

An Investigation of the Concept of Homoeopathic
Imponderabilia using a Hahnemannian Proving of Focused
Pink Light.

Nevorndutt Somaru

A dissertation submitted to the faculty of health in partial compliance with the
requirements for the Masters Degree in Technology: Homoeopathy at the
Durban University of Technology.

I, Nevorndutt Somaru, declare that this dissertation represents my own work in both
conception and execution.

Nevorndutt Somaru

Date

Approved for final submission

Dr. C. R. Hopkins

Date

B.Sc. (Agric.-Ansi. & Gene) (UNP); M.Tech.Hom (TN)
Supervisor

This dissertation is dedicated to two very special souls in my life.

First and foremost to
Bhagawan Sri Sathya Sai Baba, Swami without your support none of this
would have been possible...

...and to my late nanie who always believed in me and supported me in all of
my endeavours throughout my life...I love you and miss you
very, very much.

ACKNOWLEDGEMENTS

I wish to acknowledge with gratitude the guidance and encouragement given to me by all of my teachers whose wisdom and example continue to inspire me to this day.

Special thanks must however go to Dr. C. R. Hopkins for all of his efforts and for being such a wonderful supervisor. His keen insight and understanding has been priceless in making this proving what it is today.

To all of my provers, a very big thank you for sacrificing your time and allowing me to complete this research study. Without you this proving would never have been possible.

To all of my beloved friends and classmates (2006), thank you so much for walking this journey with me...I wish each and every one of you the very best that life has to offer wherever you may now be. I hope that someday soon our paths will once again cross in this small, small world...

To the greatest of all masters of Homoeopathy, Samuel Hahnemann, who dedicated his life and gifted the entire world with a priceless jewel that we all pray will never be taken away: Homoeopathy. I sincerely believe that you certainly did not live in vain.

Last but not least, to my wonderful parents without whom I could never have imagined, grown and become who I am today. Your sacrifice and support throughout all of the years has been absolutely tremendous and I am deeply grateful for everything that you have given to me...I have never been left wanting for anything. I hope you both know just how much I love you.

ABSTRACT

The objectives of the following research study were to:

1. Conduct a randomised, double blind, placebo controlled study in order to determine the sphere of action of the imponderable remedy *Pink 30CH* on healthy volunteers who recorded the signs and symptoms produced in order to determine the substances potential usefulness in a future clinical setting according to the Law of Similars.
2. Determine and highlight the commonalities shared between the symptoms and themes produced by remedy *Pink 30CH* and the other selected imponderable remedies.

In the homoeopathic drug proving of remedy *Pink 30CH*, provers were uninformed to both the nature of the substance as well as to the potency selected and used for proving purposes. Neither the provers nor the research investigator had any knowledge of who received the verum or the placebo until the end of the proving.

Thirty (30) provers were selected after meeting the inclusion criteria of which thirty percent (30%) of the subjects received placebo in a randomised fashion. Verum and placebo were dispensed to the proving body in a set of six (6) powders which were taken sublingually three (3) times daily or until any proving symptoms were experienced.

All provers were examined and made to record in their journals before, during and after the administration of the proving substance so as to serve as their own intra-individual controls. At the end of the proving period all journals were then recalled and all proving data recorded was then collated and edited into a repertory and materia medica format, which was then used to formulate a homoeopathic drug picture of the remedy that could be used in future clinical settings.

The homoeopathic drug picture thus derived was then analysed with the aim of highlighting the important themes that were elicited during the proving. These symptoms and themes were then related and compared to seven (7) other imponderable remedies: *Luna* (Moonlight); *Magnetis Polus Arcticus* (North pole of the magnet); *Magnetis Polus Australis* (South pole of the magnet); *Positronium* (Anti-matter); *Radium bromatum* (Radium bromide); *Sol* (Sunlight) and *X-ray*, in order to expand the overall understanding of the commonalities shared by the imponderabilia as an entirety.

Remedy *Pink 30CH* thus clearly produced observable signs and symptoms in healthy individuals as was hypothesised, as a wide variety of symptoms covering thirty-three (33) sections of the materia medica were obtained. It was further hypothesised that the group analysis of the imponderabilia would illustrate the themes and symptoms common to these remedies, which will in turn assist in the future understanding and application of these remedies in homoeopathic practice. This was also verified as the group analysis of these imponderable remedies revealed the following set of thematic expressions:

- Energy
- Sensitivity
- Irritability, impatience, anger
- Psychotic, changeable mood
- Heaviness, morose, sadness
- Detachment, indifference
- Tranquillity
- Sex

It must be stressed however that these thematic expressions are to be considered as proposals until further re-provings have been conducted on the existing imponderable remedies in order to verify and expand on the existing imponderable remedy profiles, so that a more in-depth analysis can be attempted.

TABLE OF CONTENTS

TITLE PAGE	
DEDICATION	
ACKNOWLEDGEMENTS	
ABSTRACT	i
TABLE OF CONTENTS	iii
LIST OF APPENDICES	xi
LIST OF DIAGRAMS	xii
LIST OF TABLES	xiii
DEFINITION OF TERMS	xiv
<u>CHAPTER ONE</u>	
OVERVIEW	
1.1 Introduction	1
1.2 The Hypotheses	4
1.3 The Delimitations	4
1.4 The Assumptions	5
<u>CHAPTER TWO</u>	
THE REVIEW OF RELATED LITERATURE	
2.1 Introduction	6
2.2 The Historical Perspective of Provings	6
2.3 Modern Developments in Provings	8
2.4 Modern Refinements of Proving Methodologies	9
2.4.1 The Rule of Potency	10
2.4.2 The Rule of Posology	11

2.4.3	The Prover Population and Percentage Placebo	12
2.5	The Method of Group Analysis	14
2.5.1	The Concept	14
2.5.2	The Challenge	15
2.5.3	Refinements in Group Analysis	17
2.6	The Science of Light and Colour	18
2.7	The Therapeutic uses of Colour as Medicine	20
2.8	The Imponderable Remedies	23
2.9	Proving Substance: Focused Pink Light	24

CHAPTER THREE

MATERIALS AND METHODS

3.1	The Experimental Design	26
3.2	An Outline of the Method	26
3.3	The Proving Substance	29
3.3.1	Preparation and Dispensing of the Remedy to be Proven	29
3.3.2	The Potency	30
3.3.3	Dosage and Posology	30
3.4	Ethical Considerations	31
3.5	The Prover Population and Percentage Placebo	31
3.5.1	Criteria for the Inclusion of a Subject in the Proving Group	31
3.5.2	Lifestyle of the Provers during the Proving	32
3.5.3	Monitoring of Provers	33
3.6	Proving Chronology	33
3.7	Group Discussion	34

3.8	The Duration of the Proving	34
3.9	Symptom Collection, Extraction and Evaluation	35
3.9.1	Criteria for the Inclusion of a Symptom as a Proving Symptom	35
3.9.2	Collating and Editing	37
3.9.3	Formalizing and Reporting the Data	38
3.9.3.1	The Materia Medica	38
3.9.3.2	The Repertory	39
3.9.3.3	Group analysis and Comparison of Imponderable Remedies	40

CHAPTER FOUR

THE MATERIA MEDICA AND REPERTORY OF REMEDY PINK

4.1	Related Information	41
4.1.1	Key	41
4.1.1.1	Materia Medica Section	41
4.1.1.2	Repertory Section	42
4.1.2	Prover List	43
4.2	THE MATERIA MEDICA OF REMEDY PINK	44
4.2.1	Mind	44
4.2.2	Vertigo	69
4.2.3	Head	70
4.2.4	Eye	77
4.2.5	Vision	78
4.2.6	Ear	78
4.2.7	Nose	80
4.2.8	Face	80

4.2.9	Mouth	84
4.2.10	Teeth	85
4.2.11	Throat	86
4.2.12	Neck	87
4.2.13	Stomach	87
4.2.14	Abdomen	92
4.2.15	Rectum	95
4.2.16	Stool	96
4.2.17	Bladder	97
4.2.18	Urine	98
4.2.19	Male	98
4.2.20	Female	99
4.2.21	Respiration	104
4.2.22	Cough	104
4.2.23	Chest	104
4.2.24	Extremities	105
4.2.25	Back	110
4.2.26	Sleep	111
4.2.27	Dreams	114
4.2.28	Chill	131
4.2.29	Skin	131
4.2.30	Generals	132
4.3	REPORTORISATION OF REMEDY PINK	141
4.3.1	Mind	141
4.3.2	Vertigo	147

4.3.3 Head	148
4.3.4 Eye	152
4.3.5 Vision	152
4.3.6 Ear	152
4.3.7 Nose	153
4.3.8 Face	153
4.3.9 Mouth	155
4.3.10 Teeth	156
4.3.11 Throat	156
4.3.12 Neck	157
4.3.13 Stomach	157
4.3.14 Abdomen	158
4.3.15 Rectum	160
4.3.16 Stool	160
4.3.17 Bladder	161
4.3.18 Kidneys	161
4.3.19 Urine	161
4.3.20 Male	162
4.3.21 Female	162
4.3.22 Male and Female Genitalia/Sex	163
4.3.23 Respiration	164
4.3.24 Cough	164
4.3.25 Chest	164
4.3.26 Back	166
4.3.27 Extremities	166

4.3.28 Sleep	168
4.3.29 Dreams	168
4.3.30 Chill	172
4.3.31 Perspiration	173
4.3.32 Skin	173
4.3.33 Generals	173

CHAPTER FIVE

THE DISCUSSION OF THE PROVING OF FOCUSED PINK LIGHT

5.1 INTRODUCTION	175
5.2 THE SYMPTOMS	176
5.2.1 Mind	176
5.2.2 Vertigo	186
5.2.3 Head	186
5.2.4 Eye	188
5.2.5 Vision	188
5.2.6 Ear	188
5.2.7 Nose	189
5.2.8 Face	189
5.2.9 Mouth	189
5.2.10 Teeth	190
5.2.11 Throat	190
5.2.12 Neck	190
5.2.13 Stomach	191
5.2.14 Abdomen	191
5.2.15 Rectum	192

5.2.16 Stool	192
5.2.17 Bladder	193
5.2.18 Urine	193
5.2.19 Male Genitalia/Sex	193
5.2.20 Female Genitalia/Sex	193
5.2.21 Respiration	194
5.2.22 Cough	194
5.2.23 Chest	194
5.2.24 Back	195
5.2.25 Extremities	195
5.2.26 Sleep	196
5.2.27 Dreams	196
5.2.28 Chill	198
5.2.29 Skin	198
5.2.30 Generals	198
5.3 THE ESSENCE OF REMEDY PINK	199
5.4 GROUP ANALYSIS OF THE IMPONDERABLE REMEDIES	201
5.4.1 Discussion of the Mental Thematic Expressions	201
5.4.2 Discussion of the Common Physical and General Symptoms	205
5.5 A COMPARISON OF THE PINK PROVING SYMPTOMATOLOGY	208

CHAPTER SIX

RECOMMENDATIONS AND CONCLUSIONS

6.1 Recommendations	212
6.1.1 Prover Group	212

6.1.2	Contribution in terms of Age, Gender and Ethnicity	214
6.1.3	Timeframe of the Proving	214
6.1.4	Reproving the Imponderables	215
6.1.5	Further Comparison with other Remedies	216
6.1.6	Publication	216
6.2	Conclusion	216
REFERENCES		219
APPENDICES		
	Appendix A – Suitability for Inclusion in the Proving	226
	Appendix B – Case History Sheet	228
	Appendix C – Informed Consent Form	239
	Appendix D – Instructions to Provers	243
	Appendix E – Parental Consent Form	249
	Appendix F – Gender, Ethnic and Age distribution of Provers	250
	Appendix G – Quantitative distribution of repertory symptoms	251
	Appendix H – The Imponderable Remedy Symptom Comparison Chart	252
	Appendix I – Proving Advertisement	256
DIAGRAMS		
	Diagram 1 – The Electromagnetic Spectrum	19
	Diagram 2 – The Parameters of Colour	20
TABLES		
	Table 1 – List of verum provers	43

LIST OF APPENDICES

- **Appendix A** – Suitability for Inclusion in the Proving
- **Appendix B** – Case History Sheet
- **Appendix C** – Informed Consent Form
- **Appendix D** – Instructions to Provers
- **Appendix E** – Parental Consent Form
- **Appendix F** – Gender, Ethnic and Age distribution of Provers
- **Appendix G** – Quantitative distribution of repertory symptoms
- **Appendix H** – The Imponderable Remedy Symptom Comparison Chart
- **Appendix I** – Proving Advertisement

LIST OF DIAGRAMS

- Diagram 1 – The Electromagnetic Spectrum
- Diagram 2 – The Parameters of Colour

LIST OF TABLES

- Table 1 – List of verum provers

DEFINITION OF TERMS

COMPLEMENTARY REMEDY – Also known as the “concordant remedy” – can be defined as a remedy which assists or reinforces the action of another remedy. For example, *Sulphur* and *Nux vomica* are considered complements because if *Nux vomica* is prescribed in a case with minimal results or if the amelioration of the illness cannot be achieved by the use of this one remedy, then *Sulphur* may be prescribed thereafter in order to complete the therapeutic effects initiated by *Nux vomica*. (Yasgur, 2004:54)

CHROMOTHERAPY – Or “colour medicine” – is a centuries old concept that has been used to successfully treat and cure disease through the application of the full spectrum of visible light i.e. colour. According to the principles of chromotherapy, all ailments are the result of an imbalance or lack of the applicable colours within an organ or life system of the human body. Healing is therefore thought to occur by the application of the unique wavelengths and oscillations inherent to the appropriate colour found to be lacking or imbalanced in these organs and systems. (Gupta, 2007:7)

IMPONDERABILIA – Or imponderable remedies - are homoeopathic remedies which are considered to be manufactured from a dynamically, immaterial energetic source (Goel, 2002:12). These sources have no mass and exist only at a vibrational, energetic level; examples of such remedies include those derived from sunlight (*Sol*), moonlight (*Luna*), and electricity (*Electricitas*) (Yasgur, 2004:122).

LAW OF SIMILARS – Derived from the Latin translation “*Similia Similibus Curentur*”, is the fundamental law of homoeopathic medicine formulated and employed by Dr. Samuel Christian Friedrich Hahnemann (Yasgur, 2004:234). Any substance that can produce a totality of disease symptoms in a healthy human being – can cure that same totality of symptoms when present in a diseased human being (Vithoulkas, 2002:92).

PLACEBO – A non-medicated, relatively inert drug or substance administered to a group of individuals (forming the control group) during a controlled clinical trial, in order to establish a contrast between the symptomatology experienced by the verum group from those of the control group (Yasgur, 2004:187). For the purposes of this study, the placebo took the form of lactose powders impregnated with a single drop of 96% ethanol.

POLYCHREST – A remedy which has many widespread uses covering a wide variety of mental, emotional and physical symptomatology expressed through the process of provings and subsequent clinical applications; examples of such remedies include *Sulphur*, *Calcarea carbonicum* and *Nux vomica* (Yasgur, 2004:191). These remedies cover more or less the common symptoms experienced in disease and therefore have the capability to resolve most, if not all, of the presenting clinical picture (De Schepper, 2001:216).

POTENCY – The power, strength or vitality imparted too, and possessed by, a homoeopathic medicine through the means of a measured process of de-concentration with either inter-current stages of succussions or triturations of the chosen medicinal substance in an applicable inert medicinal vehicle (Gaier, 1991:432). The above process can be carried out *ad infinitum* with the resultant potencies being of an ever increasing strength, yet with ever decreasing concentrations of the chosen crude, medicinal substance (Yasgur, 2004:197).

PROVERS – Individuals of average health who are administered repeated doses of a remedy until subjective or objective symptomatology of a disturbance are experienced or appear (De Schepper, 2001:34).

PROVING – A translation of the German '*Prufung*', meaning test or examination (Gaier, 1991:390). It is the systematic procedure of determining the medicinal or curative properties of a substance (either in crude form or in potency) on healthy human beings (Vithoulkas, 2002:96).

SIMILLIMUM – The one remedy which most closely corresponds to the totality of symptoms expressed by a diseased individual, which when found is always

curative – or in the case of incurable diseases, it is the best possible palliative remedy (Yasgur, 2004:234).

THIRTIETH CENTESIMAL POTENCY (30CH) – Is the thirtieth step of serial de-concentration on a 1:99 scale with inter-current succussions applied at each step; thus having an effective concentration of 1×10^{-60} (Yasgur, 2004:193-194).

CHAPTER ONE

1. OVERVIEW

1.1 INTRODUCTION

From ancient times up until well into the 18th century, much of what was known about the “medicinal properties” of drugs was largely based upon pure speculation; reports of accidental poisonings; or from the limited information obtained from laboratory experimentations performed on animals, organs and tissues. This was largely due to the fact that before Hahnemann’s revolutionary innovation of drug provings, the allopathic school had never tested medicines on healthy individuals in order to discover the precise chemical and physiological effects of these substances *before* prescribing them on sick people (De Schepper, 2001:32-33).

A proving can basically be defined as the systematic procedure of experimentally testing substances, on healthy human beings, in order to observe and record the totality of morbid symptoms produced through the action of the chosen substance (Vithoulkas, 2002:96). This means that any substance that is capable of inducing disease symptoms, when taken by a healthy individual, is potentially of therapeutic value to diseased individuals when administered in a potentised form according to the homoeopathic principle of similitude (O’ Reilly, 1997:144-145). As Hahnemann states, provings are the only way of identifying new homoeopathic remedies which may then be added to the materia medica (O’ Reilly, 1997:161-162). Hence, provings are the very pillars upon which homoeopathic practice stands as there is no other way of predicting the effect of any given substance as a homoeopathic remedy, with any degree of accuracy, other than through a reliable proving (Sherr, 2003:7).

As in Hahnemann’s time many modern day homoeopathic physicians have called for the proving of new remedies (Sherr, 2003:6). However few have been

willing to spend the immense amount of time and effort required to produce such thorough and useable provings like those conducted in the past (Vithoulkas, 2002:148). In fact many of the modern day provings have deteriorated in quality, often lacking in refinement and detail, particularly in mental symptoms, to make them truly indispensable to homoeopathic practice (Sherr, 2003:9). The importance of a thorough proving is that when a new remedy is proven reasonably well, it will cure a class of cases that until then could only have been partially covered by existing remedies (O' Reilly, 1997:173-174; Sherr, 2003:8).

Unfortunately however not all of the remedies included into the homoeopathic materia medica are proven ones (Souter, 2005:12). Some remedies are included based solely upon the gross toxicological features and the physiological changes effected upon the human organism by the crude substance itself (Mondal, 2004:245; Sherr, 2003:9-10). Other remedies have also been introduced into the materia medica by methods ranging from meditation to dream provings (International Council of Classical Homoeopathy, 1999:33; Souter, 2005:245) – whereas more obscure proving methodologies adopted include “clinical trials” in which the participants utilise “intuition”, “dowsing” and “chakra-matching” in order to determine the remedy profile of a selected substance (Wauters, 1999:26-28). This of course poses a great and fundamental threat to homoeopathic medicine in that without accurate provings all prescribing indications are bound to be vague guesses at best and pure fiction at worst (Sherr, 2003:7).

To date, the researcher has found that there are only a few imponderables currently being utilised as homoeopathic remedies; the most famous of these include *X-ray*, *Radium bromatum* (Radium bromide), *Electricitas* (electricity), *Sol* (sunlight) and *Luna* (moonlight). Unfortunately, even these remedies have not yet proven indispensable to homoeopathic practice and are often seen referenced amongst the “minor/small” remedies found scattered throughout homoeopathic literature. Souter (2005:71) suggests that it is highly plausible that most homoeopathic physicians tend to favour the more familiar polychrest remedies such as *Sulphur*, *Mercurius solubilis* (Mercury), and *Aurum*

metallicum (Gold) as these remedies are perceived to be more therapeutically effective and reliable. This suggests that the imponderable remedies are being rejected or under-utilized based upon the unfounded belief that these remedies, like other classified “small” remedies, have only smaller spheres of clinical activity and hence a greater chance of failure (Souter, 2005:71).

Another likely contributing factor that may bias homoeopathic practitioners away from the use of the imponderabilia is the method adopted in the manufacturing and preparation of these remedies. All imponderable remedies are considered to be highly controversial, since all imponderabilia are manufactured from a dynamically, immaterial energetic source e.g. from moon rays, sun rays and even magnetic fields (Goel, 2002:12). This of course raises the question of the very efficacy of such remedies as it is very difficult to either qualify or quantify the presence of any energetic impressions in an imponderable remedy even at the first step of homoeopathic preparation (Goel, 2002:12; Saxena, 2003:10). Another evident contributing factor noted by the researcher is the relative lack of information concerning the usage, clinical effectiveness and good proving profiles for many of these remedies, which has also unfortunately aided in maintaining the imponderable remedies in a state of prolonged obscurity, doubt, and practitioner neglect.

The purpose of this research study was to therefore investigate into the concept of homoeopathic imponderabilia through a double-blind placebo-controlled proving of the thirtieth centesimal (30CH) potency of remedy *Pink*. This study was conducted on volunteers of average health in order to determine the totality of symptoms and themes produced by the chosen proving substance. All recorded proving data was then comparatively studied against that of already existing imponderable remedies in order to determine the symptoms and themes common to the imponderable group as an entirety.

This ‘group analysis’ method, as devised by Scholten (1993) and further expanded upon by Sankaran (2002) will allow for the identification of key themes of imponderable remedies and thus ease the uncertainty in understanding and prescribing these remedies. Such abstraction thus creates a

new level of looking at remedies making it possible to even predict, to a certain extent, the picture of unknown remedies (Scholten, 1993:11). Such analysis, as Scholten (2004:160) argues, is most important in the “maturing” of both the theoretical components and practical applications of the science of homoeopathy.

1.2 THE HYPOTHESES

1. The first hypothesis was that the thirtieth centesimal potency (30CH) of remedy *Pink* would produce clearly observable symptoms and signs in healthy provers.
2. The second hypothesis was that remedy *Pink 30CH* would share themes and highlight symptomatology common to, and when compared with, the chosen group of imponderable remedies.

1.3 THE DELIMITATIONS

This research study did not:

- Seek to explain the mechanism of action of the homoeopathic preparation in the production of symptoms in healthy individuals.
- Determine the effects of potencies of remedy *Pink* other than in the thirtieth (30th) centesimal potency.
- Seek to perform multicentre drug trials.
- Seek to conclusively determine how imponderable remedies are formulated and was strictly limited to the proposed theory of formulation of any one remedy.

- Attempt to draw comparisons between the symptomatology and themes of all existing imponderable remedies and the one being proven.
- Seek to determine, evaluate or recommend the proving substance for any one particular purpose.

1.4 THE ASSUMPTIONS

- The remedy used in the proving was prepared to the thirtieth (30th) centesimal potency by Helios Homoeopathic Pharmacy from the original stock potency produced by Ambika Wauters.
- The provers took the remedy in the correct dosage, frequency and manner prescribed.
- The provers were conscientious and closely observed themselves for any effects of the proving substance.
- The provers accurately, conscientiously and honestly recorded all symptoms observed.
- The provers did not deviate significantly from their normal lifestyle or dietary habits prior to or for the duration of the proving.
- The repertorisation of *Pink 30CH* would yield imponderable remedies that share themes and symptomatology common to the group of imponderabilia as an entirety, thus making a subsequent comparative discussion possible.

CHAPTER TWO

2. THE REVIEW OF THE RELATED LITERATURE

2.1 INTRODUCTION

Much has changed since the time Hahnemann undertook the tremendous challenge of conducting provings on healthy individuals and completing at least 140 remedy profiles all by himself. Unfortunately, most of the details regarding the manner in which these provings were conducted cannot be determined today. This is due to the fact that Hahnemann did not start with a set proving protocol; instead, he continued to alter and develop his methodology according to his latest findings as he gained further experience in his work. Hahnemann's provings have nevertheless yielded reliable results, even though his proving methodology would certainly not be called reliable by today's standards for clinical trials which rely heavily on the use of blinding procedures and placebo controls (Wieland, 1997).

However, with the recent contributions of such notables as Riley (1997), Coulter (1998), Vithoulkas (2002), Sherr (2003) and Sankaran (2004) to name a few, provings have become far more structured and methodically sound. Hahnemann's homoeopathic drug provings have become vastly improved upon through the incorporation of the relevant scientific methods much in use today - such as blinding, randomisation, double blind and cross-over experimental designs, and even placebo controls (Riley, 1997:225).

2.2 THE HISTORICAL PERSPECTIVE OF PROVINGS

It is generally recognized that the "dawn" of homoeopathy began in the year 1790 with the subsequent proving of *China officinalis* (*Cinchona officinalis*). Having been commissioned to translate 'A Treatise on Materia Medica' by William Cullen into German, Hahnemann became sceptical on the authors proposed theory that the drug Quinine (Peruvian bark) was effective as an anti-

malarial agent due to its bitterness. In order to test the author's assumption Hahnemann began to ingest crude doses of the drug and noticed that he began to experience symptoms of malaria. He had unofficially "proven" his very first remedy – *China officinalis*. Hahnemann thus concluded that Quinine could cure malaria on the basis that it possessed the inherent ability to induce symptoms similar to that of malaria when taken by a healthy person - rather than due to its bitter or astringent properties. It was from this momentous discovery, coupled with a subsequent six years worth of drug provings, that Hahnemann proclaimed the very first and fundamental law of homoeopathic medicine to the world: the Law of Similars, or "Like Cures Like" (Bradford, 2004:44-46).

However, the Law of Similars – '*similia similibus curentur*' – also recognized as the "principle of similitude", is an age old concept which predates even Hahnemann himself (Sankaran, 2001:8). According to Bradford (2004:50), Hahnemann was one of the first to give medicines to healthy individuals in order to understand its effect on the sick; however he was certainly not the first, as he himself realized, to have had the idea (O' Riley, 1997:52-58). Others such as Von Haller, Stoerk, Crumpe, and Stahl were also aware of this principle even before him – either utilizing it in pharmaceutical experiments on themselves or even advocating its use in the treatment of disease (Bradford, 2004:50; O' Riley, 1997:58). It took Hahnemann however to be the first to truly rationalize and systematize this concept of similitude into homoeopathic drug provings and homoeopathic medicine as we understand it today.

Being both disillusioned and dissatisfied by the manner in which medicine was been practiced in his era, Hahnemann sought to create a clinical form of medicine that was comparatively more humane and largely based upon clear, rational principles of healing and on accurate provings (Bradford, 2004:58). He therefore endeavoured to prove a variety of new substances with the aid of his family, friends and colleagues; the results of which procured a total of sixty six (66) and a further thirty five (35) new drug pictures by the years 1811 and 1839 respectively (Bradford, 2004:46; Dantas, 1996:230). In the sixth edition of his '*Organon of the Medical Art*', Hahnemann left detailed instructions on the proper protocol for homoeopathic drug provings on healthy subjects in

aphorisms 105-145 (O' Reilly, 1997:144-163). In this clearly defined form drug provings became a revolutionary innovation in the domain of medicine, and as a scientific experiment, it was far ahead of its time (Riley 1996:4).

2.3 MODERN DEVELOPMENTS IN PROVINGS

A large number of provings have been done in recent years and the trend for the execution of new provings seems to be unending.

In 1980, George Vithoulkas devoted an entire chapter to provings and proving protocol in his book '*The Science of Homoeopathy*'; in which he outlined an exceptionally elaborate and detailed proving method that few could ever conduct due to the enormous amount of time and expense needed to invest in such methodology. Likewise, the year 2003 saw the publication of Jeremy Sherr's work '*The Dynamics and Methodology of Homoeopathic Provings 2nd edition*'. In his work Sherr (2003) synthesises and clarifies the relatively copious, unorganised references made to provings and proving protocol, found scattered throughout homoeopathic literature, into a clearly defined and practical framework which has enabled homoeopathic physicians to conduct and garner reliable information from modern day homoeopathic drug provings.

Sherr (1997) himself has also contributed immensely to the homoeopathic materia medica with his own provings of *Androctonus amoreuxii hebraeus* (the scorpion), *Brassica napus* (Rape seed oil), *Germanium metallicum*, *Adamas* (Diamond), *Plutonium nitricum*, and *Haliaeetus leucocephalus* (the American Bald Eagle). Recently he has also furthered his work with provings on *Cygnus cygnus* (the Whooper swan), *Onchorynchus tshawytscha* (Pacific Salmon), *Olea europaea* (Olive) and *Taxus baccata* (English Yew) (Sherr, 2002).

Other more recent provings that have been carried out by other homoeopathic physicians include those of *Larus argentatus* (the Sea-gull) (Fink, 1997:106), *Oenanthe crocata* (Hemlock water dropwort) (Lesigang, 1997:110), *Bitis arietans arietans* (the Puff-adder) (Wright, 1999), *Sutherlandia frutescens* (Cancer bush) (Low, 2002), *Pycnoporus sanguineus* (a fungus) (Morris, 2002),

Galium aparine (Goose-grass/Cleavers) (Norland and Fraser, 2003), *Passer domesticus* (House-sparrow) (Norland and Fraser, 2004) and *Pavo cristatus* (Peacock feather) (Fraser, 2005).

Numerous other modern day provings have also been conducted on imponderable agents. Those that were found included *Venus Stella Errans* (planet Venus) by Wilkinson (1996), *Positronium* (Anti-matter) by Fraser (1998) and those of the various colour remedies by Wauters (1999). De Vries (2004) has also conducted a large number of seemingly partial provings on imponderable agents such as Adoris (Heating), Frigus (Cooling), Gravititas (Gravity), Luxi (Light), Obscuritas (Darkness) and Sonor (Sound).

2.4 MODERN REFINEMENTS OF PROVING METHODOLOGIES

According to Riley (1996:4) homoeopathic drug provings should initially be carried out using the historical principles and proving protocol as laid down by Hahnemann, while at the same time satisfy the modern requirements imposed upon the clinical trials of today.

Nowadays homoeopathic drug provings are being largely compared to the phase one (1) clinical trials used in orthodox medicine where the safety and efficacy of a drug is determined through a double-blind placebo controlled study. However the purpose of a homoeopathic drug proving is neither to show the safety and efficacy of a remedy, nor to compare a remedy to another therapy or even against placebo control. Rather it to ascertain a series of complete individualistic symptoms in order to create a mass of reliable data for the homoeopathic materia medica; where the value of each symptom is dependant upon the symptom quality rather than on the quantity of symptoms obtained (Wieland, 1997:230).

2.4.1 The Rule of Potency

According to Wieland (1997:229), like his proving methodology, Hahnemann continued to change and develop his ideas as to what potency should be utilized in a proving according to his latest findings. Hahnemann initially conducted his provings with crude doses of the selected substance; he later began to employ the use of potentised mediums for his provings as he found that these remedies exhibited a wider range of symptoms that had until then, remained hidden to the observer (De Schepper, 2001:33; Sherr, 2003:55). Walach (1995:64) states that even Hahnemann himself had remained inconsistent on the selection of the potencies to be used in his provings until he finally endorsed the use of the 30CH potency in aphorism 128 of his '*Organon of the Medical Art 6th edition*'. Even so the Vienna Society did not fully endorse Hahnemann's application of the 30CH potency in his provings until re-proving his remedies in the same potency themselves (Kent, 1995:188). According to Kent the results obtained by the Vienna Society proved conclusively that the symptoms gathered from the 30CH potency were very strong, and hence Kent too fully endorsed the use of the 30CH potency in all of his provings (Webster, 2002:12).

Alternatively, Sherr (2003:56) states that it is perfectly acceptable to use a wide range of potencies in provings such as the 6CH, 15CH, 30CH and 200CH potencies. He maintains that multiple potencies may be useful as it allows the research investigator to explore the exact effects of each potency level, thus allowing the homoeopathic physician to prescribe the proven remedy at that precise potency level that produced that exact symptom during the proving (Sherr, 2003:56). Sherr (2003:56) also expresses that it is equally valid to use a single potency in a proving such as a 30CH or even a 1M potency. Likewise De Schepper (2001:36) has also stated that any other potency can certainly be used when conducting a proving, even though Hahnemann had specified on the use of only the 30CH potency in his provings. Even Vithoulkas (2002:152) has advocated the use of a range of potencies when conducting provings, 1X-8X being used for relatively non-toxic substances (e.g. edible plants) and from the 8X-12X for far more toxic substances (e.g. hydrocyanic acid).

However there is much evidence that supports the use of only the 30CH potency when conducting a homoeopathic drug proving. Hahnemann's insistence on the use of the 30CH potency (O'Reilly, 1997:154) coupled with the endorsements from Kent (1995:188) serve as a strong argument in favour of this potency alone. Likewise in his proving of *Hydrogen*, Sherr (2003:56) also found that the 30CH potency produced the most mental and emotional symptoms – symptoms which are considered by most homoeopathic physicians to be of the utmost importance in any homoeopathic drug proving. Yet the evidence to support the use of the 30CH potency as the potency of choice can be found to extend as far back as to the year 1879 (Kaptchuk, 1997:49). Kaptchuk (1997:49) reveals that a blind homoeopathic drug trial was conducted on *Aconite* (Wolf bane), *Arsenicum album* (Arsenic), *Aurum metallicum* (Gold), *Carbo vegetabilis* (Charcoal), *Natrum muriaticum* (Sea salt) and *Sulphur* using the 30CH potency only. Other more modern day provings like those conducted by Wright (1999), Morris (2002), Webster (2002) and Sankaran (2004) also fully utilized the 30CH potency as well – with even more recent provings currently being conducted only in the 30CH potency further validating its use.

2.4.2 The Rule of Posology

In '*The Dynamics and Methodology of Homoeopathic Provings 2nd edition*', Sherr recommends that no more than a total of six (6) doses should ever be administered to a prover during a proving. In his experience he has found that approximately eighty percent (80%) of his provers' experienced distinct symptomatology even before completing all six doses. Sherr also states that it is a common misconception that a dose has to be repeated throughout the duration of the proving. It is said that Kent was also very particular about this point and insisted that a remedy be administered until proving symptoms began and then stopped. This was done to ensure the safety of the prover during the proving as the continual, indiscriminate repetition of a dose may prove unsafe to the prover. According to Sherr, Kent also cautioned against the repetition of a remedy dose beyond the first two (2) days of starting a proving e.g. on the tenth (10th) day, as he warns that such repetition in this manner may actually

engraft onto the provers constitution and thus prove problematic to the prover's wellbeing (Sherr, 2003:53-54).

2.4.3 The Prover Population and Percentage Placebo

Like the selection of the proper potency for proving purposes, the number of subjects necessary for a thorough proving and the percentage of those subjects that should fall into the placebo control group has also become an issue with no hard and fast rules. There are currently many differing views on this subject as there are many homoeopathic researchers who are deterred from using groups that are either too large or too small since either group can prove to be too cumbersome or unreliable (Sherr, 2003:45).

In Sherr's (2003:45) opinion a hundred or more provers is far too large and leads to both the overcrowding of the repertory with too many common symptoms, as well as over-inflating the remedy out of proportion in relation to the others. On the other hand, De Schepper (2001:34) states that it would be ideal to have at least 50 provers participating in a proving – whereas Vithoukas (2002:152) recommends that it would be ideal to use between 50-100 provers. Unfortunately however, the resources required for such large proving samples as suggested by both De Schepper (2001) and Vithoukas (2002) may also be far beyond that to what is available to the researcher. Anna Schadde conducted a proving of *Ozone* with only 55 provers and concluded that the group was too large and that smaller groups would have to be considered in the future (Sherr, 2003:45). Likewise, the International Council of Classical Homoeopathy (ICCH) (ICCH, 1999:34) regards that 10-20 provers are of an ideal size for any given proving. Sherr (2003:45) states that five provers would suffice for a small proving project but in order to produce a full remedy picture a proving group of at least 15-20 provers should be considered for a thorough and useable proving.

The use of placebo in homoeopathic drug provings has also become a controversial issue as a control medium in proving protocol. In fact most of the symptoms produced within the control group of a homoeopathic drug proving is largely ignored or even discarded (Kaptchuk, 1996:238). Walach (1994:130)

considers the use of placebo as largely unnecessary as he argues that for more than one hundred years, provings have been conducted without placebo control and that to consider it as the only valid control medium will necessitate the re-proving of all substances proven in the past. Raeside also shares his view in his article '*A Proving of Mandragora officinarum*' in which he and his provers felt after conducting many provings, that controls were an unnecessary waste of good provers (Sherr, 2003:57). Likewise Sherr (2003:57) also believes that the use of placebo is an undeniable loss of potentially good provers, and coupled with the fact that the individuals on placebo control occasionally also produce symptoms similar to those of the proving group, also casts further doubt on the efficacy of placebo as a valid control medium in proving protocol.

Even so, Sherr (2003:37) maintains that the use of placebo control still has benefits in a clinical drug trial in that it serves as a device that decreases prover expectation and promotes an improved quality of judgement and awareness amongst provers when relating symptoms. However Sherr (2003:57) also warns that even though we should use placebo in good measure, we should also be careful not to go out of our way to please the modern system of orthodoxy which will never be truly satisfied with pure homoeopathy. Like Sherr, the ICCH (1999:34) also supports the use of placebo as it is considered to not only increase the reliability of symptoms, but it also increases the provers' attention and accuracy in relating these symptoms. The ICCH (1999:34) recommends 10-30% of the provers should receive placebo; while both Vithoulkas (2002:151) and Sherr (2003:57) recommend the use of 25% and 10-20% placebo in the proving protocol respectively.

In this double-blind placebo controlled proving of *Pink 30CH*, 30% of the thirty (30) provers were provided with placebo preparations. This left a total of 21 provers in the verum group which in turn correlated to the number of provers recommended by both Sherr (2003:57) and the ICCH (1999:34) to produce a full remedy picture. In this research study, the placebo control took the form of powders medicated with 96% alcohol which had not been exposed to focused Pink Light at any step of its preparation. Thus any symptoms elicited during the proving were wholly attributed to the action of the remedy exposed to the

focused Pink Light. Furthermore each prover was provided a maximum of six doses only, where each dose was administered sublingually three (3) times daily over a period of two (2) days as per the suggestions of Sherr (2003:53). No further doses were administered following the onset of any proving symptomatology, nor were any further doses administered in those provers who did not experience any symptomatology once all six doses had already been completed (Sherr, 2003:53).

2.5 THE METHOD OF GROUP ANALYSIS

2.5.1 The Concept

Even in the very beginning of homoeopathy there arose a great need and desire amongst homoeopathic physicians to classify and categorise a seemingly unmanageable list of proven remedies that could no longer be comfortably held in memory. The medieval ‘Doctrine of Signatures’ (where a morphological relationship is drawn between that of a particular substance to a particular disease or organ) was perhaps one of the earliest attempts made to make sense of a large and ever growing materia medica (Yasgur, 2004:70). However this type of remedy selection was largely condemned and met by fierce opposition by Hahnemann who believed that such methods posed a major threat to scientific homoeopathy – albeit that this concept, even though in a more circumspect and circumscribed manner than in the past, is still in use today (Vermeulen, 2004:xi).

The most useful and probably the longest serving method of remedy categorization and selection was only developed in 1833 following the production of the very first repertory through the endeavours of von Boenninghausen. Since then many different versions of repertories have been published with the most popular and widely used being Kent’s repertory which has now formed the basis of various hardcopy and computer software formats which now circulate the world over. Unfortunately however, even the repertory has been unable to improve the understanding and recognition of all remedies, especially the smaller and less well proven ones such as the imponderabilia. It

has however, when coupled with computer software programmes and effective search engines, made it possible for homoeopathic physicians to easily access and analyse vast sums of collected observations and centuries worth of work for any commonalities (Souter, 2005:13).

Sankaran argues that the practice of homoeopathic medicine has never been easy, since homoeopathy is one of the very few, if not the only, of the scientific disciplines that *begins* with the *specifics* in its methodology of remedy identification. He further states that a scientific discipline should firstly investigate in more broad terms and then ask more specific questions in order to bring about further refinement, differentiation, and clarity. In this way the monumental task of remedy differentiation and selection would be made far easier if physicians were able to follow a system like group analysis, rather than randomly searching through a jungle of symptoms listed in the materia medica (Sankaran, 2002:19).

In this respect the concept of group analysis seems to be a natural and inevitable progression of homoeopathy in its study and understanding of the nature of whole groups of remedies (Sankaran, 2002:6).

2.5.2 The Challenge

The challenge with the concept of group analysis is that up until the last decade the most common method of studying and applying homoeopathic remedies has been to look at each remedy separately (Scholten, 1993:23). Group analysis differs in that it basically concerns itself with the comparison of groups of remedies and then extracting what is common from that group (Scholten, 1993:23). These extracted symptoms are then used to formulate themes which indicate the basic expression of a group as an entirety (Scholten, 1993:23). This allows the homoeopathic physician to consider and delve deeply into a particular group of remedies e.g. the Natrum or Carbonicum groups, and isolate the most appropriate remedy for the patient once the common thematic expression of that group has been correctly identified (Scholten, 1993:23; Souter, 2005:12).

Unfortunately homoeopathy as a science has always resisted or shown very little interest in the classification of remedies up until the last decade. Winston (2002:36) states that the conflict essentially lies on whether or not homoeopathic case taking and analysis should still be approached using the “traditional” methods as laid down by Hahnemann; or whether the latest concept of group analysis should be adopted and fully utilized instead. Like any other new paradigm of thinking, the concept of group analysis has therefore also sparked major debates between those in opposition - the adherents and those who are not too sure about it (Winston, 2002:36).

Scholten (1993:11) is quick to point out however that the concept of group analysis is certainly not new to the science of homoeopathy. According to Scholten (1993:23) homoeopathic physicians such as Clarke, Morrison and even Vithoulkas are all said to have applied this concept in practice. In his book *‘Lectures on Clinical Materia Medica’*, Farrington (2002) was also noted to have devoted much of his time in the development of a method which bares a remarkable resemblance to that of the modern day concept of group analysis, even though he conceived his method over one hundred years ago.

By far, the two most influential teachers and avid supporters of the concept of group analysis in the past decade are Scholten and Sankaran (Thompson and Geraghty, 2007:102). Scholten introduced the concept of group analysis to the modern era by creating groups of some of the major elements and respective salts used in homoeopathy by utilizing the scientific model of the periodic table of elements as his basis (Scholten, 1996:6). Scholten proposed that each row/series corresponded to a particular general theme, and that each column/group from left to right of the periodic table outlined the degree of development of that particular theme of the series in question (Scholten, 1996:13). This type of understanding has made it possible to prescribe an intersecting remedy with a higher degree of confidence provided that the patient required a remedy from the mineral kingdom in the first place.

2.5.3 Refinements in Group Analysis

Sankaran on the other hand explored and developed the concept of group analysis in a slightly different manner to that of Scholten. He first subdivided all homoeopathic remedies into the respective kingdoms of origin i.e. the mineral kingdom, animal kingdom, plant kingdom, nosodes, sarcodes and imponderabilia (Sankaran, 2005:127). Through this “natural classification of drugs” he then went further by specifying the distinguishing features (thematic expressions) that he had observed in each of the kingdoms (Sankaran, 2005:318-319). For instance, the animal kingdom according to Sankaran (2006:2) can be distinguished from the other known kingdoms in that its features are primarily focused upon issues of “survival, victim/aggressor tendencies, feelings of being dominated or persecuted, and conflict”; whereas the features of the mineral kingdom revolve around issues of “performance, structure, defence, relationships, attack and a lack of security/support/identity” (Sankaran, 2006:4).

However Sankaran’s major breakthrough in his concept of kingdom analysis is that he further subdivided each of the kingdoms into its component “family groups” and noticed that each family of remedies could also be defined along a set of thematic expressions (Sankaran, 2002:20). For instance, the plant kingdom was further subdivided into the various botanical families such as the Anacardiaceae, Berberidaceae, Cactaceae, Compositae, Conifers, Hamamelidae and the Liliiflorae to name but just a few (Sankaran, 2002). He then drew differentiations between each of the many botanical families by ascribing a set of basic sensational and thematic expressions that he had observed and which he truly felt characterized each particular family from the other (Sankaran, 2002:22). His next problem however was to be able to differentiate between remedies within the same botanical family that essentially shared the same thematic expressions. Sankaran’s solution was to draw upon his extended miasm model and thus he began to further classify members of a common botanical family into their respective miasmatic tendencies (Sankaran, 2002:22). According to Scholten, Sankaran’s approach is virtually analogous to that of the concept of group analysis where a row/series is intersected with a

column/group – here, remedy families and miasms are instead being “crossed” in order to identify a remedy (Sankaran, 2002:5).

Scholten further states that the discovery of these groups is a major step forward in the homoeopathic analysis of cases and remedy selection, as it is now possible to extend the drug pictures of little known remedies so that they become full and meaningful pictures (Sankaran, 2002:5). He further argues that Sankaran’s work in group- and kingdom analysis has now brought homoeopathy further into the second scientific stage – the stage of classification, categorization and grouping (Sankaran, 2005:5). This has made the practical application of homoeopathy far easier in terms of remedy prescribing and patient management, as well as allowed the understanding of remedies to become far more exciting and insightful.

2.6 THE SCIENCE OF LIGHT AND COLOUR

Colour theory has occupied philosophers and scientists from a variety of disciplines throughout the ages (Valberg, 2005:275). Today, the study of colour vision has become central in an effort to understand the behaviour of the neural networks of the human brain, and in this context, has aroused a rather passionate debate regarding the role of colours in our understanding of nature and of ourselves (Valberg, 2005:275). Though colour and light are quite distinct intellectually, both the natures of light and of colour are almost always inextricably bound and closely related in theory (Lamb and Bourriau, 1995:66).

