy. Craves; coffee, fluctuating appetite.</p>	

Abdomen: S2- Abdominal pain S26- Abdominal bloating S29- Abdominal pain during menstruation 31- Left- sided sharp abdominal pain S39- Lower abdominal pain S50- Heaviness in abdomen S55- Abdominal pain worse for spicy foods S72- Abdominal cramps with bloating S73- Abdominal bloating, vomitus yellow with mucus, worse; drinking water S74- Abdominal cramps	Very sensitive to pressure; internal feeling of rawness and soreness. Abdomen is heavy, as of a lump. Colic after eating or drinking, obliging him to bend forward double, < sweet things. Cutting and griping pains in lower abdomen, and pain in small of the back and chilliness. Sensitive to touch, in the morning. Fullness and tension in abdomen, as from incarcerated flatulence (Vermeulen, 2007).
Urinary S16- Burning on urination, urinary tract infection (UTI), worse; after urination, at night, movement. S18- Burning frequent urination , worse; motion. S27- Urine retention with backache. S34- UTI S48- Painful urination S57- Frequent urination S70- Painful urination	Frequent micturition, especially at night; usually with scanty discharge. Burning in urethra during micturition. Painful ineffectual efforts to urinate; retention; every cold settles in the bladder. Urine offensive, pressure after urination, as from a full bladder (Vermeulen, 2007).
Male: S16- Erectile dysfunction, burning on urination, cutting or poking pain radiating from umbilicus to bladder S48- Eruptions on genitals, itching and burning S75- Eruption on penis, itching, burning fluid filled vesicular eruption, worse; bathing	Stitches in penis and burning in urethra. Itching of genitals when going to bed. Fetid sweat on genitals itching in glans penis, itching of scrotum. Seminal discharge too quickly, shortly after an erection (Vermeulen, 2007).
Female: S5- Vaginal pruritis and burning, worse; washing or bathing S29- Dysmenorrhoea with abdominal pain S54- Eruptions (small pustules) on genitalia, intolerable itch S62- Uterine bleeding S69- Fibroids S70- Internal and external itching of vagina with a white discharge. Vesicular eruptions on genitalia, burning and cutting pains, worse; water, heat and urination S77- Vaginitis	Itching of pudenda; burning of vagina; worse for sitting: scarcely able to keep still. Much offensive perspiration and offensive sweat on thighs. Leucorrhoea, burning, excoriating; yellow mucus. Sore feeling in vagina during coition. Bearing down in pelvis towards genitals, worse for standing. Troublesome itching of vulva, and pimples all around. Sharp burning in mammae. Cutting pains in uterus during menses. Suppression of menses from slight physical or mental excitement. Amenorrhoea. Menses followed by slimy, acrid, milky leucorrhoea (Vermeulen, 2007).

<p>Respiratory:</p> <p>S10- Difficulty breathing, asthmatic patient. Worse; cold water, summer, better; hot water</p> <p>S19- Influenza, yellow discharge from nose. Dry cough with no expectoration, general malaise and lethargy</p> <p>S21- Difficulty breathing, asthmatic patient</p> <p>S22- Difficulty breathing, asthmatic patient</p> <p>S23- Dry hacking cough due to exposure to cold Worse; at night, change in weather.</p> <p>S24- Influenza, dry cough with nasal congestion. Better; rest, open air, worse; night, morning</p> <p>S35- Difficulty breathing, asthmatic patient</p> <p>S36- Wet cough with itchy throat</p> <p>S40- Difficulty breathing, asthmatic patient</p> <p>S41- Difficulty breathing, asthmatic patient, worse; heat/ summer</p> <p>S42- Difficulty breathing at night, sleep apnoea</p> <p>S45- Influenza, wet cough due to exposure to rain, accompanied by a headache and night sweat</p> <p>S46- Difficulty breathing, asthmatic patient</p> <p>S47- Dry cough accompanied by a temporal headache.</p> <p>S49- Difficulty breathing, asthmatic patient</p> <p>S60- Wet cough</p> <p>S62- Influenza with wet cough, pain on coughing, worse; at night, cold</p> <p>S64- Cough with green sputum, coughs until he gags. Worse; night, bending double</p> <p>S66- Productive cough with green mucus</p> <p>S68- Influenza with a dry barking cough</p> <p>S69- Difficulty breathing</p> <p>S75- Cough with a frontal throbbing headache</p> <p>S76- Productive cough with frontal throbbing headache</p> <p>S79- Cough, worse; bending double, lying on the back</p> <p>S80- Dry cough with a throbbing temporal headache, worse; bending head forward, heat</p>	<p>Difficult respiration; wants windows open. Loose cough; worse for talking, morning; greenish, purulent, sweetish expectoration. Violent cough, and headache, worse for lying on back. Cough dry at night, but loose in the daytime from crawling in the larynx. Shortness of breath from talking or when walking in the open air. Dry cough, and hoarseness, dryness in throat, and watery coryza. Short, dry, violent cough, and pain in the sternum, or with stitches in the chest (Vermeulen, 2007).</p>
<p>Chest:</p> <p>S2- Tightness of chest, worse; lying down, at night, wind</p> <p>S35- Palpitations</p> <p>S42- Compression on chest at night, sleep apnoea</p> <p>S64- Soreness of chest, worse; night, bending double</p> <p>S69- Chest pain, compression of chest and</p>	<p>Oppression, and burning sensation in chest. Heat throughout the chest. Chest feels heavy; stitches and heart feels too large and palpitating. Stitching pains shooting through to the back, worse for lying on the back or deep breathing. Oppression, as of a load on chest,</p>

difficulty breathing. Worse; at night, exertion. S76- Palpitations, worse; night	in middle of the night, better for sitting up. Pain in chest as if sprained. Pain in sternum on moving arm, and oppressed breathing (Vermeulen, 2007).
Heart: S35- Palpitations S57- Palpitations, worse;night S76- Palpitations, worse; night	Palpitation; worse for lying; at night;in bed;ascending. Pericarditis and effusion. Stitches in precordial region (Vermeulen, 2007).
Neck and back: S7- Right sided lumbar pain with burning feet S9- Stiffness and burning pains in lumbar region, worse; movement, exertion, better; sitting S18- burning lumbar pain S26- Neck pain with headache S27- Backache with urine retention S35- Sharp lumbar pain on the left side, worse; movement/ walking S36- Piercing backache, worse; morning, afternoon S47- Neuralgic pain and eruptions on the right side of the face and neck S63- Lumbar pain with fatigue	Pain in lumbar region, better for lying on stomach; walks bent, from pain in the back, he can only straighten up after moving. Aching in small of back, worse when urinating. Backache at night, small of the back feels bruised, prevents sleep. Worse for turning in bed, stooping and rising. Drawing pain and weakness (Vermeulen, 2007).
Extremities: S2- pins and needle sensation in the foot. Left foot is extremely painful sensation as if something is crawling internally. Worse; rest, lying down, wind, night., Better; movement S4- Arthritis, unspecified S5- Arthritis, unspecified S6- Stabbing pains in left leg with dermatitis S8- Burning with knife-like sensations in the feet (stabbing pains), worse;walking S9- Arthritis of small joints S12- Burning feet S18- Sharp pains in lower extremities S30- Aching camping pain with stiffness of small joints, knee and shoulder S79- Painful legs	Feeling of a band around bones. Hot, sweaty hands. Rheumatic pain in left shoulder. Rheumatic gout and itching. Burning in soles and hands at night. Stiffness of knees and ankles. Heaviness in ankles and feet. Eczema on palms; warts. Burning soles, wants them covered, at night. Swelling of joints, ulcers around the nails. Rapid swelling of finger, redness, stiffness and excessive burning and stitching. Drawing pains in all the joints worse in the evening, causing restlessness. Itching vesicles on back of hand. Violent shooting pains in hip joint, worse for touch,motion,turning in bed; cannot rise from bed (Vermeulen, 2007).
Skin: S1- Pruritic bilateral sores that develop into pustules. Sores localised to lower extremities, however entire body is pruritic	Dry, scaly, unhealthy skin. Pimples eruption, pustules, rhagades, hangnails. Excoriation, especially in folds. Skin affections after local medication. Pruritis, especially from

<p>S2- Pruritic, burning lower extremities</p> <p>S3- Bilateral pruritic eruptions on lower extremities, eruptions are Suppurating a yellow thick substance. Worse; water (wetting legs)</p> <p>S4- Intense pruritic burning eruptions affecting whole body</p> <p>S5- Burning pain in left leg with vesicular eruption on the body, leaving a black scar when resolved.</p> <p>S6- Blisters on left leg with stabbing pains, the leg oozes pus</p> <p>S10- Dry itching skin with vesicles suppurating a watery substance, worse; sun, summer</p> <p>S11- Pruritic burning eruptions which ooze blood and leaves black scars when resolved. Crawling sensation under skin, worse; night and on waking</p> <p>S12- Eruptions on the face start off small then develop into big pimples which suppurate a clear substance. Leaving black spots or marks once resolved. Worse; touch, bathing and rubbing</p> <p>S13- Eruption on the right side of the face with swelling of the right eyelid</p> <p>S14- Pruritic papular rash generalised</p> <p>S15- Feet ulcers between toes, increased sweat</p> <p>S17- Dry, scaly white eruptions on right ankle, voluptuous itch, worse; touch</p> <p>S20- Papular pruritic eruption generalised, scabies</p> <p>S21- Generalised eruptions aggravated by water, blisters suppurating a clear substance. Worse; heat, hot weather, bathing</p> <p>S22- Pruritic recurring eruptions that bleed when scratched, eventually develop into sores. Worse; wearing wool</p> <p>S23- Tinea capitis</p> <p>S24- Furuncles on foot and axilla, throbbing pains, worse; night, morning</p> <p>S25- Pruritic eruptions that suppurate a sticky white substance on the face, elbow and head</p> <p>S28- Pruritic vesicular eruption, worse; warmth, night and sweating</p> <p>S29- Red, moist, pruritic, burning rash under breast that is worse; bathing and hot weather</p> <p>S30- Diabetic lesion on foot, hot and burning</p> <p>S31- Tinea pedis and tinea cruris</p> <p>S32- Scaly dry eruptions on feet (bilateral). Skin is thick and lichenified With clear white exudate. Leaves black mark when resolved</p> <p>S33- Greasy eruptions, tiny vesicular, popular eruptions. Cluster and Individual eruption.</p> <p>S34- Inflamed rash over body that is intensely itching and burning. Yellow discharge, worse; heat, at night</p>	<p>warmth, in evening, often recurs in spring time, and in damp weather. Eruptions almost of every kind. Itching worse at night; in bed. Skin painfully sensitive to cold air, wind, washing, etc. Eruptions after an asthma attack. Crops of boils. Creeping erysipelas. Varicose veins, ulcerated, rupture and bleed. Dry, burning and itching eruptions, either like nettle rash or like fine papular eruptions. Itching causes restlessness. Eruptions that are scratched tend to ulcerate and exudate an offensive discharge. Ulcers, raised, swollen edges, bleeds easily; surrounded by pimples and discharges fetid pus (Vermeulen, 2007).</p>
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<p>S35- Severe itching of skin</p> <p>S36- Rash forms a plaque, black scars once healed. Starts as a Bullous white small rash. Water-filled vesicular rash with clear eruptions.</p> <p>S37- Generalised papular intensely pruritic rash, worse; heat</p> <p>S38- Pruritic, burning vesicular rash on the thigh, axillar, hand and between fingers</p> <p>S39- Skin eruption, sensation as if something is crawling under the skin. The skin is dry and pruritic.</p> <p>S40- Tinea, itching due to allergic reaction</p> <p>S41- Pustular eruptions leaving black discoloration once resolved</p> <p>S44- Tinea pedis, pruritic vesicular eruption with no discharge</p> <p>S46- Generalised blister filled vesicles</p> <p>S47- Neuralgic pain and pruritic eruptions on the right side of the face and neck</p> <p>S48- Pruritic scaly rash that burns and is ulcerated</p> <p>S49- Lesions on the thigh and groin with clear discharge. Burning and itching, worse; heat, night, touch, better; cold water, cold applications</p> <p>S50- Small itching vesicles, scaly, dry, inflamed area. Pleasurable itch turns black when resolved.</p> <p>S51- Itching maculopapular rash, sticky discharge in morning on waking, discharge ooze</p> <p>S52- Burning raised sores in the anus, painful during defaecation</p> <p>S53- Dry scaling on feet, plantar wart eruptions (bilateral), yellow thin discharge that looks bubbly. Burning hot pains, itching</p> <p>S54- Small pustular vesicles on genitalia, no discharge from vagina</p> <p>S55- Sores on whole body, crusty sores. Scratch until bleeds, eruptions on folds of the skin, genital warts. Unhealthy skin, ulcers suppurate Yellow pus. Oozing pus, horny like discharge</p> <p>S56- Dry scaly eczema with hyperpigmentation of skin</p> <p>S58- Sores oozing yellow discharge</p> <p>S59- Pruritic vesicles on the hand and buttock that suppurates a clear liquid</p> <p>S60- Intensely itchy skin that leaves a discoloration. Skin around nail Hard and discharging, not healing</p> <p>S61- Bilateral eruptions on lower limb, watery discharge</p> <p>S62- Boils in axilla, with yellow discharge</p> <p>S63- Intensely pruritic skin rash</p> <p>S65- Boils suppurating yellow pus, red, hot and</p>	
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swollen. Intense itch with burning S66- Burning pruritic vesicular, fluid filled eruptions on the hand and legs S68- Ringworms on the shoulders, back and buttock that burns. Boils with watery pus S71- Scaly dry crust feet that is intensely pruritic. S72- Pruritic dry scalp S74- Pruritic dry skin S75- Burning pruritic fluid filled vesicular eruption on penis, worse; bathing S76- Desquamation of the hands and feet, worse; sweating night. Pruritic eruption S77- Pruritus on anterior aspect of the body S78- Vesicular rash on medial aspect of the thigh, suppurating clear fluid S79- Dry feet with painful legs. Itching groin, burning and itching Soles and between toes	
Sleep: S4- Insomnia, low energy S16- Insomnia S18- Insomnia S22- Insomnia S24- Insomnia, low energy S25- Insomnia, low energy S29- Insomnia, fatigue S35- Insomnia with good energy S36- Insomnia S37- Insomnia S40- Insomnia S44- Insomnia S48- Excessive sleep, low energy S52- Disturbed sleep S57- Insomnia S63- Insomnia, fatigue S64- Poor quality of sleep or difficulty sleeping with good energy S69- Insomnia S71- Insomnia S72- Insomnia S73- Insomnia S77- Insomnia and fatigue S78- Insomnia at night, sleepy during the day	Wakes frequently, and becomes wide awake suddenly. Catnaps, slightest noise awakens. Cannot sleep between 2 – 5am. Heavy unrefreshed sleep. Drowsy by day, wakeful at night. Vivid dreams, remain impressed on the mind. Frequent waking at night, rush of blood to head, hot, restless hands and feet, frequent turning. Has to get up at night to eat. Finds himself lying on the back (Vermeulen, 2007).
Fever: S2- Increased perspiration, worse; at night	Frequent flushes of heat, sometimes ending with little moisture and faintness. Dry heat