According to modern physics, light is either regarded as a “wave-form”, a concept which is attributed to the investigations of Christiaan Huygens (1629-1695), or as stream of particles (photons) as asserted through the experiments of Sir Isaac Newton (1642-1727). Unfortunately however, modern physics is still in a quandary when attempting to “explain” what precisely light is - as both theories are still considered to be in conflict even today. Therefore, modern science does not have any good unifying alternatives to this dualistic concept to “explain” light and have thus begun to use either the “particle” or the “wave-form” analogy depending on which one suits best at that moment in time. Light

is considered to be a part of the spectrum of electromagnetic radiation which consists of everything from radioactive radiation to radio waves (See **Diagram 1**). Light – or visible radiation – is only a small “window” in this much greater spectrum that allows us to see with our eyes. Normal eyes can detect radiation with wavelengths ranging between 380 and 760 nanometres (nm), whereas wavelengths below 380nm and above 780nm do not lead to a visual impression (Valberg, 2005:35).

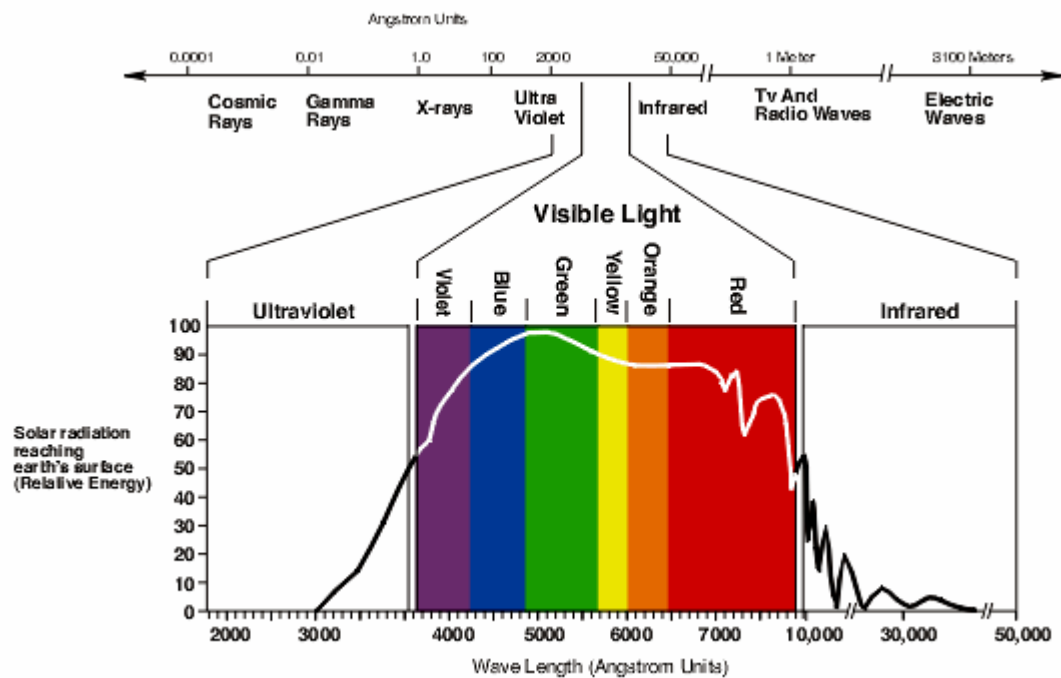


Diagram 1: The Electromagnetic Spectrum

Coloured light is produced through the refraction of white light as it passes through a medium that causes it to disperse into its different component wavelengths. When viewed in darkness and at moderate intensity, these wavelengths will appear as colours in a sequence going from red (760-600nm), orange (600-580nm), yellow (580-560nm), green (540-490nm), turquoise (490-480nm), blue (480-460nm) to violet (450-380nm) (Valberg, 2005:47).

All colours are said to have three dimensions that define the parameters of the colour being perceived: hue, saturation and lightness/darkness (See **Diagram 2**). Hue is the term that describes what we usually think of as ‘colour’ e.g. red, blue, green and so on. Saturation on the other hand is the measurement of a colours’ “purity” i.e. of how different it is from grey, for instance, a green mixed

with more green becomes more colourful – and less grey. The lightness/darkness of a colour, also known as the “value” of a colour, determines whether a colour remains “pure” or whether it is altered to an intermediate colour ranging between the above seven spectral colours, for example, if red is lightened and de-saturated with white – it becomes pink.

(http://www.ncsu.edu/scivis/lessons/colormodels/colour_models2.html)

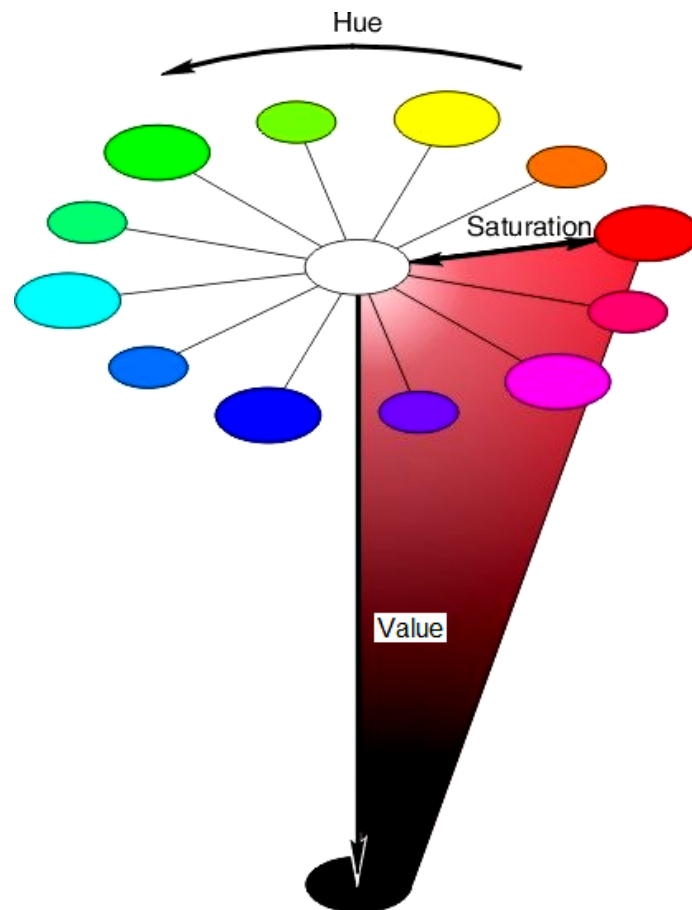


Diagram 2: The Parameters of Colour

2.7 THE THERAPEUTIC USES OF COLOUR AS MEDICINE

The history of colour medicine or “chromotherapy” is as old as that of any other medicine still in use today; evidence suggests that the use of colour as medicine stretches as far back as to ancient Egypt, India, China and Greece where people placed immense faith in colour as a healing modality while being fully unaware of the scientific facts of colour as medicine. According to the

doctrine of chromotherapy, the human body is basically composed of colours, and colours were therefore responsible for the correct working of the various systems that function in the human body. Each organ and cell is said to have had its own unique vibrational pattern or frequency that was harmonized by the frequencies of a correspondingly appropriate colour that had been ascribed to that particular organ or system. Therefore, every organ had an energetic or vibrational frequency at which it functioned at its level best. This meant that any departure from that vibratory rate in those organs or systems resulted in pathology or “dis-ease” that would in turn require the restoration of the appropriate frequencies, through the use of chromotherapy, in order to re-establish balance and healing.

In the hermetic traditions, the ancient Egyptians and Greeks utilized appropriately selected coloured minerals, stones, crystals, salves, oils and dyes as remedies – as well as painted treatment sanctuaries in various shades of colours. In India, the ancient medicinal system of Ayurveda also heavily stressed the importance of sunlight, which contained the entire spectrum of colours as white light, to treat a variety of disorders. Colour was thus intrinsic to healing, which involved restoring balance to an ailing system. Avicenna (AD 980) advanced the healing use of colour in his time as he made clear the vital importance of colour in both diagnosis and treatment. Avicenna used colour treatment with the view that red moved the blood, blue or white cooled it and yellow reduced muscular pain and inflammation. Likewise Pleasanton (1876) used only blue and stated that blue was the first remedy in the case of injuries, burns or aches; it was also said that he cured certain diseases and increased fertility, as well as the rate of physical maturation in animals by exposing them to blue light. The same methodology of employing the colour blue was adopted by Hassan (1999), who also found blue to be very useful as a first-line treatment in injuries as well as for burns.

Edwin Babbitt, regarded as the pioneer of modern chromotherapy, presented a comprehensive theory of healing with colour. Babbitt believed that all the vital organs had a direct connection to the skin via the arterial and venous blood supply, and therefore coloured rays of light could affect the entire blood stream

through circulation and elimination of toxins. Babbitt identified the colour red as a stimulant, notably of blood and to a lesser extent the nerves; yellow and orange as nervous stimulants; and blue and violet as soothing to all systems and as having anti-inflammatory properties. Accordingly, he prescribed red for paralysis, physical exhaustion, and chronic rheumatism; yellow as a laxative, emetic, and purgative; blue for sciatica, meningitis, headache, nervous instability and sunstroke. He is also said to have developed various “colour elixirs” by irradiating water with sunlight filtered through coloured lenses, and claimed that this “potentised water” had remarkable healing powers once ingested. However Babbitt fails to explain the energy changes in water and how different kinds of vibrations affect water. He also does not explain what is meant by the potency of his “potentised water”.

More modern applications in the use of chromotherapy include the use of blue light in the treatment of the once potentially fatal neonatal jaundice, rheumatoid arthritis, burns and various lung pathologies. Bright white full-spectrum light is also now being used in the treatment of cancers, seasonal affective disorders, anorexia nervosa, bulimia, insomnia, jet-lag, and alcohol and drug dependency. At the other end of the colour spectrum, red light has been shown to be effective in the treatment of cancer, constipation and in the healing of wounds. Chromotherapy is now also used to improve the performance of athletes; whereas red light appears to help athletes who need short, quick bursts of energy, blue light seemed to assist in performances that require a steadier output of energy. By comparison, pink light has been found to have a tranquilizing and calming effect within minutes of exposure as it seems to suppress hostile, aggressive and anxious behaviour in individuals. Pink holding cells are now widely used to reduce violent and aggressive behaviours and tendencies amongst prisoners – with some sources going so far as to report a reduction of muscle strength in inmates within 2.7 seconds following exposure to the colour pink. In contrast, yellow should be avoided in such contexts because it has been found to be highly stimulating, with a possible relationship being drawn between violent street crimes and sodium yellow street lighting.

This work has given a new dimension to chromotherapy, and the use of colour is now fast becoming widely accepted as a therapeutic tool with various medical applications. This is especially true since research has now confirmed that certain parts of the brain are not only light sensitive, but are actually able to respond differently to different wavelengths (colours). It is now also believed that different colours of radiation interacts differently with the endocrine system to stimulate or reduce hormone production, thus having far reaching effects on the entire human organism as a whole – both on a psychological, as well as on a physiological approach.

(<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1297510>)

2.8 THE IMPONDERABLE REMEDIES

The imponderabilia are those remedies which are considered to be manufactured from an immaterial, dynamic, largely energetic source – these include remedies produced from moon rays, sun rays, X-rays, electricity, and magnetic fields (Goel, 2002:12; Saxena, 2003:12). The imponderable remedies are generally produced by exposing a mixture of lactose and distilled water to the desired energy source from which a remedy is to be manufactured; in some cases, a pure solvent of either distilled water or alcohol alone can also be used for the above mentioned purposes (Goel, 2002:69). Upon exposure for a predetermined time period these solutions are believed to absorb the emitted energies to which they have been exposed too, thus allowing the manufacturer to safely harness and use these solutions as medicinally active agents. Like all other homoeopathic remedies these "energy impregnated" substances can then be triturated and/or succussed further by the homoeopathic physician to the desired potency levels required for medicinal purposes (Goel, 2002:69; Saxena 2003:18-19).

Saxena states that the imponderable remedies should be considered as being more penetrating and enduring than all other homoeopathic medicines due to the fact that these remedies are formulated from direct energy sources, whereas all other homoeopathic medicines are not (Saxena, 2003:24-26).

Hence these remedies are said to work the fastest, reaching deeply into and stimulating the organism to health by clearing away stubborn chronic diseases that fail to yield to other homoeopathic remedies, including the powerful homoeopathic nosodes (Saxena, 2003:90).

Saxena (2003:26) further states that these imponderable remedies should also be considered in situations where individuals have undergone heavy radiation exposure; in those that suffer from immunodeficiency diseases; in others who are experiencing stubborn allergic and skin disorders, and also in those individuals with iatrogenic diseases. A remedy such as *X-ray* has been noted to be one of the leading imponderable remedies for all of the above cited situations. Proven in 1897 by Dr. Bernhardt Fincke, *X-ray* has been used for a host of clinical diseases – particularly those involving cancerous conditions of all types – especially leukaemias and leucopaenias; anaemias; glandular disorders (particularly those afflicting the sexual glands leading to atrophy and sterility); conditions produced after prolonged exposure to X-ray emissions; rheumatoid arthritis, and a variety of skin complaints that range from eczema to psoriasis, burn wounds and warts (Saxena, 2003:56; Vermeulen, 2000:1619).

Other imponderable remedies such as *Radium bromatum* (Radium bromide), first proven by John Henry Clarke, has also been found to be of importance in the treatment of rheumatic pains and inflammation; gout; as well as in the clinical treatment of skin affections such as acne roseacea, naevi, cancers and slow healing ulcerations (Vermeulen, 2000:1314; Vermeulen, 2004:1119). Other less well proven imponderable remedies such as *Sol* (Sunlight) and *Luna* (Moonlight) have also been used in disease conditions which include lupus, sun burns, sun strokes – and worms, epilepsy, oedema and somnambulism respectively (Saxena, 2003:54).

2.9 PROVING SUBSTANCE: FOCUSED PINK LIGHT

The research investigator has decided to refrain from reproducing remedy *Pink 30CH* as the precise method of its manufacture could not be located and obtained. All references to the manufacturing process of these colour remedies

in the published work '*The Homoeopathic Colour Remedies*' by Ambika Wauters (1999), have also been found to be too vague and thus unusable for a precise reproduction of remedy *Pink 30CH*.

Wauters states that "auspicious days", days of maximum and minimum light, such as the winter – and summer solstices were chosen on which to make the various colour remedies. No indication is given however on which of the two solstices remedy *Pink* was prepared.

<http://www.ambikawauters.com/journal.html>

According to Wauters (1999:19) the remedy was originally produced by exposing glass beakers of distilled water to a light source; in this case and unlike for the other respective colour remedies, pink filters could not be located – instead, Wauters wrapped the glass beakers of distilled water in pink silk fabric as a source of colour and exposed it to sunlight. Thereafter each glass beaker was then rested upon small glass mirrors in order to better reflect, and thereby maximize, the pink coloured light vibrating through the distilled water in the glass beaker.

<http://www.ambikawauters.com/journal.html>

According to Wauters (1999:20) this now considered "colour impregnated" distilled water was then preserved in alcohol and officially potentised in a homoeopathic fashion by John Morgan and his staff at the Helios Homoeopathic Pharmacy in 1992. Remedy *Pink 30CH* was thus purchased in a medicating potency form (in 96% alcohol) from Helios Homoeopathic Pharmacy and used as the proving substance.

CHAPTER THREE

3. MATERIALS AND METHODS

3.1 THE EXPERIMENTAL DESIGN

The homoeopathic drug proving of remedy *Pink 30CH* took the form of a double blind, placebo controlled study on thirty (30) voluntary participants who met all the inclusion criteria (3.5.1). Thirty percent (i.e. nine) of the proving participants received placebo in a randomized fashion so that neither the provers nor the research investigator knew who received either the verum or placebo. As an added control measure the provers were uninformed as to the nature of the substance being proven or as to the potency it had been administered in as suggested by Vithoulkas (2002:151).

Provers were then required to record their symptomatology in the journals provided from which the primary data was then later extracted. All symptomatology was recorded in chronological order and on a daily basis. Any data recorded from case histories and physical examinations taken and performed by the research investigator, prior to the commencement of the proving, was also taken into consideration. Provers also served as their own intra-individual controls in this proving. The recorded state of each prover prior to the administration of the proving substance served as a baseline or control for comparison to the state of each prover under the influence of the proving substance.

3.2 AN OUTLINE OF THE METHOD

- Prospective provers were recruited by means of a proving advertisement posted at various sites around the grounds of the Durban University of Technology.

- Once provers had been recruited, the research investigator conducted an initial interview where the suitability of each prospective applicant was then checked against the inclusion criteria (3.5.1) (see **Appendix A**).
- All provers were randomly assigned by computer to either the verum or placebo group.
- The provers then attended the pre-proving seminar, during which, all aspects and requirements of the proving were explained to them. This seminar also afforded the provers time to ask questions and clarify any queries regarding or relating to the proving.
- Once the provers had accepted all conditions of the research project, they were then asked to sign a consent form (see **Appendix C**).
- Provers between the ages of 18-21 were also required to provide additional consent from parents or guardians prior to participating in the proving (see **Appendix C** and **Appendix E**).
- A thorough case history (medical and homoeopathic) and physical examination of each prover was performed by the research investigator. This also served as an accessory screening procedure (see **Appendix B**).
- Provers were then assigned a prover number, a journal with a number corresponding to the prover number, a list of instructions (see **Appendix D**), and the relevant contact details of the research investigator and research supervisor.
- Once all case histories, physical examinations and relevant documentation on all thirty provers had been completed, all provers were then notified as to the date of commencement of the proving.
- At the commencement of the proving, all provers began to record their daily symptoms in their journals prior to taking the proving remedy for one week. This enabled the establishment of a baseline control for the comparison of each prover's state during the pre- and post proving periods.
- All provers were then assigned an envelope containing six (6) medicated (verum) or un-medicated (placebo) powders, with each envelope being

marked with the number corresponding to each respective prover number.

- The provers started taking the proving remedy three times daily while continuing to record all symptoms experienced in their journals. The research investigator maintained daily contact with all provers during the first week following the administration of the proving remedy.
- As soon as a prover experienced any symptoms, she/he discussed it with the researcher and together decided whether or not these symptoms were admissible as proving symptomatology. The proving remedy was then discontinued for safety reasons if the symptomatology were found to be proving symptoms.
- If no symptoms were experienced after two (2) days or once all six proving powders had been completed, the prover still maintained a daily entry in the journal noting that no symptoms had occurred for that day. This was either continued till the end of the proving, or until proving symptoms did occur.
- All provers continued to record symptoms on a daily basis until all proving symptoms had abated.
- After the first week of daily contact with each prover, the researcher then reduced contact to every two – then every three (3) days, and then weekly.
- The proving was then considered to be completed once all proving symptoms had abated for a period of three weeks.
- A two week post-proving observation period then occurred where the provers noted down if any symptoms recurred.
- This homoeopathic drug proving lasted approximately to 4-6 weeks per a prover, including the one (1) week pre-proving and two week post-proving observation periods.
- All journals were then recalled and a full case history and physical examination was performed on each prover, with any differences noted down by the research investigator.
- A group discussion then took place allowing all provers to share their experiences with the other provers.

- The proving was then unblinded to the researcher so that he could distinguish between the placebo and verum groups.
- Extraction and collation of proving data then occurred.
- Those symptoms that appeared significantly in both the control group (placebo group) and in the experimental group (verum group) were not considered as proving symptoms.
- The researcher then investigated into existing Imponderabilia by comparing the symptoms/themes of these established Imponderable remedies with those symptoms/themes produced by remedy *Pink 30CH*.
- The proving was then reported in a materia medica and repertory format and then published.

3.3 THE PROVING SUBSTANCE

3.3.1 Preparation and Dispensing of the Remedy to be Proven

The researcher decided to refrain from reproducing the remedy as the precise method of its manufacture could not be obtained. All references to the manufacturing process of these colour remedies in the published work '*The Homoeopathic Colour Remedies*' by Ambika Wauters, have also been found to be too vague and thus unusable for a precise reproduction of remedy *Pink 30CH*.

Remedy *Pink 30CH* was thus purchased from the Helios Homoeopathic Pharmacy group and was originally produced by Ambika Wauters as an un-potentized 'mother tincture'. All further potencies were then homoeopathically prepared from this 'mother tincture' through a series of successive dilutions and succussions according to the Hahnemannian centesimal (1:99) scale of potentization. This means that the 'mother tincture' was hand succussed to the thirtieth centesimal (30CH) potency with a minimum of ten (10) firm hand succussions being applied between each successive step of serial de-concentration.

The verum was dispensed in the form of lactose powders medicated with a single drop of a 96% ethanol solution of remedy *Pink* 30CH potency. The placebo was also dispensed in the form of lactose powders, but was medicated with a single drop of 96% ethanol solution only. The dispensing of these medicines was done by a professional homoeopathic doctor so that the research investigator remained uninformed as to which of the provers had received the placebo, and which the verum. (See **section 3.5**).

3.3.2 The Potency

After taking into careful consideration all aspects of potencies, and on the information previously discussed in the literature review gleaned from Sherr (2003:56), Hahnemann (O' Reilly, 1997:154) and Kent (Webster, 2002:12), only the 30CH potency of remedy *Pink* was used in this proving.

3.3.3 Dosage and Posology

- One (1) powder was administered sublingually three (3) times daily for a period of two (2) days or until proving symptoms first appeared.
- A maximum of six (6) doses was administered.
- The prover ceased taking any further doses as soon as he/she or the researcher noted the onset of proving symptoms (Sherr, 2003:53-54).
- The remedy was taken on an empty stomach and with a clear mouth. Neither food nor drink was permissible or taken for an hour before or after taking the remedy.
- The dosage and posology was clearly explained to each prover during the pre-proving consultation and in the Instruction to Provers (see **Appendix D**), a copy of which was given to each prover to take home with them.

3.4 ETHICAL CONSIDERATIONS

The methodology used in this research project was approved by the Faculty of Health Sciences Ethics Committee of the Durban University of Technology to ensure the rights and safety of the proving participants. Furthermore, informed consent was also obtained in those participants who were between 18 – 21 years of age.

3.5 THE PROVER POPULATION AND PERCENTAGE PLACEBO

In this double-blind, placebo-controlled homoeopathic drug proving, thirty (30) participants were used. Thirty percent (i.e. 9 of the 30) provers were assigned placebo in a randomised fashion so as to act as placebo controls, and the remaining twenty-one (21) provers (70%) received verum. Assignment of the provers to either the verum or placebo group was established through computer randomization carried out by the researchers' supervisor. Each prover was, furthermore, assigned with a prover number (in consecutive order from 1-30) upon application to take part in the proving. It was the matching of the prover number against the numbers appearing on the randomisation list that ensured that each prover collected the correct envelope of either the verum or placebo powders. The 21 provers who received verum corresponded with the recommendation of Sherr (2003:45) and the ICCH (1999:34) that 10-20 provers provided enough information to produce a very full remedy picture. Of these provers, eleven (11) were male and ten (10) were female and all provers fitted into the 18 – 70 age groups (see **Appendix F: Graph 1** and **Graph 3**).

3.5.1 Criteria for the Inclusion of a Subject in the Proving Group

It was ensured that each participant:

- was between the ages of 18 to 70 years.
- had obtained parental consent if he/she was between 18 to 21 years of age. (see **Appendix C** and **Appendix E**).

- was in a general state of good health with no gross physical or mental pathology determined by the case history or physical examination (Sherr, 2003:44; ICCH, 1999:34; Wright, 1999:20).
- was neither on nor in need of any medication (chemical, homoeopathic or otherwise) (Sherr, 2003:44; Wright, 1999:20).
- had not used the oral contraceptive pill or hormone replacement therapy within the last six months (Sherr, 2003:44; ICCH, 1999:34).
- was not pregnant or breastfeeding (Sherr, 2003:44; ICCH, 1999:34).
- was not a user of any form of recreational drugs (Sherr, 2003:44; ICCH, 1999:34).
- had not had surgery within the last six weeks (Wright, 1999:20).
- did not consume more than 2 measures of alcohol, 3 cups of caffeine-containing beverages (e.g. tea, coffee or carbonated drinks), herb teas or 10 cigarettes per day (Sherr, 2003:29; Wright, 1999:20).
- was able to follow the proper procedures for the duration of the proving (Wright, 1999:20).
- was competent, trustworthy and had signed the consent form (O' Riley 1997:144; Sherr, 2003:24; Wright 1999:20).

3.5.2 Lifestyle of the Provers during the Proving

All proving participants were also advised to:

- avoid all antidoting factors such as camphor and menthol for the duration of the proving and to stop taking them two (2) weeks prior to the commencement of the remedy administration (Sherr, 2003:92).
- avoid any form of medication including antibiotics, vitamin and mineral supplements, herbal or other homoeopathic remedies (Sherr, 2003:92).
- practise moderation with regards to work, alcohol, smoking, exercise, study and diet (Sherr, 2003:92, O' Riley, 1997:200).
- maintain their usual habits to a moderate degree (Sherr, 2003:92).
- store the medicaments in a cool, dark place away from all pungent agents, electrical equipment, heat, moisture and cellular phones (Sherr,

2003:92).

- Consult with a doctor, dentist or hospital in the event of a medical emergency where immediate medical attention is required – and thereafter, contact the research investigator as soon as possible (Sherr, 2003:92).

3.5.3 Monitoring of Provers

The researcher kept in daily telephonic contact with each prover during the initial stages of the proving. As proving symptoms began to abate, contact frequency with each prover was then decreased as follows: to every second day during the second week; then every third day during the third week; and eventually to every seven days till all symptoms had completely stopped from the fourth week onwards. Such close monitoring of each prover ensured that :

- the researcher could determine when the proving substance had begun to act, so that he could inform the prover to cease taking the proving substance.
- the prover did not neglect or forget to record any symptom experienced.
- the provers were closely monitored for any adverse reactions that needed anti-doting.

3.6 PROVING CHRONOLOGY

It was important that the prover noted down the time elapsed since the beginning of the proving for each symptom (O' Reilly, 1997:116, Sherr, 2003:73). This was recorded in the form of DD:HH:MM, where "DD" was the number of days (day 1 was marked 00), "HH" was the number of hours and "MM" was the number of minutes since the commencement of the proving. The top of each page in the prover's journals was marked with the appropriate day code. After 24 hours, the minutes became redundant and were represented with an "XX". After 2 days, the hours became redundant and were also represented with an "XX". In instances where time was insignificant or unclear,

the symptom was marked XX:XX:XX. When symptoms occurred after a dose, the time was marked from that dose. Actual time of the day was only included in the proving if it was definite, significant and causal to the symptom. All irrelevant time data was erased during the initial extraction (Sherr, 2003:73-74).

3.7 GROUP DISCUSSION

Once all of the journals used during the proving process had been collected, a group discussion was then held, during which, all provers were given the opportunity to share and discuss the proving and their experiences with the rest of the group. This enabled the researcher to consolidate the fragmented aspects of the proving into a single unit, as well as to address any areas found to be seemingly deficient in terms of proving symptoms. Unfortunately, due to reasons beyond the control of the researcher, not all of the provers were able to attend. Even so, it was still useful discussing the proving within a group as it was found to have added a deep and dynamic dimension to the proving experience. The group discussion also enabled provers to clarify symptoms and to discard those that were found to be too doubtful, or those that were undeniably due to circumstantial causes rather than due to the remedy itself. After the discussion, the substance that was used for proving purposes was then revealed to the provers, following which, any queries regarding the proving and the nature of the proving substance was then addressed and clarified by the researcher.

3.8 THE DURATION OF THE PROVING

A one (1) week pre-proving observation period preceded the commencement of the proving process. Following this, the provers then continued to record all of the symptoms experienced over an allocated four (4) to six (6) weeks or until no more symptoms were experienced or observed. The two (2) week post-proving observation period then followed at the close of the proving process. The duration of this proving thus took approximately sixteen (16) weeks to complete as in some instances, new provers had to be recruited and accommodated in

the place of those provers who chose withdraw prematurely from the research study for various reasons.

3.9 SYMPTOM COLLECTION, EXTRACTION AND EVALUATION

This phase of the research design concerned itself with the conversion of the provers written journals into a materia medica format from which only the valid proving symptoms were extracted (ICCH, 1999:35, Sherr, 2003:67). Each symptom was then analysed, validated or rejected according to the following criteria detailed below by the research investigator, then edited into a proving format that was coherent, un-repetitive and logical (Sherr, 2003:67). All proving accounts were written in the first person, not in repertory language, in simple grammatically correct English with the basic expression of the prover being retained (Sherr, 2003:68). Any information garnered from an objective observer of the prover was also considered important and thus retained and included – in these instances, such information was included below the relevant provers' entries and placed within brackets. Likewise, any symptomatology not written but relayed by the prover during the post-proving consultation or the post-proving meeting was also included and indicated as such below the provers' entry.

3.9.1 Criteria for the Inclusion of a Symptom as a Proving Symptom

The process of extracting valid symptoms from a proving has been regarded as the most difficult stage of a proving (Sherr, 2003:68). Sherr (2003:68) suggested that the criteria listed below be used together, as a whole, rather than individually, and his suggestion was followed in the extraction process for this proving. This is the area in which the qualitative analysis of symptoms, using these criteria as guidelines, is of the utmost importance and far outweighs any quantitative analysis.

- The symptom did not appear significantly in a subject in the placebo group.

- The symptom occurred shortly after taking the medication (Riley, 1995a, b).
- The number of subjects experiencing a symptom (Riley, 1995a,b) i.e. if only a single subject experiences a symptom, it may not be that of a proving symptom; however, if a significant or marked symptom appears in one or more subjects, it will serve to validate those others in which the same symptom occurred (Sherr, 2003:71).
- The intensity and frequency of the symptom i.e. the more severe/intense and common a symptom, the more likely it was to be a proving symptom, unless it was present before the proving (Sherr, 2003:72).
- The symptom was not usual or current for the proving subject, unless intensified to a marked degree (Sherr, 2003:70; ICCH, 1999:36).
- A current symptom that has been modified or altered, with a clear description of the current and modified component (Sherr, 2003:70; ICCH, 1999:36).
- The current symptom must not have occurred in the proving subject within the last year (Sherr, 2003:70; Riley, 1997:227).
- Any symptom that occurred a long time previously, especially for more than 5 years ago, but has not occurred for at least one year and that had no explainable reason to reappear at the time of the proving (O' Riley, 1997:207; Sherr, 2003:70).
- A new symptom unfamiliar to the prover occurring after taking the remedy (Sherr, 2003:70; Riley, 1997:227).
- A present symptom (especially a pre-existing chronic symptom) that disappeared during the proving. This will be marked as a 'cured symptom', and the nature of the symptom prior to the proving will be adequately described (Sherr, 2003:71; Riley, 1997:227).
- The time of day at which a symptom occurs will be included if there is a repetition of such time in another prover (ICCH, 1999:36).
- If the prover is under the influence of the remedy (as may be seen by a general appearance of symptoms), then all other new symptoms are considered as proving symptoms (Sherr, 2003:70).
- A strange, rare or peculiar symptom in general or for that proving subject

- The modalities, concomitants, localizations (sides and extensions) and timing associated with a symptom (Riley, 1997:227).
- Accidents, synchronistic events and coincidences that occur to more than one prover (Sherr, 2003:71).
- A symptom will be excluded if there is a possibility that it has been produced by unexpected life changes or due to an exciting cause extraneous to the proving (Sherr, 2003:70; ICCH, 1999:36).

3.9.2 Collating and Editing

The aim of this stage of the research study was to synthesise the separate proving accounts from the individual provers into a single structured document (Sherr, 2003:77). All data from each prover was collated into its relevant subdivision e.g. mind, head, stomach etc., and was then combined and sorted by subject and time of appearance. Any identical or similar symptoms from the different provers were recorded separately and consecutively, with symptoms being sorted according to the following criteria:

- the nature of the symptom
- the prover
- the sequence of development of the symptom
- the symptom chronology

Any symptoms that were repeated from a single prover were amalgamated into a single entry in order to avoid unnecessary repetition (Sherr, 2003:78). However, due care was taken to ensure that any important and subtle information with regards to these seemingly repetitive proving entries were not unduly erased or ignored – these were then documented as a separate entry so as to preserve the integrity of the symptom.

Furthermore, if the **same** quality of sensation was found in several of the above mentioned subdivisions, e.g. burning of the feet, face and the hands; then the sensation of 'burning' was then added to the **Generalities** section (Sherr, 2003:79). Likewise, any recurring symptoms, sides of the body and times of the day that were repeated three or more times throughout the proving were also elevated to general symptoms and were added to the **Generalities** section (Sherr, 2003:79). At the closure of this process a final editing for errors in grammar and spelling took place.

3.9.3 Formalizing and Reporting the Data

In order for the data collected from this research project to become useful to homoeopathic physicians worldwide, it was written up into two standard accepted formats: the materia medica and the repertory.

3.9.3.1 The Materia Medica

All collated and edited proving symptoms were written up into standard materia medica format under the following subdivisions, closely adhering to the sections of *Synthesis* - Edition 9.1 (2004), to ensure standardization and ease of reference.

Mind	Urethra
Vertigo	Urine
Head	Urinary Organs
Eye	Male
Vision	Female
Ear	Male/Female
Hearing	Larynx
Nose	Respiration
Face	Cough
Mouth	Expectoration
Teeth	Chest

Throat	Back
External Throat	Extremities
Neck	Sleep
Stomach	Dreams
Abdomen	Chill
Rectum	Fever
Stool	Perspiration
Bladder	Skin
Kidneys	Generals
Prostate	

3.9.3.2 The Repertory

Data arising from this proving was then converted into repertory language, called rubrics, with each symptom being analysed and translated into a corresponding rubric (Sherr, 2003:81). If there were any symptoms produced by *Pink 30CH* which could not be inserted into existing rubrics - then new rubrics were created so as to accommodate them. All proving symptoms were converted into rubric form found in *Synthesis* - Edition 9.1 (2004), edited by Dr. Frederik Schroyens.

Upon the recommendations of Sherr (2003:85), the grading of all symptoms was accomplished by noting the frequency of a symptoms appearance, rather than the intensity of a symptom, amongst the verum provers. This meant that the grade of a particular symptom was increased if the frequency of that symptoms appearance was substantially high amongst the provers. Likewise, a symptoms grade was reduced if it was found that that particular symptom only appeared in a few provers. Taking the above into consideration the researcher reached the following conclusion that:

<u>No. of Provers</u>	<u>Grade</u>
1-2	1
3-5	2

Sherr (2003:86) has further suggested that a symptom can be graded higher if it is rare and peculiar, and even increased a grade if it was found to be peculiar to the substance proven.

3.9.3.3 Group analysis and Comparison of Imponderable Remedies

In order to perform a group analysis of the imponderabilia – a total of seven (7) different imponderable remedies were selected for comparative purposes with remedy *Pink 30CH*: *Luna* (Moonlight), *Magnetis Polus Arcticus* (North pole of a magnet), *Magnetis Polus Australis* (South pole of a magnet), *Positronium* (Anti-matter), *Radium bromatum* (Radium bromide), *Sol* (Sunlight) and *X-ray*. These remedies were selected based upon the fact that these imponderable remedies possessed moderately extensive remedy profiles that the researcher has encountered thus far. Many other imponderable remedies were excluded since these remedies were found to have far too poor proving profiles, or appeared to be too doubtful in general to be included into this research study.

Any symptom and/or theme found to be common to both remedy *Pink 30CH* and any three (3) or more imponderable remedies was then documented and listed (see **Appendix H**) as a potential thematic expression of the imponderable group as an entirety. This was done in order to ensure that symptoms that were specific to only one, or even two, imponderable remedies did not filter into the group analysis and thus be erroneously utilized as a thematic expression of the imponderable group as an entirety.

All comparisons of remedies were performed with the aid of the *Synthesis* - Edition 9.1 (Schroyens, 2004); Radar version 9.0; '*Concordant Materia Medica*' (Vermeulen, 2000) and with the proving information of *Positronium* (Fraser, 1998) found through internet resources. Further comparison and differences was then drawn and highlighted with the existing documented "proving" symptoms of *Pink* found in Wauters' (1999) work '*Homoeopathic Colour Remedies*'.

CHAPTER FOUR

4. THE MATERIA MEDICA AND REPERTORY OF REMEDY PINK

4.1 RELATED INFORMATION

All of the symptoms that were produced by the provers in the verum group will be included into this chapter. Firstly, symptoms will be recorded into materia medica format before being converted into rubric form and organized into the order as found in the repertory.

4.1.1 Key

4.1.1.1 Materia Medica Section

In the materia medica section symptoms have been grouped according to the chapters of the materia medica. All symptoms recorded by the verum group of provers have been referenced in the following format as recommended by Sherr (2003:78).

Recorded Symptom

(Prover number and gender) (Day: Hours: Minutes)

Each recorded symptom is followed by the prover number, gender and the time at which the symptom was experienced.

In some cases, the provers used the following symbols < and > to denote the modalities 'worse for' and 'better for' respectively. In such cases, the symptoms were extracted exactly as recorded and will therefore appear in some symptoms found in the materia medica section.

4.1.1.2 Repertory Section

In the repertory section symptoms are recorded in rubric format and arranged according to the sections as found in *Synthesis: Repertorium Homeopathicum Syntheticum Edition 9.1* (Schroyens, 2004).

CHAPTER – RUBRIC – Subrubrics

(Grading) (Page number in the Synthesis repertory, Edition 9.1)

The rubric is followed by the grading number and then the page number where it can be located in Edition 9.1 of *Synthesis Repertorium Homeopathicum Syntheticum* (Schroyens, 2004).

Symptoms were typed in **ALL CAPITALS (bold)** if in the 4th degree, in **bold** if in the 3rd degree, in *italics* if in the 2nd degree and in the plain type if in the 1st degree.

All new rubrics, as suggested by this proving, are underlined and appended with a capital 'N'.

Time format used for recording symptoms in the Synthesis repertory is 0-24h and thus, rubrics in the repertory section of this chapter with time modalities was recorded using the same format (Schroyens, 2004:10).

4.1.2 Prover List

This table is a list of provers on verum who participated in the proving of remedy *Pink*.

PROVER CODE	SEX	AGE
01	F	27
03	F	23
04	F	19
06	F	19
07	F	23
12	M	24
13	M	29
14	M	26
15	M	26
16	F	29
17	F	36
18	M	28
20	F	28
21	M	25
22	M	25
23	F	42
24	M	28
26	F	24
27	M	23
28	M	62
29	M	34

4.2 THE MATERIA MEDICA OF REMEDY PINK

MATERIA MEDICA

4.2.1 MIND

ABSENTMINDED

Driving very fast again. I am very much in my own world and only realise where I am and what I am doing when I am half way through it.

01F 01:23:45

My absentmindedness continues. Twice this morning I was trying to find the clutch in my automatic rental car.

15M 02:XX:XX

Absentmindedness continues – put sugar in my tea this morning; I never have sugar with my tea.

15M 03:XX:XX

ANGER / ANGER WITH SWEARING

I am feeling very angry with everyone. People must get out of my way and not talk to me. I get pissed off every time my phone rings. Just wish everyone would fuck off!

01F 12:XX:XX

Driving in traffic makes me so mad. Everyone is a bad driver and people just drive too slowly. I get so frustrated and angry. I think I am seriously a candidate for road rage. If I had a 4X4 I would just drive into the idiots who get in my way!

01F 13:XX:XX

I am experiencing really bad road rage. I get angry with people who drive badly and I hoot and shout at those who are moving too slowly. I think this ties in with my very much increased impatience! I got mad at a taxi driver in the city centre because he cut in front of me. So I hooted at him. He told me to shut up in the rear-view mirror so I gave him the finger! Wrong move! He got out of the taxi and walked up to my car, he said he was going to cut me and called me a white bitch. I did not even flinch. I was very scared inside but stared absolutely emotionlessly at him and did not even blink. He carried on for a minute or two, and then because I was not giving into him, he turned and walked back to his taxi. By this time I had a huge audience!

01F 22:XX:XX

Just had another road rage incident. This one was pretty bad. I overtook a truck and the guy driving behind me got angry because I was not overtaking fast enough for his liking. So he flashed his lights and hooted at me. I could see him waving his arms in anger at me. I gave him the finger – well he got so mad he tried to run me off the road. I was driving on a long stretch of straight road so this carried on for about one kilometre. It was terrifying. But I never let him see that I was scared. I would rather get taken out knowing that I stood up for myself. I refused to let these fuckers intimidate me.

01F 24:XX:XX

Very frustrated, angry – jaws are clenched – I want to kill my brother but I do not know why – but I also want to irritate him as well. I am scared that I will hurt him and I have to control myself. I keep clenching my fists and teeth. I want to physically hurt him over small and stupid things.

06F 01:35:XX

Was very angry in the morning – had my phases where everyone just talking and I was just irritated and swearing for no reason. I hate swearing – I think it is filthy – especially for a girl to use, but I just cannot contain myself.

06F 14:XX:XX

Was driving and had a bout of road rage when a taxi cut in front of me. I was extremely angry which lasted a few minutes. I flashed my lights and hooted at him. I usually do not react and then regret not reacting later. I may have been wanting an apology.

12M 02:XX:XX

I was driving very aggressively on the road today and almost every other driver on the road was doing something stupid, either not indicating when they should or driving too slowly.

21M 07:XX:XX

ANNOYED / DISCONTENTED / FRUSTRATED

I was annoyed that we went out to supper to a new place that did not cater much for vegetarians. Wanted to cry again because it was not what I wanted; it was my aunt's birthday and when they made speeches I started crying again because I was so emotional. Everyone around me was frustrating me – I wanted to be back in Durban or with my friends.

06F 00:XX:XX

Did not want to do any work, I just sat and watched T.V. I started crying because there was not anything good on T.V. When entering this in this book I kept thinking: what if I took the placebo.

06F 01:XX:XX

Wished my parents would be here, I hate being home alone. I want to do something, go somewhere, which is making me more irritated that I am not doing anything constructive. I just want to be at one of my guy friends' house and hang out and talk nonsense – irritated that he is studying and I cannot be there. Wondering why I came back to Pietermaritzburg. Feel like I am on an emotional roller-coaster and what is worse is that I do not know what I want.

06F 01:XX:XX

Could not handle the travel home was frustrated when the traffic was bad – wanted to go swear the cars for being on the road.

06F 06:XX:XX

[* I felt that my partner was not helping me in the house. Normally I enjoy cleaning and cooking, doing my own thing. But now, I have cleared the dishes this many times, I have cooked this many times – you just expect me to clean, you are lazy and selfish – what am I – your slave?]

07F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

ANXIETY

I have been feeling anxious all day and not certain why.

01F 02:46:XX

I have been feeling an internal restlessness and uneasiness.

01F 02:46:XX

My hands are shaking and I am INCREDIBLY anxious and stressed. Work is very taxing today and I am not coping well. People are pissing me off and I feel as if I am wasting time with everything that I do.

01F 03:XX:XX

I started feeling anxious after taking the first dose. Getting a heavy feeling on my chest, all my enthusiasm has suddenly gone.

03F 00:00:03

BUSY / INDUSTRIOUS

Feel as if well rested. Feel productive – I can even do work after a long day at work. I have the energy to get tasks done. I must keep busy.

14M 00:07:00

Despite feeling exhausted and having heavy eyelids I am still feeling productive like I need to get the job done.

14M 01:22:45

I feel mentally tired but my body is still functioning like a mechanical machine. I still feel the need to be productive and accomplish/finish my days work.

14M 01:24:XX

Still feel the need to keep busy and be productive all day/night until I am extremely exhausted and need to sleep.

14M 03:XX:XX

I kept myself occupied/busy throughout this period (11:00am – 11:00pm) with almost no breaks. I got extremely tired from being so busy during these hours that I literally 'passed out' at 11:10pm after having used the last drop of energy in me. Another aspect that I have noticed during my "busy" periods is that my concentration span has increased. Before the proving started I would get bored with the tasks I was doing and lost my concentration after half and hour into my task. Now I can concentrate for hours on end.

14M 05:XX:XX

CALMNESS / PEACEFULLNESS / TRANQUILLITY

I had to drive after weeks today. I was more calm than I usually am.

06F 01:XX:XX

Started reading textbook – was not as stressed as I usually am about tests, especially this close to the test. Felt like I could handle this – was very together when studying.

06F 04:XX:XX

Realised that I had retained all the information I studied much better and I was extremely calm for this paper – unusual for me. [Observation by friend: Before

tests she is usually very stressed. The day before our physiology test – she was very happy and cheery – bouncy, floating – calm – not stressed].

06F 14:XX:XX

Felt an instant sense of tranquillity/peacefulness despite the busy day at clinic. Feel calm throughout the chaos on campus i.e. the striking on campus, trying to finish consults on time.

14M 00:00:00

Feel solemn as if I just need to get my work done without getting worked up about anything!!

14M 00:05:48

Relaxed, calm, actually on a “go-slow” which is unusual for me – especially with the current circumstances of moving homes.

23F 02:XX:XX

Still feeling calm and “laid back” – unusual for me under the circumstances, but I am enjoying the fact that it is happening – not perturbed by it – just realising how nice it feels.

23F 10:XX:XX

Never attended Tech (lectures) today, studied all day – a bit stressed as I never finished what I intended to study. But still an overall feeling of calmness.

23F 12:XX:XX

Wrote a test today – felt okay, but went over the paper after and maybe I did not achieve so good a mark – have to wait and see. Not stressed about it.