<p>S2- Increased perspiration, perspires even in cold weather or when uncovered</p> <p>S15- Increased perspiration, worse; at night</p> <p>S16- Increased perspiration, worse; at night</p> <p>S17- Night sweats, patient feels hot then cold (feverish then chills)</p> <p>S19- Patient feels feverish then chilly</p> <p>S22- Hot flushes, better; cold water</p> <p>S26- Burning or heat of the head accompanying headache</p> <p>S33- Hot flushes</p> <p>S34- Increased perspiration, worse; at night</p> <p>S35- Increased perspiration, worse; afternoon, sun/ warm weather</p> <p>S39- Increased perspiration, worse; evenings</p> <p>S42- Increased perspiration, night sweats</p> <p>S48- Night sweat</p> <p>S51- Increased perspiration, worse; morning</p> <p>S55- Increased perspiration, especially head and face</p> <p>S57- Feverish then chills, body feels on fire internally and ice cold when touched with increased perspiration</p> <p>S59- Hot flushes at night, night sweats</p> <p>S64- Increased perspiration, worse; at night</p> <p>S69- Sensation of burning in the head with painful hot feet, worse; at night</p> <p>S70- Fever with frontal headache</p> <p>S71- Burning hot feet, worse; at night, touch</p> <p>S75- Increased perspiration, worse; at night</p> <p>S76- Increased perspiration, worse; night</p> <p>S80- Increased perspiration</p>	<p>and great thirst. Night sweat, on nape and occiput. Disgusting sweats; odour of <i>Sulphur</i>. Remittent type. Chill spreading up back. Feels too hot, fever and heat of head and face, hands and feet, worse in the evening in bed. Perspiration at night, particularly towards morning, often sour or disagreeable odour. Morning sweats setting in after waking. Perspiration from the least exertion (Vermeulen, 2007).</p>
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4.2.12 PSORIC MIASM CHARACTERISTICS/ CHARACTERISTIC (PMC) COMPARISON TO EMERGING *SULPHUR* SYMPTOMS

Table 4.14: Psoric miasm characteristic (PMC) comparison to emerging *Sulphur* symptoms

Emerg ed <i>Sulphur</i> symptoms	PMC (Choudhury, 2015)
<p>Mind:</p> <p>S1- Loquacious, forgets easily but overall she is happy</p> <p>S2- Poor concentration with weak memory</p> <p>S5- Financial worries, fear of poverty, starving</p> <p>S13- Patient is depressed due to medical diagnosis</p> <p>S18- Mental confusion</p>	<p>Psora is often called the sensitizing miasm due to their hypersensitivity and hyperactivity to the slightest stimuli.</p> <p>Choudhury mentions a disturbance of the mind and spirit. The psoric patients tend to be unhappy or</p>

<p>S20- Desires to alone, aversion to talking S22-Weepy, everything upsets her S25- Mental fatigue, weeps easily S27- Very religious, always praying, God-fearing. Loves peace hates conflict S28- Stressed about finances, sensitive, weeps easily. Aversion to talking, mental fatigue S29- Anxiety about her future causing restlessness, insomnia at night S37- Stressed, timid and withdrawn S38- Unhappiness, desires drugs to give him a sense of happiness S42- financial worry, poverty S43- Stress and anxiety about finance S44- Stressed, mental fatigue (dullness) S46- Quiet, timid, withdrawn S47- Upset over small trifles, sometimes does not care about life, hopelessness S48- Does not care about himself if he dies, loss of hope. Desires to run away, to escape S55- Mental confusion, misplaces things very forgetful, sadness S57- Forgetful S63- Poor concentration S65- Anxiety S67- Indifference, aversion to talking, desires silence S69- Restlessness, insomnia at night due to worrying about health S70-financial stress/ anxiety S71- Weeps when alone, heartbroken S75- Gets irritated easily, very sensitive, bad temper, violent rage S77- Diagnoses with bipolar disorder (depression). S80- Poor concentration, mental fatigue, hopelessness</p>	<p>miserable and they weep easily. They are anxious, have weak memory and appear extremely restless. They appear irritable, fearful, timid; there is a want of self-confidence, helplessness. Sudden anxiety with a weak mind. There is sadness, dissatisfaction, ailments from grief, shock and fear.</p>
<p>Head: S14- Sharp frontal headache with eye pain S19- Frontal headache, throbbing pains with heat sensation to heat S20- Throbbing occipital headache S26- Burning pulling pains, tension headache in the vertex S27- Temporal headache S28-Dull pressure frontal headache with eye pain S35- Lightning temporal headache with pulling pain in the eyes</p>	<p>Headache of various types: temporal, frontal, temporoparietal and sometimes on the vertex, one-sided headache. Headache occurs with red face and throbbing, great hunger during or before headache. Severely itchy scalp with dryness, rush of blood to the head or a heat sensation in the head. Eruptions on the head; tinea capitis (Choudhury, 2015).</p>

S36- Temporal headache with eye pain S37- Temporal headache S41- Temporal headache with vertigo S45- Headache (unspecified) S47- Throbbing temporal headache S51- Burning temporal and frontal headache S52- Left sided temporal headache S55- Headache (unspecified) S58- Headache (unspecified) S61- Throbbing, pulsating headache with vertigo S67- Throbbing temporal and frontal headache with eye pain S69- Burning headache S70- frontal headache S72- Vertigo without headache S75- Throbbing frontal headache S76- Headache (unspecified) S80- Throbbing temporal headache	
Vertigo: S41- Temporal headache with vertigo S61- Throbbing, pulsating headache with vertigo S72- Vertigo without headache	Vertigo of various types; from walking, when eyes are closed, with roaring in the ears, on changing positions in bed, with nausea and vomiting (Choudhury, 2015).
Nose: S6- Influenza, runny nose S17- Influenza, itching, burning, runny nose S18- Influenza, runny nose S19- Influenza, yellow discharge from the nose S24- Nasal congestion S42- Sinusitis with flaring nostrils S45- Influenza, nasal congestion S68- Influenza, nasal congestion	Congested nostrils, dryness, sense of smell is lost. Psoric cold starts with sneezing, redness, heat, thin discharge that is watery and acrid. Rhinitis; dry, hot and burning nostrils (Choudhury, 2015).
Eyes: S7- Eyes itching S13- Swelling of right eyelid S14- Eye pain accompanying a headache S28- Eye pain, dull pressure accompanying a frontal headache. S35- Pulling eye pain accompanied by lightning temporal headache S36- Eye pain accompanying a temporal headache	Psoric eye ailments are always accompanied by itching and burning (Choudhury, 2015). Heavy eyelids especially in the morning cannot lift them. Various types of inflammation of the eye, these are always accompanied by itching and burning with a great desire to rub the eyes (Choudhury,

S40- Swollen eye S67- Throbbing pain in the eye accompanied by temporal and occipital headache	2015).
Mouth: S9- Bitter saliva, on waking S13- Dry mouth, on waking S23- Teeth is brittle, breaks off with bleeding gums S72- Ulcers in the mouth, yellow ulcers	Thrush, herpes or sores around the mouth. Foul breath odour, sweet saliva on waking. Sour, putrid, sweet, bitter or fetid taste in mouth. Dryness of mouth at night or in the morning with partial or complete loss of taste (Choudhury, 2015).
Throat: S19- Dry throat, better drinking water S26- Throat pain, ball sensation in throat S33- Sore throat without cough S39- Sore throat with cough S45- Sore throat, difficulty swallowing with a wet cough S62- Painful throat with a painful cough S73- Lump sensation in throat with pain on swallowing, worse after eating and at night	Sore throat with burning in the throat and hoarseness (Choudhury, 2015).
Desires and aversions: Desires: fruit, sweets, sour milk, vegetables, coffee, soil/sand Increased thirst, for large quantities and for cold water or thirstless Aversions: red meat (less common), beans, bread, spicy foods and dairy products	Desires: sweets, acids, sour things, hot food and drink. Cravings: unusual things (during pregnancy), fried and seasoned foods. Aversion: boiled foods (Choudhury, 2015)
Chest and heart: S2- Tightness of chest, worse; lying down, at night, wind S35- Palpitations S42- Compression on chest at night, sleep apnoea S64- Soreness of chest, worse; night, bending double S69- Chest pain, compression of chest and difficulty breathing. Worse; at night, exertion S76- Palpitations, worse; night	Burning pains in the chest with a band-like sensation, compression of chest. Frequent stitches in the chest occurring with or without a cough and frequent dyspnoea (Choudhury, 2015). Heart troubles from disappointment, mental shock, loss of a loved one. Fear and anxiety with violent palpitations. Neuralgic pain about the heart, beating or hammering palpitations (Choudhury, 2015).
Stomach: S2- Abdominal pain, desires; fruit in particular,	Ravenous hunger, worse at night; always hungry even after eating.