23F 13:XX:XX

Been feeling a bit more calmer over the last few hours. It is hard to describe because I do feel irritated or angry in situations that call for it – but there is still an underlying feeling of calmness (or “acceptance”) in me. It is weird because usually I get highly impatient and very angry and can stay like that for long

periods of time – but now it seems that I come to an “acceptance” in the given situation and can calm down more quickly (but up to a certain extent only).

27M 00:05:45

I have a beautiful feeling – a calmness that seems to have blanketed over me. It feels like I have taken some very, very, very mild intoxicant. Usually I am a very nervous person – but now I feel a nice warm sense of calmness! Things that usually make me anxious or nervous seem to have the edge taken off of them.

27M 01:24:XX

My parents have been saying that I look so relaxed and much more calmer today than usual. But this is how I feel truly. Even though things may bother me, I am quick to let it go. This is not how I usually am. It is like I accept the situation is a problem and that I cannot change it – so why bother about it? It is nice to feel so laid back about things!

27M 01:35:XX

My mood is still calm like on the previous days. Things that are stressful are still not fazing me as much. It is a “centred” feeling.

27M 03:XX:XX

Have been noticing that I am a little irritable this morning – but it is normal when I do not get enough sleep (like last night). What is different is that I am so controlled – I have not yet shown my irritability or been nasty to anyone even if they are being irritating. Usually I get nasty, over-react and even swear at them to have them back off.

27M 06:XX:XX

Relaxed feeling, calm feeling.

29M 01:XX:XX

[* My attention was not there after taking the third dose. I had a very dull feeling in the mind; I also felt very calm. I did not worry about everyday things –

normally I am quite alert. Usually I am also very tense – I get pissed off (angry) easily if someone angers me].

29M XX:XX:XX

* [This was not a written symptom. Relayed by the prover during the post-proving consultation].

CLARITY OF MIND / INTELLECTUAL CLARITY

[* No effort, yet clarity on intellectual stuff. Especially when learning for exams – not normal for me].

23F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

CONFLICT BETWEEN TWO WILLS / IRRESOLUTION

Did not feel thirsty or hungry – only ate two scones for the day – was too scared (of the people on strike) to walk down to buy something to eat. Walked to Ritson campus alone – was terrified and shivering, praying that I would be safe, wished I was not on campus and could not wait for it to be over. When I got back to Pietermaritzburg I felt frustrated, angry and hungry; I wanted to be left alone but I also wanted attention and my parents to spoil me – it was a crazy feeling – I did not know what I wanted so I just started crying, did not know if it was the remedy or mood-swings from my periods. Dad rushing me was getting me more angry – I felt like they did not care that I was back at home.

06F 00:XX:XX

There is a conflict between two wills – my heart and my mind!!!

20F XX:XX:XX

COMPANY – AVERSION TO

I am feeling antisocial. Just want to be away from people and do my own thing.

01F 05:XX:XX

I want to be alone. I do not want to talk to anyone because everyone just annoys me. I do not want to be spoken to. I do not want anything except to be left alone.

20F 08:XX:XX

DEFIANT / DEFIANCE WITH AGGRESSION

Had to drive – really stressed – hands sweaty, could not handle mother telling me what to do and complaining about how slow I am driving - I wanted to cry. I started getting frustrated – wanted everything to disappear – I wish the world would give me a break. I wanted to control the situation and not have someone else tell me what to do.

06F 02:XX:XX

[* There was lots of violence, anger and aggression. Every cell of me wanted to hurt someone – I did not want them to tell me what to do – I was very selfish – it was all about me and what I wanted to do. I did not want people to get in my way!].

06F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

Not wanting to bow to anyone, as a result I would purposefully insult them when they are least expecting it e.g. when I am walking on the road or in a mall – I would not want to step aside for another person to walk pass if they will not step aside as well, so I would flex my elbow so that when they pass they will get hit. I would not feel any remorse and I would not look back to the ones I have hurt.

20F XX:XX:XX

DELUSIONS

I know this sounds weird but I have noticed that my hands always seem to appear dirty. I constantly need to wash them. Weird!

01F 06:XX:XX

I feel as though my friends are against me, they are UNRELIABLE and do not care about me. They only care about their own survival!

07F 07:XX:XX

[* Felt very powerful, no one can take me down. No one can touch me. I am strong].

07F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

DESIRE FOR ATTENTION

I like being needed and it being returned – not usual for me – I usually like giving and not taking but now feel like I need some attention to.

06F 12:XX:XX

DESPAIR

I am so lazy even to lift a finger. It is a sad feeling of despair, hopelessness, defeat, weakness and paralysis. My brain is so heavy. My voice is hoarse. My spirit is so down. Very sensitive at this point.

20F 07:XX:XX

[* I felt an emptiness, sadness – like a void in my spirit or soul].

20F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

DISTURBED – AVERSION TO BEING

Want peace and quiet. I do not want anyone to irritate me.

06F 25:XX:XX

DULLNESS / FOGGINESS / HAZINESS

My mind was more groggy and unclear than usual – as if in a fog – concentration levels decreased.

26F XX:XX:XX

Been noticing that over the past few days that I forget things easily. It is like my mind is “foggy” or “hazy”. It takes some time for me to recollect events or remember things. It is so frustrating! It is like sometimes I will say something and then get stuck for words and therefore I cannot complete the sentence!

This has been happening atleast over the last 3 days.

27M 11:XX:XX

FAST / RUSHED / HURRIED

This pen does not write fast enough. I feel like I am in “fast forward” mode. I have an urge to jump about and spin around in circles!!! Crazy! I feel like the Tasmanian devil (spinning in circles and making strange noises!).

01F 00:03:30

A spinning fastness in my mind! “I must get all of this done as quickly as possible.” Hurry, hurry, hurry! A confused, blurred determination is the best way to describe it!!!

01F 01:21:30

I am feeling very rushed and uncomfortable. I am feeling very anxious again and my mind is busy. The anxiety is work related.

01F 06:XX:XX

[* Rush in thought – say things that I do not know what I am saying. I think about what I want to say but the thought goes quickly that I am left mid-sentence without knowing what point I want to bring up].

06F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

FEARS

Fear of getting pregnant: Afraid that at this point I will not be a good parent – poor parenting skills.

20F XX:XX:XX

I had this feeling of not wanting to breastfeed and no one would get the milk out of me. No one would be nurtured by me. [* I do have a fear about being pregnant – but the remedy intensified the fear. I love kids – but I was so selfish – I felt that I could not sacrifice for someone else. I was never going to breastfeed – no one was going to be able to get the milk out of me! I could not be motherly in the right way. I had issues with the relationship between a mother and her children – I felt that I was not going to be a good mother. I could not detach from the fear. I felt that if I could I have a baby right now I would feel nothing about abandoning it right there and then!].

20F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

FIGHTING / AGGRESSION

A colleague at work commented that I was coming across more aggressive than usual, more open to confrontation.

15M 06:XX:XX

I did a presentation in a business meeting today. Came under scrutiny over certain issues. Usually I am cool and calm when under scrutiny and try to

influence people to buy into my ideas etc . However today I resorted to being aggressive and very confrontational and attempted to bully people into seeing my point and agreeing with me. I felt tense after that confrontation, it took a few minutes for me to calm down.

15M 08:XX:XX

Aggression continues. Had an argument with a work colleague today, who I know is deeply religious and God-fearing, and I proceeded to tell her, "It is your fuck up so you must charge it to your fucking cost centre". I was defensive about what I said – told her not to take it personally as it is just business.

15M 10:XX:XX

FLIRTATIOUS

I find myself flirting a lot recently...innocently of course. I find more and more females noticing me, I am not sure whether I am just imagining this or if it is my ego or maybe I have begun to be more observant. I actually enjoy the flirting, I guess it is the appeal of "IF ONLY".

21M 09:XX:XX

Today a girl handed me her phone number even after explaining to her that I am married. She has no objections to me being married. I am not sure whether I am giving off the wrong signals, maybe I am. As much as I would like to spite my wife I would never have an affair. I am actually proud of myself because I have an opportunity but I showed restraint. I do not enjoy these feelings because it really confuses me; I am thinking that I am a horrible husband for thinking the way that I am.

21M 13:XX:XX

FORGETFUL

Had an extremely forgetful day. Very unlike me. Could not remember which flight I was on without having to look up the reference number. I usually know all my daily appointments off the top of my head but today had to consult my

diary many times to re-confirm with myself what time and where my appointments are. Also got lost in Cape Town driving around areas I am very familiar with.

15M 01:XX:XX

Forgetfulness continues. Walked out of work today and left my laptop at work on my desk. I only realised this once I got home.

15M 06:XX:XX

HATRED

[* I hated people. There was a lot of anger, resentment and sadness. It was like a boiling animal within me that was put into a cage and bound. Lots of frustration].

20F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

HEIGHTENED AWARENESS

Becoming acutely aware of my own breathing after the first dose. Cramping feeling of the diaphragm area. It is < breathing out.

03F 00:00:03

HEIGHTENED EMOTIONS

Today was the first day since taking the remedy that I was not unusually busy or did not have to learn had for a test. Had made arrangements to go for coffee after the test with classmates but in the end no-one came. Felt very alone, rejected – much stronger than usual. Driving to the coffee shop I had an intense urge to run my car onto the highway and just keep on driving – never to come back to campus or to Durban. Had to reason with myself and almost physically restrain myself from doing it. I have a theory that this proving is accentuating

“normal” (usual) feelings in participants, or taking away the normal reasonable controls that we impose on them.

17F 08:XX:XX

Some people – classmates, clinic supervisors – have commented that I seem to get very excited about patients after seeing them and when discussing cases. I do really enjoy seeing patients, it seems as though my normal feelings are much stronger.

17F 09:XX:XX

INDIFFERENCE

Feel generally unmotivated and lazy. I do not care about things around me.

12M 03:XX:XX

Deep sadness, like a physical hurt in the chest, driving into Durban to campus at lunchtime. Had this on Monday too. Like I am affected by the restless futility of city life. All the meaningless activity – cycle of work, making money, spending money – not really achieving anything.

17F 15:XX:XX

[* I did not want people to approach me and to be around me, like they should have just left me alone. I lost interest in everything – I became so miserable and depressed. I had no sympathy or empathy over other people’s problems.]

20F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

INJUSTICE – CANNOT SUPPORT

I cannot stand injustice and I am also very stubborn.

20F XX:XX:XX

IMPATIENCE

I feel very rushed, busy and irritable. Everyone is wasting my time. I am usually like this but at the moment it is worse.

01F 08:XX:XX

I have become the most impatient person in the world! I finish people's sentences for them and cannot wait for anything. I am always impatient, but it has become uncontrollable lately. I feel as if I have an uncontrollable restless internal energy.

01F 20:XX:XX

No patience!!!

20F XX:XX:XX

IRRITABILITY / INCREASED SENSITIVITY

I am feeling a bit short tempered and irritable.

01F 02:46:XX

My day started off badly and has carried on the same way. I am in a bad mood and I am highly irritated. Everything is taking too long and I am getting fed-up. I have very little patience and I am going to snap at anyone who tests me!

01F 03:XX:XX

Irritation levels are sky high (more than usual) and I feel the need to get huge amounts of work done. I feel way too busy and rushed.

01F 03:XX:XX

Very moody and aggressive. The slightest things irritated me. The T.V being on got me angry.

04F 07:XX:XX

Just wanted to go home – stressed because I needed to start studying for physiology - I was on edge and was snapping at everything – kept on taking off or getting extremely angry for no reason. I wanted to punch something – totally unlike me. I was swearing profusely today – do not know why – got ticked off at the smallest thing – like someone talking during the lecture.

06F 13:XX:XX

Extremely sensitive – snapping at the stupidest things.

06F 25:XX:XX

I have noticed that I have been very irritable the last few days. Small things get me irritated quickly.

07F 03:XX:XX

I feel that I could be easily set-off again. Very temperamental.

07F 07:XX:XX

Very irritable, little things are making me very angry e.g. people using my tupperwares, other people in my class.

16F 06:XX:XX

Very emotional. Weeping a lot for no reason. Irritable. Sensitive to criticism and lack of interest in all things.

20F 04:XX:XX

Extremely irritable – do not want people to talk to me, especially my boyfriend – when he starts talking to me, I look at him and think how dare he speak to me. I keep feeling like ripping my boyfriends head off – extremely irritable.

26F XX:XX:XX

LASCIVIOUS

Felt more comfortable with my boyfriend, was very physical – not usual for me – was kind of violent! Never been that aggressive before in a relationship. Just

felt like it was the right time and the right guy. Strange, yet comfortable feeling – intense craving to be as close to him as I could.

06F 32:XX:XX

LAZINESS

Feel sad, lazy and unmotivated. Also tired. Usually feel like training (gym) but I feel unmotivated and down.

12M 00:07:05

Feeling lazy. Not a lot, but it is quite apparent. I do not feel like doing any work – all I want to do is sit down and do nothing.

27M 00:02:45

MENTAL OVERACTIVITY

Anxious and stressed feelings seem to be consuming me lately. I hardly talk because my mind is so busy thinking of SO many things all the time.

01F 08:XX:XX

MENTAL PROSTRATION

Tiredness (Mind).

20F 03:XX:XX

I started to feel somewhat depressed and generally negative toward the later afternoon. Also demotivated. Not lack of physical energy – just mentally (emotionally).

28M 01:XX:XX

Felt quite depressed and unmotivated. Lack of clarity and vision. General sense of disempowerment.

28M 05:XX:XX

MISTAKES – MAKING

Also making mistakes with speech – mixing up words or not pronouncing words properly.

06F XX:XX:XX

[* Noticed too, I made, and still make mistakes in writing. My hands seem to go too quickly, and I would want to write a certain word and would then be writing another word. Happened so frequently. The more I try to concentrate, the more mistakes I make. And the more I felt people could see me making mistakes, the more I made mistakes].

07F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

People have commented on me stumbling over my words. Kept on making the same mistakes over and over, saying one word when meaning to say a similar sounding one.

17F 12:XX:XX

Have been making an extraordinary amount of typing errors. Constantly changing letters around; even when correcting a word I make the same mistake again and again.

17F 12:XX:XX

[* I knew what I wanted to say but it did not come out properly. I could not find the right words to express myself in situations during the proving].

20F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

MOOD - CHANGEABLE

Feel like my insides are bursting – like I am restraining myself. When I am happy – I feel like I can fly, and when I am angry – I am passionately angry. All the emotions are bottled up – taking over. I can feel it inside me but cannot express it – it is burning inside. I just swore my brother profusely for talking to me. I am irritated that I cannot express what I am feeling – I feel trapped and jittery. I cannot keep still!! I have to constantly move around and play with my hands and sway side to side especially when I am nervous about something. It happened yesterday before my test and again now when I am writing this. I feel like I am not writing fast enough. I am nervous that I cannot put through in this book my feelings sufficiently.

06F 01:XX:XX

Very short-fused – snapping at people all the time; moods very changeable, will be fine and happy one minute and then irritable and angry the next.

26F XX:XX:XX

OVER-EMOTIONAL WITH WEEPING

I am feeling overly emotional for some reason. Almost “fragile”. Little things are making me upset. I feel almost pre-menstrual, but I am not. My life just feels really tough and complicated, and everything seems like an uphill struggle. I am tired of it.

01F 09:XX:XX

Things that do not usually upset me are making me really sad at the moment. Watching emotional things on T.V make me all teary. This is out of character for me!

01F 09:XX:XX

I have noticed that also I am more emotional than usual. I saw a young crippled boy today and I felt so sorry for him that I nearly began to cry. I seemed to have developed some compassion for humanity!

01F 15:XX:XX

I am overly emotional about things that should not bother me. I feel very sensitive to other's energy and pain (...this sounds so weird!). Perhaps it is your remedy, or maybe I am just becoming a better person!

01F 16:XX:XX

Went to the movies – cried a lot – very sensitive - I needed to let all the anger and frustration out. I continued crying although I normally would have not cried for that movie.

06F 02:XX:XX

RAGE / AGGRESSION / VIOLENCE

I am feeling so angry. Yesterday I was trying to get a hair appointment but the shop was closed. I spoke to my friend and she said she was also wanting an appointment because her hair is looking "horrible" yet she just had it cut like 3 weeks ago! So this morning I phoned the hairdresser at 8:15am and true's-bob she fucking phoned before me in space of 15 minutes! I am just fucked off, she did it on purpose!! So now I am so annoyed and angry. I do not know why this has got to me so much!

07F 07:XX:XX

I am so angry. I feel like I can rely on NO ONE. I cannot stand people talking slowly to me! I feel like I want to attack them, jump on them and scream!

07F 07:XX:XX

Had a shower this morning and once again it flooded my whole room. I am so fucked off! This has been going on for 2 years now! How many times do I need to complain until something is done. Because only I use the shower and it does not affect anyone else, fuck her, just ignore her. Fuck, I am so pissed off. No

one listens to me! Feeling very aggressive again today – more so than on Tuesday. I actually thought I might pounce on the security guard. When I got to tech I had literally parked my car and had reached down to pick up my bag and the fucking security guard came tapping on my window telling me about the fucking rules! I shouted at him and was so close to doing something to him. What a fucking arsehole! I just fucking parked my fucking car!!! I am not in the mood for shit!

[* I felt an internal tremor as if I were vibrating and ready to attack].

07F 09:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

My wife and I had a really stupid argument this morning, well, I think it was stupid. My mother-in-law is really beginning to piss me off, just because she has become so religious as of late we are expected to do the same in our home. I do not mind a little guidance but I do not appreciate things being forced down my throat. I hate leaving home in a bad mood because it really plays on my mind the entire day. I find myself not being very productive if issues between my wife and I go unresolved, yet this has become a common occurrence recently. I get so frustrated that I want to break stuff, just be destructive, anything of value to my wife. I have become very aggressive with regards to our arguments, I have found that I begin to swear excessively and I have even wanted to lay my hands on her on more than one occasion recently.

21M 14:XX:XX

SADNESS

Feeling emotionally low. A slight sadness, with anxiety.

01F 01:27:XX

Very moody and depressed.

04F 04:XX:XX

Felt like the weight of the world on my shoulders. I just wanted to cry and cry. I resorted to cleaning everything, possibly to get my mind off of things.

04F 04:XX:XX

Felt extremely sad and depressed like there is no reason to live – no reason to go to Tech today; when I came out of the bath I changed and went back under the blanket for 10 minutes, this made me feel slightly better. Everyone at Tech kept asking, “what is wrong?” – but I did not feel anything was wrong, they said that I looked sad like something was troubling me.

06F 07:XX:XX

I feel depressed – down if I have to do anything that I do not want to.

06F 25:XX:XX

I woke up with this down and depressed feeling – as if I would hear something bad has happened. It is so heavy I cannot do much because it is energy draining. I just wish I can just close my eyes and fall asleep again.

20F 07:XX:XX

Feeling a bit negative emotionally. Like flat Coke.

28M 02:XX:XX

Feeling of depression is very unusual as it took over me like a nightmare. It was as though I was entering into a bubble of negativity.

28M 05:XX:XX

SNAPPISH

[* I was having a lovely conversation with my wife – then suddenly I snapped. Told her she was making too much of noise and I told her, “why can you not speak calmly?” This was in the morning today. I felt bad – I felt like reaching out to her but at the same time I felt justified at what I said as she was making too much noise and making my headache worse].

24M 03:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

SPACED-OUT FEELING / FLOATING

Very spaced out feeling. I say something and then say it again and again! Cannot remember saying it. I keep asking the same questions and people around me are getting annoyed. They think that I am not listening to their answers. I think I am though! I do not know exactly...I cannot remember.

01F 00:03:30

I am feeling restless and spacey/zoned out after the second dose.

03F 00:03:29

[* Feelings of peacefulness, love, tranquillity. Unusually calm even when dishes were not washed – in exam time, when I should be nervous and uptight – was very calm – floaty, spacey feeling].

23F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

SPEECH – ABRUPT / SHOUTING

I started speaking very fast and loudly! I think I was shouting. As I am talking I feel like I am part of an animated cartoon that is running very quickly. My movements are sharp, fast and abrupt. It is as if I am on drugs. I cannot concentrate or focus on one thing and responding to anything is very difficult.

01F 00:00:20

THOUGHTS – COMPELLING

I have a need for compulsive scratching, but I am not itchy at all, I just need to keep touching my skin. I am getting irritated when I am not able to do something with my hands.

03F 00:XX:XX

TRYING NEW THINGS

At the restaurant I tried new things – it is unusual for me to try something new, I usually stick with what I know.

06F 00:XX:XX

VIVACIOUS

Good mood, first time I am really excited to go to work, work went quickly, just keeping busy with little things, feeling creative and the need to be creative more often.

03F 02:XX:XX

I feel more free – acting mad – felt brave to say stupid things and sing stupid things but I usually do that. But this was more intense and exhilarating. I was fine after I had something to eat.

06F 00:00:40

MISCELLANEOUS

I prepared a meal tonight and I burnt all the food! The weird thing is that I was watching it burning and I left it because I thought it looked tastier the darker it got! My boyfriend complained that he could smell the food burning and I said, “nonsense, its fine”. Later I could see I had definitely overcooked it (the onions were black!) but I ate it happily. So bizarre for me. I am usually very particular about not eating anything burnt.

01F 10:XX:XX

4.2.2 VERTIGO

Feeling dizzy again after the second dose.

03F 00:03:35

Feel a bit dizzy and unstable.

17F 00:00:10

Feel slightly dizzy. Same as yesterday. Distinctly uncomfortable when moving the head sideways.

28M 01:XX:XX

4.2.2.1 ACCOMPANIED BY

- HEAD

: Pain in head

I feel dizzy and have a headache. The pain is as if someone is stretching my veins, I feel better if I press my fingers hard against my head. The pressing is better on all sections of my head – back, centre and front. Drinking water does not help.

24M 01:22:30

The headache is still there and the dizziness I experienced yesterday is coming back. I feel this dizziness whilst seated. I am not being drawn to any side of the room but feel that if I am to stand I might fall or stagger. The feeling is the same as I had yesterday. The headache is however mild and has changed location.

24M 02:XX:XX

(Note: This symptom was experienced on 7 consecutive days.)

I feel slightly, but markedly, light-headed (dizzy) upon closing my eyes or moving my head. This is accompanied by a noticeable, but mild, headache – more noticeable on top right hand side of the head.

28M 00:XX:XX

- FALL – TENDENCY TO

I am feeling shaky and dizzy. Cannot stand up; I keep wanting to fall backwards.

03F 00:00:03

- TURNING - AS IF

: **Head – whirling in**

My head felt a bit dizzy immediately after taking the remedy; my head has a spinning feeling like the whole body is spinning.

03F 00:00:03

My head started spinning again after the second dose.

It is < walking/motion and >sitting still, >focusing on one thing.

03F 00:03:29

4.2.3 HEAD

4.2.3.1 DANDRUFF

I think I have dandruff! How weird, and very unusual. They are tiny little flakes of dry skin.

01F 02:46:XX

(Note: This symptom was experienced on 2 days.)

4.2.3.2 EMPTY SENSATION / LIGHT-HEADEDNESS

Light-headedness – feels as if my head is empty...like I am in a 'dwaal'/sleep-walking.

14M 01:24:XX

Light-headedness.

29M 01:XX:XX

4.2.3.3 ERUPTIONS

Hairdresser noticed a red, swollen, burning patch on my head just to the left of my crown. I had been scratching it – scratched it raw. There is itching. Scratching causes more itching.

17F 10:XX:XX

4.2.3.4 FULLNESS

General “thick” feeling in my head.

28M 01:XX:XX

4.2.3.5 TIREDNESS / HEAVINESS

Feeling of tiredness in my head – a bit like Mennieres Syndrome.

28M 01:XX:XX

4.2.3.6 PAIN

- Aching

Increase in my normal headache i.e. behind my left eye and radiating to occiput, headaches lasting 2-3 days. Also another headache occurred occasionally in the frontal and temporal areas as if a tight band around the head.

26F XX:XX:XX

- Bursting/Splitting

Splitting headache in the occipital and temporal lobes.

06F 05:XX:XX

(Note: This symptom was experienced on 2 consecutive days.)

Had a splitting headache – especially in the temporal lobe region.

06F 10:XX:XX

- Compressed

Have a headache like someone has pushed my head in. It is > sleeping.

07F 05:XX:XX

Headache, compressing, across the forehead after drinking tea. Accompanied by tingling and numbness in the left zygoma, and nauseous feeling in the oesophagus.

17F 02:47:XX

- Dull

I have a dull headache - starting in my forehead and then radiates all over the head. I cannot locate it now. It is a dull pain and it is very irritating.

It is < stooping, < movement of the head.

01F 09:XX:XX

Headache continues along the top of my head. It is a dull feeling – not throbbing or stitching – it is worse for shaking my head. When head is shaken gently my brain feels like hard jelly rolling in a bowl.

28M 01:XX:XX

[* Very nauseating headache. The pain was along the frontal region, it was a dull, aching sensation. The headache lasted very long – it stayed for 7-8 days

after starting the proving. The pain radiated to both the parietal regions on either side of the head. There was a nauseating feeling in the chest which accompanied the headache].

29M XX:XX:XX

* [This was not a written symptom. Relayed by the prover during the post-proving consultation].

- Throbbing / Pounding

A sharp, throbbing pain in the centre of my forehead has developed. It is making the skin of my head feel tight.

It is < stooping.

01F 13:XX:XX

The headache has spread to my temples and entire temporal regions (left and right) now. It is a throbbing pain now and my neck is beginning to feel stiff and tight.

01F 17:XX:XX

Lying in bed. Cannot seem to get up this morning. My alarm went off twice. I woke with a headache and a stiff neck. I experienced a throbbing pain in my forehead region. I used to often experience this but have not for some time now.

01F 18:XX:XX

Had a headache on waking. It was a throbbing pain in the frontal and temporal areas. My neck was also a bit tight. I obviously slept in an awkward position. Headache is < bending forward.

01F 21:XX:XX

Pounding headache on left parietal part of the head (like hammer hitting me), usually I get pain on both sides.

04F 01:25:XX

(Note: This symptom was experienced on 2 days.)

Pounding headache on the right part of the head.

04F 02:XX:XX

Had a headache that lasted for about one hour:

- in the centre of my head
- intense throbbing pains!!
- It is constant throughout the day!!
- < motion, walking
- > pressing temples, rest
- brought on by motion or keeping busy or being active – but yet I still feel the need to be active/busy/productive.

14M 09:XX:XX

Headache.

- Behind the eyeballs.
- Pounding/pulsating headache.
- Poor vision and tiredness of the eyes.
- < for fast movement.
- > for pressure – hard pressure on sore areas.
- Stiffness of the neck muscles.
- Increased thirst.
- Increased temperature.

20F 00:XX:XX

(Note: This symptom was experienced over 3 consecutive days).

My headache is more intense. Sharp and strongly pounding. Soreness of the entire face especially the eyes.

20F 02:XX:XX

Woke with a really bad headache between the eyes moving towards the bridge of the nose. Unknown aetiology.

< cold wind, bright light.

> Hanging the head forward and pressure.

Sensation of burning, throbbing, tingling and numbness. The headache lasted till late afternoon when it eventually disappeared.

23F 06:XX:XX

Developed a really bad headache around 6:30pm.

Concomitants: Was very hungry at the time.

Location: Forehead and temples.

Aetiology: Thought it might be from having a stressful day. I had a Homoeopharmaceutics test in the morning; case taking in the afternoon and an injectables course at 6:00pm to 8:30pm.

Modalities: < lying down, bright lights and noise.

> being erect, movement and clenching teeth.

Sensation: Throbbing in the temples. It feels like my head is being squashed from both sides.

23F 21:XX:XX

- Squeezing

Have a slight headache which started around the base of the skull; pain on each side. A pressing pain as if someone were squeezing me/holding me tightly around the back of the neck. The pressing pain has moved towards the parietal areas, not quite temporal.

07F 08:XX:XX

The headache is still there – all through the night. I could not go to class.

Concomitants: Slight nausea.

Location: Forehead and temples – more on the right side.

Aetiology: Started period this morning. It was bright red with lots of large, dark clots – more than usual.

Modalities: < lying down, bending neck forward.

> being up and about, and being quiet.

Sensation: Pressing feeling – like the head is being squashed between two objects.

23F 22:XX:XX

- Location

: Forehead – eyes – behind

Pounding behind the eyeballs.

- < heat, sun, noise, stooping.

20F 11:XX:XX

Pain behind the eyeball – sharp burning pains. The pain radiates to the ears and upper and lower jaws. Severe pain causes nausea and dizziness. It is also causing vision difficulty. < heat, sun.

20F 27:XX:XX

Increase in my normal headache i.e. behind my left eye and radiating to occiput, headaches lasting 2-3 days. Also another headache occurred occasionally in the frontal and temporal areas as if a tight band around the head.

26F XX:XX:XX

: Frontal

A frontal headache – a “thick”, congested headache.

This headache is < stooping, < movement and > pressure.

01F 17:XX:XX

: Temporal

Headache in the temporal lobes – think it is because I am holding my jaws so tightly together.

06F 01:XX:XX

(Note: This symptom was experienced on 2 consecutive days.)

TINGLING

Tingling of the left part of scalp.

17F 00:00:10

4.2.3.7 MISCELLANEOUS

I have a spinning headache. I feel better after talking and teaching my brother some anatomy.

06F 01:XX:XX

(Note: This symptom was experienced on 2 days.)

4.2.4 EYE

4.2.4.1 PAIN

Never completely feel rested – eyes burning – stinging pain – like someone poking needles into my eyes.

06F 09:XX:XX

4.2.4.2 HEAVINESS

My eyelids feel heavy.

14M 01:22:45

(Note: This symptom was experienced on 8 consecutive days.)

Both eyelids still feel heavy despite being well rested.

Modality: > closing the eyes.

Aetiology: may be caused from the exhaustion of being over-productive during the day.

Sensation: It feels as if someone is gently holding my upper eyelids down.

When I close my eyes it feels like I am in a peaceful, calm, and solemn world. A cool gentleness.

14M 02:XX:XX

4.2.4.3 TWITCHING

Its lunch time now and my left eye seems to be twitching occasionally.

21M 00:XX:XX

4.2.5 VISION

4.2.5.1 ACUTE

My vision is very clear and acute.

03F 00:03:35

4.2.6 EAR

4.2.6.1 FULLNESS – SENSATION OF

I feel a slight pressure around my ears as though two hands are holding my head over my ears.

28M 00:XX:XX

Pressure feeling on ears continues. Feel as though ears are internally blocked.

28M 01:XX:XX

4.2.6.2 ITCHING

Itching inside both ears, deep in the Eustachian tubes. They feel almost moist inside! > Rubbing.

01F 23:XX:XX

Another thing that I forgot to mention as it is a symptom I have had in the past and I probably get it twice a year. Itching in both ears but much worse in the left

ear. Only feels better if I bore into it with an ear-bud. It is moist inside the ear and has a hot, burning sensation after boring/scratching.

07F 01:XX:XX

Both of my ears are itching internally. My throat is also itchy together with the ears. < dust, fluff, strong odours.

20F 01:XX:XX

4.2.6.3 INFLAMMATION

My left earlobe is inflamed and sore. This is so weird. I do not think that it is a reaction to my earrings I always wear earrings and I am fine.

01F 26:XX:XX

4.2.6.4 NOISES

There is a ringing noise in my ears – buzzing when people speak. Definitely feeling off balance, stumbling along, feeling spacey/stoned.

03F 00:00:03

Stronger than normal tinnitus in both ears.

28M 00:XX:XX

Tinnitus (high-pitched, summer-beetle sound).

28M 01:XX:XX

Sensitive to loud sounds such as dishes in a wash basin or doors being closed too loudly.

28M 02:XX:XX

4.2.6.5 WAX

Had increased cerumen in the left ear. Just an increase in production – no other changes. Normal coloured, flaky with no odour. It did not bother me.

12M 01:XX:XX

4.2.7 NOSE

4.2.7.1 CONGESTION

My nose was stuffy towards the evening, my right nostril was congested.

03F 00:XX:XX

4.2.7.2 SMELL

- Acute

Acute sense of smell.

20F 02:XX:XX

4.2.8 FACE

4.2.8.1 BURNT SENSATION

- Lips

: Lower

I took the fourth dose. My bottom lip feels hot and slightly burnt. It has 2 small bumps located centrally.

07F 01:24:XX

: Upper

Stinging burn on left side of upper lip like chillies applied on an open wound.

04F 01:25:XX

Upper lip, especially left hand side, is burning. Desire to lick it but it makes it burn more.

16F 07:XX:XX

4.2.8.2 CRACKED

- Lips

Bottom lip feels like it has a cut in the middle.

07F 01:23:00

My lower lip with the 2 “cuts” is burning again and my lips feel very dry.

07F 01:38:XX

4.2.8.3 ERUPTIONS

- Cheek

Left face in cheek around the eye tingles. Both tingling and numbness.

17F 00:00:05

I also seem to be developing new pimples on the left cheek; left part of the forehead; left side of the nostril (where the left nostril meets the cheek) and one on the left part of my chest. They are large and noticeable – but not filled with pus or anything.

27M 06:XX:XX

- Chin

My skin is getting bad – pimples mainly around my chin area, on the front of my neck and on the right side of my face.

01F 02:46:XX

My skin seems to get worse everyday. More red bumps over my chin area. Not even my make-up is hiding them now.

01F 05:XX:XX

- Forehead

I woke up and have two pimples on my forehead – one on each side in the temporal regions. It looks symmetrical. The pimples are white and painful.

12M 04:XX:XX

Acne breakout on my forehead. Three large pimples appearing.

15M 03:XX:XX

- Lips

My skin is fine but I have two extra painful pimples on the left side of my face, red blind ones, one above my lip and one below the outer corner of my left eye.

03F 01:XX:XX

- Nose

I have a big sore on the inside of my left nostril. It is very sore to touch. It hurts when I blow my nose and it looks like a large red insect bite.

15M 07:XX:XX

Woke up with a pimple inside my nose along the left margin of the left nostril opening. I forgot to mention that I developed one yesterday – but in the right nostril and in the same location as the one on the left. Both are sore – it is like a

beating/throbbing soreness. They are making me slightly irritable because they are so sore! I cannot even touch them because it hurts more.

< pressure; touch

> cold things applied to them

27M 04:XX:XX

I have a new painful pimple along the margin of the left nostril towards the tip of the nose. < touch. The pain is sharp because the area is so sensitive.

27M 07:XX:XX

4.2.8.4 HEAT

I keep having flushing of my face. It gets hot and feels as if the skin is dry. When I look in the mirror it looks as if I am blushing.

01F 22:XX:XX

4.2.8.5 NUMBNESS

Right side of my face is feeling numb.

03F 00:03:35

4.2.8.6 SWELLING

The glands under the chin are slightly swollen.

28M 00:XX:XX

4.2.9 **MOUTH**

4.2.9.1 **DISCOLORATION**

- Tongue

: White

Noticed this morning that my tongue has actually been very coated the last 3 days. It has an off-white colour, thick, and smells offensive and putrid. My mouth and throat also feels dry.

07F 09:XX:XX

Tongue coated white – slight dryness as if tongue were stuck to the roof of the mouth. Back of the tongue is more thickly coated than the front. It felt like a globule of something was stuck at the entrance to the throat like when you eat too much sweet stuff or drink Coke.

23F 00:XX:XX

Tongue still slightly coated – better than yesterday but with no dryness today.

23F 01:XX:XX

4.2.9.2 **PRICKLING**

- Tongue

Left side of tongue tingles.

17F 00:00:05

4.2.9.3 ULCERS

- Tongue

: Sides

Mouth ulcers suddenly developed on tongue. Bright red patches located bilaterally along the margins of the tongue. On the left hand side I developed an ulceration with a white “head” or a pus filled looking raised patch.

< waking up in the morning.

> during the day after eating, drinking etc.

It lasted 3 days and had improved by Monday. The area was painful, especially when touched by the teeth.

16F 19:XX:XX

Began to notice an ulcer/pimple on the left side of my tongue. It is sore, especially if it is touched. < touch and pressure.

27M 01:24:XX

4.2.10 TEETH

4.2.10.1 PAIN

Left bottom wisdom tooth cutting through the gum. PAINFUL!!

Concomitants: Irritability with the gum pain.

Modalities: > pressing the tooth into the gum with my finger – the moment I release the pressure the pain returns.

> touch

< evenings

Aetiology: Maybe stress?? From trying to sort out my research.

Sensation: Cutting pains.

Duration: Pain lasts all day long.

Had my right top and bottom wisdom teeth removed last year. The irritation NOW is the same that I experienced last year. Think that I might have to have this left bottom one removed now.

[Note: This symptom lasted from Day 17 to Day 23 and then disappeared]

14M 17:XX:XX

Pain felt in the lower teeth, first and second molars areas, on the left side. It is a dull ache with tingling. Feels a bit like when you have had a dentist's anaesthetic.

17F 00:00:05

4.2.11 THROAT

4.2.11.1 DRYNESS

My throat feels dry and scratchy. I hope I am not getting sick; it causes me to swallow often.

01F 19:XX:XX

My throat is still a bit dry and scratchy but not as much as yesterday.

It is < dry, hard foods and > drinking liquids.

01F 19:XX:XX

Two hours after taking the first powder, my throat felt more dry. Mouth feels dry. Not relieved by drinking water. There also feels like there is mucous sitting in my nasopharynx that I need to swallow down, but I just cannot reach it. It is > warm drinks. Even though my throat felt dry the last few days, it is much worse.

07F 00:02:00

4.2.11.2 MUCOUS

Throat felt somewhat phlegmy.

23F 00:XX:XX

4.2.11.3 SWELLING – SENSATION OF

My throat felt slightly swollen and dry around the nasopharynx soon after taking the third dose.

07F 00:14:00

4.2.11.4 THICK SENSATION

My throat is feeling a bit thick and with mucous, it feels like a post nasal drip is starting it off. My throat is becoming sore towards the evening.

03F 01:XX:XX

4.2.12 NECK

4.2.12.1 PAIN

- Sharp pain

I had a sharp pain (in one spot) in the centre of my neck at 2:30pm or so.

03F 00:03:50

4.2.13 STOMACH

4.2.13.1 APPETITE

- Diminished

Very diminished appetite.

01F 01:23:45

I have no appetite on waking. I literally force myself to eat something small to keep me from becoming hypoglycaemic later in the day!

01F 08:XX:XX

If I think back on the last 2 weeks my appetite has been greatly diminished and I do not think about food as much as usual.

01F 14:XX:XX

- Increased

Appetite increased – ate much more than normal – ate continuously from lunch to supper.

06F 04:XX:XX

Appetite increased – ate proper breakfast (seed bread) as well as lunch – usually I skip one of the two.

06F 07:XX:XX

Increased hunger – today for the first time (since starting the proving) felt like eating chocolate.

06F 23:XX:XX

Increased hunger during the day – no cravings.

20F 03:XX:XX

[* I had increased appetite during the proving. But I became averse to oily, rich and fatty foods].

20F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

Increase in appetite.

29M 01:XX:XX

(Note: This symptom was experienced on 7 consecutive days.)

4.2.13.2 EMPTYNESS

Getting a hollow feeling in the pit of my stomach. No appetite today, just nibbling out of boredom.

03F 00:00:06

4.2.13.3 ERUCTATIONS

- Excessive

Felt slightly nauseous – constantly burping, lots of air at the back of the throat – feel like vomiting – but only air! My chest feels like after I have vomited – slightly heavy in my oesophagus and a weird taste – acidic, cannot really describe it. My throat feels completely congested < car moving and > when relaxed and calm.

06F 00:00:09

At campus really felt like throwing up – almost did – started breathing heavily – burping still continued after 40 minutes. My eyes watered trying not to throw up. Friends said I looked shocked.

06F 00:00:40

Burping a lot again - I cannot control it, feeling very congested.

06F 01:XX:XX

After eating supper late (even though I am full) I started the continuous burping again – it is like the air is just being brought to the surface and exploding at the back of my throat.

06F 01:XX:XX

- Urging to

Discomfort experienced in the left hypochondrium as if gas trapped there. Feel the need to burp/belch, but do not.

17F 00:00:25

4.2.13.4 HEARTBURN

“Heart burn” feeling in epigastrium. An acidic burning feeling. Not very severe.

01F 23:XX:XX

I have heart-burn. This one is different from the one I have had before – it is mild. I feel my chest heating up and then the heat fades away. Drinking green tea helps. For a moment I was feeling like I have a lump in my throat or just below it. But I feel better now.

24M 00:02:22

4.2.13.5 NAUSEA

I am feeling slightly nauseous again and I have hardly eaten anything today. My boyfriend is out with friends for dinner and I am so relieved that I do not have to cook. The thought of preparing a meal is enough to make me want to vomit!

01F 01:31:XX

(Note: This symptom was experienced on 5 days.)

My lift club driver was driving really fast – this did not help with me being nauseous – I am usually never car sick but was feeling miserable weaving through traffic.

06F 10:XX:XX

Felt extremely nauseous – at the half-way stop I had to hold my breath and swallow down the vomit – I could not handle any smell – I was very sensitive to anything around me. On the bus, everyone eating meat made me feel even more sick. I did not know what to do.

06F 15:XX:XX

Recalling that last night I had Milo (which I normally have) and felt slightly nauseous as though I had had something that was too rich; this is strange as I have Milo regularly and drink lots of milk normally without feeling ill. This nauseous-ness only lasted about an hour but was not severe.

07F 01:28:XX

Feel a bit “queasy”/nauseous. Felt in the chest behind the sternum.

17F 00:00:05

“Queasiness”/nausea also felt in stomach.

17F 00:00:05

4.2.13.6 PAIN

- Cramping

Woke up this morning with stomach cramps.

- Cramping pains.
- Pain in the upper gastric region.
- Sensation as if the stomach is eating itself.
- < hunger, standing too long.
- > eating.

20F 11:XX:XX

4.2.13.7 THIRST

- Increased

Very thirsty for tap water.

01F 08:XX:XX

Very thirsty for tap water, and desire for chocolate.

01F 08:XX:XX

Increased thirst at night – had to wake up and drink huge amounts of water.

20F 03:XX:XX

4.2.14 ABDOMEN

4.2.14.1 DISTENSION

Burp, and then pass a small wind. Feel my pants that I have been wearing the whole day are too tight now.

17F 00:00:30

Feeling of bloatedness in the stomach.

20F 03:XX:XX

4.2.14.2 EMPTYNESS

My tummy is feeling so much better. Have not passed any more stool. I was starving earlier and had a large meal which aggravated the abdominal cramping. Even after the meal, I have a weak, hollow sensation in my abdomen.

07F 01:38:XX

4.2.14.3 PAIN

- Aching

Pain very low down in abdomen, in the pelvis, centrally. Bruised aching pain. I cannot make out whether it is a bladder, bowel or uterine pain. I think it is what people describe who have IBS (Irritable Bowel Syndrome)/atropic cystitis. I remember having this pain earlier in the proving. It is < running.

17F 13:XX:XX

- Cramping

This morning after I woke up I experienced abdominal cramping as if I would soon have diarrhoea, but nothing happened!

01F 05:XX:XX

(Note: This symptom was experienced on 2 days.)

I experienced lower abdominal cramps that come in short “waves” and then pass. It is the type of pain that makes me want to double up, but it is mild in severity.

01F 19:XX:XX

I have a cramping, burning feeling in my solar plexus.

03F 00:XX:XX

My stomach is cramping as though I were going to have diarrhoea. It changes location on the abdomen, starting across the lower abdomen and shifting along to the upper abdomen. It is a gnawing pain.

07F 01:25:XX

My abdominal pain intensified to such a great degree accompanied by perspiration on the forehead and arms, with goose-bumps and weakness of the lower limbs. There is much flatus felt moving in the abdomen as pain intensified. The pain is < eating, < movement and > after passing stool, > lying down.

07F 01:27:XX

Also experienced cramping type pains in my stomach this morning when I was still in bed after I woke up. It felt like someone squeezing my intestines along certain parts of its length.

> passing stool

27M 01:24:XX

- Stitching

Woke up with stomach cramps; stitching sharp pains across the lower abdomen. I had to pass stool – different to stool on Wednesday, this was runny but almost like baby purity, it was not watery, it was mushy. The stool was terribly foul. The cramps were > after passing stool.

07F 03:XX:XX

- Compressing

My lower abdomen is really paining, it feels like a compression type of pain – usually I get a twisting pain.

06F 01:XX:XX

4.2.14.4 RUMBLING

Woke early, 5:45am. Much rumbling and gurgling in lower abdomen. Need to pass stool.

17F 01:13:10

4.2.14.5 TENSION

Tension in my solar plexus.

28M 05:XX:XX

4.2.15 RECTUM

4.2.15.1 CONSTIPATION

I still have not eaten! I am constipated again. Constipation is unusual for me. If anything I am more prone to diarrhoea than constipation.

01F 04:XX:XX

(Note: This symptom was experienced on 2 days.)

Felt sick after supper. Had to go the toilet – stomach twisting – slightly constipated.

06F 04:XX:XX

I feel like passing stool. I have not managed to pass stool like I usually do. I only passed a few small ones that I had to struggle to push out. In fact when I think and look back to this week, I have not been passing stool as I could normally. I have skipped some days and when I have gone to the toilet it has been a struggle to push the stool out. There is no pain associated with this and no blood stains...but the stool has been hard.

24M 03:XX:XX

4.2.15.2 DIARRHOEA

Diarrhoea for 'no' reason. Slight abdominal cramps associated with the diarrhoea.

01F 21:XX:XX

Had a running stomach (diarrhoea) in the morning, lower abdominal cramps.
Severe pain was better after I had a bath.