<p>apples and bananas, aversion to red meat. Increased thirst S3- Dyspepsia S5- Large appetite, craves fruit juice. Patient is always hungry S6- Gastric ulcer (burning), craves; fruit in particular pineapples S8- Large appetite S9- Large appetite S11- Craves ; sweets, increased thirst S13- Large appetite, craves; fruit. Extremely thirsty, dry mouth on waking S14- Craves; fruit S16- Dyspepsia S17- Increased appetite, large appetite, increased thirst S19- Loss of appetite, low appetite S22- Dyspepsia, good appetite S23- Desires; fruit, generally good appetite S24- Increase thirst for large quantities of water S27- Craves; bread, fruit (apple), red meat S26- Abdominal bloating S29- Craves; soil/ sand, aversion; red meat. Increase thirst S30- Low appetite, craves: fruit, increased thirst S34- Increased appetite, constantly hungry. Craves sweet things, increased thirst S36- Heartburn, increased flatulence, craves; sour milk, meat and vegetables (cabbage), aversion to beans S37- Heartburn, aversion; beans. S38- Poor appetite, craves; fruit, extremely thirsty, large quantities of water. S39- Low appetite, craves fruit S40- Decreased appetite, aversion; beans, beef, cabbage. Desires; fish and vegetables S41- Aversion; red and white meat, desires; vegetables S43- Heartburn S45- Heartburn, loss of appetite S47- Heartburn, increased thirst S48- Large appetite, constantly hungry S49- Heartburn S50- Dyspepsia with heaviness in the abdomen S51- Normal appetite but increased thirst S52- Heartburn, aversion; meat. Loss of appetite, increased thirst S53- Loss of appetite, increased thirst S54- Heartburn, aversion; dairy (milk)</p>	<p>Want of appetite, aversion to cooked food especially boiled meat. A sensation of pressure in the stomach, ravenous hunger with rumbling. Appetite without hunger; eats without feeling hungry. Fullness, bloating with great distension. Sensation of hotness and coldness in stomach, a weight, fullness, tightness or heaviness as if a lump in the stomach. Many kinds of gastrointestinal disease are seen in psora (Choudhury, 2015).</p>
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<p>S56- Large appetite S57- Fluctuating appetite, mostly poor appetite S61- Loss of appetite S62- Craves; fruit, constantly thirsty S63- Large appetite, increased thirst S64- Good appetite, aversion; meat, desires; cabbage S67- Large appetite, excessive thirst S69- Constantly hungry, increased flatus, craves; sweets S71- Large appetite S72- Heartburn, bloating, worse for water. Aversion; spicy foods, fish, cabbage. Loss of appetite. S73- Bloating, gastric ulcer, worse; swallowing, after eating and no thirst S74- Heartburn, stomatitis, aversion; beans S75- Large appetite, aversion; sour milk S76- Good appetite, desires; cold water, aversion; red meat S77- Large appetite, increased flatus, craves; sugar S78- Increase flatus, aversion; red meat, dairy. Craves; coffee, fluctuating appetite</p>	
<p>Abdomen: S2- Abdominal pain S26- Abdominal bloating S29- Abdominal pain during menstruation S31- Left-sided sharp abdominal pain S39- Lower abdominal pain S50- Heaviness in abdomen S55- Abdominal pain worse for spicy foods S72- Abdominal cramps with bloating S73- Abdominal bloating, vomitus yellow with mucus, worse; drinking water S74- Abdominal cramps</p>	<p>A feeling of fullness and abdominal distension, pressure, hardness, empty sensation that is generally worse after eating. Pain in the epigastrium, liver and hypochondria. Abdominal pain aggravated by eating, an audible rumbling and grumbling that is worse at night (Choudhury, 2015).</p>
<p>Urinary: S16- Burning on urination, urinary tract infection (UTI), worse; after urination, at night, movement. S18- Burning frequent urination, worse; motion S27- Urine retention with backache S34- UTI S48- Painful urination S57- Frequent urination</p>	<p>Painful urinary retention, great distention of the bladder with a sense of fullness. Frequent urination, involuntary; when sneezing, laughing or in sleep, burning urination (Choudhury, 2015).</p>

S70- Painful urination	
Female: S5- Vaginal pruritis and burning, worse; washing/bathing S29- Dysmenorrhoea with abdominal pain S54- Eruptions (small pustules) on genitalia, intolerable itch S62- Uterine bleeding S69- Fibroids S70- Internal and external itching of vagina with a white discharge. Vesicular eruptions on genitalia, burning and cutting pains, worse; water, heat and urination S77- Vaginitis	Amenorrhoea, menstrual irregularities, too copious, scanty, early/late accompanied by various bodily ailments. Polyps in the vagina, various types of leucorrhoea, dysmenorrhoea; pains are usually sharp in nature. Lack of sexual desire, sterility, impotence without any structural abnormalities (Choudhury, 2015).
Male: S16- Erectile dysfunction, burning on urination, cutting/poking pain radiating from umbilicus to bladder S48- Eruptions on genitals, itching and burning S75- Eruption on penis, itching, burning fluid filled vesicular eruption, worse; bathing	Involuntary passing of semen or too frequent with little excitation or even without an erection. There is never a full erection; erection incomplete, short or lacking. Lack of sexual desire, sterility, impotence without any structural abnormalities (Choudhury, 2015).
Extremities: S2- Pins and needle sensation in the foot. Left foot is extremely painful sensation as if something is crawling internally. Worse; rest, lying down, wind, night; Better; movement S4- Arthritis, unspecified S5- Arthritis, unspecified S6- Stabbing pains in left leg with dermatitis S8- Burning with knife-like sensations in the feet (stabbing pains), worse;walking S9- Arthritis of small joints S12- Burning feet S18- Sharp pains in lower extremities S30- Aching camping pain with stiffness of small joints, knee and shoulder S79- Painful legs	Neuralgic pains, better for resting, warmth and is agravated by movement. Dry, hot and burning hands and feet, burning soles with numbness of extremities. Cramps in the lower extremities (Choudhury, 2015).
Skin S1- Pruritic bilateral sores that develop into pustules. Sores localised to lower extremities,	Characteristic psoric skin symptoms is intense itching and burning. The itch is aggravated in the evening or

<p>however entire body is pruritic</p> <p>S2- Pruritic, burning lower extremities</p> <p>S3- Bilateral pruritic eruptions on lower extremities, eruptions are Suppurating a yellow thick substance. Worse; water (wetting legs)</p> <p>S4- Intense pruritic burning eruptions affecting whole body</p> <p>S5- Burning pain in left leg with vesicular eruption on the body, leaving a black scar when resolved</p> <p>S6- Blisters on left leg with stabbing pains, the leg oozes pus</p> <p>S10- Dry itching skin with vesicles suppurating a watery substance, worse; sun, summer</p> <p>S11- Pruritic burning eruptions which ooze blood and leaves black scars when resolved. Crawling sensation under skin, worse; night and on waking</p> <p>S12- Eruptions on the face starting off small then develop into big pimples which suppurate a clear substance, leaving black spots</p> <p>Or marks once resolved. Worse; touch, bathing and rubbing</p> <p>S13- Eruption on the right side of the face with swelling of the right eyelid</p> <p>S14- Pruritic papular rash generalised</p> <p>S15- Feet ulcers between toes, increased sweat</p> <p>S17- Dry, scaly white eruptions on right ankle, voluptuous itch, worse; touch</p> <p>S20- Papular pruritic eruption generalised, scabies</p> <p>S21- Generalised eruptions aggravated by water, blisters suppurating a clear substance. Worse; heat, hot weather, bathing</p> <p>S22- Pruritic recurring eruptions that bleed when scratched, eventually develop into sores. Worse; wearing wool</p> <p>S23- Tinea capitis</p> <p>S24- Furuncles on foot and axilla, throbbing pains, worse; night, morning</p> <p>S25- Pruritic eruptions that suppurate a sticky white substance on the face, elbow and head</p> <p>S28- Pruritic vesicular eruption, worse; warmth, night and sweating</p> <p>S29- Red, moist, pruritic, burning rash under breast that is worse; bathing and hot weather</p> <p>S30- Diabetic lesion on foot, hot and burning</p> <p>S31- Tinea pedis and tinea cruris</p> <p>S32- Scaly dry eruptions on feet (bilateral). Skin is thick and lichenified with clear white exudate. Leaves black mark when resolved</p> <p>S33- Greasy eruptions, tiny vesicular, papular eruptions. Cluster and Individual eruptions</p>	<p>at night, by the heat of the bed and undressing.</p> <p>Their skin is generally dry, rough and look unhealthy. Suppurating eruptions, eruptions of all kinds, yellowness of the skin (jaundice), warts, pruritus. Itching eruptions; voluptuous itching patients rubs and scratches without any relief and burning after scratching (Choudhury, 2015).</p>
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<p>S34- Inflamed rash over body that is intensely itching and burning. Yellow discharge, worse; heat, at night</p> <p>S35- Severe itching of skin</p> <p>S36- Rash forms a plaque, black scars once healed. Starts as a bullous white small rash. Water-filled vesicular rash with clear eruptions</p> <p>S37- Generalised papular intensely pruritic rash, worse; heat</p> <p>S38- Pruritic, burning vesicular rash on the thigh, axilla, hand and between fingers</p> <p>S39- Skin eruption, sensation as if something is crawling under the skin. The skin is dry and pruritic.</p> <p>S40- Ringworm, itching due to allergic reaction</p> <p>S41- Pustular eruptions leaving black discoloration once resolved</p> <p>S44- Tinea pedis, pruritic vesicular eruption with no discharge</p> <p>S46- Generalised blister filled vesicles</p> <p>S47- Neuralgic pain and pruritic eruptions on the right side of the face and neck</p> <p>S48- Pruritic scaly rash that burns and is ulcerated</p> <p>S49- Lesions on the thigh and groin with clear discharge. Burning and itching, worse; heat, night, touch, better; cold water, cold applications</p> <p>S50- Small itching vesicles, scaly, dry, inflamed area. Pleasurable itch turns black when resolved.</p> <p>S51- Itching maculopapular rash, sticky discharge in morning on waking, discharge ooze</p> <p>S52- Burning raised sores in the anus, painful during defaecation</p> <p>S53- Dry scaling on feet, plantar wart eruptions (bilateral), yellow thin discharge that looks bubbly. Burning hot pains, itching</p> <p>S54- Small pustular vesicles on genitalia, no discharge from vagina</p> <p>S55- Sores on whole body, crusty sores. Scratch until bleeds, eruptions on folds of the skin, genital warts. Unhealthy skin, ulcers suppurate yellow pus. Oozing pus, honey-like discharge</p> <p>S56- Dry scaly eczema with hyperpigmentation of skin</p> <p>S58- Sores oozing yellow discharge</p> <p>S59- Pruritic vesicles on the hand and buttock that suppurates a clear liquid</p> <p>S60- Intensely itchy skin that leaves a discoloration. Skin around nail</p> <p>Hard and discharging, not healing</p> <p>S61- Bilateral eruptions on lower limb, watery discharge</p>	
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<p>S62- Boils in axilla, with yellow discharge</p> <p>S63- Intensely pruritic skin rash</p> <p>S65- Boils suppurating yellow pus, red, hot and swollen. Intense itch with burning.</p> <p>S66- Burning pruritic vesicular, fluid filled eruptions on the hand and legs</p> <p>S68- Ringworm eruptions on the shoulders, back and buttock that burns. Boils with watery pus</p> <p>S71- Scaly dry crust feet that is intensely pruritic</p> <p>S72- Pruritic dry scalp</p> <p>S74- Pruritic dry skin</p> <p>S75- Burning pruritic fluid filled vesicular eruption on penis, worse; bathing</p> <p>S76- Desquamation of the hands and feet, worse; sweating night. Pruritic eruption</p> <p>S77- Pruritus on anterior aspect of the body</p> <p>S78- Vesicular rash on medial aspect of the thigh, suppurating clear fluid</p> <p>S79- Dry feet with painful legs. Itching groin, burning and itching soles and between toes</p>	
<p>Sleep:</p> <p>S4- Insomnia, low energy</p> <p>S16- Insomnia</p> <p>S18- Insomnia</p> <p>S22- Insomnia</p> <p>S24- Insomnia, low energy</p> <p>S25- Insomnia, low energy</p> <p>S29- Insomnia, fatigue</p> <p>S35- Insomnia with good energy</p> <p>S36- Insomnia</p> <p>S37- Insomnia</p> <p>S40- Insomnia</p> <p>S44- Insomnia</p> <p>S48- Excessive sleep, low energy</p> <p>S52- Disturbed sleep</p> <p>S57- Insomnia</p> <p>S63- Insomnia, fatigue</p> <p>S64- Poor quality of sleep or difficulty sleeping with good energy</p> <p>S69- Insomnia</p> <p>S71- Insomnia</p> <p>S72- Insomnia</p> <p>S73- Insomnia</p> <p>S77- Insomnia and fatigue</p> <p>S78- Insomnia at night, sleepy during the day</p>	<p>Vivid dreams,screaming turning in sleep, twitching of limbs on going to sleep, nightmares, sleepiness during the day with difficulty sleeping at night. Unrefreshed sleep and wearinesss on waking in the morning (Choudhury, 2015).</p>

<p>Modalities:</p> <p>Better for: Movement (less common), pressure/ bandaging, sitting (more common), cold applications and closing the eyes</p> <p>Worse for: Night, bathing; water on affected part, hot weather; summer, wearing clothes, walking, movement (more common), exertion, mornings (on waking), touching, rubbing affected parts, hot applications, bending over/ bending double, After urination, perspiring, wearing wool, change in weather, heat of bed (night), swallowing, lying on the back</p>	<p>Better for: Movement, lying down, heat, weeping, discharges (Choudhury, 2015).</p> <p>Worse for: standing, heat of a room, after eating, during menses, sunrise to sunset, suppression of skin diseases and discharges, after eating and after sleeping (Choudhury, 2015).</p>
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CHAPTER 5: DISCUSSION OF RESULTS

5.1 INTRODUCTION

This chapter aims to further discuss the data that emerged and was documented and analysed in Chapter 4. It aims to compare arising symptoms to the various existing materia medica of *Sulphur*. The psoric characteristics of the cases were evaluated to assess the validity of each prescription of *Sulphur* as an anti-psoric remedy. The prescription in each case was evaluated against psoric miasm prescribing criteria, as set out by Choudhury (Choudhury, 2015).

5.2 OVERVIEW

The outline of this chapter is as follows:

- Initial consultation time comparison
- Demographics: patients age and gender
- Description of main complaint
- Clinical diagnosis
- Mental symptoms
- Emotional symptoms
- Physical general symptoms
- Particular symptoms
- Remedy potencies
- Medium for remedy
- Dosage and frequency of the remedy
- Comparison of emerging symptoms against the various existing materia medica
- Psoric miasm characteristic (PMC) comparison

5.3 INITIAL CONSULTATION

The results in Table 4.1 reflect the dates patients were seen over the study period of 2015-2016. Only initial consultations where *Sulphur* was prescribed were taken into consideration. A comparison between the two years was made to determine the number of patients seen each year (Figure 4.1.). The results show that the majority

of patients were seen in 2016; 55 (68.8%) patients were prescribed *Sulphur* in 2016, and 25 (31.3%) in 2015.

The increase in *Sulphur* prescriptions at UNHCHC in 2016 may be due to an increase in the number of patients seen during that year. According to Dr. Ngobese-Ngubane there has been tremendous growth in the number of patient numbers since the clinic first opened in 2004 (Ngobese, 2008). Secondly it could be attributed to more patients in 2016 presented with a psoric nature, which matched the psoric miasm prescription criteria, as well as presented with *Sulphur* characteristic key symptoms.

5.4 DEMOGRAPHICS

5.4.1 AGE

The results reflected in Tables 4.2 and Figure 4.3 show that the ages ranged from 3 to 75 years, majority of the patients were in the age group 21-40 years old, with 32 patients (40%). This was followed by age group 41-60 years with 29 patients (25%).

5.4.2 SOCIO- ECONOMICAL

Majority of patients were from poor socio-economic situations due to unemployment and lived in unhealthy living conditions, poor personal hygiene, poor education or lack of knowledge of disease. Many patients within these two age groups face many difficult life challenges; cases reviewed revealed many patients suffered from domestic abuse, grief due to loss of loved ones, or stress. Depression and sleeping problems were also commonly associated with many health-related disorders.

Smillie (2010) reported on a survey which was conducted by the Organisation of Civic Rights in 1997 which showed an increase in the poverty rate in Durban. The Warwick Junction area, where UNHCHC is located, is known to be home to poor individuals who are unemployed or have a low daily income, ultimately affecting their quality of life as well as access to personal care (Smillie, 2010).

5.4.3 GENDER

Table 4.3 reflects the gender of patients where *Sulphur* was prescribed during the period 2015-2016. The results shows that 48 (60%) females and 32 (40%) males

were prescribed *Sulphur* during the given period, therefore we can conclude more females than males received *Sulphur* in a ratio of 1.5:1. More females than males are likely to consult with doctors for health complaints which may explain this ratio at UNHCHC.

5.5 DESCRIPTION OF THE MAIN COMPLAINT

Table 4.4 reflects the main complaints of patients in the initial consultations where *Sulphur* was prescribed.

5.5.1 SKIN SYMPTOMS

The data reviewed for 2015-2016 shows that skin disorders were the most common complaint, with 50 (62.5%) patients presenting with skin ailments with *Sulphur* characteristic features. Skin eruptions of all sorts emerged on analysis: pustules, blisters, vesicles, furuncles, ulcers. Eruptions were generalised and affected the whole body including the genitalia. The key feature found in all cases was burning, itching eruptions which were described to be intense or severe. Eruptions often bled and left a dark or black mark or scar once resolved. Eruptions were worse for heat, hot weather, summer, becoming heated in bed, at night, on waking, touch, rubbing, water (bathing), and wearing wool. The skin was generally unhealthy. The majority of patients presented with recurring skin conditions. The skin was often described as dry or greasy, scaly, thick and lichenified with increased perspiration. A clinical diagnosis of hyperhydrosis (excessive sweating) was also found in one patient (1.25%) for whom *Sulphur* was prescribed. Suppurations were usually yellow in nature and often described as being thick. Other discharges were also noted such as white sticky or watery discharges, and discharges were often described as oozing or being honey-like. It was also noted that many patients experienced a crawling sensation, described as if something was crawling under the skin, please refer to table 4.5.

According to Phatak (2013), *Sulphur* patients present with different types of eruptions. He described the skin as being dry, rough, wrinkled, scaly with voluptuous itch that was worse at night, in bed, for scratching and washing. The skin in *Sulphur* patients is unhealthy with break-outs that fester and do not heal. Eruptions burn when scratched and are painfully sensitive to air, wind and washing. Eruptions

alternate with other complaints, for example, asthma. Boils that itch, eczema, ulcers, creeping erysipelas and excoriation on folds. Suppuration with air bubbles, varicose veins, veins that ulcerate, rupture and bleed (Phatak, 2013).

5.5.2 ABDOMINAL SYMPTOMS

Patients also presented with abdominal complaints as see in table 4.13, namely diarrhoea (6, 7.5%), abdominal pain and bloating (11, 13.75%), dyspepsia (12, 15%). Symptoms that emerged show that patients experienced abdominal pain and bloating and pains during menstruation. Pains were described as sharp or cramping with a heaviness. Vomiting with abdominal cramps where the vomitus was yellow with mucus, and which was worse for drinking water, was described. Patients desired fruit (particularly apples and bananas), sweets, vegetables, cold water and coffee. A craving for sand or soil was noted in one patient (1.25%). There was an aversion to red meat, beans, dairy, sour milk and spicy foods in particular. An increase in thirst was also noted in the majority of the cases, with thirst for large quantities of water. Dyspepsia, heartburn, increased flatus, gastric ulcers, abdominal bloating and heaviness were also common. Most patients described an increase in appetite or large appetite, and some patients were constantly hungry. However, a few cases had loss of appetite or fluctuating appetite.

Sulphur has an affinity for the digestive system. *Sulphur* patients drink large quantities and eat little; they are worse for eating and at night. There can be a complete loss of appetite or they can be ravenous. They feel hungry but loathe eating or turn away from food. They can eat anything and everything with an aversion to meat and/or milk. They desire sweets but sweets disagree with them. There is an empty or heavy feeling in the epigastrium. There is vomiting of undigested food or sour vomit. The abdomen is described feeling sore and sensitive to pressure. There is colic after eating or drinking, foul odour diarrhoea which is hurried and worse in the morning (Phatak, 2013)

5.5.3 EXTREMITY AND BACK SYMPTOMS

The extremity symptoms as mentioned in table 4.2.11, were arthritis (6, 7.5%), leg and foot pain (3, 3.75%), lower backache (6, 7.5%), burning feet (7, 8.75%) and shoulder pain (1, 1.25%). With respect to backache, the pains were described as

being sharp or piercing with an affinity for the lumbar region and was often accompanied with fatigue or urinary retention or some urinary complaint. Pains were worse for movement, walking or any form of exertion and better for resting or sitting. Patients also presented with stiffness of joints and back with burning and were worse in the morning and evenings. Burning feet was also a common symptom with pins and needle sensations in the feet. Neck and face neuralgic pains were noted. Other sensations in the extremities were a crawling sensation in the feet, as if something was crawling underneath the skin, burning and stabbing knife-like pains with dermatitis which were worse for walking.

Sulphur patients can present with lumbar pains, with aching in the small of the back that is worse for urination. Cramps in the calf (commonly left calf), soles of the feet burn so they want them uncovered, worse at night. Joint stiffness with rapid swelling of fingers, redness and burning stitching pains (Phatak, 2013).

5.5.4 RESPIRATORY AND FEVER SYMPTOMS

Respiratory and fever symptoms presented were cough in 16 patients (20%), painful throat (8, 10%), influenza (7, 8.75%), fever (4, 5%), sinusitis (2, 2.5%), mouth ulcers (1, 1.25%), and sleep apnoea (1, 1.25%). Influenza with a runny or a congested nose, itching and burning nostrils with yellow discharge from the nose was documented in table 4.2.11. Sinusitis with nasal flaring, dry or bitter saliva in the morning on waking. Brittle teeth that break off with bleeding gums and yellow mouth ulcers. The throat was described as being dry and painful and was better for drinking water. A lump or ball-like sensation in the throat with a sore throat and itching accompanied by a wet or dry cough. There was difficulty swallowing and the throat was worse after eating and at night. Influenza was often accompanied by respiratory complaints, dry or wet cough with malaise and lethargy. Dry barking or hacking cough, worse at night or in the morning, change in weather and was better for open air. Influenza was commonly due to exposure to cold air or rain and was also accompanied by a headache that was described as throbbing, and sometimes with night sweats. Cough with green expectoration, worse at night, for bending double, lying on the back and for heat. Fever, hot flushes, fever with chills and night sweats were documented.

Along with influenza or coryza there may be nasal obstruction on alternating sides with fluent burning coryza. Teeth sensitive and tender with throbbing pains in the teeth, swollen bleeding gums. Dry tongue with sour, sweetish, foul or bitter taste in the morning, sore mouth with aphthae. A ball or lump-like sensation in the throat, a violent cough with tickling down the larynx. Rattling of mucus with greenish, sweetish, purulent exudate. *Sulphur* may be prescribed for pneumonia especially neglected pneumonia. Violent cough with a headache and they are worse for lying on their back. When there is a fever it is usually accompanied by profuse sweat, worse at night, chills spreading up the back and flushes of heat (Phatak, 2013).