06F 19:XX:XX

4.2.15.3 FLATUS

I had A LOT of gas today. MUCH MORE than I normally have and it smelled terribly foul!

07F 02:XX:XX

4.2.16 STOOL

4.2.16.1 BLOODY

Started having red blood appearing in my stool, only happened for two days and never again since then.

26F XX:XX:XX

4.2.16.2 COPIOUS

Needed to pass stool at least three times this morning. Very unusual.

17F 12:XX:XX

Passed two stools this morning. Unusual.

17F 13:XX:XX

[* More bowel movements than normal – approximately 2/3 per a day; very pasty/loose – but with no cramps].

23F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

4.2.16.3 ODOR

- Sour

The stool was like brown water with pieces of solid stool mixed. Passed much flatus with the stool and continued to evacuate even after stool was expelled, for a long time (+/- 10 seconds afterwards). The stool has a foul sour odour. After passing stool there is a sensation that there is still stool at the entrance of the anus, with no urging, yet there is NO stool.

07F 01:27:XX

4.2.17 BLADDER

4.2.17.1 URINATION

- Frequent

I am also urinating A LOT and not drinking much fluid.

01F 13:XX:XX

I seem to be urinating often today. Urine is clear with no smell.

21M 03:XX:XX

Urinating far more frequently than yesterday. Usually I can control my bladder but it is as if I am almost going to wet myself. Fortunately the areas which I work in are isolated so I could relieve myself. This was very annoying because all day long I had to stop whatever I was doing at the time and find a spot to pee (urinate).

21M 04:XX:XX

This is really becoming a nuisance, I am actually scared that I just might wet my pants today. I had to stop on the side of the road today and pee (urinate) while there was a fair amount of traffic in either direction. This was really

embarrassing. What I did notice though was that even yesterday I did not drink a huge amount of liquids. The other is that it (the urinary frequency) is not that bad when I get home.

21M 05:XX:XX

The almost uncontrollable bladder issue has eased off a bit, but still urinating often, but also very thirsty.

21M 06:XX:XX

- Diminished

Decrease urine frequency from normal because usually I have a high urine output. I noticed I was not going to the toilet as frequently.

26F XX:XX:XX

4.2.18 URINE

Urine has been a dark yellow colour all day. Usually a much lighter colour.

15M 01:XX:XX

4.2.19 MALE

4.2.19.1 SEXUAL DESIRE

- Increased

I noticed an increase in my libido. I have the desire to have sex for long periods of time.

12M 05:XX:XX

My libido is increased and I initiate intimacy even though my relationship with my girlfriend is not normal or happy. I used to avoid this before. I acted on the

feeling of wanting to have sex for long periods and found that I actually had the ability to do so.

12M 09:XX:XX

After sexual activity my libido seems to increase again very quickly. [* It takes approximately a span of 30 minutes for it to be increased again following sexual activity].

12M 14:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

[* I just wanted to have sex more than usual. I still had the desire for it even after I had climaxed].

21M XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

Increased libido.

29M 01:XX:XX

- Diminished

Low libido.

28M 05:XX:XX

4.2.20 FEMALE

4.2.20.1 LEUKORRHOEA

My period is over, but I noticed today that I had a slight vaginal discharge which I never experience. It is colourless and bland.

01F 19:XX:XX

4.2.20.2 LIBIDO

- Increased

Had an increase in libido – intense “wanting” to physically do what I dreamt. My partner however felt it was too rushed and pulled back – but I felt like it was something I could not control – still cannot control – I get very aroused when I am around him and would do anything to go all the way but pull back because I do not want to regret and religiously cannot do anything till after marriage. Normally it takes me very long to be comfortable with a guy to do that – I must get to know the person and be sure; but this time, although I knew he was the right guy, I did not know him long enough to take such a drastic measure. Even still, I got very close and needed foreplay to get any relief or satisfaction from this intense desire – but that still spurs me on to want the real thing. But even the foreplay must be rough and wild – breaking stuff around us or hurting him physically or getting hurt. It is totally against my character to behave that way. Swearing profusely the entire time.

06F XX:XX:XX

[* I noticed an increase in sexual desire and in sexual activity. I became more aware of the increase in the sexual desire even during the act of intercourse and in the build up before it. The frequency of sexual intercourse increased to four to five times a week. It seems that it was more for the physical desire rather than for any emotional needs. I also found that I also became the “leader”, more dominating, which is unusual for me because it is usually my husband who takes charge. I felt that I needed to be the dominant partner during sex this time around. I want to dominate to gain power and feel above the rest].

23F XX:XX:XX

* [This was not a written symptom. Relayed by the prover during the post-proving consultation].

- Diminished

[* There has been a drop in my libido since the occurrence of the dreams and making my headache worse].

07F 06:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

I have a low libido, but it was lower during the proving, completely off sex.

26F XX:XX:XX

4.2.20.3 MENSES

- Absent

No period throughout the proving, I was convinced that I was pregnant. Only had my period at the end of the month following the proving and it was much more severe than usual. Proceeding menses I had a terrible headache (usual headache is from the left eye to the occiput) for 2 days with vomiting and nausea. Flow was very heavy, but no clots. Bright red bleeding. Terrible constricting cramps in the lower abdomen.

26F XX:XX:XX

- Brown

Menses: Bleed seems to look much darker than normal. Almost very dark brown.

07F 09:XX:XX

- Clotted

: Dark clots

[* My period was different; the blood was clotted with big clots, it was also darker in colour (maroon to black). There was intense pain the first three days – a twisting pain in the lower abdomen, the back, the head, and then everything was sore. Everything wanted to be warm and under hard pressure. The duration of the period was also shorter, but more intensified (more painful)].

06F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

- Copious

I woke feeling much better. Period is in full flow – it is still very heavy and bright red with clots – but not as much as yesterday. All ailments of the headache have gone since the flow of the period had started.

23F 23:XX:XX

- Early

I have just started my period 5 days early. This is very odd. I also had no premenstrual warning signs. I usually have sore breasts and I am very emotional before my period. I did not have either of these symptoms this month. I usually also have a discharge containing blood when I urinate the day before menstruation starts, but nothing this month.

01F 14:XX:XX

- Scanty

Once again, the flow of my period is unusually light!

01F 15:XX:XX

- Short

My period appears to be over. How unusual – I am always regular and I always menstruate for 6 days. So this has been a big change. [The prover only menstruated a total of 3 days during the proving].

01F 17:XX:XX

4.2.20.4 PAIN

- Uterus and region

: Menses – during

My period is not very heavy (as it usually is), but there is a lot of associated pain. My lower abdomen is VERY sore. It is a raw, tender feeling that is situated over my uterus. The past few months I have not experienced such bad period pains so this came as quite a surprise.

It is < pressure and < full bladder.

01F 15:XX:XX

“Period pains” in lower abdomen. It is a sore, raw and cramping feeling. The pain actually makes me feel faint. The flow of my period is very much reduced though, which is great!

The pains are < pressure of my pants.

01F 16:XX:XX

Today I started my periods and I have severe period pains. Pain in the lower abdomen radiating to the left thigh and lower back. Pain in the uterine region, gripping and twisting sensation. Sensation as if the uterus is falling out. [* I also felt a heaviness during my menses, my body and hands were swollen; there was also increase in temperature and irritability during this time].

20F 21:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

4.2.21 **RESPIRATION**

Awareness of heartbeat. More effort in breathing. Heaviness of breathing.

17F 00:00:10

4.2.22 **COUGH**

I had a sharp painful cough, which started as a tickle in the throat at 12:35pm – went away quickly though.

03F 00:01:55

4.2.23 **CHEST**

4.2.23.1 **ERUCTATIONS**

Tried to sleep early but could not fall off to sleep - kept turning and twisting – got a sharp stabbing pain on the left hand side of the chest directly behind my sternum – was worse on breathing in. It was a very sharp pain and was relieved when I sat up; started burping and I realised that I had gas – continuously burping – air at the back of the throat, chest felt heavy – I could not sleep although I was very tired. This used to happen two years ago but went away – it felt exactly the same.

06F 06:XX:XX

4.2.23.2 **ERUPTIONS**

- Rash

: Red

My mother just pointed out a strange pink “rash” along my left clavicle. It is not itchy – nor do I remember scratching that region. It is like I woke up with that patch of discoloration. Very odd.

27M 06:XX:XX

4.2.23.3 OPPRESSION

Central to left sided chest “pain” – like oppression, or as if something is stuck there, accompanied by heat inside the chest. A compressed sensation. I had a pressive compressing sensation. Warmth, burning in chest extending to the right.

17F 00:00:10

Tonight my chest is really sore as if something heavy were placed on it. I find it difficult to breath. My right knee is also painful just like it was a few nights ago. Again a hot shower helped a little but with no complete relief.

21M 12:XX:XX

Suddenly feeling a tightness in my chest. It feels like a light but firm weight is pressing down onto my chest. It is worse when breathing in. It is like I cannot get enough air in.

> keeping occupied.

27M 00:05:45

4.2.24 EXTREMITIES

4.2.24.1 DRYNESS

- Fingers

: Nails | About

The skin of my cuticles is even dryer than usual if that is possible. It looks ugly and it peels.

01F 08:XX:XX

4.2.24.2 ECCHYMOSES

I have noticed a few small bruises on my legs and arms and I do not remember bumping into anything. Do not know where they came from. [* The bruises would turn from blue to green and then become yellow. It took a long time for them to disappear].

01F 23:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

[* Bruising on upper left arm – compared it with my friend – do not remember hurting myself].

23F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

4.2.24.3 ERUPTIONS

- Hands

: Rash

A red rash developed between my middle and index finger; and between my index finger and thumb (on both hands). It is itchy. I must scratch it!

01F 00:03:30

- Wrists

Itching in spots around the left wrist. The skin gets itchy and warm in areas. I scratch it and it turns very pink and then fades away.

01F 06:XX:XX

ITCHING

- Forearms

: Left

I just had itching on my left arm again. The itch is situated on the lateral extensor aspect of the left forearm. The skin gets itchy and looks dry. I scratch it and it gets very pink. The skin stays pink just in that area for about 10 or 15 minutes.

01F 09:XX:XX

4.2.24.4 ODOR OF FEET OFFENSIVE

I have also noticed that over the past week or two my feet have had an odour to them. Almost like a musty smell. This is not normal for me either. It is gross actually!

01F 14:XX:XX

4.2.24.5 PAIN

- Knees

: Right

Tonight I have a severe pain in my right knee, sharp and intense. It seems to be below my knee cap. This is unusual as I have only really experienced this on my left knee. It seems to have become less severe after a hot shower.

21M 09:XX:XX

: Hollow of knees (= popliteus) - left

I have noticed an aching, burning pain on the inner medial aspect of my popliteal fossa on the left leg. My legs feel tired – which is a normal thing for me, but this pain is new.

01F 06:XX:XX

Started to feel that aching pain behind the left knee again. Actually it is more towards the medial aspect. It is freaking me out. I think I am developing varicose veins.

01F 08:XX:XX

I have that aching, burning pain inside my left knee again. It is just inside my left knee again. It is just in that one spot and it does not radiate anywhere.

It is worse for < standing.

01F 08:XX:XX

4.2.24.6 Lower Limbs

- Aching

I am feeling tired and my legs are aching. My feet feel as if they are swollen and burning.

01F 16:XX:XX

4.2.24.7 SWELLING

Water retention. Swelling in the hands and feet.

20F 21:XX:XX

4.2.24.8 TINGLING

- Hands

Woke up in the middle of the night and had serious pins and needles in both hands. It was very sore and it felt as though I did not have any hands. I held my hands up in the air for a while and the pins and needles disappeared.

15M 14:XX:XX

Fell asleep on the plane this morning and woke up with pins and needles in both hands again. I rubbed my hands for a few minutes and it went away.

15M 14:XX:XX

Tingling of back of left hand, no numbness, since start of first dose.

17F 00:00:30

4.2.24.9 VEINS SHOWING CLEARLY

The veins of my arms and hands are always pronounced but I think it is worse today.

01F 00:03:30

(Note: This symptom was noted on 2 days.)

I am certain that the veins in my arms have been more distended than usual lately. I looked like a pumped, veiny bodybuilder!

01F 14:XX:X

4.2.24.10 WEAKNESS

- Hands

My joints in the hands feel weak and I feel like just letting my hands go.

24M 01:23:04

4.2.25 **BACK**

4.2.25.1 **ERUPTIONS**

- Pimples

Noticed more red and inflamed pimples on my back. Had pimples on my back before, but they were few in number and did not bother me. They are < touch.

12M 05:XX:XX

4.2.25.2 **PAIN**

- Extending to

: Shoulders – stabbing pain

Back and shoulders are in a lot of pain – like stabbing pain – want pressure to be exerted on my back.

06F 06:XX:XX

- Dorsal Region

: Scapula – below – right – sharp pain

Sharp pains in back as though my back is out, < right side, five centimetres below the tip of scapula. Actually feel the need to stretch but this does not help.

17F 01:13:10

: Scapula – between – sharp pain

I have developed a very unusual sharp middle back pain. It is on either side of the vertebral column. The muscles are tight and every now and then I feel a

sharp shooting pain. It is very sore. It is as if I have been sitting in a really bad position for a long time and I have hurt my back but I do not recall this.

01F 21:XX:XX

Sharp pain between the shoulder blades. Pain in the kidney region < morning and evening.

20F 11:XX:XX

- Lumbar

A dull, aching lower back pain. It is < rising – then it becomes a stitching, sharp pain. My body feels weak and drained.

01F 17:XX:XX

Bruised sensation lower back. Worse when thirsty, standing.

20F 27:XX:XX

4.2.25.3 TENSION

- Cervical Region

: Extending to shoulder

My trapezius muscles feel tight and tender.

01F 13:XX:XX

4.2.26 SLEEP

4.2.26.1 DEEP

By the way I am sleeping like the dead these days. I do not know if it is due to the remedy or not but I do not think that I even move during the night!

01F 18:XX:XX

My sleep was a deep, peaceful, restful sleep.

14M 01:20:45

I had an extremely sound sleep. Feel as if I died and woke up again. My friend told me that it is unusual for me to be such a deep sleeper and wake up so late in the morning. I am normally a very light sleeper and wake up crabby and irritable, but after taking the remedy I wake up extremely refreshed and well rested.

14M 03:XX:XX

4.2.26.2 DISTURBED

Had a very disturbed sleep – very restless – wanted to be comforted. Wanted attention that nobody gave me (I feel like a little Pulsatilla).

06F 04:XX:XX

- Coldness – during

Fell into a deep sleep but kept waking up during the night, felt very cold – wanted the blanket to be heavier – to exert more force onto me.

06F 08:XX:XX

- Noise – by the slightest

Difficulty in falling asleep. Sleep disturbed by small noises, and waking up for passing urine. Increased urination during the night.

20F 04:XX:XX

- Thoughts - by

Cannot sleep. I am absolutely exhausted but my mind is so busy and restless. I cannot stop thinking about today, tomorrow, everything. I am irritating myself. I have not had this in ages!

01F 02:XX:XX

(Note: This symptom was experienced on 3 days.)

I found it very difficult to fall asleep last night. Even though I was tired, my mind just would not let go and go to sleep. It was like I had to do something but I do not know what.

07F 01:22:30

Insomnia. My brain is active – thinking a lot of things especially about my mood and irritability. I do not like the way I feel about people but I feel it is beyond my control. It is not me at all and it affects the people I relate with. [* I kept dwelling on the present emotional state at that time – I felt like I was in a hopeless state].

20F 08:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

Found it difficult to fall asleep last night...though I was tired I found that I still kept tossing and turning in bed. My mind was restless with thoughts. Do not know when I fell asleep.

27M 01:24:XX

4.2.26.3 FALLING ASLEEP

- Difficult

Disturbed sleep – difficulty in falling asleep and difficulty in maintaining sleep. Not refreshed on waking up. Position – back.

20F 01:XX:XX

4.2.26.4 RESTLESS

- Heat

: From | body of

Restlessness during sleep. Tossing and turning all night. Increased body temperature had to remove the covers. [* I would feel heat or an increase in body temperature at night and I would have to remove the covers – yet normally I sleep with the heaters on].

20F 03:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

4.2.27 DREAMS

4.2.27.1 AMOROUS / LASCIVIOUS

I had sex dreams during the proving as well. Heterosexual, but different dreams – felt exhilarating, fear, and intense desire all in one. The sex is wild, violent, and very aggressive – brought about the desire to be in that situation.

06F XX:XX:XX

Had strange dreams last night. Also very sexual dreams. Dreams of people coming onto me.

07F 04:XX:XX

Had very strange dreams again. They are almost very syphilitic, animal, sexual dreams. They are not necessarily dreams in which there is intercourse; however there is either a sense of sexual tension, sexual jokes etc. For example: Last night I dreamt that a lecturer and I could understand each others jokes and no one else could. It was nice to feel someone was on the same

sexual level and intellectual level as me. The mutual understanding was gratifying almost as though one had had sexual intercourse.

07F 06:XX:XX

I had a dream about another lecturer. We were on a farm type setting with trees etc. I was on the farm. He was there and we cared for each other but it was more on a superficial level. We could not be together because we were from two different worlds/different backgrounds. It was more like a longing for each other that could not be fulfilled.

07F XX:XX:XX

Remember having lots of dreams last night, but I cannot remember any of them; which is weird because I usually remember some of them. I know I had a sexual dream which woke me up this morning.

27M 01:24:XX

Had another dream that I was in high-school – this time I was a pupil (not a lecturer anymore) learning sex-ed (sexual-education) from a book filled with cartoons of naked people. The book was more of a sex-guide rather than a high-school textbook!! I felt both fascinated and put off with what I saw in those books.

27M 08:XX:XX

Had a dream about reading a manga comic book. It was like a novel with manga pictures. The strange thing was the "front half" of the book and the "second half" of the book were exactly the same stories except that the second half had to be read from the BACK cover to the front i.e. in reverse. The second half of the book also contained scenes of explicit sexual pictures which the first half did not contain!

27M 11:XX:XX

[* I also had two sexual dreams during the proving. Both were about a beautiful naked "chick" (female) – but everytime I came to the point of having

intercourse with her the dream with suddenly stop and I would never get a chance to! Felt disappointed about it].

29M XX:XX:XX

* [This was not a written symptom. Relayed by the prover during the post-proving consultation].

4.2.27.2 BATHING / BEING NAKED

Had a very strange dream: I dreamt that I was naked in a bath with my boyfriend's best friend, I felt horrified and like I had cheated on him. I jumped out and tried to find my boyfriend but he was missing. [* I wanted to explain to him that I did not cheat on him. I felt like I did something terrible when I woke up – I should not be dreaming about stuff like that. The dream was very vivid and I saw everything! I felt very disturbed – how could I even think about that?]

03F 21:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

I am in a shower, one of those over a bath with a sliding door on the side. My husband walks into the room, with another man who at first looks just like him, and a woman. He simply opens the shower door, even though I am naked, as they are all going to get into the bath with me. The other man turns out to be his brother (in real life), but his eyes are hard and dead. The girl/woman speaks Afrikaans, but must be Muslim as she wears a headscarf. Everyone's behaviour is totally inappropriate:

- My husband simply barging in with strangers.
- His brother is very conservative and 'pricky' in real life and married with children. What is he doing here with another woman getting into a shower with all of us?
- The girl wears a headscarf, very neat, covering her head and neck, but undressed to shower with strangers.

17F 01:XX:XX

4.2.27.3 BUILDING A SAND CASTLE

I dreamt that I was on a muddy beach with strangers trying to build a mud castle, I was trying to stop the water from destroying it. [* Felt very frustrated trying to keep the water away from the castle. I felt that I was there but not really there, like a disconnection. I did not know why I was doing what I was doing]. My dream was devoid of all colour, all muddy brown grey colours – unusual.

03F 00:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

4.2.27.4 BRUTALITY / VIOLENCE

Last night I dreamt that I was back at home; it was a violent dream because I was hacking two guys who attempted to break in. Even after they were dead I still kept hacking away at them. I had no fear for my own safety, what surprised me was that I was calm and collected and deliberate in all my actions.

21M 18:XX:XX

4.2.27.5 CONTINUATION / EPISODES

Eventually fell asleep after 12:00am. I kept dreaming of strange things – always in the form of a story – when I wake up I forget about it.

06F 06:XX:XX

Had another weird dream – felt like a soap opera – do not remember it but I know it was in episodes.

06F 07:XX:XX

Had 3 strange dreams last night. What was weird was that they occurred in “episodes”. The first dream was about me wanting to pee (urinate) and I was looking for a toilet. The second dream was about me wanting to pee and finding the toilet (and relieving myself – in the dream that is). And the third dream was

about me drinking from a pool of chocolate water/milk and then feeling that my bladder was about to burst and that I needed the toilet REALLY badly! By the end of all of these dreams I actually got up and went to pee because my bladder really felt full! It is the first time I have ever had a series of dreams like that. Usually my habit is to pass urine in the morning when I start the day – usually I do not get up from sleep to do so during the night.

27M 02:46:XX

Had several nightmares last night – it was actually one single nightmare that was broken up since I kept waking up from the dream. Everytime I fell asleep again the nightmare would just continue on from where I had left it off. Basically I was being threatened by a scary invisible force that wanted to kill me. It felt so malicious – I felt attacked by ‘it’. I remember praying in all “episodes” of the dream but nothing helped.

27M 08:XX:XX

4.2.27.6 DEATH

Woke up feeling anxious. I dreamt that my boyfriend was killed and I found him lying dead on the floor. I was very relieved when I saw he was still alive this morning.

01F 25:XX:XX

Dreamt that my cousin died and that I was crying. All I remember was that he had long hair that was set neatly. I was disappointed that I did not get enough time to spend with him – to open up to him. I dreamt a lot of other weird things but I cannot put them into place.

06F 02:XX:XX

Slept for 12 hours from being so exhausted from the previous day’s activities. Sleep was extremely deep until 6:30am when I awoke from a dream. Cannot remember much about the dream but know that it had something to do with an activity I was doing (cannot remember what activity). Instead of me doing the activity correctly, I ended up doing everything wrong and I ended up killing

myself. Not as in suicide, but from being careless in conducting my activity. Just before I was going to die in my dream I felt a sudden rush of anxiety and that is what woke me up! But I went back to bed okay immediately after waking up.

14M 06:XX:XX

Dreamt that I saw a helicopter crash. I was standing right there about 50 metres away from where it crashed. It burst into flames and both pilots died. I was very sad and woke up sad because recently I had been thinking of getting a pilots license – but that dream has scared me off wanting to be a pilot.

15M 13:XX:XX

Dreamt that I attended the memorial service for the pilots who died in my dream the night before. The memorial service was held on the exact spot where the helicopter crashed. They had an aerobatics display in honour of the pilots. I felt quite sad...it all felt a lot more real. When I woke up I decided that this was not the way I wanted to die – crashing and burning to death.

15M 14:XX:XX

4.2.27.7 DECEIVED – BEING

Dreamt that my friend lied to me about his name and I was yelling and screaming at him about him lying to me.

06F 03:XX:XX

4.2.27.8 DOGS

I dreamt that my dog had no ears but it did not bother me. My dream was devoid of all colour, all muddy brown grey colours – unusual.

03F 00:XX:XX

I dreamt that my dog had no ears, I thought it was odd but not distressing.

03F 04:XX:XX

I am showing my mother and her sister around on our previous property in Ladysmith, showing them all the changes the current owner has made. He has made this HUGE overhanging rock shelter under which thousands of birds were hanging. We walk toward the road. Some labourers and children are in the road. Someone shouts, "Run", because they are afraid of the dogs that are with us. I shout, "Do not run!!" in a commanding tone because then the dogs will go for them. Each time this person in the street shouts "run", there is panic amongst the people in the street, especially the children who shout and scream and cling to each other, and the dogs – there are many – surge forward a few metres. Then I control the situation by giving the command (it is very strong) and the dogs stop and the children freeze. I have to control the dogs and these hysterical people.

17F 01:XX:XX

4.2.27.9 DRIVING

Dreams about driving, I felt out of control.

03F 04:XX:XX

I dreamt about driving in strange places, about being abandoned, trying to find my way back again.

03F 06:XX:XX

Dreamt of driving – high speed – exhilarating, adrenalin rushing – again a free and happy feeling.

06F XX:XX:XX

Had a weird dream that I was driving on the oncoming lane of a major freeway and I thought that the other drivers were going the wrong way. Whilst driving on the oncoming lane I did not feel like I was doing anything wrong because I did not know I was doing anything wrong. Felt confused. I got stopped by the police and had to leave my car exactly where it was in the middle of the freeway. The entire road was blocked off by the police. I had to get into the police car where I met a patient. Was scared at first and did not want to get arrested.

12M 00:14:45

I dreamt I had bought a fast, red car and just drove around recklessly. Speeding, handbrake turns etc. Came very close to causing a few accidents. Very unlike me because I am always very controlled. But it did feel like I was living life to the fullest. [* I remember that I was trying to either kill myself or other people on the road. I would speed up and then slam on the brakes when I would get close to causing an accident. I woke up feeling upset with myself].

15M 02:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

One dream was about driving a car and causing a car accident, killing my boyfriend, and the whole feeling in the dream was that of frustration and hopelessness. Everyone was saying how sorry they are and that they know what I am going through, but I keep thinking how could they? They do not know he was supposed to be the person I spent my life with – so what happens now? I am the one who killed him. Everything I planned for the future has changed.

26F XX:XX:XX

I was involved in an accident, I am covered with blood. Woke up at night with fear.

29M 04:XX:XX

4.2.27.10 EMBROIDERY

Dreamt that I was sewing clothes and doing beadwork – embroidery.

06F 07:XX:XX

4.2.27.11 EVIL

Had another dream of being isolated in a large room with just a desk and a single light. [* The ambiance was disturbing – frightening. It was like an

extraterrestrial/negative presence was present in the dream. I woke up during the night feeling nervous and unhappy. A “nightmarish” dream].

28M 02:XX:XX

* [This was not a written symptom. Relayed by the prover during the post-proving consultation].

4.2.27.12 FIGHTS

Recurrence of an old dream (dream of 10-15 years ago which repeated timeously) – about family disputes; problem with my girlfriends.

29M 06:XX:XX

4.2.27.13 FORSAKEN / ABONDENED

I dreamt about letting a work colleague down when she needed me.

03F 09:XX:XX

Had an interesting dream. In the dream I walked through a door from our world into a parallel “mirror” world. Yet it was not completely a “mirror” world. In this world people cared for each other, trusted each other and were a truly wholesome group/community. There was no need for money in this world as whatever you needed there was abundance. People never took if they did not need and it was trusted that one only took if they truly needed. There was no selfishness and lying and deceit. We all worked in harmony. We were like one big united family. I felt like this was my home, I am truly deeply at home, happy! I forgot about the other world from which I had come, the world where greed and money blind people. Where hurt, pain and betrayal becomes something as common as waking up each morning...inevitable. As the day passed in this beautiful world we all gathered on the beach to connect and share with each other. And in the ocean, the waters were rough with the activity of whales as they spoke and sang and danced for us. We all understood each other! And then something broke this world. My mother and her siblings were sitting alone on the shore. I went up to her surprised, questioning and happy. She had been in this world for years. She had abandoned my brothers and my father, had left

them in that world. Had forgotten them. She had abandoned me, for she was as surprised to see me here in this world. How could she be so cold and selfish to just forget about us? I had to go back. I have to fetch my brothers. I cannot leave them. I feel so desperate – so desperate like you get when you are under water and cannot come for air. I cannot abandon them. In this dream, this beautiful world became spoiled by selfishness, the selfishness of the other world. Yesterday, with feeling so angry, this is what I am angry about. I am angry at people who think life means: getting your hair done perfect; having the perfect boyfriend; having a perfect house; buying just the right vase; finding the right colour green towels for your bathroom... who the fuck cares! Everything is so fucking superficial! What are we! Does mankind not realise that these are not the things worth living for? These things are not the things that make your life complete/fulfilled! Until mankind learns to really listen...listen to the rhythms of the earth; listen to the songs of whales; listen to each other! How can we heal each other if we cannot even heal ourselves?

07F 06:XX:XX

Had a dream which I cannot really remember but the feeling was one of being apart from my boyfriend; I was at a dinner party and he was not there. Unusual feeling, not normal for me.

16F 06:XX:XX

4.2.27.14 FRIENDS

Dreamt that I woke up early to talk to a friend of mine before he went off for his early morning run – and he was explaining to me why he wore a plastic packet on his head; he wore it to keep his head warm while he is running. It was a good dream because we were both smiling and laughing a lot in the dream. It was refreshing as both he and I are fairly stressed right now.

15M 10:XX:XX

I had a dream about a friend I have not spoken to or seen in ages. I was talking to him and asking him about his welfare, his job etc. and he was telling me that everything was going well. We were, in the dream, both teachers in our old high

school – which is so weird since none of us hold degrees in teaching. But we were both running late on our first day at work; we ended up getting lost and running around frantically looking for the classes that we needed to be in. Students were also laughing at us because we were so lost since our school looked so much bigger and different! I really enjoyed the initial part of the dream because it felt so good to meet him again – the end part did not faze me. This is the first time I have ever dreamt about him – weird!

27M 07:XX:XX

4.2.27.15 GENITALIA / PENISES

I dreamt that I was being pursued by a tall, skinny, pale, naked man; when I looked closely at him, he seems to have multiple male genitalia all over his body. He then turns into a demon that captures innocent people. My dream was devoid of all colour, all muddy brown grey colours – unusual.

03F 00:XX:XX

Had very broken and confusing dreams. There was one where there was this well-built man, I could not see his face, but he had a HUGE hard-on (erection), and I was absolutely shocked at how big it was. I was not attracted to him/sexually aroused, I was purely amazed.

07F 02:XX:XX

4.2.27.16 HELPING

Had a dream about street children. I have a pile of blankets, little baby blankets very grey and filthy, and I am handing these out to these street children. They are very grateful. I make a point of the value of each blanket – R10 or R15. I am/feel like one of those morally superior do-gooders who feel very virtuous and cannot see how arrogant they are or how little they actually help.

17F 01:XX:XX

[* I had a dream about orphans and feeling the need to take care of them].

23F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

4.2.27.17 HOMOSEXUALITY

I know I had a lesbian dream last night! Eeww... It felt normal in the dream – it was not weird. I thought it was disgusting when I woke up though. This is very unusual for me. I think it is the second one I have had in all my 28 years of existence! I honestly cannot remember the contents, I just awoke knowing that I had had a very odd dream.

01F 04:XX:XX

Had lots of mixed broken dreams. Had another “sexual/amorous” dream. In this dream I was going to have a threesome with 2 friends, a guy and a girl. I do not know them in real-life but in the dream they were supposed to be my friends. We started caressing each other but the girl and I ended up paying more attention to each other than with the guy. The guy left the trio and then the girl and I had sex. It was very strange because the sex felt like I was with a man yet this was supposed to be a girl. It was over very quickly but there were feelings of awkwardness and perhaps a bit of disgust. The dream quickly shifted into other confusing broken bits.

07F 03:XX:XX

Had a dream that I was making love to another unknown woman. Felt great desire in the dream. Did not know how to go about it. I awoke confused – was it real?

17F 09:XX:XX

[* I had a dream about having to perform oral sex on a man. I remember that I felt forced or a little pressurized to go down on him although I did not really want to. It was strange because I wanted to pull my face away from his exposed crotch but I felt that it was expected of me to do what he wanted. I did not go through with the act but I remember that he kept putting my head on his thigh and as close to his genitals as possible as if he really wanted me put them

into my mouth. What was also strange was that I did not see the rest of his body and face – only his genitals. I woke up feeling so confused and weirded out about the whole thing].

27M XX:XX:XX

* [This was not a written symptom. Relayed by the prover during the post-proving consultation].

4.2.27.18 INFIDELITY

Had a strange dream about my boyfriend and his older brother. My boyfriend is gone away on business and I went out on a date with his elder brother and he found out and was devastated; he stormed out of the room and then met with an accident and died.

04F 07:XX:XX

I had a very sexual dream last night involving two of my high-school sweet-hearts at once. They were both ‘regrets’ in my life; I say “regrets” because I think that I should have been with one of them. The dream involved anal-sex with one while performing oral-sex on the other. I felt a bit guilty when I got up because I love my wife very much, but sometimes when we argue I feel as if I should have never gotten married.

21M 06:XX:XX

Had another sexual dream last night, this time with just one of my high-school sweet-hearts. This particular female is far more significant because I think I really loved this girl and so did she love me. I am not sure why I am having these dreams, it is possible that my sexual drive has increased and my wife rejects my sexual advances. I am really getting frustrated so much so that I have even considered having an affair recently which I have never considered before.

21M 11:XX:XX

This is the second night in a row that I have dreamt of the same female in a sexual manner, the only difference is that my wife was in the next room yet in

the dream I did not seem to care. These dreams are beginning to scare me. It is not that I have done anything wrong but that these dreams are too frequent and about the same girl.

21M 12:XX:XX

4.2.27.19 INDECENT BEHAVIOUR

I dreamt about an old man forcing me to administer to his private parts as if it is normal and expected, I felt shocked and weirded out.

03F 05:XX:XX

I dreamt about naked men who are embarrassing themselves. They were doing sexual things in front of a large crowd of people. I thought it was bizarre and I felt embarrassed for them.

03F 11:XX:XX

I had a dream about my brother not behaving himself; I felt detached though, not really caring. He was having a big party and getting himself drunk and doing stupid things.

03F 13:XX:XX

Had a very weird dream last night. I dreamt that I was in an empty church waiting for a wedding to take place. I then remember that a whole group of people came in – couples, no one arrived alone or with children. There may have been at least 10 couples there and then the wedding couple themselves. The wackiest thing was that all of the men were naked from the waist down (except for the groom who was fully dressed!) All of the women were all fully dressed and were all wearing the same purple outfits. The bride was in white. Suddenly all of the men and women began having sex!! There was no “swinging” that took place – individual couples had sex by themselves. The couples having sex formed a circle around the bride and groom who were having sex in the centre. I was shocked and confused – I could not believe what I was seeing! How could they be having sex in a church!! Although shocked I was still aroused at what I was seeing. The bride kept screaming that

it was okay to do this in the church – I did not think so. I woke up thinking how inappropriate that would have been in real life. Even so, I still had to change my clothes when I got up. [* There were no guests or priest at the wedding. I also remember that the women seem to be dominating the men during sex – they were always on top of the men. The sex looked very rough and like it was only for physical enjoyment. It was like watching pornography].

27M 03:XX:XX

* [This was not a written symptom. Relayed by the prover during the post-proving consultation].

4.2.27.20 PIANO

Had a dream that my husband was buying a “new” piano, but it was terribly broken down – full of dust and cobwebs with broken strings and keys. Could not understand why he would give up our good piano for this one. This mirrors a real-life situation. In real life he is a perfectionist, very discriminating.

17F 09:XX:XX

4.2.27.21 PROTECTING

Had lots of mixed dreams. Feeling of urgency and mild desperation throughout them. And also a feeling of trying to protect something – do not know what.

07F 09:XX:XX

[* Had a dream about dolphins. I could communicate with them, I had to set them free. They were being taken from their home by evil humans and I had to get them back to the ocean by myself. One particular dolphin was very young and in communicating with him I could feel the pain of all the dolphins. The pain was like a deep wound in my chest. It was an intense sadness and hurt at the cruelty of the world. I also had an immense amount of love and deep understanding of the dolphins].

07F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

4.2.27.22 PURSUED

Had a strange dream that a lady with white hair and a white suit was trying to kill all the people in my home. I remembered that it was stormy outside my house – and that I was sure she was coming to harm us. I was terrified – I remember that I was running and looking for places to hide. I remember that I hid under the table, but the chairs were in the way. I also hid behind a plastic curtain and finally found a closet where she would not find me. It was strange because no one else seemed to be aware of what I knew. I felt like such a coward running away and not telling anyone else about the threat! I was so ashamed with myself. I was so ashamed that I could not find the courage to protect them – I should have been able to step in front of all of them and died for them! I woke up feeling so pathetic – like a weakling coward.

27M 05:XX:XX

4.2.27.23 RABBITS

I dreamt about my rabbits and that I was chasing them. I felt frustrated and irritable that they got out of their enclosure.

03F 09:XX:XX

4.2.27.24 ROBBERS

Had a dream where I was at my grandmother's house and 4 robbers broke in. There were 3 females and 1 male, they had guns which they were waving around. I felt it terribly amazing because it was clear that they had no idea what to do, and I was giggling inside. I just did what they told me, they tied me up with telephone cords to the bed, but I knew they were not going to hurt me. It was as though they were more scared than I was.

07F 02:XX:XX

4.2.27.25 RUNNING LATE

Had a dream that I was late. I dreamt I woke up and looked at the alarm clock to find it was already the time I was supposed to be in lectures (9:30am). Was surprised to wake up later and find it was earlier.

17F 09:XX:XX

(Note: This exact dream occurred over 2 consecutive nights).

4.2.27.26 SHARKS

Very vivid dream about being in a pool surrounded by sharks. I was sitting with a whole lot of people squeezed on a couch that was floating in the pool. People started feeding the sharks and then they bit the hand of a friend of mine, there was blood everywhere. I was terrified!!

16F 12:XX:XX

4.2.27.27 SUFFOCATION

I had a strange dream last night. Dreamt I was about to wake up and someone, a human being, came on top of me and started pressing my body down. The strangest thing was the two contrasting sensations. On one hand the person was aggressively pressing me down and as I tried to scream or shout I felt air being blown into my mouth – a feeling like someone is giving me mouth-to-mouth, but in this case for the wrong reasons. On the other hand I felt a gentle hand caressing my back. This did not make me feel comfortable.

24M 01:XX:XX

4.2.27.28 TEETH

Had a strange dream about losing a tooth. It was one of the front upper teeth that fell out. I was horrified because I felt that I would look so stupid and ugly now. This dream is a bit sketchy now – but I remember that my mother suddenly showed up and showed me a really big molar tooth that I had lost previously. I was horrified because now I had lost two teeth! There was also a

platter of other “parts” that I had supposedly lost; they were all bony parts – all I remember was that I was shown my right knee joint (all the bones that made it up!) on the platter. I do not know where all the other bones came from. In the dream there was also another tooth erupting from the one I had lost from the front part of the upper jaw. I woke up so confused about the whole thing.

27M 06:XX:XX

4.2.27.29 UNREMEMBERED

Dreamt a lot in sleep but could not remember any of the dreams.

06F 01:XX:XX

4.2.27.30 URINATING

Dreamt that I was urinating straight blood...the urine was a pale red colour (like a mixture of tomato sauce and milk). Woke up in a panic and went for a ‘wee’ (to urinate) to check that in reality that it was not the case.

15M 03:XX:XX

4.2.28 CHILL

Felt extremely cold – was wearing lots of warm clothes although it was not really that cold.

06F 11:XX:XX

4.2.29 SKIN

4.2.29.1 BRUISING

[* Easy bruising – do not know where they are coming from].

26F XX:XX:XX

* [This was not a written symptom. Relayed by the prover during the post-proving consultation].

4.2.29.2 DRYNESS

My skin is more dry all over my body; there is peeling of the right elbow and itchiness.

20F 01:XX:XX

4.2.30 GENERALS

4.2.30.1 ENERGY

- Excess of energy

I have increased energy but it is an un-coordinated, disruptive energy and it is difficult to control. I think I could put on my running shoes now and SPRINT to Pietermaritzburg (from Durban)!

01F 00:00:20

I am feeling quite energetic/hyperactive, excited, getting things done but also not able to sit still.

03F 00:01:20

Did notice that I have increased energy – especially since I have had lots of physical exercise by unpacking boxes. I still felt really energetic even late at night – “like I could go on forever”.

23F 08:XX:XX

Noticed that my energy has been slightly increased more than usual. Usually I am still a bit weary during the mornings; but now I feel “stable” in terms of my energy.

27M 03:XX:XX

My energy has been increased over the past few days – I seem to be able to recover quite quickly from situations. Usually I get exhausted quickly and easily. I like this increase in energy!

27M 08:XX:XX

4.2.30.2 FOOD AND DRINKS

- Bread

: Desire

I finally feel a bit more relaxed and human-like. I have also eaten! I have a strange desire for bread all of a sudden. I used to crave bread years ago, but not anymore. I have also been thinking and/or wanting spicy food/curry for the past few hours.

01F 04:XX:XX

Desire for bread.

o1F 12:XX:XX

- Carbonated Drinks

: Desire

Increased thirst for 'fizzy'/carbonated drinks.

20F 01:XX:XX

- Coffee

: Aversion

Noticed that since the proving began that I am no longer craving coffee or cigarettes. I cannot stand the smell or taste of coffee despite having loved it prior to the proving. Before the proving began I would have consumed about 3

cups of coffee a day but now I do not consume ANY coffee. In terms of cigarettes, I used to smoke about 6-8 cigarettes a day and craved a smoke whenever I wanted one. Now, and I have noticed that in the last week, I have only smoked 1 cigarette/day and sometimes none. It is not that I am averse to cigarettes in terms of the taste/smell – but I do not crave it as much.

14M 07:XX:XX

: Desire

Craving for coffee!

01F 13:XX:XX

Kept craving filter coffee, but have never ever drank this kind of coffee before.

26F XX:XX:XX

- Cold Drinks / Cold Water

: Desire

I noticed too that I am very thirsty even though my tummy is full...it is like I am not satisfied. I just want to keep drinking water, juice, anything - but it must be cold, but not ice-cold.

07F 05:XX:XX

Great thirst for fluids – cold.

20F 03:XX:XX

[* I had an increased thirst for cold fluids. I also experienced an increase in urination in terms of frequency].

20F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

- Chocolate

: Aversion

Noticed that I stopped craving chocolate the last few days – normally when I study I need the chocolate – now it makes me feel sick. [* Felt sick at the smell of chocolate].

06F 07:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

: Desire

Desire for chocolate today. Also a desire for bread again. This is not good for me!

01F 05:XX:XX

[* Do not normally like chocolate too much, but noticed during the proving that I was looking for chocolate more than normal].

07F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

- Dairy Products

: Aversion

I have also noticed that I have not been eating any dairy products. I have gone off yoghurt and cheese etc.

01F 10:XX:XX

I have noticed that I have definitely gone off dairy products lately. I ate a piece of cheese just now and I really did not enjoy it. I usually love cheese.

01F 15:XX:XX

- Fat

: Desire

I have noticed that I have been craving sweet foods and fatty foods e.g. fatty bacon and the fat of steak. This is unusual as I do not eat steak and other red meat, I do however eat bacon.

07F 04:XX:XX

- Fruit

: Desire

Desire for chocolate again. Also been craving for fruit lately – that's quite strange for me.

01F 07:XX:XX

- Sweets

: Desire

I have a definite craving for sweet things since starting the proving. I just want chocolate. It is early in the day and I am already thinking of chocolate.

01F 20:XX:XX

Had a craving for something sweet. Ate biscuits – felt so good – like it was the best thing that ever happened to me.

06F 11:XX:XX

- Vegetables

: Aversion

I have also gone off vegetables.

01F 20:XX:XX

- Yoghurt

: Desire

I have been craving 'drinking yoghurt' (Yogisip). And at the start of this proving I was totally averse to dairy products.

01F 26:XX:XX

4.2.30.3 LASSITUDE

O yes – have been SUPER tired today. Spent the whole morning yawning. I cannot recall any dreams last night and I slept like a rock. I was still tired when I woke up and on rising I was nauseous (and it is so not morning sickness!).

01F 01:27:XX

I felt EXHAUSTED this morning on rising. I woke up at 5:45am. I was so tired I was nauseous. Hardly had any breakfast...one slice of toast. Not hungry.

01F 02:43:XX

I am feeling FLAT!

01F 05:XX:XX

WOKE UP FEELING EXHAUSTED. Cannot get out of bed to exercise. Feeling nauseous on waking. The nausea past after about 20 minutes of being awake.

01F 06:XX:XX

I am feeling tired and drained. I must look about 100 years older than my age! I am so exhausted I want to vomit.

01F 08:XX:XX

Felt like a zombie when I woke up – extremely tired – just dragging myself around. Thought that I was late and was trying to rush but I could not!

06F 07:XX:XX

Could not concentrate on any work – had spinning headache – felt extremely cold. I sat in the sun for a while. I felt pale on my face during the day – like a drained feeling. Got home and was relieved after a hot bath – it relaxed me – felt tension being released.

06F 07:XX:XX

I want to sleep. I feel tired – drained. I feel better after a long sleep – I do not want to stress about anything.

06F 25:XX:XX

[* Felt like I was not really functioning properly, like my anger had so taken me over it took a lot of energy from me. My attention was not being channelled to activities at hand, and I felt so drained of energy by 10:00/11:00am].

07F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

I feel as if I am sleep-walking. I feel very tired despite having a good sleep.

14M 01:22:45

Always have had low energy levels – but seems to have decreased a lot during and since the proving. All I want to do is sleep. I can sleep between 12-18 hours a day – every spare minute I have I want to lie down and sleep.

26F XX:XX:XX

4.2.30.4 PAIN

Entire body is paining, especially the shoulders – and a temporal headache – jaws are clenched tight.

06F 06:XX:XX

4.2.30.5 TREMBLING

- Anger | from

[* After an attack of rage I noticed I would tremor for the rest of the day as if I were on edge – waiting to strike/attack again. I had an internal vibration – I could feel my insides tremor].

07F XX:XX:XX

* This was not a written symptom. Relayed by the prover during the post-proving consultation.

4.2.30.6 WEAKNESS

I cannot stop yawning. Physically and mentally drained. I could just fall asleep on my feet.