5.5.5 URINARY, RECTAL AND REPRODUCTIVE SYMPTOMS

Patients presented with vaginal pruritis (4, 5%), burning or painful urination (4, 5%), worms in stool (2, 2.25%), fibroids (1, 1.25%), dysmenorrhoea (1, 1.25%), haemorrhoids (1, 1.25%), and erectile dysfunction (1, 1.25%), symptoms are documented in table 4.2.11. Symptoms included burning painful urination, with pain which was worse after urination. Urine retention with backache. Males presented with: erectile dysfunction, cutting poking pains in the urethra, eruptions on the genitals that were itching and burning, fluid filled vesicular eruptions that were worse for bathing. Females presented with: vaginal pruritis and burning worse after bathing, dysmenorrhoea with abdominal pain, eruptions on the genitalia described to be an intolerable itch, uterine bleeding, fibroids and white vaginal discharge.

Haemorrhoidal tendency with itching in the rectum, with piles that are external and internal that are sore, tender, raw, burn and bleed. Burning and itching in the urethra during micturition, frequent hurried urination, especially at night. Painful ineffectual urination and urinary retention. In *Sulphur* male patients there is burning in urethra, weak sexual power or impotence. *Sulphur* female patients suffer from burning and itching of the vulva and vagina, worse for sitting. Their menstruation is irregular, too late, short, scanty, thick, foul, black, and acrid with yellow leucorrhoea. There is burning, terrible itching of vulva with pimples around genitalia. Cutting pains in the uterus during menstruation with abdominal tenderness (Phatak, 2013).

5.5.6 CHEST AND SLEEP SYMPTOMS

Symptoms documented in table 4.2.11 reflect patients presented with headache (24, 30%), insomnia (23, 28.75%), dyspnoea (10, 12.5%). swelling of eyelid, eye pain (4, 5%), palpitations (3, 3.75%), vertigo (3, 3.75%), itchy eyes (2, 2.25%), and sleep apnoea (1, 1.25%). Tightness and compression of the chest, worse when patients lay down, at night or for bending double. Patients presented with palpitations which were worse at night, difficulty breathing and sleep apnoea. The headache was described to be a sharp, throbbing, burning, pulling, dull or lightning-like pain. Headaches were sometimes accompanied with eye pain or vertigo. Patients often suffered from sleep problems, many had difficulty falling asleep at night while others were having disturbed sleep, frequently waking at night.

Sulphur patients suffer from vertigo that is worse when stooping accompanied by a headache. The vertex is hot, throbbing, heavy, sore with pressure and a sensation of a band around the head. They experience bursting pain in the eyeballs, burning, cutting as if from sand, painful inflammation of the eyes from foreign body. Respiration difficult, they desire open air, nightly suffocative air hunger and palpitations that are worse for lying down and at night. They suffer from sleeping problems, heavy, unrefreshed sleep, and appear drowsy by day and wide awake at night (Phatak, 2013).

5.6 CLINICAL DIAGNOSIS

Table 4.5 reflects the clinical diagnosis for the prescription of *Sulphur* at UNHCHC for 2015-2016. The results show that skin afflictions were the most common diagnosis of patients that were prescribed *Sulphur*, with 50 (62.5%) cases. Clinical diagnoses were: dermatitis unspecified (24), scabies (4), dermatitis (3), impetigo (3), eczema (2), furuncles (2), seborrheic dermatitis (2), disease of the skin unspecified (1), folliculitis (1), atopic contact dermatitis (1), allergic dermatitis (1), pyoderma (1), pruritis unspecified (1), tinea cruris (1), skin eruptions unspecified (1), skin rash unspecified (1) and burns of unspecified body origin (1).

Sulphur is a broad remedy covering numerous types of eruptions that are characterised by intense itching, heat and burning. Therefore, it is a great anti-psoric remedy. Patients' nutrition are affected due to defective absorption or poor diets

brought on by poverty. Patients presented with recurring skin ailments or with a history of skin disease thus *Sulphur* was indicated. *Sulphur* is a great remedy in chronic diseases or when the reaction is deficient, when a well selected remedy fails to achieve a successful cure (Phatak, 2013).

There is a high number of HIV positive and tuberculosis patients being treated at UNHCHC. Many patients are referred to the clinic by the HIV testing centre situated in the same building. Thus, many patients are immunocompromised and are on antiretroviral therapy.

The introduction of highly active antiretroviral treatment known as HAART has significantly reduced the HIV viral load although with an increase in adverse side effects including hepatic or metabolic effects, gastrointestinal effects as well as an increase in cutaneous adverse effects. HAART may cause a hypersensitivity reaction, a drug rash or an injection site reaction. According to Hartmann and Enk (2007), Kaposi sarcoma, Herpes Simplex and oropharyngeal candidiasis are known to be AIDS defining dermatological diseases with a rise in folliculitis and pruritus. With the introduction of HAART, a combination therapy consisting of 2 nucleoside reverse transcriptase inhibitors (NRTI), a non-nucleoside reverse transcriptase inhibitor (NNRTI) and a protease inhibitor (PI), an increase in the incidence of dermatological adverse drug reactions has been documented (Hartmann and Enk, 2007).

Figures 4.7 and 4.8 show that *Sulphur* was used for various other clinical conditions: influenza (6, 7.5%), arthritis unspecified (4, 5%), cough (2, 2.5%), peripheral neuropathy (1, 1.25%), gout, idiopathic (1, 1.25%), backache (1, 1.25%), foot pain (1, 1.25%), imperfect erection (1, 1.25%), acute tonsillitis (1, 1.25%), tension headache (1, 1.25%), haemorrhoids (1, 1.25%), sleep apnoea (1, 1.25%), diarrhoea and gastroenteritis (1, 1.25%), herpetic neuralgia (1, 1.25%), hypertension (1, 1.25%), pruritis vulvae (1, 1.25%), hyperhidrosis (1, 1.25%), conjunctivitis (1, 1.25%), leucorrhoea (1, 1.25%), dysphagia (1, 1.25%) and muscle pain (1, 1.25%).

In all cases *Sulphur* was prescribed based on its presenting symptoms. On comparison of emerging symptoms with those of the various existing materia medica, we can conclude that these matched the prescription criteria found in the materia medica for the administration of *Sulphur*.

5.7 MENTAL AND EMOTIONAL SYMPTOMS

5.7.1 MENTAL SYMPTOMS

Mental symptoms that were experienced by patients were as follows:

- Stress 9 (11.25%)
- Timidity and shyness 8 (10%)
- Mental fatigue 7 (8.75%)
- Fears, health and death 6 (7.5%)
- Desire company, aversion to being alone 6 (7.5%)
- Loquacious 4 (5%)
- Weak memory 4 (5%)
- Poor concentration 4 (5%)
- Desire to be alone, aversion to talking 3 (3.75%)
- Hopelessness 3 (3.75%)
- Mental alertness 3 (3.75%)
- Fears dogs 2 (2.5%)
- Mental confusion 2 (2.5%)
- Desires to travel 2 (2.5%)
- Self-conscious, about appearance 2 (2.5%)
- Fears snakes 2 (2.5%)
- Fears heights 2 (2.5%)
- Anxiety 2 (2.5%)
- Over-active mind 2 (2.5%),
- Indifferent 2 (2.5%)
- Hypersensitive to pain 1 (1.25%)
- Aversion to reprimand 1 (1.25%)
- Lonely 1 (1.25%)
- Apprehension 1 (1.25%)
- Aversion to conflict 1 (1.25%)
- Irritated easily 1 (1.25%)
- Violent rage 1 (1.25%)

In the mental symptoms that emerged, stress rated the highest (11.25%) followed by timidity and shyness (10%). Other mental symptoms that stood out for the prescription of *Sulphur* were mental fatigue, weak memory and poor concentration, hopelessness, mental confusion, a desire to be alone and an aversion to talking.

In *Sulphur* there is dullness and difficulty thinking. They often misplace or cannot find the correct words when writing or talking. They appear lazy, hungry and always tired; they may be too lazy to rouse themselves and too unhappy to live. There is a strong religious, philosophical tendency as well as a strong dislike to have anyone near them. They can be suicidal, tired of life with strong impulsive tendencies. They have an aversion to physical and mental work and may appear sad and absentminded (Phatak, 2013).

5.7.2 EMOTIONAL SYMPTOMS

Emotional symptoms that were experienced by patients mentioned in table 4.2.5 were as follows:

- Happiness 11 (13.75%)
- Worried 9 (11.25%)
- Unhappiness or sadness 7 (8.75%)
- Emotionally sensitive, weeps easily 6 (7%)
- Anger 4 (5%)
- Depression 4 (5%)
- Grief 4 (5%)
- Suppressed emotions 3 (3.75%)
- Overwhelmed 3 (3.75%)
- Calm and peaceful 1 (1.25%)
- Disappointment 1 (1.25%)
- Drug addiction: desire the high from drugs 1 (1.25%)

Patients for whom *Sulphur* was prescribed showed an inclination for depression, sadness or being worried about their health or finances. Many patients were unemployed, HIV positive, single parents or had guardianship responsibilities towards family members putting a strain on their mental health. According to a study conducted by Simbayi *et al.* (2007) in Cape Town, HIV/AIDS is one of the most

stigmatised medical diseases in the world. The researchers found that internalised stigmas correlated to an increase in cognitive affective depression, and that patients often felt dirty, ashamed and guilty because of their status (Simbayi, 2007).

According to Hering (2015), *Sulphur* patients are of weak disposition, weep at the slightest provocation and have deep sadness, sadness without cause, and appear weary of life. They are depressed about their illness and may be hypochondriacal, indifferent and suicidal with a sense of hopelessness (Hering, 2015).

5.8 PHYSICAL GENERAL SYMPTOMS

5.8.1 SENSATIONS FROM CASES ANALYSED

Disease can be described as a derangement of the dynamic vital force, with sensations and symptoms being an expression of the disease. Diseases are energy-based so the essence of the disease is expressed in everything that the patient experiences, including every symptom; the totality of symptoms constitutes the disease. Identifying the sensations present in the symptoms helps in the process of establishing a remedy *simillimum* as each remedy has its own unique sensations and characteristics (Sankaran, 2004).

- Itching
- Burning
- Hot
- Pins and needles
- Crawling (internally/ under the skin)
- Stabbing pains, sharp, cutting, knife-like
- Stiffness
- Stinging pains
- Pulling pains
- Dryness
- Throbbing
- Malaise and lethargy
- Ball or lump sensation (in throat)
- Bloating or heaviness (abdomen)
- Neuralgic pains

Sensations seen in *Sulphur* is described as if a hard ball was rising in the throat, as of a lump in the throat or as if the tonsils are swollen. They often suffer from violent pains which are cutting, lancinating, splitting, sharp stabbing and needle-like, burning, drawing, neuralgic, rheumatic, and/or throbbing (Hering, 2015).

5.8.2 MODALITIES OF CASES ANALYSED

Patients were worse for:

- Night
- Bathing, water on affected parts
- Hot weather; summer
- Wearing clothes
- Walking
- Movement (more common), exertion
- Mornings (on waking)
- Touching, rubbing affected parts
- Hot applications
- Bending over/ bending double
- After urination
- Perspiring
- Wearing wool
- Change in weather
- Heat of bed (night)
- Swallowing
- Lying on the back

Patients were better for:

- Movement (less common)
- Pressure/ bandaging
- Sitting (more common)
- Cold applications
- Closing the eyes

Other general symptoms:

- Poor vision or diminishing sight due to cataract
- Increased thirst, for large quantities and for cold water or thirstless
- Increased perspiration
- Desires: fruit, sweets, sour milk, vegetables, coffee, soil/sand and red meat (more common)
- Aversions: red meat (less common), beans, bread, spicy foods and dairy products
- Insomnia
- Appetite: increased or large, constantly hungry
- Bitter saliva (on waking), sweet saliva or dry mouth
- Ailments due to exposure to cold or raining weather
- Urine retention, bladder infection, frequent burning, painful urination
- Temporal/ frontal throbbing/lightening-like headache, with eye pain and vertigo
- Energy: low, fluctuating but mostly low, excessive sleep
- Hot flushes, fever and chills, night sweats
- Increased palpitations, compression of chest with difficulty breathing, sharp chest pain
- Increased flatulence, dyspepsia
- Stool: foul smelling (old egg), black stool, painful diarrhoea, yellow stool
- Skin: generally unhealthy; greasy / excessively dry skin, eruptions of all sorts, eruptions on genitalia
- Influenza with respiratory complaints; productive (green sputum) / dry cough
- Joint stiffness and pain (arthritis)
- Yellow discharges; nasal, cutaneous

5.9 PARTICULAR SYMPTOMS

Table 4.9 shows the particular symptoms documented for the period 2015-2016 where *Sulphur* was prescribed. The following subsections reflect the main themes drawn from each system.

5.9.1 SKIN

Numerous types of skin eruptions were documented: pustules, vesicles, papules, bullous, furuncles, lichenified, plaque, desquamated and ulcerated eruptions. These eruptions were described as being extremely pruritic (intolerable), hot and burning. Itching and burning eruptions on all parts of the body from the scalp to the feet, most commonly burning and painful feet. Eruptions suppurated a yellow, bloody or clear discharge and tended to leave dark or black scars once resolved. General unhealthy skin, with patients presenting with recurring skin conditions or a history of skin disease. Skin eruptions were worse at night, for heat and aggravated by water or bathing. The skin symptoms correlated to those recorded in the materia medica as well as to the typical psoric characteristic features as documented in materia medica (Vermeulen, 2007; Choudhury, 2015).

5.9.2 EXTREMITIES AND BACK

Knife-like sensations, pain and stiffness of joints which were worse at night or in the morning on waking. Lower extremities and feet burning pain or pain in lower extremities, predominantly left sided. Burning pains in the lumbar region, patient worse for movement. The presenting symptoms drawn from patient data corresponds with presenting symptoms recorded in the materia medica of *Sulphur* in relation to stiffness of joints, and modalities of worse at night, worse on the left side, and burning pains (Phatak, 2013). Psoric characteristics as described by Choudhury (2015) shows similarity to those which emerged from the current data. Psora patients are aggravated by movement and have hot, dry and burning feet or soles.

5.9.3 PERSPIRATION

An increase in perspiration was very common, with most patients complaining of increased, foul perspiration. Increased perspiration of entire body including feet, worse at night, with night sweats. This correlated to the presenting symptoms recorded in the materia medica (Boericke, 2006).

5.9.4 TIME OF COMPLAINTS

Periodicity presented in majority of the cases, most patients were worse at night or in the morning on waking. Periodicity is a key feature in *Sulphur*, according to Phatak symptoms present periodically at 11am (Phatak, 2013).

5.9.5 FEVER

Intense internal heat, described as if the body was on fire, however, externally, patients were ice cold. Patients also present with hot flushes. The fever correlated to those recorded in the materia medica (Vermeulen, 2007).

5.9.6 NOSE

Yellow nasal discharges were most common, occurring with influenza. The discharges of *Sulphur* are typically acrid and offensive, discharges burn, and nasal passages appear red and inflamed (Vermeulen, 2007).

5.9.7 MOUTH

One patient (1.25%) presented with yellow ulcers in the mouth. Aphthae presented in one patient (1.25%) showed similarity to the mouth symptoms of *Sulphur* as depicted in the various existing materia medica (Phatak, 2013; Boericke, 2006; Vermeulen, 2007).

5.9.8 THROAT

The sensation in the throat was described as being dry, sore or lump/ball-like sensation in the throat with pain on swallowing. Sensations that arose were similar to those described in the materia medica. Sensations of a lump, splinter or vapour rising can be found under the throat symptoms of *Sulphur* in the materia medica. The sensation of a ball rising up and down the pharynx, a swollen sensation with a dry exciting cough are characteristic of *Sulphur* (Phatak, 2013).

5.9.9 FACE AND NECK

Neuralgic pain accompanied by an eruption on the face and neck were drawn from the data analysed. Eruptions of any part of the body can be treated with *Sulphur* if it

is the similimum. Stiffness, weakness, heaviness are pain sensations described in the materia medica of *Sulphur*, stiffness or weak muscles of the neck (Phatak, 2013).

5.9.10 HEADACHE

Throbbing temporal and frontal headaches were most prevalent, however, some patients described their headaches as burning, pulling, or with lightning-like pains. Headaches were often accompanied by eye pain or vertigo, which resembles headache symptoms documented in the materia medica (Boericke, 2006).

5.9.11 INFLUENZA

Sulphur was used to treat influenza cases where patients presented with influenza accompanied by respiratory complaints, productive cough (green sputum) or dry cough, night sweats and a headache which commonly tends to be temporal. The influenza symptoms described correspond to characteristic features for the prescription of *Sulphur* (Boericke, 2006; Vermeulen, 2007; Phatak, 2013).

5.9.12 CHEST

Patients presented with compression of chest with difficulty breathing and sharp chest pains. The respiratory symptoms matched those of the materia medica: difficulty breathing, band or load like sensation over the chest with a hunger for air and shooting pain in the chest extending to the back are noted in the materia medica of *Sulphur* (Phatak, 2013).

5.10 REMEDY POTENCIES

The results reflected in Table 4.10 reflect that the 30CH potency was the most frequently prescribed potency. It was prescribed in a total of 76 (95%) of cases at UNHCHC, 49 (61.25%) were prescribed the 30CH plus potency (30CH+), 25 (31.25%) patients were prescribed 30CH in powder form, and 1 (1.25%) patient was prescribed 30CH granules in a number 1 vial. The 200CH potency was prescribed to 5 (6.25%) patients.

Standardisation is essential in the manufacturing or preparation of homoeopathic remedies. Homoeopathic prescribing relies on the homoeopharmaceutic rigour with which the remedy is manufactured in terms of correlation to the specified

homoeopathic pharmacopoeia. The remedy aims to stimulate the vital force on an energetic level to minimise adverse effects, through a process known as potentisation which involves dilution and succussion (Owen, 2007).

Treatment is based on the principle of like cures likes, i.e. the Law of Similars. Different strengths or potencies will have different effects, therefore a low dose is usually prescribed if a patient presents with a single presenting symptom, whereas patients can benefit from a higher potency should the remedy be prescribed thematically (Owen, 2007).

At UNHCHC the dispensary is limited in the scope of potencies available. This is due to a limitation of funds as the clinic is solely funded by the Department of Homoeopathy and provides a free service to the community of Warwick Junction. The dispensary is limited to 30CH, 200CH and 1M potencies dispensed in powder, liquid and granules in a No. 1 vial.

5.11 REMEDY MEDIUM

Table 4.11 shows the results for the medium in which *Sulphur* was dispensed. Three mediums were used: liquid (30CH plussed), powders and number 1 vial granules. The liquid potency was predominantly used as 49 (61.25%) patients were prescribed the 30CH+ potency. The second most common medium prescribed was powders a total of 30 (37.5%) patients were prescribed powders and only 1 (1.25%) patient was prescribed granules in a number 1 vial.

Homoeopathic remedies are produced from various sources, namely, plant, mineral and animal. According to Owen (2007), approximately 65% of remedies are derived from plant sources, 30% from minerals with 5% from animal sources (Owen, 2007).

Sulphur is a mineral and is insoluble at first, so undergoes a process called trituration. The sourced material is initially ground with lactose using a mortar and pestle and triturated to a C3 through dilution and trituration, after which it is further diluted with alcohol and succussed to produce the higher potencies. Alcohol may be used as a preservative in a liquid potency, to preserve not only the raw material but also the energy of the remedy (Owen, 2007).

5.12 DOSAGE AND FREQUENCY

Table 4.12 reflects the dosage and frequency of the *Sulphur* prescriptions. The results show that the 30CH+ potency was favoured, with 49 (61.25%) patients being prescribed the liquid potency. The most common dosage and frequency prescribed was the 30ml liquid potency with 10 drops under the tongue every morning. All doses were prescribed for administration via the oral route.

Powders were prescribed to 30 (37.5%) patients, with 1 powder daily being the most common dosage, with 18 (22.5%) prescriptions, followed by two powders daily with 8 (10%) patients and three times daily with 4 (5%) patients. Granules in a number 1 vial was prescribed to 1 (1.25%) patient. All remedies were prescribed for administration via the oral route.

The oral route is the most common route for delivery of homoeopathic remedies, but other modes can also be used e.g. topical preparations for external use such as creams, as well as eye drops, nasal sprays and injectables (Owen, 2007).

5.13 COMPARISON OF *SULPHUR* SYMPTOMS THAT EMERGED DURING THE INITIAL CONSULTATION AT UNHCHC TO SYMPTOMS IN THE VARIOUS EXISTING MATERIA MEDICA

The following discussion brings to light the correlation and differences between symptoms that emerged from the data collected for the period 2015-2016 at UNHCHC to the symptoms documented in the various existing materia medica.

5.13.1 THE MIND

The predominant mind symptom that emerged from the mind symptoms was stress, 11.25% of patients complained of feeling stressed. It was noted that mental fatigue affected 8.75% of patients whereas weak memory and poor concentration affected 5% of patients. Other symptoms that emerged included: a desire to be alone, aversion to talking, mental confusion, anxiety and stress, fear of ill-health and disease, hopelessness, indifference, over-active mind, easily irritated and violent rage. The mental symptoms that emerged from this study correspond with mind symptoms of *Sulphur* patients as documented in various existing materia medica (Phatak, 2013; Vermeulen, 2007). Weak memory, mental fatigue and poor

concentration could be related to an increasing age (ages ranged from 3 years to 76 years old). Dietary factors may also play a role as many patients were unemployed or had low income thus may have been unable to meet a satisfactory nutritional intake. Another contributing factor, poor sleeping habits, affected 28.75% of patients. Other symptoms that arose from the data that were not found in the various existing materia medica were: loquacious, timidity and shyness, fear of heights, a desire to travel, loneliness with a desire for company, mental alertness, hypersensitive to pain, aversion to reprimand and apprehension.

Emotional symptoms that emerged were strongly suggestive of a *Sulphur* prescription. These included: sadness, anger, depression and weeps easily or was emotionally sensitive. As seen in Vermeulen's Materia Medica, depression, sadness, weeps easily and a sense of hopelessness perfectly describes the mind of *Sulphur* (Vermeulen, 2007).

5.13.2 THE HEADACHE SYMPTOMS

Throbbing temporal headache and frontal headache were most prevalent, although some patients described their headaches as burning, pulling, and lightning-like, dull, pulsating pain with a sensation of heat to the head. Headache affected 30% of patients and was accompanied by eye pain or vertigo, although the latter symptoms may occur on their own without the headache. The eyes were itchy, swollen and when accompanying a headache, the pain was described as a dull pressure or throbbing within the eye.

The headache symptoms that emerged show a correlation to the symptoms documented in the materia medica. *Sulphur* patients suffer from vertigo that is worse when stooping, accompanied by a headache. The vertex is hot, throbbing, heavy, sore with pressure and a sensation of a band around the head. They experience bursting pain in the eyeballs, burning, cutting as if from sand, painful inflammation of the eyes as if from a foreign body (Phatak, 2013).

5.13.3 NOSE SYMPTOMS

The nose symptoms were seen in patients diagnosed with influenza. The nose was described as being congested, running, itching or burning. Congestion of sinuses with nasal flaring was seen in one patient. Nasal discharge was described as being

yellow, which is a key feature for the prescription of *Sulphur*. Vermeulen (2007) describes the nose symptoms of *Sulphur* as fluent, burning coryza with profuse thick discharge with much burning and itching in nostrils (Vermeulen, 2007).

5.13.4 FACE SYMPTOMS

The only face symptoms that emerged and that corresponded to the symptoms in the materia medica was the intensity of burning and itching eruptions on the face (Vermeulen, 2007).

5.13.5 MOUTH AND THROAT SYMPTOMS

Patients complained of bitter saliva and a dry mouth on waking, brittle teeth with bleeding gums and yellow aphthae. The mouth and throat symptoms were similar to those that exist in the various materia medica, with patients describing a ball-like or lump sensation in the throat. Throat pain which was worse on swallowing, after eating and at night (Phatak, 2013; Vermeulen, 2007).