01F 09:XX:XX

Felt exhausted, just wanted to fall anywhere and sleep.

04F 07:XX:XX

Was exhausted when I woke up – felt like I did not sleep at all.

06F 05:XX:XX

Woke up feeling like I was spinning – tired – eyes burning.

06F 14:XX:XX

Tired, sleepiness.

20F 03:XX:XX

Very tired today – woke up like that.

23F 11:XX:XX

I am feeling a little lethargic.

28M 00:XX:XX

Slight feeling of lethargy, listlessness, and enervation continues. These symptoms were also present during the night when I lay awake for some time.

28M 01:XX:XX

Low life energy.

28M 05:XX:XX

4.2.30.7 WOUNDS

- Heal – tendency to

: Slowly

After Tech I went to the temple and was rushing there as well, and somehow, I hurt the back of my foot – just above the heel – it was really paining – intense burning pain – the skin was scraped off; I am usually not so sensitive because I wear that same shoe often and this is the first time it hurt me.

06F 08:XX:XX

The place where I got hurt at the back of my right heel is still not healing, it formed a black covering over it. It is taking unusually long to heal – red area of inflammation around it. It burns when I wear closed shoes or when pressure is applied to it.

06F 12:XX:XX

4.3 REPORTORISATION OF REMEDY PINK

RUBRICS

4.3.1 MIND

Page number

<i>MIND – ABSENTMINDED 2</i>	1
MIND – ABSENTMINDED – dreamy (= daydreaming) 1	2
<i>MIND – ABUSIVE (= abusive language) 2</i>	2
MIND – ACTIVITY – desires activity 1	3
MIND – ACTIVITY – desires activity – creative activity 1	3
MIND – AFFECTION – yearning for affection 1	4
MIND – AMOROUS 1	10
MIND – ANGER 3	10
MIND – ANGER – beside oneself; being 1	11
MIND – ANGER – easily 1	12
MIND – ANGER – sudden 1	13
MIND – ANGER – talk; when hearing other people 1	13
MIND – ANGER – trifles; at 1	13
<i>MIND – ANGER – violent 2</i>	13
MIND – ANSWERING – abruptly 1	15
MIND – ANTAGONISM with herself 1	16
MIND – ANTICS; playing 1	16
<i>MIND – ANXIETY 2</i>	16
MIND – ANXIETY – causeless 1	19
<i>MIND – ATTACK others, desire to 2</i>	26
MIND – AVERSION – persons – all, to 1	27
MIND – AWARENESS heightened 1	28
MIND – AWARENESS heightened – Heart beating 1	28
<u>MIND – AWARENESS heightened – respiration; of her own 1</u>	N 28
MIND – BLISSFUL feeling 1	30
MIND – BREAKING things – desire to break things 1	30
MIND – BREAKING things – valuables; other's 1	30

MIND – BUSINESS – aversion to 1	31
MIND – BUSY 1	31
MIND – BUSY – must keep 1	31
MIND – CAPRICIOUSNESS 1	31
MIND – CAUTIOUS 1	33
MIND – CLARITY of mind 1	36
<i>MIND – COMPANY – aversion to 2</i>	39
<i>MIND – COMPANY – aversion to – desire for solitude 2</i>	39
MIND – COMPLAINING 1	40
MIND – CONCENTRATION – active 1	41
MIND – CONCENTRATION – difficult 1	41
MIND – CONCENTRATION – attention, cannot fix 1	42
MIND – CONFUSION of mind 1	43
<i>MIND – CONTENT 2</i>	48
MIND – CONTRADICTION – disposition to contradict 1	48
MIND – CONTRARY 1	48
MIND – CURSING 3	50
MIND – CURSING – desire to curse 1	50
<i>MIND – CURSING – rage – in 2</i>	50
<i>MIND – DEFIANT 2</i>	52
MIND – DELUSIONS (= imaginations) 1	56
MIND – DELUSIONS (= imaginations) – betrayed; that she is 1	61
MIND – DELUSIONS (= imaginations) – dirty – he is 1	65
MIND – DELUSIONS (= imaginations) – forsaken, is 1	71
MIND – DELUSIONS (= imaginations) – neglected – he or she is neglected 1	79
MIND – DELUSIONS (= imaginations) – persecuted – he is persecuted 1	81
MIND – DELUSIONS (= imaginations) – power – all – powerful, she is 1	82
MIND – DELUSIONS (= imaginations) – strong; he is 1	87
MIND – DESPAIR 1	95
MIND – DETACHED 1	96
MIND – DICTATORIAL 1	96
<i>MIND – DISCONTENTED 2</i>	97
MIND – DISCONTENTED – everything, with 1	97

MIND – DISCOURAGED 1	98
MIND – DULLNESS 1	101
MIND – DULLNESS – fog, as if enveloped in a 1	101
MIND – EASE, feeling of 1	104
MIND – ECCENTRICITY 1	104
MIND – EXHILARATION 1	110
MIND – EMOTIONS (= type of emotions) – strong; too 1	105
MIND – EMOTIONS (= type of emotions) – suppressed 1	105
MIND – ENNUI (= tedium) 1	106
MIND – EXPRESSING oneself – cannot express oneself 1	111
MIND – FEAR (= apprehension, dread) 1	112
MIND – FEAR (= apprehension, dread) – duty – unable to perform her duties; she will become 1	118
<u>MIND – FEAR (= apprehension, dread) – motherhood; of 1</u>	N 123
MIND – FEAR (= apprehension, dread) – pregnant; of getting 1	124
MIND – FIGHT, wants to 1	128
MIND – FORBEARANCE 1	129
MIND – FORGETFUL 1	130
MIND – FORGETFUL – words while speaking; of (= word hunting) 1	131
MIND – FORSAKEN feeling 1	131
MIND – FORSAKEN feeling – isolation; sensation of 1	131
MIND – HARDHEARTED 1	137
MIND – HATRED – humankind; of 1	137
MIND – HAUGHTY 1	137
MIND – HURRY (=hastiness) 1	140
MIND – HURRY (=hastiness) – desire to 1	140
MIND – HURRY (=hastiness) – movements, in 1	140
MIND – HURRY (=hastiness) – occupation, in 1	140
MIND – HURRY (=hastiness) – work, in 1	141
MIND – IDEAS – abundant 1	143
MIND – IMPATIENCE 1	144
MIND – IMPATIENCE – anger; with 1	144
MIND – IMPATIENCE – slowly; everything goes too 1	144
MIND – IMPULSE; morbid – sexual 1	145

MIND – INDIFFERENCE 1	146
MIND – INDIFFERENCE – ennui; with 1	147
<i>MIND – INDIFFERENCE – everything, to 2</i>	147
MIND – INDIFFERENCE – suffering; to – others; of 1	148
MIND – INDIFFERENCE – life, to 1	148
MIND – INDUSTRIOUS (= mania for work) 1	149
MIND – INJUSTICE, cannot support 1	150
MIND – IRRESOLUTION (= indecision) 1	153
MIND – IRRITABILITY 3	154
MIND – IRRITABILITY – easily 1	156
MIND – IRRITABILITY – idle, while 1	157
MIND – IRRITABILITY – menses – during 1	157
<i>MIND – IRRITABILITY – spoken to, when 2</i>	158
MIND – IRRITABILITY – taciturn 1	158
MIND – IRRITABILITY – teeth; with complaints of 1	158
<i>MIND – IRRITABILITY – trifles, from 2</i>	158
MIND – KILL; desire to 1	160
MIND – KILL; desire to – offended him; those who 1	160
MIND – KILL; desire to – offense; sudden impulse to kill for a slight 1	160
MIND – LASCIVIOUS 1	161
<i>MIND – LAZINESS 2</i>	164
MIND – LIBERTINISM 1	165
MIND – MANIA 1	169
MIND – MALICIOUS – guilty; without feeling 1	169
MIND – MALICIOUS – hurting other people's feelings 1	169
MIND – MALICIOUS – injure someone, desire to 1	169
MIND – MEMORY – active 1	171
MIND – MEMORY – active – read; for what one has 1	172
MIND – MEMORY – weakness of memory 1	172
MIND – MEMORY – weakness of memory – expressing oneself, for 1	173
MIND – MEMORY – weakness of memory – words; for 1	174
MIND – MEMORY – weakness – say; for what he is about to 1	174
MIND – MENSES – during 1	174
MIND – MENTAL POWER – increased 1	176

MIND – MIRTH – foolish 1	177
MIND – MISTAKES; making 1	178
MIND – MISTAKES; making – speaking, in 1	178
MIND – MISTAKES; making – speaking, in – fast thoughts, from 1	178
MIND – MISTAKES; making – speaking, in – intend, what he does not 1	178
MIND – MISTAKES; making – speaking, in – words – misplacing words 1	178
MIND – MISTAKES; making – speaking, in – words – mispronouncing 1	178
<u>MIND – MISTAKES; making – speaking, in – repetitive mistakes 1</u> N	178
<u>MIND – MISTAKES; making – speaking, in – words – wrong words; using 1</u> N	179
<u>MIND – MISTAKES; making – speaking, in – words – wrong words; using – similar sounding ones, instead of 1</u> N	179
MIND – MISTAKES; making – writing, in – wrong – words 1	180
<u>MIND – MISTAKES; making – writing, in – wrong – words – concentration aggravates 1</u> N	180
<u>MIND – MISTAKES; making – writing, in – wrong – words – criticism aggravates 1</u> N	180
<u>MIND – MISTAKES; making – writing, in – repetitive mistakes 1</u> N	180
MIND – MISTAKES; making – writing, in – transposing letters 1	180
MIND – MOOD – agreeable 1	181
MIND – MOOD – alternating 1	181
<i>MIND – MOOD – changeable 2</i>	181
MIND – MOOD – changeable – quickly 1	182
MIND – MOROSE (= gloomy, fretful, ill humor, sullen) 1	182
MIND – OBSTINATE 1	186
MIND – PERSEVERANCE 1	188
MIND – POWER – sensation of 1	190
MIND – PROSTRATION of mind 1	191
MIND – QUIET disposition 1	193
MIND – QUIET disposition – calm, and 1	194
MIND – QUIET; wants to be – repose and tranquillity; desires 1	194
MIND – RAGE (= fury) 3	194
<i>MIND – RAGE (= fury) – cursing, with 2</i>	195

MIND – RESTLESSNESS 1	198
MIND – RESTLESSNESS – anxious 1	200
MIND – RESTLESSNESS – internal 1	201
MIND – SADNESS 3	204
MIND – SADNESS – anxious 1	206
MIND – SADNESS – burden; as from a 1	206
MIND – SADNESS – despair; with 1	207
<u>MIND – SADNESS – heaviness, brain in 1</u>	N 208
MIND – SADNESS – gloomy 3	208
MIND – SADNESS – irritability; with 1	208
MIND – SADNESS – lassitude; with 1	208
MIND – SADNESS – occupation ameliorates 1	209
MIND – SADNESS – sleepiness; with 1	205
MIND – SADNESS – waking, when 1	210
MIND – SADNESS – weakness, with 1	210
MIND – SADNESS – weeping – desire to weep 1	210
MIND – SELF-CONTROL – increased 1	211
MIND – SELFISHNESS 1	211
MIND – SENSES – acute 1	211
MIND – SENSITIVE 3	212
MIND – SENSITIVE – criticism; to 1	212
MIND – SHRIEKING – must shriek; feels as though she 1	217
MIND – SNAPPISH 1	220
<i>MIND – SPACED-OUT feeling 2</i>	221
MIND – SPEECH – abrupt 1	221
MIND – SPEECH – hasty 1	221
MIND – SPEECH – hasty – loud; and 1	221
MIND – SPEECH – repeats – same things; the 1	222
MIND – SPOKEN TO; being – aversion 1	223
MIND – SPOKEN TO; being – aversion – alone; wants to be let 1	223
MIND – SYMPATHETIC 1	231
MIND – SYMPATHY from others – desire for 1	231
<i>MIND – TACITURN 2</i>	231
MIND – TENSION, mental 1	233

MIND – THOUGHTS – compelling 1	234
MIND – THOUGHTS – vanishing of – speaking, while 1	237
<i>MIND – THOUGHTS – violent 2</i>	237
MIND – TIMIDITY 1	238
<i>MIND – TRANQUILLITY (= calmness; serenity) 2</i>	240
<i>MIND – TRANQUILLITY (= calmness; serenity) – problems; not bothered by little 2</i>	240
MIND – TRANQUILLITY (= calmness; serenity) – settled, centered and grounded 1	240
MIND – UNFEELING 1	243
MIND – UNSYMPATHETIC 1	244
MIND – UNOBSERVING (= inattentive) 1	244
MIND – VIOLENT – trifles, at 1	245
MIND – WASHING – desire to wash – hands; always washing her 1	246
MIND – WEARISOME 1	247
<i>MIND – WEEPING 2</i>	247
MIND – WEEPING – admonition, from 1	248
MIND – WEEPING – ameliorates 1	248
MIND – WEEPING – causeless 1	249
MIND – WEEPING – emotions – slight; after 1	249
MIND – WEEPING – hurt; seeing others 1	250
MIND – WEEPING – trifles, at 1	251
MIND – WILL – contradiction of 1	252
MIND – WILL – two wills; sensation as if he had 1	253

4.3.2 **VERTIGO**

<i>VERTIGO – VERTIGO 2</i>	255
VERTIGO – ACCOMPANIED BY – Head – pain in head 1	257
VERTIGO – FALL, tendency to – backward 1	260
VERTIGO – MOTION – aggravates 1	263
<u>VERTIGO – OBJECTS – focusing on one object ameliorates 1</u>	N 263
VERTIGO – SITTING – aggravates 1	265

VERTIGO – SITTING – ameliorates 1	265
VERTIGO – TURNING; as if – he turns in a circle 1	267
VERTIGO – TURNING; as if – head; whirling in 1	267
VERTIGO – WALKING – aggravates 1	268

4.3.3 **HEAD**

HEAD – CONSTRICTION – band or hoop 1	281
HEAD – CONSTRICTION – Scalp 1	283
HEAD – DANDRUFF (= pityriasis of the scalp) 1	284
HEAD – EMPTY, hollow sensation 1	285
HEAD – ERUPTIONS – burning 1	286
HEAD – ERUPTIONS – itching 1	287
HEAD – ERUPTIONS – Scalp 1	288
<u>HEAD – ERUPTIONS – Scalp – itching – scratching causes more itching 1</u>	N 288
HEAD – PAIN (= headache in general; cephalgia) 1	307
<i>HEAD – PAIN – accompanied by – nausea 2</i>	313
HEAD – PAIN – accompanied by – numbness 1	313
HEAD – PAIN – accompanied by – vomiting 1	313
HEAD – PAIN – aching 1	315
<u>HEAD – PAIN – bending – forward – aggravates 1</u>	N 316
HEAD – PAIN – bending – head – forward – aggravates 1	316
HEAD – PAIN – bending – head – forward – ameliorates 1	316
HEAD – PAIN – burning 1	317
HEAD – PAIN – clenching teeth ameliorates 1	318
HEAD – PAIN – compressed; as if 1	319
<i>HEAD – PAIN – constant, continued 2</i>	320
HEAD – PAIN – constant, continued – one week; for 1	320
<i>HEAD – PAIN – constant, continued – two or three days 2</i>	320
<u>HEAD – PAIN – Forehead – congestion; as from 1</u>	N 320
HEAD – PAIN – deep seated 1	321
<i>HEAD – PAIN – dull pain 2</i>	322

HEAD – PAIN – eating – ameliorates 1	322
HEAD – PAIN – exertion – ameliorates 1	322
<u>HEAD – PAIN – erect position – ameliorates 1</u>	N 323
HEAD – PAIN – exertion – aggravates 1	323
HEAD – PAIN – exertion – aggravates – pulsating pain 1	323
HEAD – PAIN – fasting aggravates 1	323
HEAD – PAIN – heat – sun; of the – aggravates 1	324
HEAD – PAIN – light; from – aggravates 1	325
HEAD – PAIN – lying – must lie down 1	326
HEAD – PAIN – lying down – aggravates 1	327
HEAD – PAIN – mental exertion – after 1	327
HEAD – PAIN – mental exertion – aggravates 1	327
HEAD – PAIN – menses – ameliorates 1	327
HEAD – PAIN – menses – during – beginning of menses aggravates 1	327
HEAD – PAIN – motion – aggravates 1	328
HEAD – PAIN – motion – aggravates – rapid motion 1	328
HEAD – PAIN – motion – ameliorates 1	328
HEAD – PAIN – motion – head; of – aggravates 1	329
HEAD – PAIN – noise – aggravates 1	329
HEAD – PAIN – noise – aggravates – pressing pain 1	330
HEAD – PAIN – noise – aggravates – pulsating pain 1	330
HEAD – PAIN – occupation – ameliorates 1	330
HEAD – PAIN – pressure – ameliorates 1	332
HEAD – PAIN – pressure – hard ameliorates 1	332
<i>HEAD – PAIN – pulsating pain 2</i>	333
HEAD – PAIN – pulsating pain – deep inside 1	333
HEAD – PAIN – rest – ameliorates 1	333
HEAD – PAIN – rest – ameliorates – pulsating pain 1	333
HEAD – PAIN – sleep – ameliorates 1	335
HEAD – PAIN – standing – ameliorates 1	336
HEAD – PAIN – stooping – aggravates 1	337
HEAD – PAIN – sun – aggravates 1	338
HEAD – PAIN – sun – aggravates – pulsating pain 1	338
HEAD – PAIN – tea – ameliorates 1	338

HEAD – PAIN – tea – from 1		338
HEAD – PAIN – walking - aggravates 1		340
HEAD – PAIN – warmth – aggravates 1		341
HEAD – PAIN – wind – cold – aggravates 1		342
HEAD – PAIN – work – from 1		342
<i>HEAD – PAIN – Forehead 2</i>		346
HEAD – PAIN – Forehead – right 1		346
HEAD – PAIN – Forehead – right - pressing pain 1		346
<u>HEAD – PAIN – Forehead – morning – waking; on – pulsating</u>		
<u>pain 1</u>	N	348
HEAD – PAIN – Forehead – compressed; as if 1		351
HEAD – PAIN – Forehead – dull pain 1		351
HEAD – PAIN – Forehead – pulsating pain 1		354
HEAD – PAIN – Forehead – extending to – Backward – Whole head; over 1		358
HEAD – PAIN – Forehead – extending to – Parietal bone 1		359
HEAD – PAIN – Forehead – extending to – Sides 1		359
HEAD – PAIN – Forehead – extending to – Temples 1		359
HEAD – PAIN – Forehead – Eyes – Above – left 1		361
HEAD – PAIN – Forehead – Eyes – Above – left – extending to – Occiput 1		362
<u>HEAD – PAIN – Forehead – Eyes – Behind – burning pain 1</u>	N	364
HEAD – PAIN – Forehead – Eyes – Behind – left 1		364
<u>HEAD – PAIN – Forehead – Eyes – Behind – left – extending</u>		
<u>to – Occiput 1</u>	N	364
HEAD – PAIN – Forehead – Eyes – Behind – pulsating pain 1		365
<u>HEAD – PAIN – Forehead – Eyes – Behind – sharp pain 1</u>	N	365
HEAD – PAIN – Forehead – Eyes – Behind – extending to – Ears 1		365
<u>HEAD – PAIN – Forehead – Eyes – Behind – extending to – Jaw –</u>		
<u>upper 1</u>	N	365
<u>HEAD – PAIN – Forehead – Eyes – Behind – extending to – Jaw –</u>		
<u>Lower 1</u>	N	365
HEAD – PAIN – Forehead – Eyes – Between 1		365
<u>HEAD – PAIN – Forehead – Eyes – Between – extending to – bridge</u>		

<u>of nose</u> 1	N	365
HEAD – PAIN – Forehead – Middle of – pulsating pain 1		365
HEAD – PAIN – Occiput 1		367
HEAD – PAIN – Occiput – bursting pain 1		369
HEAD – PAIN – Occiput – Sides 1		375
<u>HEAD – PAIN – Occiput – extending to – Sides</u> 1	N	375
HEAD – PAIN – Occiput – Sides – pressing pain 1		376
HEAD – PAIN – Sides 1		378
HEAD – PAIN – Sides – both 1		378
HEAD – PAIN – Sides – right – hammering pain 1		379
HEAD – PAIN – Sides – left – hammering pain 1		380
HEAD – PAIN – Sides – pulsating pain 1		383
<i>HEAD – PAIN – Temples</i> 2		385
HEAD – PAIN – Temples – right 1		386
HEAD – PAIN – Temples – right – pressing pain 1		386
HEAD – PAIN – Temples – pulsating pain 1		387
<u>HEAD – PAIN – Temples – morning – waking; on – pulsating pain</u> 1	N	388
HEAD – PAIN – Temples – bursting pain 1		389
HEAD – PAIN – Temples – pulsating pain 1		392
HEAD – PAIN – Temples – squeezed; as if 1		393
HEAD – PAIN – Temples – vise; as in a 1		394
HEAD – PERSPIRATION of scalp – Forehead 1		402
<i>HEAD – PRESSURE – ameliorates</i> 2		403
HEAD – PRESSURE – hard – ameliorates 1		403
HEAD – PULSATING 1		403
HEAD – PULSATING – motion – aggravates 1		404
HEAD – PULSATING – pressure – ameliorates 1		404
HEAD – TINGLING 1		414
<u>HEAD – TINGLING – Scalp – left part of</u> 1	N	414
HEAD – VACANT feeling 1		415

4.3.4 **EYE**

EYE – HEAVINESS – Lids 1	435
EYE – HEAVINESS – Lids – closing the eyes ameliorates 1	436
EYE – HEAVINESS – Lids – upper 1	436
EYE – PAIN 1	446
EYE – PAIN – burning (= smarting; burning) 1	450
EYE – PAIN – sore (= bruised, tender) 1	456
EYE – PAIN – stinging 1	456
EYE – PAIN – stitching pain – needles thrust into eyeball; as if 1	456
EYE – TIRED SENSATION 1	473
EYE – TWITCHING – left 1	474

4.3.5 **VISION**

VISION – ACUTE 1	481
VISION – COMPLAINTS of vision – accompanied by – head; pain in – during 1	486
VISION – WEAK 1	497

4.3.6 **EAR**

EAR – BORING fingers in – ameliorates 1	499
<u>EAR – HEAT – Meatus – sensation of – scratching boring after 1</u>	N 507
<u>EAR – INFLAMMATION – Lobes – left 1</u>	N 507
<i>EAR – ITCHING 2</i>	508
EAR – ITCHING – left ear 1	508
EAR – ITCHING – Eustachian tubes 1	508
EAR – ITCHING – Meatus 1	508
EAR – ITCHING – Meatus – boring with finger – ameliorates 1	508
EAR – ITCHING – Meatus – Rubbing – ameliorates 1	509
EAR – MOISTURE 1	509
EAR – NOISES in 1	509

<u>EAR – NOISES in – buzzing – speak; when hearing people</u> 1	N	511
EAR – NOISES in – ringing 1		514
EAR – WAX – increased 1		536
<u>EAR – WAX – increased – left ear</u> 1	N	536

4.3.7 **NOSE**

NOSE – CATARRH – Postnasal 1		544
NOSE – CONGESTION 1		546
NOSE – DISCHARGE – Posterior nares 1		557
NOSE – OBSTRUCTION 1		566
NOSE – OBSTRUCTION – one side 1		566
NOSE – OBSTRUCTION – right 1		566
NOSE – SMELL – acute 1		577

4.3.8 **FACE**

FACE – BURNT; sensation as if – Lips 1		586
<u>FACE – BURNT; sensation as if – Lips - Lower</u> 1	N	586
<u>FACE – BURNT; sensation as if – Lips – Upper – left side</u> 1	N	586
FACE – CLENCHED jaw 1		586
FACE – CONGESTION 1		589
FACE – CRACKED – Lips – Lower 1		590
FACE – CRACKED – Lips – Lower – Middle of 1		590
FACE – DRYNESS – Lips 1		600
FACE – ERUPTIONS 3		601
FACE – ERUPTIONS – acne 1		601
<u>FACE – ERUPTIONS – acne – left side</u> 1	N	601
FACE – ERUPTIONS – acne – right side 1		601
FACE – ERUPTIONS – acne - Chin 1		602
FACE – ERUPTIONS – acne - Forehead 1		602
FACE – ERUPTIONS – painful – Nose 1		605
FACE – ERUPTIONS – painful – Nose – touch aggravates 1		605

FACE – ERUPTIONS – pimples 1		606
FACE – ERUPTIONS – pimples – left side 1		606
FACE – ERUPTIONS – pimples – painful 1		606
FACE – ERUPTIONS – pimples – right side 1		606
FACE – ERUPTIONS – pimples – white 1		606
FACE – ERUPTIONS – pimples – Chin 1		606
<u>FACE – ERUPTIONS – pimples – Cheeks – left 1</u>	N	606
<u>FACE – ERUPTIONS – pimples – Forehead – left side 1</u>	N	606
FACE – ERUPTIONS – pimples – Nose 1		606
<u>FACE – ERUPTIONS – pimples – Nose – Nostrils – margins – left 1</u>	N	606
<u>FACE – ERUPTIONS – pimples – Nose – Nostrils – margins – right 1</u>	N	606
FACE – ERUPTIONS – pimples – Nose – Nostrils – left 1		606
FACE – ERUPTIONS – pimples – Nose - Tip 1		607
FACE – ERUPTIONS – pimples – Temples 1		607
FACE – ERUPTIONS – red – Chin 1		607
FACE – ERUPTIONS – Nose 1		610
<u>FACE – ERUPTIONS – Nose – Inside – left nostril 1</u>	N	610
FACE – HEAT 1		613
FACE – HEAT – flushes 1		615
<u>FACE – LICKING – lips – aggravates 1</u>	N	618
FACE – NUMBNESS – left 1		619
FACE – NUMBNESS – right 1		619
FACE – NUMBNESS – Cheeks 1		620
FACE – NUMBNESS – Zygoma – left 1		620
FACE – PAIN (= aching/prosopalgia) 1		620
FACE – PAIN (= aching/prosopalgia) – Lips – burning 1		631
FACE – PAIN (= aching/prosopalgia) – Lips – Lower - burning 1		632
<u>FACE – PAIN (= aching/prosopalgia) – Lips – Upper – burning – left side 1</u>	N	632
<u>FACE – PAIN (= aching/prosopalgia) – Lips – Upper – stinging – left Side 1</u>	N	632
FACE – TINGLING – left 1		641

FACE – TINGLING – Cheeks 1		641
<u>FACE – TINGLING – Zygoma – left 1</u>	N	642

4.3.9 **MOUTH**

MOUTH – ADHERES to roof of mouth; tongue 1		647
MOUTH – APTHAE – Tongue 1		647
MOUTH – APTHAE – Tongue – painful 1		648
MOUTH – DISCOLORATION – Tongue – red – bright red – patches – Margins 1		656
MOUTH – DISCOLORATION – Tongue – white 1		657
MOUTH – DISCOLORATION – Tongue – white – dirty 1		659
MOUTH – DISCOLORATION – Tongue – white – heavily coated 1		659
MOUTH – DISCOLORATION – Tongue – white - Root 1		660
MOUTH – DRINKING – after ameliorates 1		661
MOUTH – DRYNESS 1		661
MOUTH – DRYNESS – drinking; even after 1		662
MOUTH – DRYNESS – Tongue 1		663
MOUTH – EATING – ameliorates 1		663
MOUTH – ERUPTIONS – vesicles – Sides – white 1		665
MOUTH – ODOR – offensive 1		672
MOUTH – ODOR – putrid 1		672
MOUTH – PAIN – Gums 1		674
MOUTH – PAIN – Gums – cutting pain 1		675
MOUTH – PAIN – Gums – dentition; during 1		675
MOUTH – PAIN – Tongue – morning 1		678
MOUTH – PRICKLING – Tongue – Sides – left 1		682
MOUTH – PUSTULES – Tongue – Sides Left 1		682
MOUTH – TASTE – sour 1		700
MOUTH – ULCERS – Tongue 1		703
MOUTH – ULCERS – Tongue – left side 1		703
MOUTH – ULCERS – Tongue – painful 1		704
MOUTH – ULCERS – Tongue – painful – touch; to 1		704

4.3.10 **TEETH**

TEETH – DENTITION – difficult – Wisdom teeth 1	712
TEETH – PAIN – evening 1	716
TEETH – PAIN – aching 1	717
TEETH – PAIN – pressure – ameliorates 1	722
TEETH – PAIN –tingling pain 1	723
TEETH – PAIN – touch – ameliorates 1	723
TEETH – PAIN – Molars 1	727
TEETH – PAIN – Molars – Lower – left 1	728

4.3.11 **THROAT**

THROAT – CONGESTION 1	735
<u>THROAT – DRINKING – warm drinks – ameliorates 1</u>	N 737
THROAT – DRYNESS 1	738
THROAT – DRYNESS – accompanied by – mouth, dryness of 1	738
<u>THROAT – DRYNESS – drinking ameliorates 1</u>	N 738
THROAT – DRYNESS – drinking not ameliorates 1	738
<u>THROAT – DRYNESS – eating after aggravates – dry, hard foods 1</u>	N 738
THROAT – DRYNESS – Nasopharynx 1	739
THROAT – ITCHING 1	743
THROAT – LUMP; sensation of 1	744
THROAT – LUMP; sensation of a – Pharynx 1	744
THROAT – MUCUS 1	745
THROAT – MUCUS – swallow – neither be swallowed nor hawked up; can 1	746
THROAT – MUCUS – Posterior nares 1	747
THROAT – PAIN 1	747
THROAT – PAIN – evening 1	749
THROAT – PAIN – evening – sore 1	749

THROAT – PAIN – sore 1		753
THROAT – SCRATCHING 1		760
THROAT – SWALLOW, constant disposition to 1		761
<u>THROAT – SWELLING – sensation of - Nasopharynx 1</u>	N	763
THROAT – THICK sensation 1		764

4.3.12 **NECK**

NECK – TENSION 1		777
------------------	--	-----

4.3.13 **STOMACH**

STOMACH – ACIDITY 1		779
STOMACH – APPETITE – diminished 1		780
STOMACH – APPETITE – diminished – accompanied by – nausea 1		780
<i>STOMACH – APPETITE – increased 2</i>		781
STOMACH – APPETITE – wanting 1		784
STOMACH – DISTENSION – sensation of 1		791
STOMACH – EMPTINESS 1		792
STOMACH – ERUCTATIONS 1		794
STOMACH – ERUCTATIONS – accompanied by – Chest; pain in 1		794
STOMACH – ERUCTATIONS – dinner – after – aggravates 1		795
STOMACH – ERUCTATIONS – excessive 1		795
STOMACH – ERUCTATIONS; type of – burning 1		798
STOMACH – HEARTBURN 1		805
STOMACH – HEARTBURN – Epigastrium, in 1		806
<u>STOMACH – HEAVINESS – Oesophagus, in 1</u>	N	807
<i>STOMACH – NAUSEA 2</i>		813
STOMACH – NAUSEA – accompanied by – eructations 1		815
STOMACH – NAUSEA – eructations - during 1		819
STOMACH – NAUSEA – food – thought of 1		819
STOMACH – NAUSEA – motion – aggravates 1		820
STOMACH – NAUSEA – odors – aggravates 1		820

STOMACH – NAUSEA – rich food – aggravates 1		821
STOMACH – NAUSEA – riding – carriage; in a 1		821
STOMACH – NAUSEA – Chest, in 1		824
<u>STOMACH – NAUSEA – Chest, in – Sternum, behind 1</u>	N	824
<u>STOMACH – NAUSEA – Oesophagus; in 1</u>	N	824
STOMACH – PAIN 1		824
STOMACH – PAIN – cramping 1		829
STOMACH – PAIN – eating - ameliorates 1		831
STOMACH – PAIN – gnawing pain 1		832
STOMACH – PAIN – standing – aggravates 1		836
STOMACH – THIRST 1		846
STOMACH – THIRST – extreme 1		848
STOMACH – THIRST – night 1		847
STOMACH – THIRST – headache – during 1		849
STOMACH – THIRST – unquenchable 1		850

4.3.14 **ABDOMEN**

ABDOMEN – CONSTRICTION 1		871
ABDOMEN – CONSTRICTION – clothes are too tight; sensation as if 1		871
ABDOMEN – DIARRHOEA – sensation as if diarrhoea would come on 1		873
ABDOMEN – DISTENSION – sensation of 1		876
ABDOMEN – EMPTINESS (= faintness) 1		877
ABDOMEN – FLATULENCE 1		880
ABDOMEN – FLATULENCE – obstructed – Hypochondria – left 1		880
<i>ABDOMEN – PAIN 2</i>		893
ABDOMEN – PAIN – morning – cramping 1		894
ABDOMEN – PAIN – morning – waking – on – cramping 1		894
ABDOMEN – PAIN – burning 1		898
<i>ABDOMEN – PAIN – cramping 2</i>		899
ABDOMEN – PAIN – cramping – wandering pain 1		900
ABDOMEN – PAIN – diarrhoea – before – cramping 1		901
ABDOMEN – PAIN – diarrhoea would come on; as if 1		901

ABDOMEN – PAIN – eating – after – aggravates 1		902
ABDOMEN – PAIN – gnawing pain 1		904
ABDOMEN – PAIN – lying – ameliorates 1		905
ABDOMEN – PAIN – menses – during 1		906
ABDOMEN – PAIN – menses – during – sore 1		906
ABDOMEN – PAIN – motion – aggravates 1		907
ABDOMEN – PAIN – running – aggravates 1		907
ABDOMEN – PAIN – pressure – clothes; of – aggravates 1		908
ABDOMEN – PAIN – sharp 1		909
ABDOMEN – PAIN – squeezed; as if 1		909
ABDOMEN – PAIN – stitching pain (= sticking, etc.) 1		910
ABDOMEN – PAIN – stool – after – ameliorates 1		910
ABDOMEN – PAIN – stool – after – ameliorates – cramping 1		910
ABDOMEN – PAIN – stool – ameliorates 1		910
ABDOMEN – PAIN – twisting pain 1		912
ABDOMEN – PAIN – warm – bathing – ameliorates – cramping 1		913
ABDOMEN – PAIN – Lower abdomen 1		937
ABDOMEN – PAIN – Lower abdomen – cramping 1		937
ABDOMEN – PAIN – Lower abdomen – compressed; as if 1		937
<u>ABDOMEN – PAIN – Lower abdomen – menses – during 1</u>	N	938
ABDOMEN – PAIN – Lower abdomen – pressing pain 1		938
ABDOMEN – PAIN – Lower abdomen – sore 1		938
ABDOMEN – PAIN – Lower abdomen – stitching pain 1		938
ABDOMEN – PAIN – Lower abdomen – twisting pain 1		938
ABDOMEN – PAIN – Lower abdomen – extending to Back; lower 1		938
<u>ABDOMEN – PAIN – Lower abdomen – extending to – Thigh – left 1</u>	N	938
<u>ABDOMEN – PAIN – Lower abdomen – extending to – Upper abdomen 1</u>	N	938
<u>ABDOMEN – PAIN – Pelvic region – central and within pelvis 1</u>	N	938
<u>ABDOMEN – PAIN – Pelvic region – central and within pelvis – bruised sensation 1</u>	N	938
<u>ABDOMEN – PAIN – Pelvic region – central and within pelvis – aching pain 1</u>	N	938

ABDOMEN – PAIN – Umbilicus – Region of umbilicus – burning 1	946
ABDOMEN – PAIN – Umbilicus – Region of umbilicus – cramping 1	947
<u>ABDOMEN – PAIN – Upper abdomen – cramping 1</u>	N 950
ABDOMEN – RUMBLING – stool – before 1	955
ABDOMEN – RUMBLING – Lower abdomen 1	955
ABDOMEN – TENSION 1	958

4.3.15 **RECTUM**

<i>RECTUM – CONSTIPATION 2</i>	968
RECTUM – CONSTIPATION – insufficient (= incomplete, unsatisfactory) 1	971
RECTUM – DIARRHOEA 1	973
RECTUM – FLATUS 1	983
RECTUM – FLATUS – copious 1	984
RECTUM – FLATUS – offensive 1	984
RECTUM – FLATUS – putrid, foul 1	985
RECTUM – FLATUS – stool – after 1	985
RECTUM – FLATUS – stool – during 1	985
<u>RECTUM – STOOL – sensation – stool sits at the anus after passing stool; as if 1</u>	N 1004
RECTUM – URGING 1	1005
RECTUM – URGING – stool – hard stool during 1	1007

4.3.16 **STOOL**

STOOL – BLOODY 1	1009
STOOL – FLATULENT 1	1012
STOOL – FREQUENT 1	1012
STOOL – FREQUENT – morning 1	1012
STOOL – HARD 1	1013
STOOL – LUMPY – liquid 1	1014
STOOL – MUSHY 1	1016

STOOL – ODOR – offensive 1	1016
STOOL – ODOR – putrid 1	1016
STOOL – ODOR – sour 1	1016
STOOL – THIN 1	1019
STOOL – THIN – brown 1	1019
STOOL – THIN – lumpy and liquid 1	1019
STOOL – WATERY 1	1020
STOOL – WATERY – brown 1	1020

4.3.17 **BLADDER**

BLADDER – URINATION – frequent 1	1034
<u>BLADDER – URINATION – frequent – accompanied by – thirst 1</u> N	1034
BLADDER – URINATION – frequent – occupied, must run and pass a little urine; when busily 1	1035
BLADDER – URINATION – seldom 1	1038
BLADDER – URINATION – urging to urinate – sleep; during 1	1041
BLADDER – URINATION – urging to urinate – sudden 1	1041
BLADDER – URINATION – urging to urinate – sudden – hasten to urinate or urine will escape; must 1	1041
BLADDER – URINATION – urging to urinate – thirst; with 1	1042

4.3.18 **KIDNEYS**

KIDNEYS – PAIN – Region of 1	1048
KIDNEYS – PAIN – Region of – morning 1	1048
KIDNEYS – PAIN – Region of – evening 1	1048

4.3.19 **URINE**

URINE – COLOR – yellow – dark 1	1069
URINE – COPIOUS – drunk, more than is 1	1070

4.3.20 **MALE GENITALIA/SEX**

MALE GENITALIA/SEX – COITION – enjoyment – prolonged 1	1079
MALE GENITALIA/SEX – SEXUAL DESIRE – diminished 1	1102
<i>MALE GENITALIA/SEX – SEXUAL DESIRE – excessive 2</i>	1102
<i>MALE GENITALIA/SEX – SEXUAL DESIRE – increased 2</i>	1102
MALE GENITALIA/SEX – SEXUAL DESIRE – increased – coition – after 1	1103
MALE GENITALIA/SEX – SEXUAL DESIRE – wanting 1	1104

4.3.21 **FEMALE GENITALIA/SEX**

FEMALE GENITALIA/SEX – HEAVINESS – menses; during 1	1115
FEMALE GENITALIA/SEX – LEUKORRHOEA 1	1118
FEMALE GENITALIA/SEX – LEUKORRHOEA – bland 1	1120
FEMALE GENITALIA/SEX – LEUKORRHOEA – colorless 1	1120
FEMALE GENITALIA/SEX – LEUKORRHOEA – menses – after – aggravates 1	1122
FEMALE GENITALIA/SEX – LEUKORRHOEA – scanty 1	1123
FEMALE GENITALIA/SEX – MENSES – absent (= amenorrhoea) 1	1126
FEMALE GENITALIA/SEX – MENSES – black 1	1127
FEMALE GENITALIA/SEX – MENSES – black – clots, with 1	1127
FEMALE GENITALIA/SEX – MENSES – bright red 1	1127
FEMALE GENITALIA/SEX – MENSES – bright red – clotted 1	1127
FEMALE GENITALIA/SEX – MENSES – bright red – clotted – mingled with dark clots 1	1127
FEMALE GENITALIA/SEX – MENSES – brown 1	1127
FEMALE GENITALIA/SEX – MENSES – clotted 1	1127
FEMALE GENITALIA/SEX – MENSES – clotted – large clots 1	1127
FEMALE GENITALIA/SEX – MENSES – copious 1	1127
FEMALE GENITALIA/SEX – MENSES – dark 1	1129
FEMALE GENITALIA/SEX – MENSES – dark – clots, with 1	1129
FEMALE GENITALIA/SEX – MENSES – early; too 1	1129

FEMALE GENITALIA/SEX – MENSES – late, too 1		1131
<i>FEMALE GENITALIA/SEX – MENSES – painful 2</i>		1132
FEMALE GENITALIA/SEX – MENSES – painful – flow – scanty 1		1132
FEMALE GENITALIA/SEX – MENSES – scanty 1		1134
FEMALE GENITALIA/SEX – MENSES – scanty – early; and too 1		1134
FEMALE GENITALIA/SEX – MENSES – short; too 1		1134
FEMALE GENITALIA/SEX – MENSES – short; too – two or three days 1		1134
FEMALE GENITALIA/SEX – PAIN 1		1139
FEMALE GENITALIA/SEX – PAIN – menses – during – cramping 1		1142
<u>FEMALE GENITALIA/SEX – PAIN – Uterus – above the uterus; situated 1</u>	N	1147
<u>FEMALE GENITALIA/SEX – PAIN – Uterus – above the uterus; situated – raw pain 1</u>	N	1147
FEMALE GENITALIA/SEX – PAIN – Uterus – pressure – aggravates 1		1149
FEMALE GENITALIA/SEX – PAIN – Uterus and region 1		1150
<u>FEMALE GENITALIA/SEX – PAIN – Uterus and region – grasping pain 1</u>	N	1150
<u>FEMALE GENITALIA/SEX – PAIN – Uterus and region – twisting pain 1</u>	N	1150
FEMALE GENITALIA/SEX – PROLAPSUS – Uterus 1		1154
FEMALE GENITALIA/SEX – SEXUAL DESIRE – diminished 1		1155
FEMALE GENITALIA/SEX – SEXUAL DESIRE – increased 1		1155
<u>FEMALE GENITALIA/SEX – SEXUAL DESIRE – increased – dominant partner; desire to be the 1</u>	N	1156
FEMALE GENITALIA/SEX – SEXUAL DESIRE – violent 1		1156
FEMALE GENITALIA/SEX – SEXUAL DESIRE – wanting 1		1156

4.3.22 **MALE AND FEMALE GENITALIA/SEX**

MALE AND FEMALE GENITALIA/SEX – SEXUAL desire – absent 1		1162
<i>MALE AND FEMALE GENITALIA/SEX – SEXUAL desire – excessive 2</i>		1162
<i>MALE AND FEMALE GENITALIA/SEX – SEXUAL desire – increased 2</i>		1162

4.3.23 **RESPIRATION**

RESPIRATION – DEEP 1	1190
RESPIRATION – DIFFICULT 1	1191

4.3.24 **COUGH**

COUGH – PAINFUL 1	1227
COUGH – SHARP 1	1230
COUGH – TICKLING – Throat; in 1	1235

4.3.25 **CHEST**

<u>CHEST – COMPRESSION</u> 1	N	1254
CHEST – CONSTRICTION 1		1255
CHEST – CONSTRICTION – inspiration aggravates 1		1256
<u>CHEST – CONSTRICTION – occupation ameliorates</u> 1	N	1256
CHEST – ERUPTIONS 1		1260
CHEST – ERUPTIONS – Pimples 1		1260
CHEST – ERUPTIONS – rash – pink 1		1260
<u>CHEST – ERUPTIONS – Clavicles – left</u> 1	N	1261
<u>CHEST – ERUPTIONS – Clavicles – left – rash</u> 1	N	1261
<u>CHEST – FOREIGN BODY; sensation of a – Sides – left</u> 1	N	1263
CHEST – HEAT 1		1264
<u>CHEST – HEAT – left side – extending to – right</u> 1	N	1264
CHEST – HEAT – sensation of 1		1265
CHEST – NAUSEA in chest 1		1274
<i>CHEST – OPPRESION</i> 2		1274
CHEST – OPPRESION – load; as if a – accompanied by respiration; complaints of 1		1276
CHEST – OPPRESION – weight on chest; as from a 1		1276
CHEST – OPPRESSION – Precordial region 1		1277

CHEST – OPPRESSION – left 1	1277
CHEST – PAIN 1	1277
CHEST – PAIN – eructations – aggravates 1	1283
CHEST – PAIN – sore 1	1287
CHEST – PAIN – Sternum – Behind 1	1319
CHEST – PAIN – Sternum – Behind – cutting pain 1	1320
CHEST – PAIN – Sternum – Behind – sitting – erect – ameliorates 1	1320
CHEST – PAIN – Sternum – Behind – Left side; along the 1	1320
CHEST – PAIN – Sternum – Behind – Left side; along the – stitching pain 1	1320
CHEST – TENSION1	1333

4.3.26 **BACK**

BACK – ERUPTIONS 1	1347
BACK – ERUPTIONS – acne 1	1347
BACK – ERUPTIONS – pimples 1	1347
BACK – ERUPTIONS – pimples – touch aggravates 1	1348
<i>BACK – PAIN 2</i>	1355
BACK – PAIN – right 1	1355
BACK – PAIN – menses – during – aggravates 1	1361
BACK – PAIN – pressure ameliorates 1	1362
BACK – PAIN – stitching pain (= shooting) 1	1364
BACK – PAIN – twisting pain 1	1365
BACK – PAIN – Cervical region 1	1367
<u>BACK – PAIN – Cervical region – Spot; in one Neck; centre of 1</u>	N 1374
<u>BACK – PAIN – Cervical region – Spot; in one Neck; centre of – sharp pain 1</u>	N 1374
BACK – PAIN – Dorsal region 1	1376
BACK – PAIN – Dorsal region – Middle part 1	1378
BACK – PAIN – Dorsal region – Middle part – stitching pain 1	1378
BACK – PAIN – Dorsal region – Muscles 1	1378
BACK – PAIN – Dorsal region – Scapula – Below – right 1	1384