5.13.6 STOMACH AND ABDOMINAL SYMPTOMS

The symptoms that emerged from the study were abdominal pain described as a sharp pain, cramps, bloating, heartburn, dyspepsia and increased flatus. The majority of patients were constantly hungry and had large appetites, with a minority presenting with complete loss of appetite or decreased appetite. There was a desire for water with an increased thirst for large quantities of water. Patients also complained of heaviness in the abdomen and craved or had a desire for fruit and sweets with an aversion to red meat and dairy. The materia medica matches these presenting symptoms, although the abdominal pain in the materia medica is described as stitching pains. One patient had a craving for sand or soil (also known as pica) which was unusual. Pica is often associated with iron deficiency, but this does not reflect in the materia medica of *Sulphur* (Vermeulen, 2007).

5.13.7 URINARY SYMPTOMS

Patients presenting urinary symptoms matched the symptoms recorded in the materia medica. Symptoms that emerged were as follows: frequent and burning urination, urine retention, painful urination, with all symptoms being worse at night (Vermeulen, 2007).

5.13.8 MALE REPRODUCTIVE SYMPTOMS

The emerged symptoms in the male reproductive system matched those in the materia medica as follows: erectile dysfunction, burning on urination, eruptions on the genitals that described as intensely itchy and burning and worse at night and for bathing (Phatak, 2013).

5.13.8 FEMALE REPRODUCTIVE SYMPTOMS

The emerged symptoms in the female reproductive system matching with those in the materia medica were as follows: vaginal pruritus, burning vagina that is worse for bathing, dysmenorrhoea with abdominal pain, eruptions on the genitalia described as having an intolerable itch, white vaginal discharge with cutting pains, fibroids and uterine bleeding. Complaints are worse for or aggravated by water and after urination (Phatak, 2013).

5.13.9 RESPIRATORY SYMPTOMS

The respiratory symptoms that emerged were mainly related to difficulty breathing, with many patients being asthmatic as well as coughing. Patients diagnosed with Influenza presented with respiratory complaints with a cough that was described as dry, hacking, barking and wet. The cough was accompanied by a sore or itchy throat with green expectoration. Complaints were worse at night or in the morning, for bending double, cold water and during summer. One patient was diagnosed with sleep apnoea. As with all symptoms that presented, all complaints were worse at night which is characteristic for a *Sulphur* prescription. All symptoms mentioned match those of the various materia medica (Phatak, 2013; Vermeulen, 2007).

5.13.10 CHEST AND HEART SYMPTOMS

The emerged symptoms for chest and heart matching with those in the materia medica were as follows: tightness or compression of chest, chest pains with difficulty breathing, soreness of chest. Symptoms were worse at night, when lying down, bending double and for exertion. Patients also experienced palpitation which was worse at night (Vermeulen 2007).

5.13.11 NECK AND BACK SYMPTOMS

Symptoms that emerged were lumbar pain described as burning, sharp or a piecing pain. Rheumatism with stiffness of joints worse in the morning on waking. Neck pain with a headache presented as being neuralgic and was accompanied with an eruption on the right side of the face and neck in one patient. Backache and rheumatism corresponded to those symptoms found in the materia medica. However, neuralgic neck and face pain was not found in the materia medica, although its accompanying skin eruption which was burning and pruritic was in accordance to the skin of *Sulphur* represented in the materia medica (Phatak, 2013; Vermeulen, 2007).

5.13.12 EXTREMITY SYMPTOMS

According to Vermeulen (2007), the *Sulphur* patient may present with rheumatic pain and stiffness with a heavy, paretic feeling. Burning of the soles is a key feature for the prescription of *Sulphur*, worse at night and for lying down, patients want feet uncovered. The pains are described as burning, drawing, cutting, stitching or a violent shooting pain. The symptoms that emerged from the cases correlate in that patients presented with burning, painful feet and arthritis. However, the pains described were stabbing, sharp pains and cramping particularly of the small joints. Patients also described a pins and needle sensation or a crawling sensation, as if something was crawling under the skin, a sensation which does not feature in the materia medica of *Sulphur*. The modalities corresponded, with patients being worse at night and for lying down (Vermeulen, 2007).

5.13.13 SKIN SYMPTOMS

According to Boericke (2006), the key features for the prescription of *Sulphur* in skin ailments are: dry, scaly, unhealthy skin which suppurates easily. Burning and itching of skin is important, which are aggravated by scratching and water. Eruptions of all kind are seen in *Sulphur* patients, itching worse for warm weather and in the evening (Boericke, 2006).

In accordance with Boericke (2006), the data reviewed shows that patients presented with the above key features hence *Sulphur* was prescribed. The majority of complaints of the cases selected for the study period were skin ailments. *Sulphur*

is known to be a large skin remedy due to its anti-psoric nature. Patients presented with eruptions of all kinds, and many complaints were recurring with a general unhealthy skin appearance. Pruritis and burning was seen in all cases. Eruptions were generalised, occurring on the entire body including the genitalia. Eruptions were suppurating; yellow suppuration was documented in a few patients and was described as thick and yellow. The intensity of the itching and burning was important because *Sulphur* is known for its intolerable itch (Boericke, 2006).

Patients also described a crawling sensation under the skin – this has not been documented under *Sulphur* in the various existing materia medica. The predominant modalities that emerged from data reviewed corresponds to those documented in the various existing materia medica; worse in the evening, for heat and bathing or washing.

5.13.14 SLEEP SYMPTOMS

Sleep symptoms documented in the materia medica are as follows: wakes frequently, becomes wide awake suddenly, catnaps, the slightest noise awakens them, they cannot sleep between 2am and 5am. Insomnia – difficulty falling asleep or disturbed sleep, patient wakes frequently. Sleep symptoms that emerged corresponded with those documented in the materia medica (Boericke, 2006).

5.13.15 FEVER SYMPTOMS

Patients presented with increased perspiration, worse at night, and night sweats. Increased perspiration even in cold weather or when dressed cool. Hot flushes, fever and chills were documented from symptoms that emerged and corresponded to those documented in the materia medica for *Sulphur* (Boericke, 2006).

5.14 PSORIC MIASM CHARACTERISTICS COMPARISON

5.14.1 MIND SYMPTOMS

The psoric mind symptoms correspond to those of *Sulphur* – both show a weak mind with forgetfulness, and mistakes while writing or reading. Anxiety, sadness, depression, weeps easily and hopelessness emerged from the data corresponding to the mind of the psoric miasm as described by Choudhury (Choudhury, 2015).

5.14.2 HEAD SYMPTOMS

Choudhury (2015) mentions headaches of various types, including a one-sided headache that is throbbing in nature and occurs frequently when hungry as well as having a dry and itchy scalp (tinea capitis). From the symptoms that emerged, headaches of various types were documented. Although Choudhury only describes a throbbing headache, other types of pains were also recorded from the data reviewed, such as sharp, burning, pulling, dull and lightning-like pain.

5.14.3 VERTIGO

Vertigo of various types are recorded under the psoric miasm, corresponding to those that emerged from the data reviewed. Vertigo appeared with or without the headache (Choudhury, 2015).

5.14.4 NOSE SYMPTOMS

The psoric nasal symptoms are: congestion, dryness, watery and acrid discharge with yellow nasal discharge (Choudhury, 2015). These were noted in the emerging symptoms.

5.14.5 EYE SYMPTOMS

In psoric eye ailments are always accompanied by itching and burning as seen in various types of inflammation of the eye. From the symptoms that emerged, eye inflammation was recorded as a key feature, with itching and burning. Patients also experienced eye pain described to be pulling or a throbbing pain (Choudhury, 2015).

5.14.6 MOUTH SYMPTOMS

Dryness of the mouth, foul breath, sweet or bitter saliva on waking corresponds to the symptoms that emerged from the data. In the data reviewed, brittle teeth, swollen and bleeding gums and yellow aphthae were also recorded which corresponded to a *Sulphur* prescription (Choudhury, 2015).

5.14.7 THROAT SYMPTOMS

Choudhury describes a burning sore throat with hoarseness (Choudhury, 2015) which corresponds to the symptoms that emerged.

Patients experienced a ball or lump-like sensation in the throat with difficulty swallowing, worse after eating.

5.14.8 DESIRES AND AVERSIONS

In the psoric miasm there is a desire for: sweets, acids, sour things, hot food and drinks with an aversion to red meat. On analysis of the data reviewed showed that patients' desires and aversions corresponded with materia medica symptoms of *Sulphur*, although patients desired cold water instead of hot water as described by Choudhury (2015).

5.14.9 CHEST AND HEART

The heart and chest symptoms corresponded to the psoric miasm criteria: chest pain, compression of the chest, dyspnoea with heart palpitations (Choudhury, 2015).

5.14.10 STOMACH SYMPTOMS

In the psoric miasm there is a constant, ravenous hunger with a sensation of fullness, pressure, heaviness or weight in the stomach. This is in accordance with the symptoms that emerged from the data reviewed, i.e., an increased appetite or constant hunger affected the majority of the patients with a minority reporting a loss of appetite. The cravings and aversions that emerged matched those of psora, however a desire for large quantities of water more specifically cold water was noted. *Sulphur* has an affinity for digestive complaints similar to the gastrointestinal afflictions seen in psora. A lump sensation was described in the stomach in psora (Choudhury, 2015), although from analysis of the data a ball or lump sensation featured only under the throat symptoms.

5.14.11 ABDOMINAL SYMPTOMS

The abdominal symptoms that emerged correlated to the psoric miasm criteria (Choudhury, 2015): fullness, distention and abdominal pain described as sharp and worse for drinking water with yellow vomitus emerged from the data.

5.14.12 URINARY SYMPTOMS

Urinary symptoms that emerged matched the psoric miasm criteria, i.e. burning and frequent urination, worse at night (Choudhury, 2015).

5.14.13 FEMALE REPRODUCTIVE SYMPTOMS

Menstrual irregularities from symptoms that emerged correlate to those seen in psora. Eruptions on the genitalia were noted and documented. Eruptions were described as an intolerable itch. Leucorrhoea and pain symptoms match the psoric miasm criteria. In psora there is a lack of sexual desire, and sterility, which did not emerge from the data reviewed (Choudhury, 2015).

5.14.14 MALE REPRODUCTIVE SYMPTOMS

The male sexual complaints matched the psoric miasm criteria. Patients presented with erectile dysfunctions and eruptions on the genitals, described as itching and burning (Choudhury, 2015).

5.14.15 EXTREMITY SYMPTOMS

Neuralgic pains better for rest, aggravated by movement, hot burning feet (particularly the soles and cramps in the lower extremities) are documented in psoric miasm. The symptoms that emerged for the extremities corresponds to those found in the psoric miasm (Choudhury, 2015).

5.14.16 SKIN SYMPTOMS

Characteristic psoric skin symptoms include intense itching and burning. The itch is aggravated in the evening or at night, by the heat of the bed, and undressing (Choudhury, 2015).

Individuals with psoric nature's skin is generally dry, rough and looks unhealthy. They suffer from itching eruptions; voluptuous itching – patient rubs and scratches without any relief and burning after scratching. Eruptions suppurates easy from slightest touch and bleeds (Choudhury, 2015).

The skin symptoms that emerged correlate to those documented under the psoric miasm: patients presented with distinctive key features for a psoric prescription, namely, *Sulphur*.

5.14.17 SLEEP SYMPTOMS

The sleep symptoms match the psoric miasm criteria – difficulty falling asleep, disturbed sleep or unrefreshed sleep (Choudhury, 2015).

5.14.18 MODALITIES

The modalities that emerged from the data reviewed correspond to the psoric miasm criteria, the most distinctive key features being worse at night, for heat or hot weather, and bathing (Choudhury, 2015).