<u>BACK – PAIN – Dorsal region – Scapula – Below – right</u> 1	N	1384
<u>BACK – PAIN – Dorsal region – Scapula – Between – sharp pain</u> 1	N	1386
<i>BACK – PAIN – Lumbar region (= small of back)</i> 2		1388
BACK – PAIN – Lumbar region (= small of back) – aching 1		1390
BACK – PAIN – Lumbar region (= small of back) – dull pain 1		1392
BACK – PAIN – Lumbar region (= small of back) – rising aggravates 1		1395
BACK – PAIN – Lumbar region (= small of back) – sore 1		1396
BACK – PAIN – Lumbar region (= small of back) – standing aggravates 1		1396
BACK – PAIN – Lumbar region (= small of back) – standing aggravates – sore 1		1397
BACK – PAIN – Lumbar region (= small of back) – stitching pain 1		1397
<u>BACK – PAIN – Lumbar region (= small of back) – thirst aggravates</u> 1	N	1398
BACK – PAIN – Muscles – Back Middle of 1		1402
BACK – STIFFNESS – Cervical region – morning – waking; on 1		1415
BACK – STIFFNESS – Cervical region – headache; during 1		1415
BACK – TENSION 1		1417
BACK – TENSION – Cervical region		1417
BACK – TENSION – Cervical region – extending to – Shoulders 1		1418
<u>BACK – TENSION – Trapezius muscles</u> 1	N	1419

4.3.27 **EXTREMITIES**

EXTREMITIES – ERUPTIONS – Hands – Between first and second fingers 1		1466
<u>EXTREMITIES – ERUPTIONS – Hands – Between first and second fingers – itching</u> 1	N	1466
<u>EXTREMITIES – ERUPTIONS – Hands – Between first and second fingers – rash</u> 1	N	1466
EXTREMITIES – ERUPTIONS – Hands – Between thumb and first finger 1		1466
EXTREMITIES – ERUPTIONS – Hands – Between thumb and first finger – itching 1		1466

<u>EXTREMITIES – ERUPTIONS – Hands – Between thumb and first finger – rash</u> 1	N	1466
EXTREMITIES – FORMICATION – Hands 1		1477
EXTREMITIES – FORMICATION – Hands – night 1		1477
<u>EXTREMITIES – FORMICATION – Hands – elevating the hands ameliorates</u> 1	N	1477
<u>EXTREMITIES – FORMICATION – Hands – rubbing ameliorates</u> 1	N	1477
EXTREMITIES – FULLNESS – Hands – Veins of 1		1478
EXTREMITIES – FULLNESS – Upper limbs – Veins of 1		1479
EXTREMITIES – HEAT – Feet – burning 1		1450
<u>EXTREMITIES – ITCHING – Forearms – Posterior part – left – Sides – Outer</u> 1	N	1494
EXTREMITIES – ITCHING – Wrists – left 1		1499
EXTREMITIES – ITCHING – Wrists – spots, in 1		1499
EXTREMITIES – ODOR of feet offensive, without perspiration 1		1514
EXTREMITIES – PAIN – Feet – burning 1		1533
<u>EXTREMITIES – PAIN – Hollow of knees (= popliteus) – left – Sides – Inner</u> 1	N	1580
<u>EXTREMITIES – PAIN – Hollow of knees (= popliteus) – left – Sides – Inner – aching</u> 1	N	1580
<u>EXTREMITIES – PAIN – Hollow of knees (= popliteus) – left – Sides – Inner – burning</u> 1	N	1580
EXTREMITIES – PAIN – Knees – Patella – right 1		1581
<u>EXTREMITIES – PAIN – Knees – Patella – Behind</u> 1	N	1582
<u>EXTREMITIES – PAIN – Knees – Patella – Behind – right</u> 1	N	1582
<u>EXTREMITIES – PAIN – Knees – Patella – Behind – warmth ameliorates</u> 1	N	1582
EXTREMITIES – PAIN – Knees – Sides – Inner 1		1582
EXTREMITIES – PAIN – Knees – Sides – Inner – standing aggravates 1		1582
EXTREMITIES – SWELLING – Feet – sensation of 1		1670
<u>EXTREMITIES – TINGLING – Hands – Back of hands – left</u> 1	N	1680
EXTREMITIES – WEAKNESS – Hands 1		1698
<u>EXTREMITIES – WEAKNESS – Hands – Joints of</u> 1	N	1698

4.3.28 **SLEEP**

SLEEP – DEEP 1	1714
SLEEP – DISTURBED 1	1714
SLEEP – DISTURBED – noise; by the slightest 1	1716
<i>SLEEP – FALLING ASLEEP – difficult 2</i>	1718
SLEEP – INTERRUPTED 1	1719
SLEEP – POSITION – back 1	1720
SLEEP – REFRESHING 1	1722
SLEEP – RESTLESS 1	1722
SLEEP – RESTLESS – heat – from body; of 1	1723
SLEEP – SLEEPINESS 1	1724
SLEEP – SLEEPINESS – weakness – with 1	1731
SLEEP – SLEEPINESS – weariness – with 1	1731
SLEEP – SLEEPLESSNESS 1	1731
SLEEP – SLEEPLESSNESS – anticipation; from 1	1734
SLEEP – SLEEPLESSNESS – cares; from 1	1735
SLEEP – SLEEPLESSNESS – cares; from – daily 1	1735
<i>SLEEP – SLEEPLESSNESS – thoughts – activity of thoughts; from 2</i>	1740
SLEEP – SLEEPLESSNESS – urination; from frequent 1	1740
SLEEP – SLEEPLESSNESS – weariness – in spite of weariness 1	1741
SLEEP – UNREFRESHING 1	1741
SLEEP – UNREFRESHING – morning 1	1741
SLEEP – WAKING – coldness, from 1	1743
SLEEP – WAKING – frequently 1	1744
SLEEP – WAKING – noise – slight noise, from 1	1745

4.3.29 **DREAMS**

DREAMS – ACCIDENTS 1	1751
DREAMS – ACCIDENTS – bloody 1	1751
DREAMS – ACCIDENTS – car; with a 1	1751
<u>DREAMS – ACCIDENTS – helicopter; crash of a 1</u>	N 1751

<u>DREAMS – ACTIVITY – careless in death; resulting in</u> 1	N	1751
DREAMS – AMOROUS 3		1752
<i>DREAMS – AMOROUS – homosexuality</i> 2		1752
DREAMS – ANIMALS 1		1753
DREAMS – ATTACKED, of being 1		1754
<u>DREAMS – BATHING – strangers; with</u> 2	N	1755
<u>DREAMS – BATHING – boyfriends best friend; with her</u> 1	N	1755
<u>DREAMS – BETRAYAL – betrayed his friend; he has</u> 1	N	1755
DREAMS – BIRDS 1		1755
<u>DREAMS – BODY; PARTS OF – platter; on a</u> 1	N	1755
DREAMS – BOOKS 1		1755
<u>DREAMS – BOOKS – sexual content; with</u> 1	N	1755
DREAMS – BOYFRIEND 1		1756
<u>DREAMS – BOYFRIEND – missing; is</u> 1	N	1756
<u>DREAMS – BOYFRIEND – cheating on her boyfriend; she is</u> 1	N	1756
DREAMS – BRUTALITY 1		1756
DREAMS – CHILDREN – orphans; who are 1		1758
DREAMS – COITION 3		1759
<u>DREAMS – COITION – church; in a</u> 1	N	1759
DREAMS – COITION – forced 1		1759
<u>DREAMS – COITION – old girlfriend; with his while his wife is in</u> <u>the next room</u> 1	N	1759
DREAMS – COITION – unsuccessful 1		1759
<u>DREAMS – COLORED – devoid of all color</u> 1	N	1759
<u>DREAMS – COLORED – brown</u> 1	N	1759
<u>DREAMS – COLORED – grey</u> 1	N	1759
<u>DREAMS – COMMUNICATION – animals; with – dolphins</u> 1	N	1760
<u>DREAMS – COMMUNICATION – animals; with – whales</u> 1	N	1760
DREAMS – CONTINUATION – dreams; of – waking, after 1		1760
<u>DREAMS – CONTROL – situation taking control of a</u> 1	N	1760
DREAMS – CUTTING – others; cutting or mutilating 1		1761
DREAMS – DANGER 1		1761
DREAMS – DANGER – escaping from danger 1		1761
DREAMS – DANGER – relatives in danger 1		1761

<u>DREAMS – DEATH – boyfriend; of her</u> 2	N	1762
<u>DREAMS – DEATH – relatives; of – cousin; of her</u> 1	N	1763
DREAMS – DECEIVED; BEING 1		1763
DREAMS – DECEIT – deceitful; being 1		1763
DREAMS – DESPAIR 1		1763
DREAMS – DISPUTES – family; with his 1		1764
DREAMS – DOGS 1		1764
<u>DREAMS – DOGS – ears; her dog has no</u> 1	N	1764
DREAMS – DOLPHINS 1		1764
DREAMS – DRIVING – car; a – fast 1		1764
<u>DREAMS – DRIVING – car; a – oncoming traffic; into</u> 1	N	1764
<u>DREAMS – DRIVING – car; a – losing control; and</u> 1	N	1764
DREAMS – DRIVING – car; a – recklessly 1		1764
<u>DREAMS – DRIVING – car; a – strange places; in</u> 1	N	1764
<u>DREAMS – EMBROIDERY</u> 1	N	1765
DREAMS – ESCAPING 1		1765
DREAMS – EVIL; of 1		1766
DREAMS – EXPLOSION 1		1766
DREAMS – FIGHTS 1		1768
DREAMS – FLEEING 1		1768
DREAMS – FORSAKEN; being 1		1769
DREAMS – FRIENDS 1		1769
DREAMS – FRIENDS – meeting friends 1		1769
DREAMS – FRIENDS – old 1		1769
DREAMS – FRIENDS – seeing friends – cheerful mood; in a 1		1769
DREAMS – FRUSTRATION 1		1770
DREAMS – FUNERALS 1		1770
DREAMS – GUILT 1		1771
DREAMS – HIDING – danger; from 1		1772
<i>DREAMS – HOMOSEXUALITY</i> 2		1772
DREAMS – HOPELESS 1		1772
<i>DREAMS – INDECENT BEHAVIOUR of men and women</i> 2		1773
DREAMS – INDECENT PROPOSAL 1		1773
<u>DREAMS – INFIDELITY; of</u> 1	N	1773

DREAMS – LASCIVIOUS 1		1775
DREAMS – LEWD 1		1775
DREAMS – LOST; being 1		1775
<i>DREAMS – MEN – naked 2</i>		1776
DREAMS – LANDSCAPE – beautiful 1		1775
<u>DREAMS – LATE; running – she is 1</u>	N	1775
<u>DREAMS – LONGING for – love; an unrequited 1</u>	N	1775
<u>DREAMS – MEN – naked – sexual acts in front of a crowd; performing 1</u>	N	1776
<u>DREAMS – LOVE – forbidden love 1</u>	N	1777
DREAMS – NAKED people 1		1778
DREAMS – ORGIES 1		1779
DREAMS – PARTIES 1		1780
DREAMS – PENIS – enormous 1		1780
DREAMS – PIANO – broken piano; husband is purchasing a 1		1780
DREAMS – PLEASANT 1		1781
DREAMS – PROTECTING 1		1781
DREAMS – PURSUED, being 1		1782
<u>DREAMS – PURSUED, being – evil invisible force; by an 1</u>	N	1782
<u>DREAMS – PURSUED, being – man – naked covered in male genitalia 1</u>	N	1782
<u>DREAMS – PURSUING; of – rabbits 1</u>	N	1782
DREAMS – RABBITS 1		1782
<u>DREAMS – RESCUING; he is – dolphins that have been captured 1</u>	N	1783
DREAMS – ROBBERS 1		1783
DREAMS – SAD 1		1784
DREAMS – SAND CASTLES – building 1		1784
DREAMS – SCHOOL – high school 1		1784
DREAMS – SCHOOLMATE meeting of old 1		1784
DREAMS – SEARCHING – someone; for – failing to find him; and 1		1784
DREAMS – SEEING AGAIN – an old schoolmate 1		1785
<u>DREAMS – SELFISH – mother is selfish; her 1</u>	N	1785
DREAMS – SEXUAL 3		1785

<u>DREAMS – SEXUAL – aggressive</u> 1	N	1785
DREAMS – SEXUAL – anal intercourse 1		1785
<u>DREAMS – SEXUAL – old girlfriends; he is having sex with</u> 1	N	1785
<u>DREAMS – SEXUAL – oral sex</u> 1	N	1785
DREAMS – SEXUAL – several people, having sex with 1		1785
DREAMS – SEXUAL – violent 1		1785
<u>DREAMS – SEXUAL – watching people having intercourse</u> 1	N	1785
DREAMS – SHAMEFUL 1		1785
DREAMS – SHARKS – surrounded by 1		1785
<u>DREAMS – STREET CHILDREN – helping arrogantly helpful; yet she is being</u> 1	N	1787
<u>DREAMS – SUFFOCATION – being suffocated; he is while being gently caressed on his back</u> 1	N	1787
DREAMS – TEETH – falling out 1		1788
DREAMS – THREATENED; of being 1		1778
DREAMS – TIED up; of being 1		1788
DREAMS – UNREMEMBERED 1		1790
DREAMS – URGENCY; of 1		1790
DREAMS – URINATING 1		1790
<u>DREAMS – URINATING – blood</u> 1	N	1790
DREAMS – URINATING – desire for 1		1790
DREAMS – VIOLENCE 1		1790
DREAMS – VIVID 1		1791
DREAMS – WHALES – singing 1		1792
DREAMS – WONDERFUL 1		1792
DREAMS – WRONG; DOING 1		1793
<u>DREAMS – WRONG; DOING – done wrong; believes he has not</u> 1	N	1793

4.3.30 **CHILL**

CHILL – CHILLINESS 1		1799
CHILL – COLDNESS (= objective) 1		1801

4.3.31 **PERSPIRATION**

<u>PERSPIRATION – ACCOMPANIED BY – Abdomen; pain in</u> 1	N	1831
PERSPIRATION – PAIN – from 1		1835

4.3.32 **SKIN**

SKIN – DRY 1		1848
SKIN – ERUPTIONS – cold – applications ameliorates 1		1851

4.3.33 **GENERALS**

GENERALS – ACTIVITY – increased 1		1891
<i>GENERALS – ENERGY – excess of energy 2</i>		1932
<u>GENERALS – ENERGY – excess of energy – disruptive and un-coordinated</u> 1	N	1932
GENERALS – FAINTNESS – pain; from 1		1936
GENERALS – FOOD AND DRINKS – biscuits – desire 1		1941
GENERALS – FOOD AND DRINKS – bread – desire 1		1942
GENERALS – FOOD AND DRINKS – carbonated drinks – desire 1		1942
GENERALS – FOOD AND DRINKS – cheese – aversion 1		1943
GENERALS – FOOD AND DRINKS – chocolate – aversion 1		1943
GENERALS – FOOD AND DRINKS – chocolate – desire 1		1943
GENERALS – FOOD AND DRINKS – coffee – aversion 1		1944
GENERALS – FOOD AND DRINKS – coffee – desire 1		1944
GENERALS – FOOD AND DRINKS – cold drink, cold water – desire 1		1945
GENERALS – FOOD AND DRINKS – dairy products – aversion 1		1946
GENERALS – FOOD AND DRINKS – fat – aversion 1		1948
GENERALS – FOOD AND DRINKS – fat – desire 1		1948
GENERALS – FOOD AND DRINKS – fruit – desire 1		1949
GENERALS – FOOD AND DRINKS – rich food – aversion 1		1955
GENERALS – FOOD AND DRINKS – spices (= condiments, highly seasoned food) – desire 1		1957

<i>GENERALS – FOOD AND DRINKS – sweets – desire</i> 2		1958
GENERALS – FOOD AND DRINKS – tea – ameliorates 1		1959
GENERALS – FOOD AND DRINKS – vegetables – aversion 1		1959
GENERALS – FOOD AND DRINKS – yoghurt – aversion 1		1961
GENERALS – FOOD AND DRINKS – yoghurt – desire 1		1961
GENERALS – HEAT – lack of vital heat 1		1965
GENERALS – HEAT – sensation of 1		1966
GENERALS – HEAT – sensation of – menses – during aggravates 1		1967
GENERALS – INJURIES – contusion 1		1976
GENERALS – INJURIES – contusion – bruises; with 1		1976
<i>GENERALS – LASSITUDE</i> 2		1979
<u>GENERALS – LASSITUDE – anger; after</u> 1	N	1980
GENERALS – PAIN 1		1997
GENERALS – PAIN – sore (= bruised) 1		2005
GENERALS – PRESSURE – hard – ameliorates 1		2025
GENERALS – RESTLESSNESS 1		2034
GENERALS – RIDING – streetcar; on a – aggravates 1		2035
GENERALS – SLUGGISHNESS of the body 1		2044
<u>GENERALS – SMOKE – cigarettes – desire for diminished</u> 1	N	2044
GENERALS – SWELLING – general; in 1		2050
GENERALS – TREMBLING – Internally – anger; after 1		2059
GENERALS – TREMBLING – Internally – rage; after 1		2059
GENERALS – WARM – ameliorates 1		2067
GENERALS – WEAKNESS 3		2069
GENERALS – WEAKNESS – rising – aggravates 1		2070
<i>GENERALS – WEAKNESS – waking, on</i> 2		2070
GENERALS – WEAKNESS – accompanied by – nausea 1		2071
GENERALS – WEAKNESS – anger; after 1		2071
GENERALS – WEAKNESS – sleep – ameliorates 1		2076
<i>GENERALS – WEARINESS</i> 2		2078
GENERALS – WOUNDS – heal; tendency to – slowly 1		2084

CHAPTER FIVE

5. THE DISCUSSION OF THE PROVING OF FOCUSED PINK LIGHT

5.1 INTRODUCTION

This chapter will serve as a general discussion and overview of the proving as an entirety. All of the prominent themes as well as the specific physical symptoms and sensations that appeared during the proving will be considered. Upon the suggestion of Sherr (2003:32) this chapter will be used to view the entire proving as a single entity by uniting all of the seemingly fragmented parts of the proving into a cohesive and clearly understandable totality of the remedy. Symptoms and themes will thereafter be discussed in terms of the commonalities shared between remedy *Pink 30CH* and those of other imponderable remedies according to the concept of group analysis devised by Scholten (1993) and Sankaran (2002).

It was hypothesised that the proving of *Pink 30CH* would produce symptoms in healthy individuals participating in this research study. It was also hypothesised that the symptoms and themes produced would reveal commonalities shared between remedy *Pink 30CH* and the other selected imponderabilia upon comparison according to the concept of group analysis. The data obtained provided no contradictory evidence and it is therefore concluded that the above mentioned hypotheses are valid.

The data collected from the proving provided symptoms that formed a total of 962 rubrics. Of this total, 829 rubrics were existing rubrics, whereas a total of 133 rubrics are new. The rubrics were distributed over 33 sections of the repertory. A majority of symptoms were found in the Mind section – 212 rubrics. There were also 127 rubrics in the Dreams section; 116 in the Head section; and 51 in the Abdomen section. The distribution of symptoms across all of the sections has been illustrated in Graph 1 (see **Appendix G**) for ease of reference.

5.2 THE SYMPTOMS

5.2.1 MIND

The proving of remedy Pink 30CH has yielded a considerable wealth of mental and emotional symptoms. These have been grouped together according to themes in order to gain a better understanding of the proving as an entirety. This discussion will begin with what, in the researchers opinion, were the “central issues” upon which all of the symptoms experienced during the proving are based. The “central issues” for remedy *Pink 30CH* were regarded as revolving around the concept of an “alternation between mania and depression”. This was determined by reviewing the entire proving in which there seemed to be an apparent interplay between symptoms that were largely based upon an “uncontrollable, disruptive energy”, and those that were “defined” by indifference and a lack of energy. This gave an almost clear picture of what could be experienced in a state of psychosis. This was most appropriately described by a single prover who stated that her “moods (were) very changeable, will be fine and happy one minute and then irritable and angry the next” (26F XX:XX:XX).

Even though this was only directly expressed in this manner by a single prover – these polarities of “mania” and “depression” were still discernible as the basic, yet subtle undertones that seemed to permeate throughout the proving. These will be the keywords used to discuss the proving and the progression of symptoms.

5.2.1.1 Mania

“Feel like my insides are bursting – like I am restraining myself. When I am happy – I feel like I can fly, and when I am angry – I am passionately angry. All the emotions are bottled up – taking over. I can feel it inside me but cannot express it – it is burning inside. I just swore my brother profusely for talking to me. I am irritated that I cannot express what I am feeling – I feel trapped and

jittery. I cannot keep still!! I have to constantly move around and play with my hands and sway side to side especially when I am nervous about something (06F 01:XX:XX). "Very short-fused – snapping at people all the time; moods very changeable, will be fine and happy one minute and then irritable and angry the next" (26F XX:XX:XX).

This gives a good overview of the main feeling of the uncontrollable, disruptive energy of mania that was expressed and which ran throughout the proving in various ways. These are the "manic" type themes of the mind and emotions that will be highlighted further on in the discussion:

Feeling hurried or rushed

Anxiety

A need to keep busy or industrious

Calmness, peacefulness or tranquillity

Flirtatious behaviour and a desire for attention

Heightened emotions or being over-emotional

Impatience

Increased sensitivity and irritability

Anger, rage and violence

Feeling spaced out or as if floating

Loud or abrupt speech

5.2.1.2 Heightened emotions / Increased awareness

"(I am) becoming acutely aware of my own breathing after the first dose" (03F 00:00:03). "My vision is very clear and acute" (03F 00:03:35). "Stronger than normal tinnitus in both ears" (28M 00:XX:XX). "Sensitive to loud sounds such as dishes in a wash basin or doors being closed too loudly" (28M 02:XX:XX). "Acute sense of smell" (20F 02:XX:XX). "(I) felt very alone, rejected – much stronger than usual" (17F 08:XX:XX). "Driving to the coffee shop I had an intense urge to run my car onto the highway and just keep on driving – never to come back to campus or to Durban. Had to reason with myself and almost physically restrain myself from doing it" (17F 08:XX:XX). "It seems as though

my normal feelings are much stronger” (17F 09:XX:XX). “ (I) had an increase in libido – intense “wanting” to physically do what I dreamt. My partner however felt it was too rushed and pulled back – but I felt like it was something I could not control – still cannot control – I get very aroused when I am around him and would do anything to go all the way but pull back because I do not want to regret and religiously cannot do anything till after marriage” (06F XX:XX:XX). “I want to kill my brother but I do not know why – but I also want to irritate him as well. I am scared that I will hurt him and I have to control myself. I keep clenching my fists and teeth. I want to physically hurt him over small and stupid things” (06F 01:35:XX). “I feel more free – acting mad – felt brave to say stupid things and sing stupid things but I usually do that. But this was more intense and exhilarating” (06F 00:00:40).

From the above, it is evident that the provers experienced an increase in the intensity of emotions which was also interestingly, accompanied by a feeling of having to intensely control these same emotions in order to maintain some semblance of normality. What was also apparent during the proving is that no prover ever crossed the “boundary” of control in order to act out the underlying emotion – even though these emotions were often at times documented to have been extremely intense and almost uncontrollable for the prover.

5.2.1.3 Anxiousness

The feeling of anxiety was apparent amongst the provers, in most cases the anxiety could not be related to any one particular causal factor or situation, instead, the anxiety usually took the form of a vague uneasiness or restlessness. “I have been feeling anxious all day and not certain why” (01F 02:46:XX). “I started feeling anxious after taking the first dose. Getting a heavy feeling on my chest, all my enthusiasm has suddenly gone” (03F 00:00:03). In some cases the anxiety also compelled provers to perform actions that felt almost uncontrollable such as with the need to constantly wash the hands (01F 06:XX:XX) or the need to keep touching the skin in order to just “do something with my hands” (03F 00:XX:XX).

5.2.1.4 Feeling rushed or hurried

Provers demonstrated a feeling of being rushed or hurried in activities performed during the proving. "This pen does not write fast enough. I feel like I am in "fast forward" mode. I have an urge to jump about and spin around in circles!!! Crazy! I feel like the Tasmanian devil (spinning in circles and making strange noises!)" (01F 00:03:30). "Rush in thought – say things that I do not (know) what I am saying. I think about what I want to say but the thought goes quickly that I am left mid-sentence without knowing what point I want to bring up" (06F XX:XX:XX). "I started speaking very fast and loudly! I think I was shouting. As I am talking I feel like I am part of an animated cartoon that is running very quickly. My movements are sharp, fast and abrupt. It is as if I am on drugs. I cannot concentrate or focus on one thing and responding to anything is very difficult" (01F 00:00:20). It was this rushed and hurried feeling that exemplified the almost "uncontrollable, disruptive energy" of the manic state encountered elsewhere during the proving.

5.2.1.5 Busy or industrious behaviour

A feeling of wanting to be productive was also encountered in the proving. It was also noticed that in certain instances this "need to be busy" was carried to an actual extreme where the prover worked to the point of exhaustion and collapse. "I kept myself occupied/busy throughout this period (11:00am – 11:00pm) with almost no breaks. I got extremely tired from being so busy during these hours that I literally 'passed out' at 11:10pm after having used the last drop of energy in me" (14M 05:XX:XX). "Good mood, first time I am really excited to go to work, work went quickly, just keeping busy with little things, feeling creative and the need to be creative more often" (03F 02:XX:XX).

5.2.1.6 Irritability

Provers commented upon the feeling of being extremely sensitive and "snapping at the stupidest things" (06F 25:XX:XX). Others described feeling "very temperamental" (07F 07:XX:XX) and becoming very irritable over the

slightest things (04F 07:XX:XX) (06F 13:XX:XX) (07F 03:XX:XX). In some cases, the feeling of irritability was exceptionally marked amongst provers who described it as being "sky high (more than usual)" (01F 03:XX:XX) or as just being "extremely irritable" (26F XX:XX:XX).

5.2.1.7 Over-reactive behaviour and impatience

It was also noted by the researcher that provers also tended to over-react to situations. This was the concept of "mania" that was seen throughout the proving which would at times suddenly become almost uncontrollable. This was especially seen in the rapid progression of irritability to rage and violence bypassing all of the intermediate states such as anger or impatience. In other instances this over-reactivity was also seen in provers who became over-emotional and weepy over seemingly sensitive situations. "I have become the most impatient person in the world! I finish people's sentences for them and cannot wait for anything. I am always impatient, but it has become uncontrollable lately. I feel as if I have an uncontrollable restless internal energy" (01F 20:XX:XX). "I am feeling very angry with everyone. "Things that do not usually upset me are making me really sad at the moment. Watching emotional things on T.V make me all teary. This is out of character for me!" (01F 09:XX:XX). "Went to the movies – cried a lot – very sensitive - I needed to let all the anger and frustration out. I continued crying although I normally would have not cried for that movie" (06F 02:XX:XX).

5.2.1.8 Anger / Rage / Violence

Anger and rage became quite predominant symptoms during the proving and were often displayed in a highly aggressive and confrontational manner even if the situation did not warrant such defensive behaviour at that time. "A colleague at work commented that I was coming across more aggressive than usual, more open to confrontation" (15M 06:XX:XX). "I am so angry. I feel like I can rely on NO ONE. I cannot stand people talking slowly to me! I feel like I want to attack them, jump on them and scream!" (07F 07:XX:XX). "I get so frustrated that I want to break stuff, just be destructive, anything of value to my

wife. I have become very aggressive with regards to our arguments, I have found that I begin to swear excessively and I have even wanted to lay my hands on her on more than one occasion recently” (21M 14:XX:XX). “I actually thought I might pounce on the security guard. When I got to tech I had literally parked my car and had reached down to pick up my bag and the fucking security guard came tapping on my window telling me about the fucking rules! I shouted at him and was so close to doing something to him. What a fucking arsehole! I just fucking parked my fucking car!!! I am not in the mood for shit!” (07F 09:XX:XX).

Episodes of road rage were also frequently encountered during the proving. “Driving in traffic makes me so mad. Everyone is a bad driver and people just drive too slowly. I get so frustrated and angry. I think I am seriously a candidate for road rage” (01F 13:XX:XX). “Was driving and had a bout of road rage when a taxi cut in front of me. I was extremely angry which lasted a few minutes” (12M 02:XX:XX). “I was driving very aggressively on the road today” (21M 07:XX:XX). Provers also commented upon the fact that excessive restraint was required in order to maintain control in situations that would give rise to anger or rage. This was also true with the liberal use of foul language and “snappish” behaviour that also often accompanied any bout of irritability, anger and rage.

5.2.1.9 Calmness, peacefulness and tranquillity

The feeling of calmness and peacefulness was also an important theme in the proving since it displayed that aspect of “mania” in which feelings of tranquillity, and in a sense “bliss”, are the predominant emotions rather than of despair and despondency which will be discussed later on. Provers described these symptoms as feeling more calm than usual (06F 01:XX:XX); feeling “an instant sense of tranquillity/peacefulness” (14M 00:00:00); or as if “on a go-slow” (23F 02:XX:XX) – a relaxed, calm feeling (29M 01:XX:XX). Another prover documented that there was “a calmness that seems to have blanketed over me. It feels like I have taken some very, very, very mild intoxicant. Usually I am a very nervous person – but now I feel a nice warm sense of calmness! Things

that usually make me anxious or nervous seem to have the edge taken off of them” (27M 01:24:XX).

5.2.1.10 Flirtatious behaviour and a desire for attention

Provers also experienced a great increase in libido on a more physical level – but this was also accompanied by a flirtatious type of behaviour in certain instances (21M 09:XX:XX). In some cases, the desire for sex became so great that provers nearly did give into it in order to satiate the intense emotional urge for sexual contact (06F XX:XX:XX).

5.2.1.11 Spaced-out and floating feeling

There were a few provers that produced symptoms which related to a feeling of being spaced-out or of floating. “Very spaced out feeling. I say something and then say it again and again! Cannot remember saying it” (01F 00:03:30). “I am feeling restless and spacey/zoned out after the second dose” (03F 00:03:29). “Feelings of peacefulness, love, tranquillity. Unusually calm even when dishes were not washed – in exam time, when I should be nervous and uptight – was very calm – floaty, spacey feeling” (23F XX:XX:XX).

5.2.1.12 Depression

“Feeling emotionally low. A slight sadness, with anxiety” (01F 01:27:XX). “Felt like the weight of the world on my shoulders. I just wanted to cry and cry.” (04F 04:XX:XX). “ Felt extremely sad and depressed like there is no reason to live – no reason to go to Tech today; when I came out of the bath I changed and went back under the blanket for 10 minutes, this made me feel slightly better. Everyone at Tech kept asking, “what is wrong?” - but I did not feel anything was wrong, they said that I looked sad like something was troubling me” (06F 07:XX:XX). “I woke up with this down and depressed feeling – as if I would hear something bad has happened. It is so heavy I cannot do much because it is energy draining. I just wish I can just close my eyes and fall asleep again” (20F 07:XX:XX). “Feeling of depression is very unusual as it took over me like

a nightmare. It was as though I was entering into a bubble of negativity” (28M 05:XX:XX).

The above entries give a good representation of the “depressive” pole encountered during the proving. The depression seen often differed in quality. In some cases it would appear as a vague feeling of just “being down”, while in other cases it would manifest as true depression and even despondency. These are the “depressive” types of themes in the mind and emotions that will be highlighted further on in this part of the discussion:

Discontented or frustrated feelings

Irresolution

Wanting to be alone

Despairing and despondency

Dullness, fogginess or haziness

Hatred

Indifference and laziness

Mental prostration

5.2.1.13 Irresolution

The feeling of irresolution was also documented by a few provers during the proving. The irresolution also differed in terms of expression – in some cases it presented as a superficial indecisiveness, whereas in other cases it would appear as a deeper conflict of wills. “I wanted to be left alone but I also wanted attention and my parents to spoil me – it was a crazy feeling – I did not know what I wanted so I just started crying” (06F 00:XX:XX). “There is a conflict between two wills – my heart and my mind!!!” (20F XX:XX:XX).

5.2.1.14 Annoyed and frustrated feelings

Provers also recorded feeling frustrated throughout the proving which was sometimes coupled with the feeling of irresolution and even defiance at being told what to do. In some instances these feelings of frustration also caused

weeping or anger. "I was annoyed that we went out to supper to a new place that did not cater much for vegetarians. Wanted to cry again because it was not what I wanted; it was my aunt's birthday and when they made speeches I started crying again because I was so emotional. Everyone around me was frustrating me" (06F 00:XX:XX). "I felt that me partner was not helping me in the house. Normally I enjoy cleaning and cooking, doing my own thing. But now, I have cleared the dishes this many times, I have cooked this many times – you just expect me to clean, you are lazy and selfish – what am I – your slave?" (07F XX:XX:XX). "Had to drive – really stressed – ands sweaty, could not handle mother telling me what to do and complaining about how slow I am driving - I wanted to cry. I started getting frustrated – wanted everything to disappear – I wish the world would give me a break. I wanted to control the situation and not have someone else tell me what to do" (06F 02:XX:XX).

5.2.1.15 Desire to be alone and hatred of people.

The desire to be alone was also apparent in the proving. Provers commented on feeling "antisocial" (01F 05:XX:XX) and of not wanting "anything except to be left alone" (20F 08:XX:XX). This also occurred in provers who desired "peace and quiet" (06F 25:XX:XX) and not to have anyone cause any irritation. Similarly an actual hatred of people occurred during the proving, which was accompanied by lots of anger, resentment and sadness – like a boiling animal being put into a cage and being bound up (20F XX:XX:XX).

5.2.1.16 Indifference and laziness

"Feel generally unmotivated and lazy. I do not care about things around me" (12M 03:XX:XX). "Had this on Monday too. Like I am affected by the restless futility of city life. All the meaningless activity – cycle of work, making money, spending money – not really achieving anything" (17F 15:XX:XX). "I did not want people to approach me and to be around me, like they should have just left me alone. I lost interest in everything – I became so miserable and depressed. I had no sympathy or empathy over other people's problems"

(20F XX:XX:XX). These entries cited above indicate the sense of indifference which was experienced during proving. This also gives us an indication of the “lack of energy” that was present in the symptoms encountered in the depressive pole of this proving. A lazy feeling was also apparent in provers who felt unmotivated and tired (12M 00:07:05), not wanting to do any work at all (27M 00:02:45).

5.2.1.17 Despairing and despondency

The feeling of despondency was recorded as “a sad feeling of despair, hopelessness, defeat, weakness and paralysis” – in which the brain felt heavy and the spirit felt down (20F 07:XX:XX). This was similar to the feelings of depression related earlier but here the same feelings have become more intensified in character. The feeling of despair was also described as an emptiness and sadness – like a void in the spirit or the soul (20F XX:XX:XX).

5.2.1.18 Mental prostration

Unlike the energetic aspect encountered in the “manic” state which gave rise mental overactivity (01F 08:XX:XX) and intellectual clarity (23F XX:XX:XX); there was instead, an inherent lack of energy in the “depressive” pole of this proving. Even though this lack of energy was predominantly experienced on the physical sphere – it was also apparent on the mental and emotional spheres as well. Absentmindedness (01F 01:23:45) (15M 02:XX:XX) and forgetfulness (15M 01:XX:XX) were perhaps the mildest forms of this theme encountered during the proving. This then progressed to provers making numerous mistakes in both speech (06F XX:XX:XX) (17F 12:XX:XX) (20F XX:XX:XX) and in writing (07F XX:XX:XX) (17F 12:XX:XX). Provers also recorded feeling “more groggy and unclear than usual – as if in a fog” (26F XX:XX:XX) as well as experiencing more forgetfulness than usual (27M 11:XX:XX). This then culminated to a gross mental tiredness (20F 03:XX:XX) which was described as a “somewhat depressed and generally negative” feeling of demotivation and lack of mental energy (28M 01:XX:XX).

5.2.2 VERTIGO

Provers recorded feeling dizzy (03F 00:00:03) (17F 00:00:10) (24M 01:22:30), unstable (17F 00:00:10) or light-headed (29M 01:XX:XX) during the proving. Provers also experienced a spinning sensation in the head (03F 00:03:29) or of the body (03F 00:00:03). There was also an inability to stand as provers kept wanting to fall backwards (03F 00:00:03). The dizziness was ameliorated by sitting still or focusing on a single object (03F 00:03:29) and was made worse by walking or motion (03F 00:03:29).

5.2.3 HEAD

The appearance of headaches was perhaps one of the most marked symptoms experienced during the proving. Some aetiologies that were cited for these headaches included clenching of the jaws too tightly (06F 01:XX:XX); motion/being active or busy (14M 09:XX:XX); stress (23F 21:XX:XX); beginning menstruation (23F 22:XX:XX) and even drinking tea (17F 02:47:XX). It was also found that the headaches tended to last for long durations of time i.e. 2 days (04F 01:25:XX); 3 days (20F 00:XX:XX) (26F XX:XX:XX) and even up to 7-8 days (29M XX:XX:XX).

Head pains were experienced over the frontal (01F 09:XX:XX); temporal (6F 01:XX:XX); left parietal (04F 01:25:XX) occipital (06F 05:XX:XX) and the basal regions of the head (07F 08:XX:XX). Headaches were also experienced on the right side of the head (04F 02:XX:XX); behind the eyes (20F 00:XX:XX); between the eyes (23F 06:XX:XX), as well as deep within the centre of the head itself (14M 09:XX:XX) (29M 02:XX:XX). Pain sensations were described as being dull (01F 09:XX:XX); congested/"thick" (01F 17:XX:XX); throbbing (01F 21:XX:XX) (04F 02:XX:XX) (14F 09:XX:XX) (20F 00:XX:XX) (23F 06:XX:XX); splitting (06F 05:XX:XX); compressed (07F 05:XX:XX) (17F 02:47:XX) (23F 21:XX:XX); burning (20F 27:XX:XX) (23F 06:XX:XX); pressing (07F 08:XX:XX) or aching (29M XX:XX:XX) in nature. Other pain sensations were described as if there were hammers hitting the left parietal region of the head (04F 01:25:XX); as if the head had "been pushed in" (07F 05:XX:XX); as

if someone were tightly squeezing or holding the back of the neck (07F 08:XX:XX); like the head had been “squashed from both sides” (23F 21:XX:XX); like the veins of the head had been stretched (24M 01:22:30) or like there was a tight band being tied around the head (26F XX:XX:XX).

Provers also reported that these pain sensations would radiate to the temples or temporal regions (01F 18:XX:XX); towards the parietal regions (07F 08:XX:XX) (29M XX:XX:XX); “to the ears and upper and lower jaws” (20F 27:XX:XX); “towards the bridge of the nose” (23F 06:XX:XX); to the occiput (26F XX:XX:XX) or affect the entire head in general (01F 09:XX:XX). Concomitant symptoms that were experienced in conjunction with the headaches included stiffness of the neck (01F 18:XX:XX) (20F 00:XX:XX); “light-headedness” (14M 01:24:XX); tightness of the skin of the head (01F 13:XX:XX); “tingling and numbness in the left zygoma” (17F 02:47:XX); “poor vision and tiredness of the eyes” (20F 00:XX:XX); increased thirst and increased body temperature (20F 00:XX:XX); “soreness of the entire face and the eyes” (20F 02:XX:XX); dizziness (20F 27:XX:XX) (24M 02:XX:XX) and/or nausea (20F 27:XX:XX) (23F 22:XX:XX) (29M XX:XX:XX).

Provers found that pressure (01F 17:XX:XX) (23F 06:XX:XX); keeping occupied (06F 01:XX:XX); sleeping (07F 05:XX:XX), rest (14M 09:XX:XX); pressing the temples (14M 09:XX:XX); hard pressure on the painful areas (20F 00:XX:XX); “hanging the head forward” (23F 06:XX:XX); motion (23F 21:XX:XX); clenching the teeth (23F 21:XX:XX); being erect (23F 21:XX:XX); being quiet (23F 22:XX:XX); being physically occupied (29M 02:XX:XX) drinking hot tea and eating (29M 02:XX:XX) would ameliorate the headaches. Whereas, stooping (01F 09:XX:XX) (20F 11:XX:XX); moving the head (01F 09:XX:XX); motion (14M 09:XX:XX); rapid motion (20F 00:XX:XX); heat (20F 11:XX:XX); sun (20F 11:XX:XX); noise (20F 11:XX:XX); cold wind (23F 06:XX:XX); bright light (23F 06:XX:XX); lying down (23F 21:XX:XX) and bending the head forward (23F 22:XX:XX) tended to aggravate the headaches.

Dandruff consisting of “tiny little flakes of dry skin” (01F 02:46:XX) and “tingling of the left part of the scalp” (17F 00:00:10) was also experienced during the

proving. A red, itching, swollen, burning patch of skin was also documented to have occurred on the scalp of the head which was aggravated by scratching (17F 10:XX:XX).

5.2.4 EYE

Provers' recorded experiencing tiredness in the eyes with burning, stinging pains like someone was inserting needles into the eyes (06F 09:XX:XX). Heaviness of the eyelids was also experienced and was described as if someone was gently holding the upper eyelids down (14M 02:XX:XX). The left eye was also found to twitch occasionally (21M 00:XX:XX).

5.2.5 VISION

Vision was described as being "very clear and acute" (03F 00:03:35).

5.2.6 EAR

Itching was experienced in both ears (01F 23:XX:XX) (07F 01:XX:XX) (20F 01:XX:XX) and was felt deep in the Eustachian tubes (01F 23:XX:XX). The left ear seemed more affected than the right ear (07F 01:XX:XX) and the ears also felt more moist internally than usual (01F 23:XX:XX).(07F 01:XX:XX). A hot, burning sensation was experienced after boring into the ears which relieved the itching (07F 01:XX:XX), Rubbing also ameliorated the itching (01F 23:XX:XX). An itching sensation in the throat also accompanied the itching within the ears and was found to be aggravated by dust and strong odours (20F 01:XX:XX). There was also an increase in the production of cerumen – but this was only experienced in the left ear (12M 01:XX:XX). The left ear lobe was also documented as being inflamed and sore (01F 26:XX:XX). Provers also experienced a sense of pressure around the ears as if the head were being held aloft by hands grasping the head over the ears (28M 00:XX:XX).

Provers experienced a ringing noise within the ears as well as a buzzing sound when hearing people speak (03F 00:00:03); a "high-pitched summer beetle

sound” was also recorded (28M 01:XX:XX). Provers also experienced an increase in the sensitivity of hearing to loud noises (28M 02:XX:XX).

5.2.7 NOSE

The sense of smell was described as being acute (20F 02:XX:XX). Provers also recorded stuffiness of the nose towards the evening and that the right nostril was particularly congested (03F 00:XX:XX). Big sores or pimples were also experienced on the inside of the left nostril (15M 07:XX:XX) or along the “left margin of the left nostril opening” (27M 04:XX:XX). These were largely aggravated by touch (15M 07:XX:XX) (27M 04:XX:XX) or pressure (27M 04:XX:XX) whereas cold applications tended to ameliorate the soreness (27M 04:XX:XX). The pain of these eruptions was described as being sore (15M 07:XX:XX); throbbing (27M 04:XX:XX) or sharp (27M 07:XX:XX) in character.

5.2.8 FACE

Acne eruptions were experienced around the chin, on the front of the neck and on the right side of the face (01F 02:46:XX). Alternatively, these eruptions also occurred along the left side of the face (03F 01:XX:XX) (27M 06:XX:XX) and the forehead (15M 03:XX:XX). Provers also described experiencing flushing of the face which caused the face to feel hot and the skin dry (01F 22:XX:XX). There was also numbness along the right side of the face (03F 00:03:35) and tingling and numbness around the left eye and cheek (17F 00:00:05). Burning sensations were also reported on both the lower (07F 01:24:XX) and upper lips (04F 01:25:XX) (16F 07:XX:XX) with the accompanying sensation of cuts on the lower lip (07F 01:23:00). The glands under the chin were also slightly swollen (28M 00:XX:XX).

5.2.9 MOUTH

The tongue was very coated (07F 09:XX:XX) (23F 00:XX:XX) with a thick, foul, putrid smelling, off-white colour coating (07F 09:XX:XX). This was accompanied by a dryness of the mouth and the throat (07F 09:XX:XX) as well

as a slight dryness of the tongue which caused the sensation as if the tongue adhered to the roof of the mouth (23F 00:XX:XX). A tingling sensation was also recorded along the left side of the tongue (17F 00:00:05). The appearance of ulcers on the tongue was also experienced by provers (16F 19:XX:XX) (27M 01:24:XX) who found that both touch (16F 19:XX:XX) (27M 01:24:XX) and pressure (27M 01:24:XX) aggravated the pain. Provers also experienced a sensation of something being stuck at the entrance of the throat like after eating too many sweet things or drinking Coke (23F 00:XX:XX).

5.2.10 TEETH

There was also pain experienced in the first and second lower molar teeth on the left side of the mouth (17F 00:00:05) and pain in the left bottom wisdom tooth which felt as if it were erupting through the gums (14M 17:XX:XX). The pain experienced was described as either a cutting (14M 17:XX:XX) or as a dull, aching pain with tingling sensations (17F 00:00:05). These pains were ameliorated by touch and pressure (14M 17:XX:XX) and were aggravated during the evening (14M 17:XX:XX).

5.2.11 THROAT

Dryness of the throat was experienced (01F 19:XX:XX) (07F 00:02:00) which was made worse by consuming dry, hard foods (01F 19:XX:XX) and made better by drinking liquids (01F 19:XX:XX). There was also a somewhat "phlegmy" sensation in the throat (23F 00:XX:XX) or as if there was mucous sitting in the nasopharynx that could not be reached or swallowed down, this was made better by provers drinking warm drinks (07F 00:02:00). Provers also recorded that the throat felt swollen and dry around the nasopharyngeal area (07F 00:14:00) or as having a "thick" feeling with mucous (03F 01:XX:XX).

5.2.12 NECK

Sharp pains in a single spot at the centre of the neck was recorded during the proving (03F 00:03:50).

5.2.13 STOMACH

Provers experienced a marked change in appetite with either the manifestation of an increase (06F 04:XX:XX) (20F 03:XX:XX) (29M 01:XX:XX) or decrease (01F 01:23:45) (03F 00:00:06) in appetite. There was also an empty, hollow sensation documented during the proving associated with a diminished appetite (03F 00:00:06). Provers also recorded the occurrence of copious eructations (06F 00:00:09) with urging (17F 00:00:25). The eructations were largely acidic (06F 00:00:09) accompanied by nausea (06F 00:00:40) and caused congestion in the throat (06F 00:00:09) and discomfort in the left hypochondrium (17F 00:00:25). Heartburn was also recorded by the provers and was described as an acidic, burning sensation in the epigastrium (01F 23:XX:XX) or as if the chest were heating up and then cooling down (24M 00:02:22). Nausea (01F 01:31:XX) (06F 10:XX:XX) (07F 01:28:XX) (17F 00:00:05) was also experienced during the proving and was aggravated by the thought of food (01F 01:31:XX), smell of food (06F 15:XX:XX), motion in a car (06F 10:XX:XX) and for drinking Milo (07F 01:28:XX). Provers also noticed an increase in thirst with a desire for tap water (01F 08:XX:XX) (20F 03:XX:XX). There was also a sensation of cramping pains in the upper gastric region "as if the stomach were eating itself", which was aggravated by hunger or for standing too long and was ameliorated by eating (20F 11:XX:XX).

5.2.14 ABDOMEN

Provers experienced a "bloated" sensation in the abdomen (20F 03:XX:XX) that caused a feeling that the pants were being worn too tightly (17F 00:00:30), there was also a sensation that much flatus was moving around in the abdomen (07F 01:27:XX). Numerous pains were also felt in the abdomen and were described as being aching (17F 13:XX:XX), cramping (01F 05:XX:XX) (03F 00:XX:XX) (07F 01:25:XX) (27M 01:24:XX), stitching (07F 03:XX:XX) or compressing (06F 01:XX:XX) in character. The cramping pains were usually associated with the sensation that provers would soon experience diarrhoea (01F 05:XX:XX) (07F 01:25:XX), which in turn did not occur, but was certainly

ameliorated if any stool was passed (07F 01:27:XX) (27M 01:24:XX). Provers also noted that movement and eating tended to aggravate the cramping while lying down seem to ameliorate the pains in the abdomen (07F 01:27:XX). Much gurgling and rumbling in the lower abdomen (17F 01:13:10) was also recorded, as well as a sensation of tension felt in the region of the solar plexus (28M 05:XX:XX). There was also a sense of a weak, hollow feeling in the abdomen which was not ameliorated by eating (07F 01:38:XX).

5.2.15 RECTUM

Constipation (01F 04:XX:XX) (06F 04:XX:XX) (24M 03:XX:XX) and diarrhoea (01F 21:XX:XX) (06F 19:XX:XX) were both experienced during the proving. The constipation was accompanied by a twisting pain in the stomach (06F 04:XX:XX) and with the inability to force out but a few small “pieces” of stool (24M 03:XX:XX). Lower abdominal cramping (01F 21:XX:XX) (06F 19:XX:XX) usually accompanied the diarrhoea and was ameliorated by bathing (06F 19:XX:XX) . Excessive gas and foul smelling flatus was also documented (07F 02:XX:XX).

5.2.16 STOOL

The stool was described as being “like brown water with pieces of solid stool mixed ” in (07F 01:27:XX) or as being very pasty or loose in character (23F XX:XX:XX). Provers documented that much flatus was also experienced both during and after passing stool (07F 01:27:XX). The stool was recorded as having a foul, sour odour and that after passing stool there was a distinct sensation that there was “still stool at the entrance of the anus” (07F 01:27:XX). There was also an occurrence of blood in the stool (26F XX:XX:XX). The frequency of passing stool also increased during the proving with provers either needing to pass stool 2/3 times a day (23F XX:XX:XX) or at least 2/3 times in the morning alone (17F 12:XX:XX).

5.2.17 BLADDER

During the proving provers either experienced an increase (01F 13:XX:XX) (21M 02:XX:XX) or a decrease in the frequency of urination (26F XX:XX:XX). The increase in urinary output was associated either with thirst (21M 05:XX:XX) or without excessive thirst (01F 13:XX:XX).

5.2.18 URINE

Urine was recorded as being darker than usual during the proving (15M 01:XX:XX).

5.2.19 MALE GENITALIA/SEX

Male provers experienced a marked increase in libido (12M 05:XX:XX) (21M XX:XX:XX) (29M 01:XX:XX) with an associated ability to prolong sexual activity/intercourse (12M 09:XX:XX). Male provers also noted that the libido would increase again very quickly following sexual activity (12M 14:XX:XX) and that the desire for sex could not be satiated even after orgasm (21M XX:XX:XX). Conversely, male provers also experienced a decline in libido levels (28M 05:XX:XX).

5.2.20 FEMALE GENITALIA/SEX

Female provers also experienced either an increase (06F XX:XX:XX) (23F XX:XX:XX) or decrease (07F 06:XX:XX) (26F XX:XX:XX) in libido. An increase in libido amongst the female provers was usually associated with rough, wild sexual activity and profuse swearing (06F XX:XX:XX). Any sexual activity was also a means for physical pleasure rather than for any deep emotional connection (06F XX:XX:XX) (23F XX:XX:XX). Female provers also seemed to want to gain dominance over the sexual partner during intercourse (23F XX:XX:XX).

Marked changes in menses was also documented during the proving with menses either occurring too early (01F 14:XX:XX) or not occurring at all (26F XX:XX:XX). The duration of menses was also recorded as being too short (01F 17:XX:XX). Other descriptions included that the menses were either unusually scanty (01F 15:XX:XX) or very heavy and profuse (23F 23:XX:XX). The actual menstrual fluid was also noted as being either darker than usual (07F 09:XX:XX) or as being bright red (23F 23:XX:XX) in colour. Clots were also sometimes present in the menstrual fluid (06F XX:XX:XX) (23F 23:XX:XX). Marked pains were said to also accompany the menses and was described as been sore, raw and cramping (01F 16:XX:XX) in character or as gripping and twisting type pains (20F 21:XX:XX). These pains also occurred largely in the lower abdominal region (01F 15:XX:XX) (20F 21:XX:XX) (26F XX:XX:XX) and sometimes extended to the lower back and left thigh (20F 21:XX:XX). Provers also documented the sensation that the uterus was falling out; an increase in body temperature, and that the hands and the body were swollen (20F 21:XX:XX) during menses. Pressure (01F 15:XX:XX) (6F XX:XX:XX) and a full bladder were cited as aggravating factors to these menstrual pains (01F 15:XX:XX). A bland, colourless leucorrhoea following menses was also recorded during the proving (01F 19:XX:XX).

5.2.21 RESPIRATION

Provers documented that there was an increase in the effort of breathing – as well as heaviness in breathing (17F 00:00:10).

5.2.22 COUGH

The cough experienced during the proving was described as a sharp painful cough which was caused by a tickling sensation in the throat (03F 00:01:55).

5.2.23 CHEST

A feeling of oppression (17F 00:00:10) (21M 10:XX:XX) (27M 00:05:45) in the chest was described which felt as if something heavy (21M 10:XX:XX) or like “a

light, but firm weight” (27M 00:05:45) was being pressed down upon the chest. This sensation was usually accompanied by a difficulty in breathing (21M 10:XX:XX) and a feeling of not getting “enough air in” (27M 00:05:45) – it was also accompanied by a warm burning sensation in the chest (17F 00:00:10). Provers recorded that the oppressive sensation in the chest was worse for inspiration but ameliorated when kept occupied (27M 00:05:45). Sharp stabbing pains were also experienced behind the left side of the sternum accompanied by a heaviness in the chest; this was largely due to the amount of trapped gas encountered in the chest which began to cause eructations to occur amongst the provers (06F 06:XX:XX).

5.2.24 BACK

A feeling of tightness or tenderness was experienced in the trapezius muscles of the back (01F 13:XX:XX). Stabbing pains were encountered in the back and shoulders (06F 06:XX:XX), while sharp pains were experienced “five centimetres below the tip” of the right scapula (17F 01:13:10) and between the scapula (01F 21:XX:XX) (20F 11:XX:XX). Pains were also recorded in the lumbar regions of the back and were described as either dull, aching pains (01F 17:XX:XX) or as a “bruised sensation” in the lower back (20F 27:XX:XX). These lower back pains and sensations were generally worse for rising (01F 17:XX:XX), being thirsty and for standing (20F 27:XX:XX). Eruptions of red and inflamed pimples also occurred on the back and were aggravated by touch (12M 05:XX:XX).

5.2.25 EXTREMITIES

An itching red rash was said to have developed between the thumb, index and middle fingers on both hands during the proving (01F 00:03:00). Itching was a predominant feature that occurred “in spots around the left wrist” (01F 06:XX:XX) and along the “lateral extensor aspect of the left forearm” (01F 09:XX:XX). Provers also documented the presence of a few small bruises on the arms (01F 23:XX:XX) (23F XX:XX:XX) and legs (01F 23:XX:XX) with no apparent cause. Intense sharp pains were also encountered beneath the right

knee cap (21M 07:XX:XX); with aching type pains being experienced on the medial side of the left knee (01F 08:XX:XX) and lower limbs in general (01F 16:XX:XX). Swelling of the hands and feet was also reported during the proving (20F 21:XX:XX). Provers also experienced the manifestation of a musty, offensive foot odour (01F 14:XX:XX) as well as a feeling of weakness in the joints of the hands (24M 01:23:04). The veins on the arms were also reported to have appeared more pronounced or distended than usual (01F 00:03:30).

5.2.26 SLEEP

Provers recorded having either a deep, restful, peaceful sleep (01F 18:XX:XX) (14M 01:20:45) or of having much difficulty in falling and maintaining sleep (20F 01:XX:XX). Sleep was generally disturbed by wanting comfort and attention (06F 04:XX:XX), by being too cold (06F 08:XX:XX), by the slightest of noises and the frequent urge to pass urine at night (20F 04:XX:XX). Provers also suffered from insomnia and disturbed sleep due to the activity of thoughts and restlessness in the mind (01F 02:XX:XX) (07F 01:22:30) (20F 08:XX:XX) (27M 01:24:XX). Physical restlessness also caused a disturbance in the sleep of provers and was primarily caused by an increase in the provers' body temperature (20F 03:XX:XX).

5.2.27 DREAMS

The following dreams and dream themes were found to be quite prominent amongst provers during the proving. Provers experienced many sexually oriented or amorous dreams (06F XX:XX:XX) (07F 04:XX:XX) (27M 01:24:XX) (29M XX:XX:XX) some of which involved homosexuality (01F 04:XX:XX) (17F 09:XX:XX) (27M XX:XX:XX), oral and anal sex (21M 06:XX:XX), infidelity (04F 07:XX:XX) (21M 11:XX:XX), orgies (27M 03:XX:XX), group sex (07F 03:XX:XX) or just a yearning to be with a forbidden lover (07F XX:XX:XX). Dreams of an enlarged penis (07F 02:XX:XX) and being pursued by a man covered in male genitalia (03F 00:XX:XX) was also recorded by the provers.

Other dreams included bathing/being naked with strangers (03F 21:XX:XX) (17F 01:XX:XX); building and protecting a sand castle (03F 00:XX:XX); and “hacking away” at or being violent with robbers (21M 18:XX:XX). Provers also experienced dreams that continued in episodes or felt like one was “in a soap opera” (06F 06:XX:XX) (27M 02:46:XX). Dreams of the death of loved ones (01F 25:XX:XX) (06F 02:XX:XX), as well as of themselves (14M 06:XX:XX), was also a prominent theme amongst provers. Other dreams encountered during the proving included those of dogs with no ears (03F 00:XX:XX); controlling a potentially disastrous situation (17F 01:XX:XX); embroidery (06F 07:XX:XX); family disputes (29M 06:XX:XX) and of buying a broken piano (17F 09:XX:XX).

Dreams of driving cars was also quite apparent during the proving – with provers documenting dreams of driving recklessly (15M 02:XX:XX), driving at high speeds (06F XX:XX:XX), driving in strange places (03F 06:XX:XX), driving on the oncoming lane (12M 00:14:45), feeling out of control (03F 04:XX:XX) and meeting with an accident whilst driving (26F XX:XX:XX) (29M 04:XX:XX). Other dreams that were cited included those involving meeting old friends (15M 10:XX:XX) (27M 07:XX:XX); dreams of orphans (23F XX:XX:XX) and dreams of forsaking someone at their time of need (03F 09:XX:XX). Provers also recorded dreams which seemed to revolve around issues of “appropriateness versus inappropriateness” – these included dreams of having to “administer” to the genitalia of an old man (03F 05:XX:XX); dreams of naked men performing sexual acts in front of a crowd (03F 11:XX:XX); dreams of a loved one acting foolish at a party (03F 13:XX:XX) and dreams of sexual orgies occurring in a church setting (27M 03:XX:XX).

Provers also experienced dreams which involved the feeling of having to protect some unknown thing (07F 09:XX:XX) or protecting a baby dolphin (07F XX:XX:XX). Dreams of the teeth falling out (27M 06:XX:XX); urinating blood (15M 03:XX:XX); being tied up by robbers (07F 02:XX:XX); being surrounded by sharks in a pool (16F 12:XX:XX) and running late for lectures (17F 09:XX:XX) were also noted. Other dreams included being pursued and looking for places to hide (27M 05:XX:XX) or of one pursuing rabbits (03F 09:XX:XX).

Perhaps the most outstanding dream encountered during the proving was one of being suffocated in bed while simultaneously feeling gently caressed along the back (24M 01:XX:XX).

5.2.28 CHILL

A feeling of being extremely cold was recorded during the proving (06F 11:XX:XX).

5.2.29 SKIN

Provers experienced easy bruising of the skin (26F XX:XX:XX) as well as a dryness of the skin in general (20F 01:XX:XX).

5.2.30 GENERALS

The most marked and apparent symptom that was encountered on a general scale was most certainly the fluctuation in terms of energy levels that was experienced by the provers. Provers either experienced an increase in energy levels (03F 00:01:20) (23F 08:XX:XX) (27M 03:XX:XX), which was at times described as being quite un-coordinated, disruptive and uncontrollable (01F 00:00:20); conversely, provers also experienced a very prominent decrease in energy levels which amounted to excessive weakness (01F 09:XX:XX) (04F 07:XX:XX) (06F 05:XX:XX) (20F 03:XX:XX) (23F 11:XX:XX) (28M 00:XX:XX) and lassitude (01F 01:27:XX) (06F 07:XX:XX) (07F XX:XX:XX) (14M 01:22:45) (26F XX:XX:XX).

Provers also recorded experiencing trembling or an "internal vibration" following an episode of anger (07F XX:XX:XX); other noted symptoms included delayed wound healing (06F 12:XX:XX) and generalised body pains (06F 06:XX:XX) during the proving.

Food desires and/or cravings included those for bread (01F 04:XX:XX); chocolate (01F 05:XX:XX) (07F XX:XX:XX); fat (07F 04:XX:XX); fruit (01F 07:XX:XX); sweets (01F 20:XX:XX) (06F 11:XX:XX) and yoghurt (01F 26:XX:XX). There was also an aversion to chocolate (06F 07:XX:XX); dairy products (01F 10:XX:XX) and vegetables (01F 20:XX:XX). Drink cravings were mostly for carbonated drinks (20F 01:XX:XX), coffee (01F 13:XX:XX) (26F XX:XX:XX), cold water (07F 05:XX:XX) and for cold drinks (20F 03:XX:XX); while there was also an aversion to coffee (14M 07:XX:XX). Provers also indicated a sudden decrease in the desire for cigarettes (14M 07:XX:XX).

5.3 THE ESSENCE OF REMEDY PINK

In order to distinguish and facilitate the understanding of remedy *Pink* with regards to other known remedies, it is very useful to find the “essence” of the proven remedy. Various well known homoeopathic physicians have popularized and expanded upon this idea using it almost extensively as a tool to assist in finding the simillimum in clinical practice. Hahnemann (1997:197) states in Aphorism 211 of ‘*The Organon of the Medical Art 6th edition*’ that:

“ This pre-eminent importance of the emotional state holds good to such an extent that the patient’s emotional state often tips the scales in the selection of the homoeopathic remedy. This is a decidedly peculiar sign which, among all the signs of disease, can least remain hidden from the exactly observing physician.”

Hahnemann goes on further to state that in order to homoeopathically cure a disease – a remedy must be selected that is, of itself, capable of engendering a mental and emotional state that is most similar to that of the disease (O’ Reilly 1997:197). It is quite evident that Hahnemann speaks of the “state” of a patient rather than merely a gross collection of symptoms.

Sankaran believes that this was one of Hahnemann’s most profound observations and stresses the point that during a proving a remedy essentially produces a state of being which is peculiar to that remedy. He further states

that a remedy produces a state of being at the level of the mind and generalities first, and then, depending on the individuals susceptibility, will produce symptoms in the other organ systems. There can therefore be no affection of the parts without the affection of the whole. Sankaran refers to this as the central disturbance. The state of the mind, general symptoms and local peculiarities are therefore indicative of the nature of the central disturbance (Sankaran, 1997: 11-14).

With this in mind a review of the entire proving was made with the aim of finding the essential “state” of the remedy. From the proving entries it became evident that a more subtle underlying state was manifested during the proving than what was first realised: this was a state of *instability*. This concept of instability relates well with the “manic” and “depressive” poles discussed previously as it essentially underlies and gives rise to these two poles. The state of instability thus runs through all levels and was represented by most of the symptoms, albeit in a more subtle manner in some cases, manifested during the proving.

It is clear from the physical symptoms that remedy *Pink* has an affinity to the nervous system. In the mental/emotional sphere there were periods of increased sensitivity, heightened emotions, marked irritability, irresolution and the appearance of increased energy which was, at times, also described as a disorganized and uncontrollable energy. This state of instability then became even more apparent when the provers began to over-react in situations that normally would not warrant such behaviour, which included anger, rage, aggression, violence and profuse swearing. The moods of the provers were also described as being very changeable during the proving which also encompasses this state of instability. The end result of this over-excitability of the nervous and emotional system was a total exhaustion and physical weariness. At this point provers became indifferent and depressed which progressed to a level of despondency and complete hopelessness. It was during this time that provers began to display erratic behaviour – becoming snappishly aggressive, taciturn, averse to company and very temperamental.

On a more physical level – the state of instability was most noticeable in the form of vertigo which appeared as one of the very first symptoms during the proving itself. Other symptoms included a feeling of emptiness in the head, stomach and abdomen – which were not ameliorated by eating; a sensation of light-headedness; twitching in the eye; nausea aggravated by motion; uncontrollable and excessive urination and a heightened libido. Female provers also noticed erratic behaviour and changes in the menstrual cycles – with menses occurring too early, too late, shortened in duration and in some cases, menses being too scanty, too copious or being absent entirely. Pain in the knees; weakness in the hands, and swelling in the hands and feet were also documented, which in itself reflects the inability to perform an action as these afflicted regions were unstable.

Sleep was also largely affected with provers complaining of disturbances and difficulty in falling asleep. There were also dreams of driving recklessly and losing control, violence, indecent behaviour and of the teeth falling out – which in the researchers opinion encompasses the state of instability and the inability to maintain control either within a situation, or of a situation itself.

5.4 GROUP ANALYSIS OF THE IMPONDERABLE REMEDIES

5.4.1 Discussion of the Mental Thematic Expressions

Following a thorough investigation and comparison of the symptoms produced by remedy *Pink 30CH* against those of the other seven (7) selected imponderable remedies – *Luna* (moonlight); *Magnetis Polus Arcticus* (North pole of the magnet); *Magnetis Polus Australis* (South pole of a magnet); *Positronium* (Anti-matter); *Radium bromatum* (Radium bromide); *Sol* (Sunlight) and *X-ray* (see **Appendix H**) – it was deduced that the following themes were most indicative of the imponderable group as an entirety:

- Energy
- Sensitivity

- Irritability, impatience, anger
- Psychotic, changeable mood
- Heaviness, morose, sadness
- Detachment, indifference
- Tranquillity
- Sex

Energy

Fluxions in energy levels are seen in most, if not all imponderable remedies. This aspect of energetic fluxion can exist in an individual as either an increase or a decrease in energy levels. It can also occur as an alternation between the two states i.e. an individual may experience increased energy levels at first, which subsequently decreases rapidly. In such cases weakness and weariness then become the predominant presentation, rather than the restlessness that is encountered if the individual's energy levels are increased. The former of the two examples is perhaps most frequently encountered amongst the imponderable remedies, occurring largely as a physical expression of exhaustion.

Conversely this theme of energy can also be encountered as a hurriedness or restless anxiety in the mind, or it may, more commonly, be experienced as an extreme prostration and dullness of the mind in which forgetfulness or absentmindedness become the most marked expressions. On a more physical level however, energy disturbances may also be encountered in the form of excessive sleepiness, restless sleep, deep sleep or even sleeplessness; there may also be sleep which lacks a refreshing quality once awake. In conclusion it can be seen that the imponderables in general seem to relate more to a diminishment or lack of energy rather than to any increases or enhancements in energy levels.

Sensitivity

Atleast five (5) of the seven selected imponderable remedies have shared this theme in common with remedy *Pink*. This theme is basically indicative of the fact that the imponderabilia are very easily, quickly and acutely affected or moved by impressions from the external environment. Of course these impressions do differ amongst the imponderable remedies – yet the quality of sensitivity is always apparent.

Irritability, impatience, anger

This theme ties in very closely related with that of the previous theme on sensitivity. This is because it has been found that the sensitivity to impressions seems to incite a general sense of marked peevishness and irritability, which in turn escalates to impatience, anger and even rage. It is as if the human organism is in a state of strained susceptibility which causes the individual to become angry or easily vexed, especially over trifles.

Psychotic, changeable mood

Erratic behaviour or changeability in mood is also a theme shared amongst the imponderable remedies. This fickleness in behaviour may also be accompanied by irresolution or a difficulty in thinking. The appearance of taciturn type behaviour and an aversion to company is also indicative of this theme. The term “psychotic” has been used as a blanket term to denote the fact that all imponderabilia have the capacity to lose touch with reality, which is then marked by delusions, fears or a distorted perception of reality. Like with the theme of sensitivity, the delusions and fears encountered amongst the imponderable remedies will also differ widely.

Heaviness, morose, sadness

The theme of heaviness reveals the feeling encountered amongst the imponderable remedies in general. This heaviness is usually expressed as a

sense of dullness or a prostration of the mind, or even as a deep sadness and gloominess. This can be understood from the point of view that all energy seems to have been taken out of the human system leaving it in a sullen state of depression and moroseness. It is interesting to note that all seven imponderable remedies share this theme in common with the proving remedy.

Detachment, indifference

The theme of detachment and indifference reflects the ability of the imponderables to free themselves from all emotional, intellectual or social involvements. This is often accompanied by an aversion to company, as well as a taciturn type behaviour in which the individual may express a desire for quiet repose and to be uncommunicative. Laziness may be seen as the expression of this theme on the physical plane of the human organism.

Tranquillity

The theme of tranquillity represents that aspect of the imponderable remedies which contrasts with the theme of heaviness and sadness discussed previously. This theme may manifest itself as a state or quality of serenity, peacefulness, calmness or as a feeling of being undisturbed. This theme ties in closely with the theme of energy and the theme of detachment or indifference. This is because an individual may enter into a state of tranquillity when feeling detached or indifferent to the surroundings – alternatively, this state of tranquillity may also arise when an individual's energy is not in a state of fluxion, but rather in a state of balance or composure.

Sex

It can be said that all imponderables seem to have a marked affinity to the genito-urinary system of the human body. The theme of sex and libido is very closely related to the theme of energy. It is interesting to note that imponderables seem to have different actions upon the libido of the two genders. There seems to be more of a diminishment in libido amongst the

males, whereas an increase in libido is evident amongst females – who also seem to experience a violent sexual desire that is not noted amongst the male gender. Having said this however, it is certainly possible to also see a decrease in libido amongst females and an increase in males. The theme of sex may also be seen on the mental level which usually expresses itself in the form of amorous/sexual type dreams.

As we can see, the group analysis of the imponderabilia has brought forth a basic set of themes that can now be used to qualify the need for an imponderable remedy in clinical practice. These themes are by no means definite as many of the imponderables – both modern and old – await further re-provings according to proper Hahnemannian methodology. This may, in time, reveal more themes that may be added to or refine those already cited above.

5.4.2 Discussion of the Common Physical and General Symptoms

The following set of physical and general symptoms have been extracted from amongst the seven (7) selected imponderabilia: *Luna*; *Magnetis Polus Arcticus* (M-arct); *Magnetis Polus Australis* (M-aust); *Positronium* (Positr); *Radium bromatum* (Rad-br); *Sol* and *X-ray* – as well as from remedy *Pink* (see **Appendix H**). Not all of these symptoms have been included into the above mentioned thematic expressions of the imponderable remedies, but the researcher felt it important to bring to awareness that the imponderable remedies also share a wide range of symptoms on the physical and general levels as well.

These symptoms, as with the mental and emotional themes, were only considered to be expressions of the imponderable group as an entirety only if these symptoms appeared in three (3) or more imponderable remedies and in remedy *Pink*. What was also determined through this extraction of symptoms was that the imponderabilia seem to have an affinity, not only to the mind, but also to the gastrointestinal and reproductive systems as well. For ease of reference, and wherever applicable, the relevant imponderable remedies have

been included in brackets “()” in order to indicate those imponderable remedies which share symptomatology in common with remedy *Pink*.

The Head and Face

Headaches in the forehead, occipital and temporal regions are encountered frequently amongst the imponderable remedies (*Luna, M-arct, M-aust, Positr, Rad-br, Sol, X-ray*). Alternatively, headaches may also appear generally across the entire head (*Luna, M-arct, M-aust, Positr, Sol, X-ray*) with dull pains characterising the type of pain associated with these headaches. Dryness of the mouth (*Luna, M-arct, Positr*); stinging pains in the eyes (*Luna, M-arct, M-aust, Positr*); noises in the ears (*M-arct, M-aust, X-ray*); acuteness of vision (*Luna, M-arct, Positr*) and a sensation of heat in the face (*M-arct, M-aust, Positr, Sol*) are also encountered amongst the imponderabilia. A sensation of vertigo is also a prominent symptom encountered amongst this group of remedies (*M-arct, M-aust, Positr, Rad-br, X-ray*).

The Throat and Gastrointestinal System

The manifestation of a sore and painful throat (*Luna, M-aust, Positr*) seems to be common in the imponderable remedies. In the stomach – acidity (*Luna, M-arct, Positr*), heartburn (*M-arct, M-aust, Positr, Sol*), eructations (*M-arct, M-aust, Positr, Rad-br*), nausea (*Luna, M-arct, M-aust, Positr, Rad-br, X-ray*) and thirst (*Luna, M-aust, Positr, Sol*) are frequently encountered; whereas the appetite is often found to be either increased (*M-arct, M-aust, Positr*) or decreased (*Positr, Sol, X-ray*). Likewise cramping (*M-arct, M-aust, Sol*) and stitching (*M-arct, M-aust, Positr*) pains are also experienced in the abdominal region, as well as flatulence (*M-arct, M-aust, Positr*), constipation (*Luna, M-arct, Positr, Sol*) or diarrhoea (*Luna, M-arct, M-aust, Positr, X-ray*).

The Reproductive System

There is either an increase or decrease in libido encountered in the reproductive sphere of both sexes. In females however, the sexual desire can

also be violent in character (*M-arct, M-aust, Positr*). There are also many changes in the menstrual cycles – with menses appearing too early (*Luna, M-aust, Positr*), too late (*Luna, M-arct, Rad-br*) or becoming too short (*Luna, M-arct, Positr*) in duration. Many of the imponderabilia also produce copious menstrual discharges (*Luna, M-arct, M-aust, Positr, X-ray*).

The Chest and Back

A sensation of pain, constriction (*Luna, Positr, Rad-br, Sol*) or oppression (*M-arct, M-aust, Positr*), with a difficulty in respiration (*Luna, M-arct, M-aust, Positr*) is encountered in the chest. Pain is also experienced in the lumbar region in general (*Luna, M-aust, Sol*).

Sleep

Restless (*M-arct, M-aust, Positr, Rad-br, Sol*) or deep (*Luna, M-arct, Positr, Sol*) sleep is encountered amongst the imponderabilia. There can also be excessive sleepiness (*M-arct, M-aust, Rad-br, X-ray*) or sleeplessness (*M-arct, M-aust, Positr, Sol, X-ray*). The sleeplessness is said to occur due to a restlessness of the mind or an excessive activity of thoughts within the mind. The sleep is therefore also described as being unrefreshing in quality (*Luna, M-arct, M-aust, Positr, X-ray*). Dreams common to the imponderabilia are amorous dreams (*Luna, M-arct, Positr, X-ray*), or dreams which are described as being very vivid in nature (*Luna, M-arct, M-aust, Rad-br*).

Generals

A desire for sweets (*Positr, Rad-br, X-ray*) and for cold drinks or cold water (*Luna, Positr, Rad-br, X-ray*) has been found to be common amongst the imponderabilia. There is also much weakness (*Luna, M-arct, M-aust, Positr, Rad-br, Sol, X-ray*), weariness (*M-arct, M-aust, Positr, Sol, X-ray*) and lassitude (*M-arct, Positr, X-ray*) encountered in these remedies. Conversely, a feeling of restlessness may also manifest (*Luna, M-arct, M-aust, Rad-br*). The imponderable remedies are also described as being able to produce the

sensation of heat (*Luna, M-arct, M-aust, Positr, Rad-br*) or a lack of vital heat (*Luna, Positr, X-ray*) in general – as well as a generalised painful soreness throughout the body (*M-arct, M-aust, Positr, X-ray*).

5.5 A COMPARISON OF THE PINK PROVING SYMPTOMATOLOGY

Wauters states that in the provings done on *Pink* all provers had dreams associated with motherhood, mothers, pregnancy, giving birth or holding a baby and that these dreams about “mother love” provided a strong indication on how best to use this remedy. She further states that *Pink* made everyone feel well and that it did have a specific action on the physical body in relation to various skin conditions i.e. dry eczema, acne and skin rashes (Wauters, 1999:113).

Unfortunately, none of these dream symptoms appeared during the re-proving of remedy *Pink 30CH*. In fact, many of the mental and emotional symptoms that were produced in this study were also in stark contrast as to what was encountered in the version of *Pink* related by Wauters (1999:112-114).

The researcher suspects that these discrepancies exist because the “symptoms” documented in ‘*Homeopathic Colour Remedies*’ by Wauters (1999) were in fact largely attributes and associations ascribed to the colour pink rather than produced by the remedy itself. For instance, Wauters (1999:112-114) states that pink is *associated* with universal mother love and that it *pertains* to purity and innocence; she further states that the colour pink *represents* positivity, love, joy and tenderness and that it is also *associated* with gentleness, sweetness and naiveté. As can be seen, none of these characteristics are true proving symptoms but seem to be more esoteric connotations that have been applied to the colour itself (or to the “heart chakra” that the colour pink is said to possess an affinity towards) (Wauters, 1999:65-67).

This is evident from the proving of *Pink 30CH* performed during this study in which symptoms such as anger, rage, violence, depression, despondency, lasciviousness and lassitude were encountered – none of which appeared or

was commented on in the original “provings” performed on remedy *Pink*. The researcher therefore feels that further re-provings should thus be done on all of the remaining colour remedies in order to ascertain the proving effects of these substances according to proper Hahnemannian proving methodology.

The researcher does agree however that remedy *Pink* certainly does seem to be homoeopathically related to the remedies *Ignatia amara* (St. Ignatius bean), *Phosphoricum acidum* (Phosphoric acid), *Pulsatilla praetensis* (Pasque flower) and the milk group of homoeopathic remedies as suggested by Wauters (1999:114). According to Bailey, *Ignatia amara* is one of the most *dramatic* of remedy types encountered in homoeopathic practice (Vermeulen, 2004:714). In the mental and emotional spheres the *Ignatia amara* state is characterized by contradictory and alternating states; emotional outbursts which are very quickly controlled; spasmodic and erratic symptoms, and *exaggeration* (Vermeulen, 2004:712-714). There is also much melancholia, sadness and tearfulness associated with this remedy (Vermeulen, 2000:802). Other features that bear a remarkable resemblance to the symptomatology of remedy *Pink 30CH* include a “highly emotional” disposition; a desire to be alone; irritability and “wildness at trifles”; moodiness; and an aversion to company with/without quarrelsomeness (Vermeulen, 2000:802-803).

Like *Ignatia amara*, *Pulsatilla praetensis* is another remedy that seems to bear some resemblance to remedy *Pink 30CH*. This remedy state is also characterized by a tearful and emotional disposition with highly changeable, shifting symptoms (Vermeulen, 2004:1109). Vermeulen (2004:1109) states that the symptoms change in an erratic fashion and that the patient may appear mild and pleasant one minute, and peevish and tearful the very next. There is also much irresolution, capriciousness, restlessness and weariness associated with *Pulsatilla praetensis* (Vermeulen, 2000:1297) as found in remedy *Pink 30CH*.

Interestingly, *Phosphoricum acidum* has also been designated as a complementary remedy to *Ignatia amara* (Sankaran, 2003:473; Vermeulen 2000:811), and as a remedy which is “followed well by” *Pulsatilla praetensis*

during homoeopathic treatment (Sankaran, 2003:479; Vermeulen, 2000:1226). Thus it is evident that all three remedies are in fact related to each other, as well as to remedy *Pink 30CH*. Sankaran (2006:159) states that the mental state of *Phosphoricum acidum* is one of excessive sleepiness, brooding, indifference, aversion to business, hopelessness and despair – all of which was also encountered during the proving of *Pink 30CH*. Vermeulen (2000:1220) elaborates that there is also listlessness, hysteria, apathy and an inclination to weep in this remedy. Sankaran (2006:159) further goes on to say that on the physical sphere *Phosphoricum acidum* is characterized by much weakness, a lack of energy and that the individual has an increased disposition to lie down due to tremendous physical exhaustion.

Although Wauters (1999:114) does suggest that remedy *Pink* bears a resemblance to the milk group of remedies as an entirety – the researcher believes that it is *Lac leoninum* (Lioness milk) in particular which bears the most similarities to remedy *Pink 30CH*. In his proving of *Lac leoninum*, Sankaran (2004:153-166) states that the remedy produced symptoms and themes which included:

- Anger with violent impulses and a desire to smash or break things
- Increased assertiveness
- Irritability
- Quarrelsomeness
- Malicious behaviour / Rage
- Rude, loud and uncivil behaviour
- Feelings of being attacked
- Feelings of danger
- Feelings of being offended
- Increased sexuality
- Restlessness with easy prostration
- Amorous dreams
- Physical weakness and sluggishness

All of above symptoms and themes are remarkably similar to those produced during the proving of remedy *Pink 30CH*. It is also interesting to note that it was *Lac leoninum* that was used on Prover 7 in order to antidote the disruptive, chaotic and violent symptoms that were experienced during the first week following the commencement of the proving.

CHAPTER SIX

RECOMMENDATIONS AND CONCLUSIONS

6.1 RECOMMENDATIONS

6.1.1 Prover Group

The quality of this proving was largely dependant on the nature of the provers participating in it. It was decided that a mixture of both homoeopathic students and individuals from the general public would be recruited and used in this proving. Of the twenty-one (21) participants that fell into the verum group, a total of twelve (12) individuals were homoeopathic students while the remaining nine individuals nine (9) were from the general public.

It was noticed however that the homoeopathic students produced a broader range of symptoms than those recruited from the general public. It was also noted that the homoeopathic students were also inclined to describe symptoms in far greater detail which is of utmost importance in any homoeopathic drug proving. This was most likely because these participants were more aware of their mental, emotional and physical states prior to the proving – and thus any changes occurring due to the administration of the proving substance was clearly recognizable. Furthermore, the homoeopathic students were found to be far more open in revealing the type of symptoms that were being produced, and hence a wealth of information was obtained from these participants during the proving. This holds especially true for those symptoms that were regarded as being too embarrassing, strange or peculiar by those who were recruited from the general public.

Individuals recruited from the general public seemed to be mostly unaware of their general state of being – particularly in terms of mental and emotional states – and their symptoms often proved to be very vague or incomplete. This was unusual as each prover was thoroughly explained the proving process, as

well as shown how to record symptoms in great detail during the pre-proving consultations and meeting. Furthermore an *Instruction to Provers* booklet (see **Appendix D**) was submitted to each prover at the beginning of the proving in order to eradicate any confusion on what was expected of them. Unfortunately the provers recruited from the general public generally did not adhere to certain instructions, and thus remained largely unaware of any subtle symptoms even if they did happen to occur during the proving. It must be said however that some provers from the general public did produce some very important confirmatory, as well as unusual, symptoms which were used to lend weight and add to those symptoms produced by the homoeopathic students.

Another important factor that was found to be crucial to the success of this proving was the degree of sensitivity of each prover. Unfortunately, it is very difficult to gauge how sensitive a participant will be to the proving substance prior to the proving. Yet it is still advisable that the researcher assesses a prover's general level of sensitivity during the pre-proving consultation, as it was found that the bulk of symptoms were produced amongst a few very sensitive provers.

The researcher suggests that added care should also be taken in the selection and recruitment of provers in future homoeopathic drug provings and that the majority of provers should be volunteers with a vested interest in homoeopathy. Volunteers from the general public should not be totally excluded however, but it would be advisable that the researcher holds a far more thorough pre-proving orientation programme. This should ideally include a variety of examples on how to observe and record symptoms from past successful provings.

A further suggestion is that future provings should also be performed on willing volunteers that have been known to produce thorough symptom pictures during previous provings. It may prove invaluable if an internal database system were to be created at the Department of Homoeopathy at the Durban University of Technology which contained the names and contact details of the above-mentioned volunteers. This would prove helpful in that these individuals may be readily approached for future provings as potential participants. It is

recommended however that these details should only be added into such a system after having received the full consent from these past provers.

6.1.2 Contribution in terms of Age, Gender and Ethnicity

The age, gender and ethnic contribution of provers participating in a homoeopathic drug proving plays a vital role in obtaining a drug picture that can be truly regarded as being well-rounded and reliable. In terms of the age distribution, subtle differences in proving symptoms produced may have been attributed to the fact that provers are in different stages of the life cycle. This in turn may have had an effect on the level of sensitivity of each individual prover and in the areas in which these provers produced a predominance of proving symptoms.

Very subtle differences were also noticed over the different ethnic groups which may be due to variations in prover lifestyles, diets, cultural backgrounds and personal habits – although only a small percentage of provers participating in this proving were of African decent. Furthermore, the psychological and emotional differences between the gender groups should also be considered in a proving, as it certainly does affect the manner in which symptoms are experienced and recorded as can be seen from the prover entries made during this proving.

Due to the above mentioned factors the researcher suggests that all future provings should, as far as possible, be conducted in a manner which takes into account an even distribution amongst the age, gender and ethnicity of the proving participants in order to ensure a well-balanced and thorough homoeopathic drug proving.

6.1.3 Timeframe of the Proving

It was decided prior to the proving that all provers would commence the proving on the same day and that the “staggered-fashion” of conducting a homoeopathic drug proving would not be adopted. Unfortunately it was

discovered that it was impossible to adhere to such a rigid timeframe as it was largely dependant on the availability of provers at that time. It was found that although a vast majority of provers could commence the proving on the selected date, a few provers could only commence the proving on the day following the original date of commencement for various reasons. In some cases, a few new provers had to be recruited in order to replace those who had decided to prematurely withdraw from the study after it had already commenced. This meant that the new participants did not begin the proving on the original date of commencement. Even so, this did not seem to have had any significant effect on the proving as an entirety. It is thus suggested that a more generalised timeframe be established in future homoeopathic drug provings so as to keep everything within a reasonable timeframe without losing the sense of “unity” that is important during the proving period itself. It is also recommended that provisions be made with extra provers who can be readily accommodated into any space that may become available in the event that a pre-existing prover decides to withdraw from the study for whatever reason. This in turn will also help to minimise the timeframe of the proving as new provers do not have to be recruited and oriented during the proving process itself.

6.1.4 Reproving the Imponderables

The imponderable remedy *Pink* has shown great potential as a homoeopathic remedy and will hopefully serve to expand the existing homoeopathic materia medica. Unfortunately, this cannot be said for all existing imponderabilia as many of the older imponderable remedies have only received partial or incomplete drug provings and have thus fallen into blatant obscurity and doubt. The researcher would like to recommend that certain imponderable remedies such as *Sol*, *Luna* and *Electricitas*, as well as the other various colour remedies be re-proven in order to expand on and verify the existing drug pictures of these substances. These re-provings will also allow for a greater understanding on the imponderable group as an entirety, as well as help to determine the clinical effectiveness and usages of these remedies.

6.1.5 Further Comparison with other Remedies

It was noticed during the proving of *Pink* that many of the symptoms experienced by the participants bared a remarkable resemblance to symptomatology of other remedies that did not fall strictly into the imponderable group. These remedies included *Ignatia amara* (St. Ignatius bean), *Nux vomica* (Poison nut), *Phosphoricum acidum* (Phosphoric acid), *Pulsatilla praetensis* (Pasque flower) and the milk group of homoeopathic remedies i.e. *Lac caninum* (Dogs milk), *Lac caprinum* (Goats milk), *Lac humanum* (Human milk) and *Lac leoninum* (Lioness milk) etc. The researcher would like to suggest that further studies be made into whether or not such comparisons do exist in order to determine those remedies that may be closely related to the imponderable remedy *Pink*. In the researchers opinion this would be important as it would allow homoeopathic physicians to gain a deeper understanding on the possible uses of remedy *Pink* – particularly in those cases that fail to yield to the application to some of the aforementioned remedies. As Sherr (2003:8) states when a new remedy is proven reasonably well, it will cure a class of cases that until then could only have been partially covered by other existing remedies.

6.1.6 Publication

A variety of symptoms were produced during the proving of *Pink* that now awaits further confirmation with new provings and clinical studies. It is crucial that all practising homoeopaths be made aware of the proving results of new remedies for its future application. The researcher would like to recommend publishing all new provings on the internet, such as adding it to Sherr's (2006) online catalogue of provings as a means of creating further awareness of the remedy.

6.2 CONCLUSION

The hypothesis that the proving of the imponderable remedy *Pink 30CH* would produce symptoms in healthy individuals participating in this research study

was confirmed, as a wide variety of symptoms covering thirty (30) sections of the materia medica were obtained.

The remedy produced a large number of mental symptoms which included irritability, anger, rage, anxiety, tranquillity, depression and antisocial behaviour. Headaches and vertigo were also very common amongst the proving body. Sleep disturbances were also very prominent during this proving with provers complaining of a difficulty in falling asleep, sleeplessness from an activity of thoughts and restless sleep in general. A difficulty in respiration, acne, constipation, diarrhoea, toothache and copious eructations also came through in the proving. Changes in the female menstrual cycle and libido in both sexes were also important symptoms experienced by the provers. In general there was also an obvious affinity of the remedy for the nervous system with numbness, tingling, weakness and pain occurring throughout the various systems of the body.

The hypothesis that remedy *Pink 30CH* would also share symptoms and themes when compared with the other selected homoeopathic imponderabilia was also confirmed. It was deduced through careful evaluation that the following themes were most indicative of the imponderable group as an entirety:

- Energy
- Sensitivity
- Irritability, impatience, anger
- Psychotic, changeable mood
- Heaviness, morose, sadness
- Detachment, indifference
- Tranquillity
- Sex

It is now therefore possible to utilize this set of basic themes to qualify the need for an imponderable remedy in clinical practice, particularly when all themes are present together in a single case. However, these themes are by no means

definite as many of the imponderable remedies still await further re-provings according to proper Hahnemannian methodology. This may in turn reveal many more themes that may lead to the subsequent additions to, rejections of, or refinements in those imponderable remedy themes cited above.

REFERENCES

Bradford, T.L. 2004. **The Life and Letters of Dr. Samuel Hahnemann.** New Delhi : B.Jains Publishers (P)Ltd. ISBN : 81-8056-225-5

Coulter, C.R. 1998. Potraits of Homoeopathic Medicines – expanding views of Materia Medica vol. 3. St. Louis, Missouri : Quality Medical Publishing Inc. ISBN : 1-57626-091-7

Dantas, F. 1996. How can we get more reliable information from homoeopathic pathogenetic trials? **The British Homoeopathic Journal.** 85 : 230-236.