5.14.19 CONCLUSION

Sulphur was widely prescribed at UNHCHC. Prescriptions were based on symptoms in accordance to the guiding symptoms outlined by Boericke (2006), Phatak (2013) and Vermeulen (2007). The researcher is under the impression that prescription for *Sulphur* was based on the underlying psoric miasm. All the objectives were achieved through collection and analysis of data. It was determined that *Sulphur* was prescribed to 80 patients during their first consultation over the two-year period. The data showed that more female patients were seen, with 60% being female and 40% being male. The age ranges varied from age 3 to 76 years, with the age range 21-40 being predominant as 55 patients were in this age range. According to the data reviewed, patients were treated for numerous clinical conditions with *Sulphur*. All conditions treated displayed characteristics that was suggestive for the prescription of *Sulphur*. A comparison of the guiding symptoms extracted from patient files was conducted and these matched the symptoms documented in the various existing materia medica. Additionally, the guiding symptoms corresponded to the psoric miasm characteristic criteria.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 CONCLUSION

The aim of this study was to determine patient demographic and prescription trends of *Sulphur* as an anti-psoric, in a homoeopathic community health centre in eThekweni. This study aimed to provide information on prescription trends for *Sulphur* to document its importance and relevance. The study reviewed data for the periods 2015-2016.

After careful analysis of data it was determined that *Sulphur* was prescribed according to the guiding symptoms documented in the materia medica. Prescriptions for the administration of *Sulphur* were in accordance with the psoric miasm. Therefore, the research conducted was able to successfully achieve all objectives outlined. Data collected and analysed was sufficient to demonstrate a variety of clinical conditions whereby *Sulphur* was used in accordance to the various existing materia medica to validate its importance in homoeopathy and in primary healthcare.

The aim was achieved by:

- Determining the number of cases for which *Sulphur* was prescribed at UNHCHC.
- Determining the demographics and clinical conditions for which *Sulphur* was prescribed at UNHCHC.
- Determining the guiding symptoms which led to the prescription of *Sulphur* at UNHCHC.
- Conducting a comparison of the guiding symptoms of *Sulphur* to that of the various existing materia medica.
- Evaluating the prescription in each case against psoric miasm characteristic criteria.

The sample size for this study was 80 case files spanning the period 2015-2016. The majority of patients were seen in 2016 with *Sulphur* being prescribed to 55 of patients (68.8%) in 2016 and 25 (31.3%) in 2015. The ages ranged from 3 years to 76 years. Most patients fell into the age range of 21-40 years, with 55 (68.8%) of

patients in this age range. From a gender point of view, the majority of patients were female 48 (60%), while 32 (40%) were male.

It was hypothesised that the prescriptions for *Sulphur* at UNHCHC during the periods 2015-2016 would correlate to the guiding symptoms for the prescription of *Sulphur* found in the materia medica. This study suggests that symptoms that emerged from the consultations that was analysed did indeed correspond to those found in the various existing materia medica. The data was further analysed and compared against the psoric miasm characteristic criteria and this too correlated to the psoric miasm prescription criteria as set out by Choudhury (2015).

Additional symptoms and sensations emerged from the cases analysed that were not listed in the materia medica for *Sulphur*, but the essence of the psoric miasm clearly indicated a *Sulphur* prescription in all cases reviewed. This study helped bring attention to the importance of *Sulphur* as a remedy and to demonstrate its importance in homoeopathy.

6.2 LIMITATIONS OF THIS STUDY

This study was limited to prescriptions of *Sulphur* for initial cases only conducted at UNHCHC during the period 2015-2016.

6.3 RECOMMENDATIONS

6.3.1 FURTHER STUDY

- A further study taking into account the follow- up consultations to review the outcomes or successs of the *Sulphur* prescriptions.
- A study which focuses on the most predominant symptoms of *Sulphur*, i.e. those that affect the skin, as the majority of patients suffered from skin ailments.
- A similar study should be conducted at the other homoeopathic satellite clinics administered by DUT.
- Evaluate the remedy, *Sulphur* and other major remedies against other miasmatic characteristics as many remedies are multimiasmatic in their indication.

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APPENDICES

Appendix A: Rubric for recording data from patient files



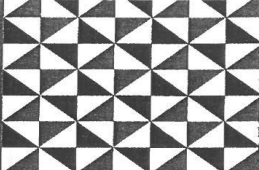


Case number	
File number	
Date of Sulphur prescription	
Patient age	
Patient gender	
Description of complaint (CLAMITS)	
Clinical diagnosis of complaint	
Mental/Emotional symptoms	
Physical general symptoms	
Particular symptoms	

Findings on physical examination	
Potency	Medium
	Dosage
	Frequency

Appendix B: Patient consent form

Appendix B: Patient consent form

 DUT DURBAN UNIVERSITY OF TECHNOLOGY	 FACULTY OF HEALTH SCIENCES		UKUBA NESIBINDI HOMOEOPATHIC COMMUN CLINIC-WARWICK JUNCTIC HOMOEOPATHYDEPARTME [DUT]-11 RITSON ROAD, BERE DURBAN, 4001 P.O. BOX 953, DURBAN, 4001 TEL: (031) 373 2041 FAX: (031) 202 3002
IFOMU LESIGULI LESIVUMELWANO PATIENT CON			
PLEASE READ AND FILL IN THIS FORM.			

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

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

Gender: Male / female (Please circle)

SURNAME:FIRST NAMES:

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

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

POSTAL

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

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

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

NAME OF PARENT/ GUARDIAN:.....

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

SIGNATURE OF PARENT/GUARDIAN:

PLEASE READ AND SIGN THE FOLLOWING:

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

SIGNATURE:DATE:.....

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

Appendix C1: Permission letter to clinic director



Clinic Director / Head clinician (UNHCHC)

Ukuba Nesibindi Clinic

Life Line Building

Warwick Junction

Durban

To : Dr. Ngobese – Ngubane

RE: Request for the use of patient files

I am a 5th year master's homoeopathic student, Aanisah Ford (21324496) at the Durban University of Technology. I am kindly requesting your permission to use Ukuba Nesibindi Homoeopathic Health Centre patient files for the periods 2015 and 2016 for research purpose in 2017.

Title of the Research Study:

Prescription trends of *Sulphur* as an anti- Psoric, in a homoeopathic community clinic in eThekweni.

Brief Introduction and Purpose of the Study: This study aims to provide information on prescription trends for *Sulphur* to validate its importance and relevance. Providing formal clinical data may assist in describing the viability of *Sulphur* in homoeopathic care and in primary healthcare setting as well as providing further information on *Sulphur* as an anti- Psoric

Outline of Procedures: Data for this study will be collected from 82 patient charts to whom Sulphur was administered during the period 2015-2016 at a free homoeopathic community health centre, Ukuba Nesibindi (UNHCHC) which is situated in eThekweni. A standardized rubric will be used to gather relevant information pertaining to clinical administration of Sulphur. The study will be conducted at UNHCHC in the Warwick Junction area in the Lifeline building.

Contact details are below should you have any queries or require additional information, please feel free to contact any of the following:

Thank you

Kind regards

Aanisah Ford (researcher): 0844877999

Dr Maharaj (supervisor): 0833882688

Appendix C2: Permission letter to head of department



Head of department: Homoeopathy

Ukuba Nesibindi Clinic

Life Line Building

Warwick Junction

Durban

To: Dr. Maharaj (HOD)

RE: Request for the use of patient files

I am a 5th year master's homoeopathic student, Aanisah Ford (21324496) at the Durban University of Technology. I am kindly requesting your permission to use Ukuba Nesibindi Clinic patient files for the periods 2015 and 2016 for research purpose in 2017.

Title of the Research Study:

Prescription trends of Sulphur as an anti- Psoric, in a homoeopathic community clinic in eThekweni.

Brief Introduction and Purpose of the Study: This study aims to provide information on prescription trends for sulphur to validate its importance and relevance. Providing formal clinical data may assist in describing the viability of sulphur in homoeopathic care and in primary healthcare setting as well as providing further information on sulphur as an anti- Psoric

Outline of Procedures: Data for this study will be collected from 82 patient charts to whom Sulphur was administered during the period 2015-2016 at a free homoeopathic community clinic, UKUBA Nesibindi (UNHCC) which is situated in

eThekwini. A standardized rubric will be used to gather relevant information pertaining to clinical administration of Sulphur. The study will be conducted at UNHCC in the Warwick Junction area in the Lifeline building.

Contact details are below should you have any queries or require additional information, please feel free to contact any of the following:

Thank you

Kind regards

Aanisah Ford (researcher): 0844877999

Dr Maharaj (supervisor): 0833882688

Appendix C3: Permission letter to Lifeline project co-ordinator



Project Coordinator

Life Line Durban

Ukuba Nesibindi Clinic

Life Line Building

Warwick Junction

Durban

To: Mr France Mofokeng

RE: Request for the use of patient files

I am a 5th year master's homoeopathic student, Aanisah Ford (21324496) at the Durban University of Technology. I am kindly requesting your permission to use Ukuba Nesibindi Homoeopathic Community Health Centre patient files for the periods 2015 and 2016 for research purpose in 2017.

Title of the Research Study:

Prescription trends of *Sulphur* as an anti- Psoric, in a homoeopathic community clinic in eThekwini.

Brief Introduction and Purpose of the Study: This study aims to provide information on prescription trends for *Sulphur* to validate its importance and relevance. Providing formal clinical data may assist in describing the viability of *Sulphur* in homoeopathic care and in primary healthcare setting as well as providing further information on *Sulphur* as an anti- Psoric

Outline of Procedures: Data for this study will be collected from 82 patient charts to whom *Sulphur* was administered during the period 2015-2016 at a free

homoeopathic community health centre, Ukuba Nesibindi (UNHCHC) which is situated in eThekweni. A standardized rubric will be used to gather relevant information pertaining to clinical administration of *Sulphur*. The study will be conducted at UNHCHC in the Warwick Junction area in the Lifeline building.

Contact details are below should you have any queries or require additional information, please feel free to contact any of the following:

Thank you

Kind regards

Aanisah Ford (researcher): 0844877999

Dr Maharaj (supervisor): 0833882688

Dr Ngobese –Ngubane (Co-supervisor): 0835263746



DR RICHARD STEELE

BA, HDE, MTech(Hom)

Glenwood, Durban 4001110 Cato Road

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HOMEOPATH

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Freelance academic editor Email: rsteele@telkomsa.net

Associate member: Professional Editors'

Guild, South Africa

EDITING CERTIFICATE

Re: **AANISAH FORD**

Master's dissertation: **PRESCRIPTION TRENDS OF *SULPHUR* AS AN ANTI-PSORIC IN A HOMOEOPATHIC COMMUNITY CLINIC IN ETHEKWINI**

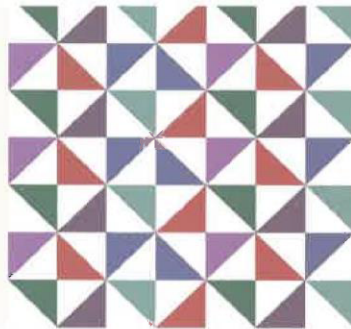
I confirm that I have edited this dissertation and the references for clarity, language and layout. I am a freelance editor specialising in proofreading and editing academic documents. I returned the document to the author with track changes so correct implementation of the changes in the text and references is the responsibility of the author. 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 Homoeopathy at the Durban University of Technology I supervised numerous

Master's degree dissertations.

Dr Richard Steele **20**

October 2018 *per email*

Appendix E: Ethics approval letter



Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2375

Email: lavishad@dut.ac.za

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

www.dut.ac.za

30 October 2017

IREC Reference Number: **REC 86/17**

Ms A Ford
157A Sparks Road
Overport
Durban
4001

Dear Ms Ford

Prescription trends of Sulphur as an anti-psoric in a Homeopathy community clinic in eThekweni

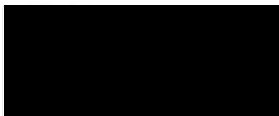
The Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letters.

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

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC Standard Operating Procedures (SOP's).

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely,



Professor J K Adam
Chairperson: IREC