De Schepper, L. 2001. **Hahnemann Revisited. A Textbook of Classical Homoeopathy for the Professional.** Santa Fe : Full of Life Publishing. ISBN : 0-942501-12-8

Farrington, E.A. 2002. **Farrington's Lectures on Clinical Materia Medica. 4th edition.** New Delhi : B.Jains Publishers (P)Ltd. ISBN : 81-7021-1157-7

Fink, W. 1997. The Joy of Homoeopathy – A proving of *Larus argentatus*. **Homoeopathic Links.** 10(2) : 106.

Gaier, H.C. 1991. **Thorson's Encyclopaedic Dictionary of Homoeopathy: The definitive reference to all aspects of Homoeopathy.** London : Thorson's. ISBN : 0-7225-18223-4

Goel, S. 2002. **Art and Science of Homoeopathic Pharmacy.** 1st edition. Ahmedabad : Leo Enterprises. ISBN : (not provided)

Gupta, H.O. 2007. **The Healing Powers of Chromotherapy – Using Light to Cure Diseases.** New Delhi : Sterling Publishers Pvt. Ltd. ISBN : 81-207-3253-7

International Council for Classical Homoeopathy. 1999. Recommended guidelines for good provings. **Homoeopathic Links**. 12 (1) : 33-36.

Kaptchuk, T.J. 1996. When does unbiased become biased? **The British Homoeopathic Journal**. 85 : 137-247.

Kaptchuk, T.J. 1997. Early use of blind assessment in a homoeopathic scientific experiment. **The British Homoeopathic Journal**. 86 : 49-50.

Kent, J.T. 1995. **Lectures on Homoeopathic Philosophy**. New Delhi : B.Jains Publishers (P)Ltd. ISBN : 81-7021-179-4

Lamb, T and Bourriau, J. (eds.) 1995. **Colour: Art and Science**. USA : Press Syndicate of the University of Cambridge. ISBN : 0521-49963-1

Lesigang, H. 1997. Oenanthe crocata, a proving. **Homoeopathic Links**. 10(2) : 108.

Mondal, T.C. 2004. **Spirit of the Organon**. New Delhi : B.Jains Publishers (P)Ltd. ISBN : 81-7021-873-X

Morris, C.A. 2002. **A Homoeopathic Drug Proving of the fungus Pycnopus Sanguineus**. M-Tech. Hom. Dissertation, Technikon Natal, Durban.

O' Reilly, W.B. (ed.) 1997. **Organon of the Medical Art**. 6th ed. USA : Birdcage Books. ISBN : 1-889613-01-0

Raese, J.R. 1972. Fifteen years of drug proving in London. **The British Homoeopathic Journal**. 51 : 203 – 205.

Riley, D.S. 1995a. Provings: Geranium robertianum. **The New England Journal of Homoeopathy**. 4 : 45-55.

Riley, D.S. 1995b. Proving report: Veronica officinalis. **The British Homoeopathic Journal**. 84 : 144-148

Riley, D.S. 1996. Homoeopathic Drug Proving – Principle and Practice. **HomInt Research and Development Newsletter**. 1 : 3-14.

Riley, D.S. 1997. Extracting symptoms from Homoeopathic drug provings. **The British Homoeopathic Journal**. 86 : 225-228.

Sankaran, R. 1997. **The Substance of Homoeopathy**. Mumbai : Homoeopathic Medical Publishers. ISBN : 81-900810-8-x

Sankaran, R. 2001. **Homoeopathy: The Science of Healing**. New Delhi : B. Jain Publishers (P) Ltd. ISBN : 81-7021-605-2

Sankaran, R. 2002. **An Insight into Plants volume 1**. Mumbai : Homoeopathic Medical Publishers. ISBN : 81-901103-3-0

Sankaran, P. 2003. **The Elements of Homoeopathy vol. 2**. Mumbai : Homoeopathic Medical Publishers. ISBN : 81-900810-3-9

Sankaran, R. 2004. **Provings**. Mumbai : Homoeopathic Medical Publishers. ISBN : 81-900810-8-x

Sankaran, R. 2005. **Sankaran's Schema 2005 edition**. Mumbai : Homoeopathic Medical Publishers. ISBN : 81-903378-1-5

Sankaran, R. 2006. **The Soul of Remedies**. Mumbai : Homoeopathic Medical Publishers. ISBN : 81-900810-2-0

Saxena, R. 2003. **Imponderabilia Homoeopathic Direct Energy Medicines**. New Delhi : B.Jains Publishers (P)Ltd. ISBN : 81-8056-401-0

Scholten, J. 1993. **Homoeopathy and Minerals**. Utrecht : Stichting Alonnissos. ISBN : 90-74817-01-7

Scholten, J. 1996. **Homoeopathy and Elements**. Utrecht : Stichting Alonnissos. ISBN : 90-74817-05-x

Scholten, J. 2004. Homoeopathy and Science. **Homoeopathic Links**. 17 : 160-163.

Schroyens, F. 2004. **Synthesis Repertorium Homeopathicum Syntheticum**. Edition 9.1. London : Homeopathic Book Publishers. ISBN : 1-902575-13-x

Sherr, J. 1997. **Dynamic Provings: Volume One**. Malvern : Dynamis Books. ISBN : 1-901147-02-9

Sherr, J. 2002. **Dynamic Provings: Volume Two**. Malvern : Dynamis Books. ISBN : 1-9011-47053

Sherr, J. 2003. **The Dynamics and Methodology of Homoeopathic Provings**. 2nd edition. Malvern : Dynamis Books. ISBN : 81-8056-323-5

Souter, K. 2005. **Prescribing Methods : Rules of Thumb and Bias in Homoeopathy**. 1st edition. New Delhi : B. Jain Publishers (P) Ltd. ISBN : 81-8056-543-2

Thompson, E.A and Geraghty, J. 2007. The vital sensation of the minerals : reducing uncertainty in homeopathic prescribing. **Homoeopathy: The Journal of the Faculty of Homoeopathy**. 96(2) : 102-107.

Valberg, A. 2005. **Light, Vision, Colour**. England : John Wiley and Sons Ltd. ISBN : 0-470-849002-9

Vermeulen, F. 2000. **Concordant Materia Medica**. Millennium edition. The Netherlands : Emrys bv Publishers. ISBN : 90-76189-02-1

Vermeulen, F. 2004. **Prisma The Arcana of Materia Medica Illuminated**. 3rd edition. The Netherlands : Emryss bv Publishers. ISBN : 90-76189-10-2

Vithoulkas, G. 2002. **The Science of Homoeopathy**. New Delhi : B. Jain Publishers (P) Ltd. ISBN : 81-7021-221-9

Walach, H. 1994. Editorial: Provings: the method and its future. **The British Homoeopathic Journal**. 83 : 129-131.

Walach, H. 1995. Information value of proving – Letter to the Editor. **The British Homoeopathic Journal**. 84 : 63-64.

Wauters, A. 1999. **Homoeopathic Colour Remedies**. California : The Crossing Press Freedom. ISBN : 0-89594-997-0

Webster, H. 2002. **A Homoeopathic Drug Proving of Sutherlandia frutescens and a comparison between the Homoeopathic Drug Proving Symptomatology and existing indications of use**. M-Tech. Hom. Dissertation, Durban Institute of Technology, Durban.

Wieland, F. 1997. Good Homoeopathic Provings. **The British Homoeopathic Journal**. 86 : 229-234.

Winston, J. 2004. "Uh oh, Toto. I don't think we're in Kansas anymore." **Homeopathy in practice** : 32-37

Wright, C. 1999. **A Homoeopathic Drug Proving of the Venom of Bitis arietans arietans**. M-Tech. Hom. Dissertation, Technikon Natal, Durban.

Yasgur, J. 2004. **Homoeopathic Dictionary and Holistic Health Reference**. New Delhi : B.Jains Publishers (P)Ltd. ISBN : 81-8056-309-X

INTERNET REFERENCES

Azeemi, S.T.Y and Raza, S.M. 2005. A Critical Analysis of Chromotherapy and its Scientific Evolution. [online], 2(4)481-488. Available from: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1297510>, [Accessed 2 October 2007].

Color Principles – Hue, Saturation, and Value. [online]. Available from: http://www.ncsu.edu/scivis/lessons/colormodels/colour_models2.html, [Accessed 1 December 2007].

De Vries, A.F. 2004. Homeopathic remedies. [online] Available from: <http://www.homopath.net>, [Accessed 8 January 2008].

Fraser, P. 1998. Anti Matter – The Homoeopathic Proving of Positronium. Available from: <http://www.hominf.org/posi/posirep.htm>, [Accessed 15 August 2007].

Fraser, P. 2005. Pavo cristatus (Peacock feather). [online]. Available from: <http://www.hominf.org/provings.htm>, [Accessed 24 November 2007].

Luna. [online]. Available from: <http://www.edu/eng/provings.htm>, [Accessed 24 November 2007].

Norland, M. and Fraser, P. 2003. Galium aparine (Goosegrass/Cleavers). [online]. Available from: <http://www.hominf.org/provings.htm>, [Accessed 24 November 2007].

Norland, M. and Fraser, P. 2004. Passer domesticus (House-sparrow). [online]. Available from: <http://www.hominf.org/provings.htm>, [Accessed 24 November 2007].

Shopping cart. [online]. Available from: <http://www.helios.co.uk>, [Accessed 17 September 2005].

Wilkinson, E. 1996. The Homoeopathic Proving of "Venus Stella Errans".
[online]. Available
from: <http://www.homeopathyhome.com/reference/articles.shtml>, [Accessed 14
August 2007].

Wauters, A. 2006. The Homoeopathic Colour Remedies. [online]. Available
from: <http://www.ambikawauters.com/journal.html>, [Accessed 23 May 2006].

APPENDIX A

Suitability for Inclusion in the Proving.

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL.

Surname:

First name/s:

Sex: Age:

Contact Details: (Home): (Cell):

Please Circle the Appropriate Answer:

1) Are you between the ages of 18 and 70 years?	YES	NO
2) Are you on or in need of any medication? - Chemical / Allopathic - Homoeopathic - Other (e.g. Herbal) please specify:	YES YES YES	NO NO NO
3) Have you been on the birth control pill or hormone replacement therapy in the last 6 months?	YES	NO
4) Are you pregnant or nursing?	YES	NO
5) Have you had surgery in the last 6 months?	YES	NO
6) Do you use recreational drugs such as cannabis, LSD or MDMA (ecstasy)	YES	NO
7) Do you suffer from hypersensitivity diseases		

such as :		
- Asthma	YES	NO
- Hay fever	YES	NO
- Allergies	YES	NO
- Food Hypersensitivities	YES	NO
8) Do you consume more than :		
- two measures of alcohol per day? (1 measure = 1 tot / 1 beer / half a glass of wine)	YES	NO
- 10 cigarettes per day?	YES	NO
- 3 cups of tea, coffee or herbal tea per day?	YES	NO
9) Do you consider yourself to be in general state of good health?	YES	NO
10) If you are between the ages of 18-21 years do you have informed consent from a parent/guardian to participate in this proving?	YES	NO
11) Are you willing to follow the proper procedures for the duration of the proving?	YES	NO

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

Case History Sheet

Prover Number:

Past Medical History:

--

Cancer	
Glandular fever	
Parasitic infections	
Bleeding disorders	
Eczema/Skin conditions	
Warts	
Asthma	
Pneumonia/Chronic Bronchitis	
Tuberculosis	
Tendency to suppurate/boils	
Smoking	
Oedema/Swelling	
Haemorrhoids	
HIV	

Surgical History:

Please list any past surgical procedures and the approximate dates.

Allergie
s:

Vaccinations:

MEASLES / MUMPS / RUBELLA (MMR)	YES	AGE:
POLIO	YES	AGE:
BCG	YES	AGE:
TETANUS	YES	AGE:
HEPATITIS	YES	AGE:
COLD / FLU VACCINE	YES	AGE:
OTHER:	YES	AGE:

Medication (including supplements):

--

Estimation of daily consumption of:

Alcohol:

Cigarettes:

Recreational drugs:

Family History:

Is there a history of any of the following :

Cardiovascular disease
Cerebrovascular disease
Diabetes mellitus
Tuberculosis
Mental disease
Cancer
Epilepsy
Bleeding disorders
Blood pressure

Please list any other medical conditions within your family:

Energy:

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

Sleep:

Quantity :

Quality :

Position :

Dreams:

Time Modalities:

Weather Modalities:

Temperature Modalities:

Perspiration:

Appetite:

Cravings:

Aversions:

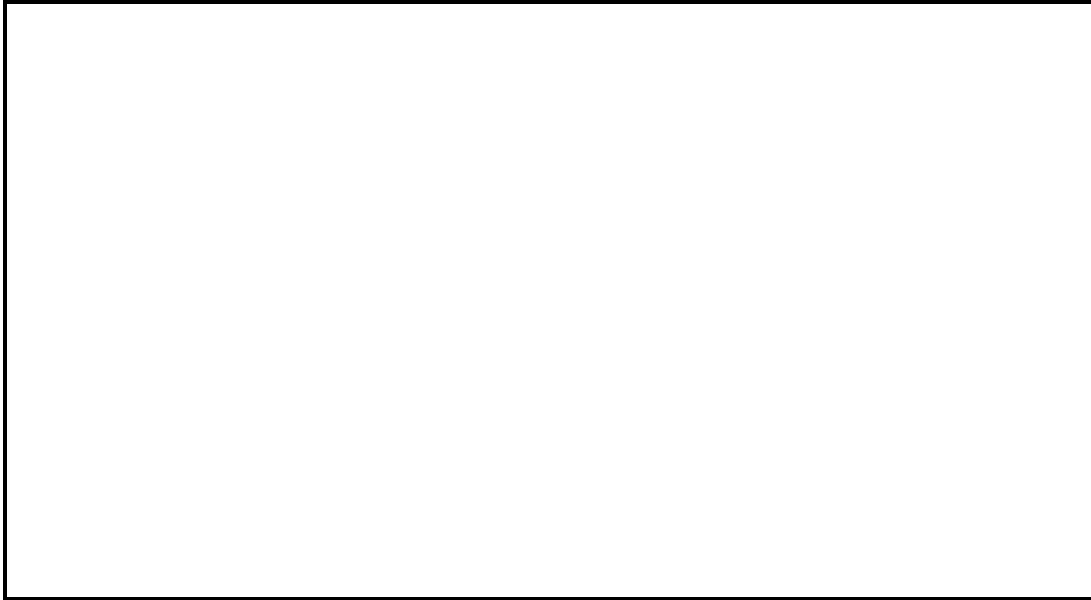
Aggravations:

Thirst:

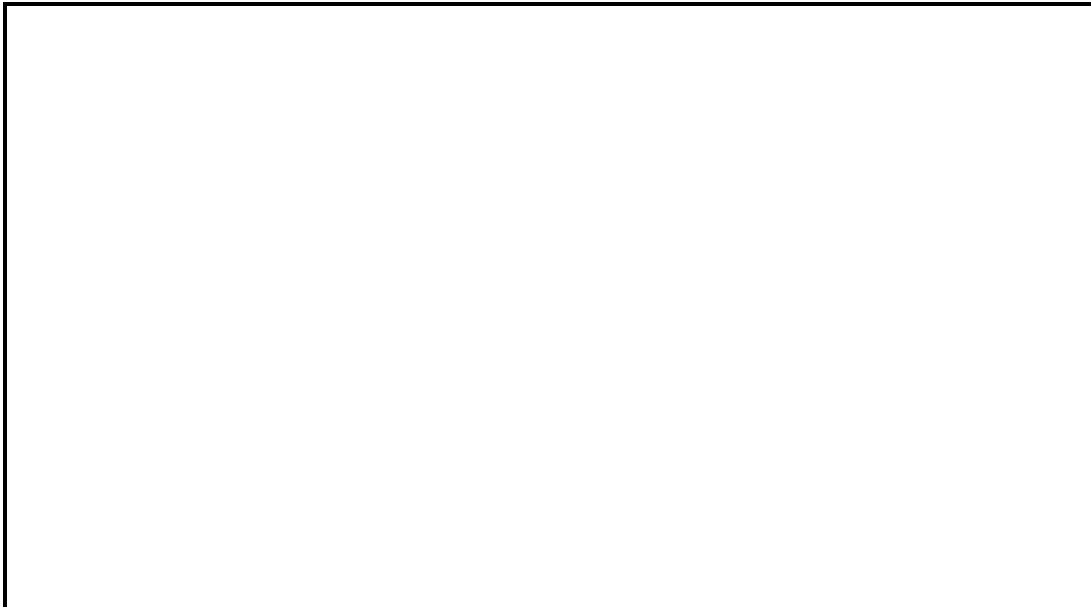
Bowel Habits:

Urination:

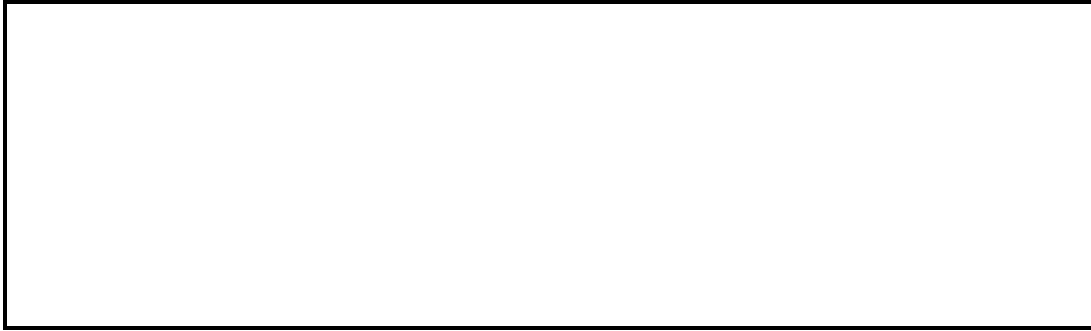
Description of menstrual cycle and menses:



Head:



Eyes:



Ears:



Nose and sinuses:



Mouth, Tongue, Teeth:



Throat:



Respiratory system:



Cardiovascular system:



Digestive system (stomach, abdomen, rectum and anus)



Urinary system:

--

Genitalia and sexuality:

--

Musculoskeletal system:

--

Extremities:

Upper:

--

Lower:

--

Skin:

Hair and nails:

Other:

The Physical Examination:

Physical description:

Frame/Build:
Hair colour:
Eye colour:
Complexion:
Skin texture:

Weight:
Height:
Pulse rate:
Respiratory rate:
Temperature:
Blood Pressure:

Findings on physical examination:

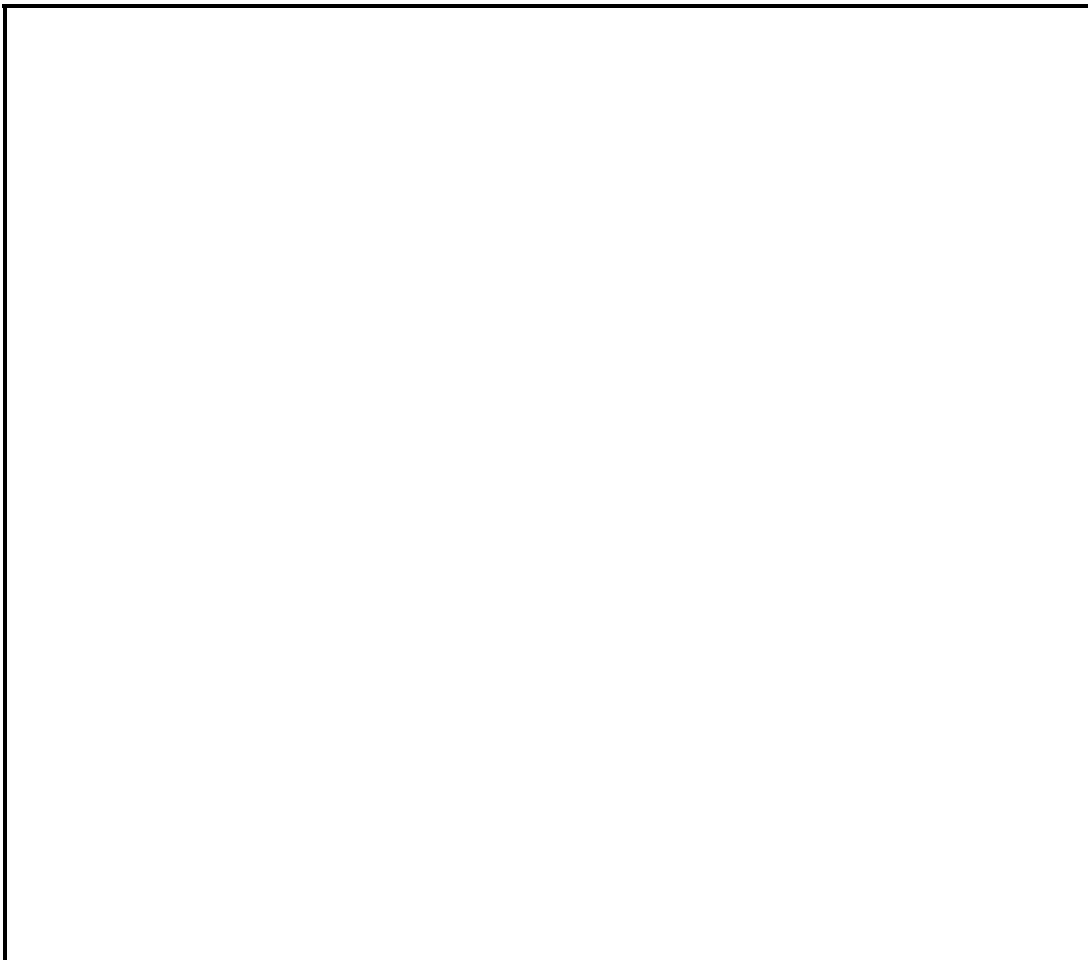
Cyanosis :

Anaemia :
Jaundice :
Clubbing :
Oedema :
Lymphadenopathy :
Dehydration :
Dyspnoea :

Specific system examinations:



Briefly describe your mental/emotional state and mood as it is at the present time :



APPENDIX C

INFORMED CONSENT FORM

(TO BE COMPLETED IN DUPLICATE BY THE PROVER)

Title of Research Project:

An investigation of the concept of Homoeopathic _____ using a Hahnemannian Proving of _____.

Name of Supervisor:

Dr. R.C. Hopkins M.Tech (Hom) (TN) BSc (Agric.-Ansi. & Gene) (UNP)
Contact details: Practice number: (031)764 7466

Name of Research Student:

Nevorndutt Somaru
Contact details: Home: (031)261 1795
Cell: 0837782984

Date:

PLEASE CIRCLE THE APPROPRIATE ANSWER:	
1. Have you read the research information sheet?	YES NO
2. Have you had an opportunity to ask questions regarding this proving?	YES NO
3. Have you received satisfactory answers to your questions?	YES NO
4. Have you had an opportunity to discuss the proving?	YES NO
5. Who have you spoken to?	

6. Have you received enough information about this proving?	YES NO
7. Do you understand the implications of your involvement in this proving?	YES NO
8. Do you understand that you are free to withdraw from this proving? A) At any time B) Without having to give a reason for withdrawing, and C) Without affecting your future health care	YES NO
9. Do you agree to voluntarily participate in this proving?	YES NO
<p>10. Selection criteria : To participate in this proving you must meet all the inclusion criteria as follows; you must :</p> <ul style="list-style-type: none"> • be between the 18 to 70 years of age. • obtain parental consent if you are between 18 to 21 years of age. • be in a general state of good health with no gross physical or mental pathology determined by the case history or physical examination. • be neither on nor in need of any form of medication, including chemical, homoeopathic or otherwise. • not be on or have used the oral contraceptive pill (OCP) or hormone replacement therapy (HRT) within the last six months. • not be pregnant or breastfeeding. • not use any form of recreational drugs. • not have had surgery within the last six weeks; • not consume more than 2 measures of alcohol, 3 cups of caffeine-containing beverages (e.g. tea, coffee or 'fizzy' drinks), herb teas or 10 cigarettes per day. • be able and willing to follow the proper procedures for the duration of the proving <p>Have you completed Appendix A which outlines in detail all of the above inclusion criteria?</p>	YES NO
11. Are you aware that there might be some mild discomfort of a	

short duration experienced as a result of participating in the proving?	YES NO
---	--------

12. Benefits to provers: It is postulated that each proving undertaken strengthens the vital force of the prover (Hahnemann, 1997:208). Provers learn an array of knowledge, the skill of observation, and gain Homoeopathic knowledge through direct involvement in a proving. In some cases, a prover may be cured of certain ailments if the remedy being proven is his/her simillimum.

13. There is no expense incurred by the prover upon participating in this proving; nor will a re-numeration be offered to any prover for their participation.

14. Every prover is given the name and contact details of the research student and supervisor of the proving if any problems are encountered or if any questions arise.

If you answered 'No' to any of the above questions, please obtain the information required before signing.

If the prover is between **18 and 21** years of age, **written consent** from a parent/guardian is required for the prover to participate in the proposed procedure.

I,, agree to participate in the above mentioned research project being performed at the Durban University of Technology : Department of Homoeopathy, at my own discretion, and hereby grant full consent for the above proving procedure to be performed on me.

I, (guardian/parent), hereby give my full consent at my own discretion, for..... (prover) to participate in the above mentioned research project being performed at the Durban University of Technology: Department of Homoeopathy.

PROVER : Name :

Signature :

GUARDIAN / PARENT : Name :

Signature :

RESEARCH STUDENT : Name :

Signature :

WITNESS : Name :

Signature :

APPENDIX D

Instructions to Provers

Dear Prover,

Thank you for participating in this proving. I am certain that both you and I will benefit from this wonderful and exciting experience in many ways.

Before the proving:

Ensure that you have the following:

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

Your proving supervisor (**Nevorndutt Somaru**) will contact you with the date that you are required to commence the pre-proving observation period and the date that you are required to start taking the proving substance. You will also be made to agree on a daily contact time for the supervisor to contact you. ***Please do not hesitate in contacting your proving supervisor should any problems arise or if there is anything that you do not fully understand.***

Beginning the proving:

Once you have been contacted and asked to commence with the proving, record all of your symptoms daily in your journal for one week prior to taking the remedy. This will help you get into the habit of closely observing and recording your symptoms, as well as bringing you into contact with your normal state. This is an important step which will form a baseline for you as an individual prover.

Taking the Remedy:

Begin taking the remedy on the day that you and the proving supervisor have agreed upon. Time keeping is an essential element of any proving, therefore, please ensure that you record the time that you take each dose of the proving substance. The remedy should be taken on an empty stomach and with a clean mouth (i.e. free of food, drink, toothpaste etc.) Neither food nor drink should be consumed for a half hour (i.e. 30 minutes) before and after each dose. The remedy should be dissolved under the tongue and should not exceed more than 3 doses per a day over two days (i.e. 6 doses maximum). In the event that you experience any symptoms or those around you observe any proving symptoms **do not take any further doses of the remedy.** This is very important.

By proving symptoms I mean:

- 1) **Any NEW symptoms**, i.e. ones that you have **never** experienced before.
- 2) **Any CHANGE or INTENSIFICATION of ANY EXISTING SYMPTOM.**
- 3) **Any strong return of an OLD symptom**, i.e. a symptom that you have not experienced for **more than one year**.

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

Lifestyle during the Proving:

Avoid all antidoting factors such as coffee, camphor and mints. If you normally use substances, please stop taking them for two weeks before, and for the duration of the proving. **Please protect the proving substance as you would with any other type of medication: store them in a cool, dark place away from strong smelling agents, chemicals, electrical equipment, sunlight, dampness and cell-phones.**

A successful proving depends on your recognizing and respecting the need for **moderation** in the following areas: **work, alcohol, exercise, diet and stress**. Please try to remain within your usual framework and maintain your usual habits.

Avoid taking or starting a new course of medication of any sort during the proving, including antibiotics; vitamin and mineral supplements; herbal and homoeopathic medication; steroid or cortisone preparations.

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

Confidentiality:

It is essential for the quality and the credibility of this proving that you do not discuss your symptoms with fellow provers, and **only** with the proving supervisor. Your privacy is something that we will protect. Only your supervisor will know your identity, and all information revealed will be treated in the strictest of confidence.

Contact with your Supervisor:

Your supervisor will telephone and inform you to begin your 1 week pre-proving observation period; and then **daily** from the day you **begin** to take the remedy. This will then later decrease to 2 or 3 times a week, and then once a week as soon as you and the supervisor agree that there is no longer a need for such close contact. This will serve to check on your progress, ensure that you are recording the best quality symptoms possible, and to judge when you need to cease taking the remedy. **If you have any problems during the proving, please do not hesitate to contact the proving supervisor at any time necessary.**

Recording of Symptoms:

When you commence with the proving please note down very carefully any symptoms that may arise; whether they are old or new, and the time of the day or night at which they occurred. This should be done as vigilantly and frequently as possible so that no details become lost or confused. Make a note even if nothing happens.

Please start each day on a new page with the date noted at the top of each page. Also note which day it is. The day that you commence with your first proving dose will be *day zero*.

Write neatly on alternate lines in order to facilitate the extraction process which is the next stage of the proving. Try to keep your journal on you at all times. Please be as precise as possible. Note in an accurate, detailed but brief manner your symptoms in your own language.

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

Location: Try to be accurate in your anatomical descriptions. Simple, clear diagrams may help here. Be attentive to which side of the body is affected.

Sensation: Describe this as clearly, carefully and as thoroughly as possible e.g. burning, stitching, dull etc.

Modality: A modality describes how a symptom is affected by different situations/stimuli. Better (>) or worse (<) from weather, food, smells, dark, lying down, people etc. Try different things out and record the changes that may occur.

Time: Note the time of onset of the symptoms and when they cease or are altered. Is it generally > or < at a particular time of day, and is this unusual for you?

Aetiology: Did anything seem to cause or set off the symptom and does it do this repeatedly?

Concomitants: Do any symptoms appear together or always seem to accompany each other, or do some symptoms seem to alternate with each other?

This is easily remembered as:

C - Concomitants
L - Location
A - Aetiology
M - Modality
I - Intensity
T - Time
S - Sensation

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

Mind / Mood	Extremities (arms and legs)
Head	Urinary system
Eyes / Vision	Genitalia
Ears / Hearing	Sex
Nose / Smell	Temperature
Mouth and Tongue	Sleep
Respiratory system and Throat	Dreams
Digestive system and Rectum	Generals
Skin	Back and Neck

Please give full descriptions of **dreams** and in particular note the **general feelings or impressions the dream left you with**.

Mental and emotional symptoms are very important and sometimes difficult to describe - **please take special care in noting these**.

Reports from friends and relatives can be particularly enlightening. Please include them if possible. At the end of the proving, please make a general summary of the proving. Note how the proving affected you in general. How has this experience affected your health? Would you ever consider participating in another proving?

As far as possible, try to classify each of your symptoms by making a notation in red/coloured ink (i.e. other than in blue) according to the following key, in brackets, next to each of the symptoms entered in your journal:

(RS) - Recent symptom i.e. a symptom that you are suffering from now, or have been suffering from in the last year.

(NS) - New symptom

(OS) - Old symptom. State when the symptom occurred previously (i.e. over a year ago).

(AS) - Alteration in the **present** or **old** symptom. (e.g. ..."used to be on the left side but now it is on the right")

(US) - An unusual symptom for you.

If you have any doubts or queries regarding this proving and/or your symptoms, please do not hesitate to discuss them with your proving supervisor as soon as possible.

Contact Details:

Nevorndutt Somaru (Student Researcher):

Home: (031) 261-1795

Cell: 083 778 2984

Dr. C.R. Hopkins BSc (Agric.-Ansi. & Gene) (UNP) M.Tech (Hom) (TN)

Contact details: Practice number: (031) 764-7466

Please remember that detailed observation and concise, legible recording is pivotal to a good proving. One reads in the *Organon of Medicine*, *aphorism 126*:

" The person who is proving the medicine must be pre-eminantly trustworthy and conscientious....and [should] be able to express and describe his sensations in accurate terms" (O' Reilly, 1997:200).

I thank you once again for taking the time to participate in this proving. I am sure that you will find that there is no better way of learning and advancing Homoeopathy.

Freely adapted from Jeremy Sherr - The Dynamics and Methodology of Homoeopathic Provings, second edition. 2003.

I,, agree to participate in this proving as outlined in **Appendix D (Instructions to Provers)**, and acknowledge that I have both read and understood all of the instructions regarding the nature of this proving and its methodology.

Prover: Signature:

Witness: Signature:

Researcher: Signature:

Date:

APPENDIX E

If you have met all the inclusion criteria and are between the ages of 18 and 21 years, **written consent from a parent/guardian is required to participate in the proving.**

I _____ (Guardian/Parent) grant permission for the Prover, to participate in the Homoeopathic proving conducted by Nevorndutt Somaru at the Department of Homoeopathy, Durban University of Technology (D.U.T).

Guardian / Parent Name and Surname:

Signature:

Date:

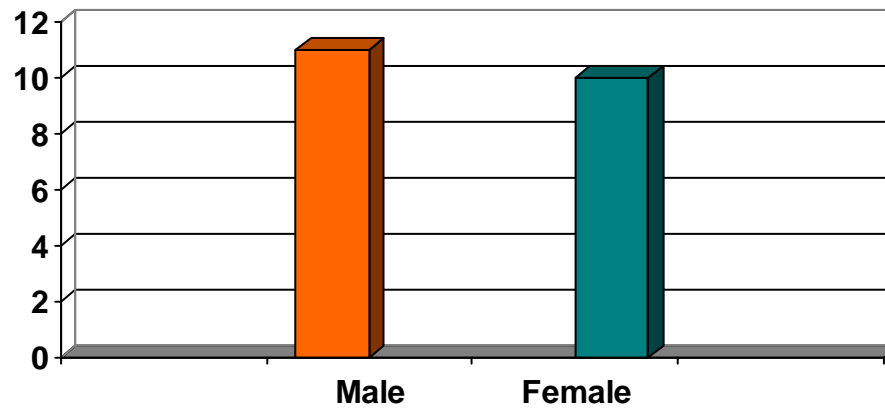
Witness Name and Surname:

Signature:

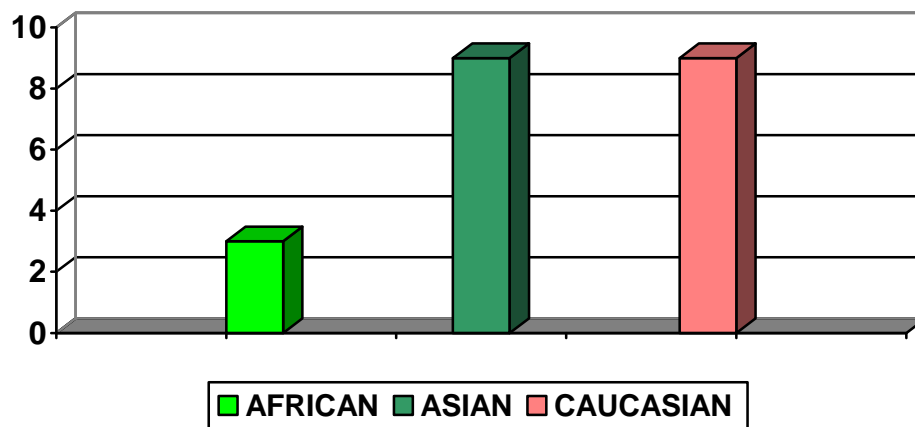
Date:

APPENDIX F

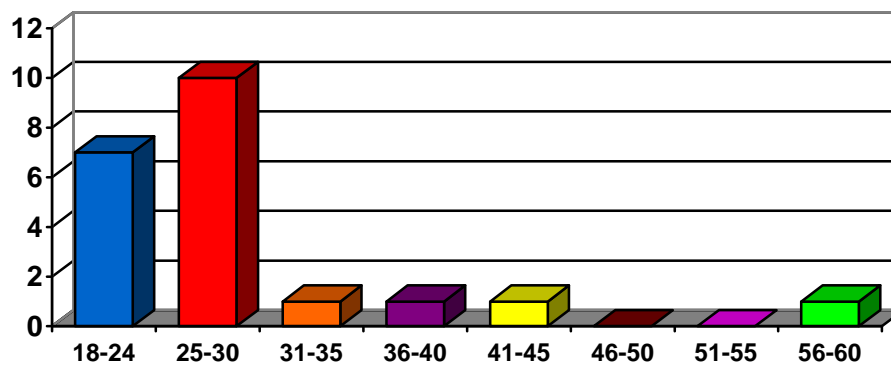
Graph 1: Gender Contribution of Provers



Graph 2: Ethnic Contribution of Provers

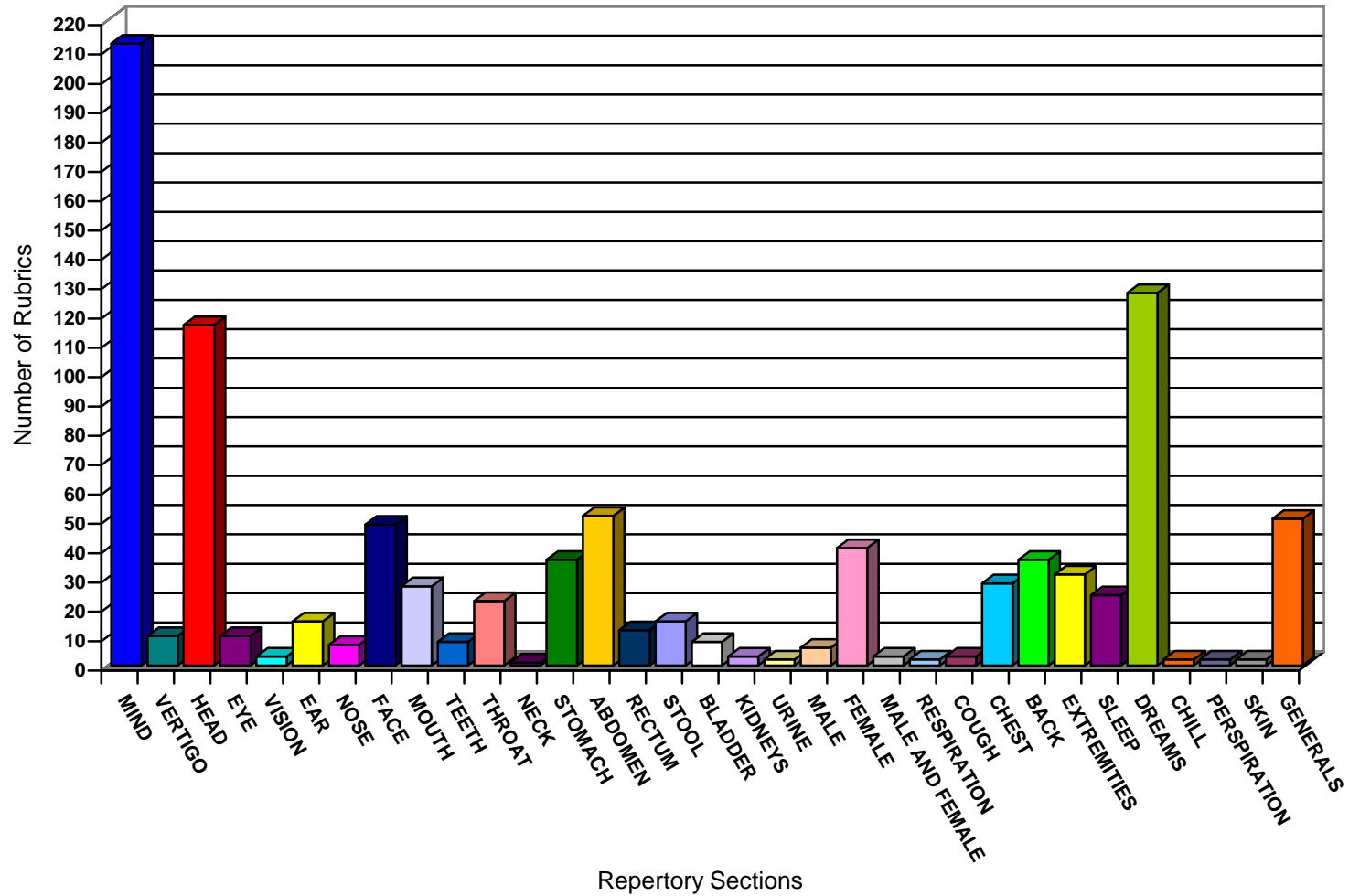


Graph 3: Age Contribution of Provers



APPENDIX G

Graph 1: QUANTITATIVE DISTRIBUTION OF REPERTORY SYMPTOMS



APPENDIX H – THE IMPONDERABLE REMEDY SYMPTOM COMPARISON CHART

The following table has been designed to display a comparative list of symptoms that are shared by both remedy *Pink* and the other seven (7) selected imponderable remedies. An 'X' has been used to indicate those imponderable remedies that have been found to share symptoms common with remedy *Pink*.

LIST OF COMMON OR SHARED SYMPTOMS	LUNA	M-ARCT	M-AUST	POSITR	RAD-BR	SOL	X-RAY
MIND – ABSENTMINDED	X		X	X			
MIND – ANGER	X	X	X	X		X	
MIND – ANXIETY	X	X	X	X	X	X	
MIND – COMPANY – aversion to	X		X	X		X	X
MIND – CONCENTRATION – difficult	X			X		X	
MIND – DELUSIONS (= imaginations)	X	X	X	X	X		X
MIND – DETACHED	X			X		X	
MIND – DISCONTENTED		X	X	X		X	
MIND – DULLNESS		X	X	X	X	X	
MIND – FEAR (= apprehension, dread)		X	X	X	X		
MIND – HURRY (=hastiness)		X	X	X			
MIND – IMPATIENCE	X			X		X	
MIND – INDIFFERENCE	X			X	X	X	
MIND – IRRITABILITY	X	X	X	X	X		X
MIND – LAZINESS		X	X	X			
MIND – MOOD – changeable	X	X	X				
MIND – MOROSE (= gloomy, fretful, ill humor, sullen)		X	X		X		
MIND – PROSTRATION of mind		X	X	X	X		
MIND – RESTLESSNESS		X	X	X	X		
MIND – RESTLESSNESS – anxious		X	X	X			
MIND – SADNESS	X	X	X	X	X	X	X

LIST OF COMMON OR SHARED SYMPTOMS	LUNA	M-ARCT	M-AUST	POSITR	RAD-BR	SOL	X-RAY
MIND – SENSITIVE	X	X	X	X		X	
MIND – TACITURN (pg. 231)		X	X	X			
MIND – TRANQUILLITY (= calmness; serenity)		X		X		X	
MIND – WEEPING (pg. 247)	X	X	X	X		X	
VERTIGO – VERTIGO (pg. 255)		X	X	X	X		X
HEAD – PAIN (= headache in general; cephalgia)	X	X	X	X		X	
HEAD – PAIN – dull pain				X		X	X
HEAD – PAIN – Forehead	X	X	X	X		X	X
HEAD – PAIN – Occiput	X	X	X		X		X
HEAD – PAIN – Temples		X	X				X
EYE – PAIN – stinging	X	X	X	X			
VISION – ACUTE	X	X		X			
EAR – NOISES in		X	X				X
EAR – NOISES in – ringing		X	X	X			
FACE – HEAT		X	X	X		X	
MOUTH – DRYNESS	X	X		X			
THROAT – PAIN – sore	X		X	X			
STOMACH – ACIDITY	X	X		X			
STOMACH – APPETITE – diminished				X		X	X
STOMACH – APPETITE – increased		X	X	X			
STOMACH – APPETITE – wanting		X	X	X			
STOMACH – ERUCTATIONS		X	X	X	X		
STOMACH – HEARTBURN		X	X	X		X	
STOMACH – NAUSEA	X	X	X	X	X		X
STOMACH – THIRST	X		X	X		X	
ABDOMEN – FLATULENCE		X	X	X			
ABDOMEN – PAIN	X	X	X			X	
ABDOMEN – PAIN – cramping		X	X			X	

LIST OF COMMON OR SHARED SYMPTOMS	LUNA	M-ARCT	M-AUST	POSITR	RAD-BR	SOL	X-RAY
ABDOMEN – PAIN – stitching pain (= sticking, etc.)		X	X	X			
RECTUM – CONSTIPATION	X	X		X		X	
RECTUM – DIARRHOEA	X	X	X	X			X
RECTUM – URGING		X	X	X			
STOOL – HARD		X		X		X	
MALE GENITALIA/SEX – SEXUAL DESIRE – diminished		X		X			X
FEMALE GENITALIA/SEX – MENSES – copious	X	X	X	X			X
FEMALE GENITALIA/SEX – MENSES – early; too	X		X	X			
FEMALE GENITALIA/SEX – MENSES – late, too	X	X			X		
FEMALE GENITALIA/SEX – MENSES – short; too	X	X		X			
FEMALE GENITALIA/SEX – SEXUAL DESIRE – increased		X	X	X		X	
FEMALE GENITALIA/SEX – SEXUAL DESIRE – violent		X	X	X			
RESPIRATION – DIFFICULT	X	X	X	X			
CHEST – CONSTRICTION	X			X	X	X	
CHEST – OPPRESSION		X	X	X			
CHEST – PAIN		X	X	X			
BACK – PAIN – Lumbar region (= small of back)	X		X			X	
SLEEP – DEEP	X	X		X		X	
SLEEP – POSITION – back		X	X	X			
SLEEP – RESTLESS		X	X	X	X	X	
SLEEP – SLEEPINESS		X	X		X		X
SLEEP – SLEEPLESSNESS		X	X	X		X	X
SLEEP – UNREFRESHING	X	X	X	X			X
SLEEP – WAKING – frequently		X	X	X			
DREAMS – AMOROUS	X	X		X			X

LIST OF COMMON OR SHARED SYMPTOMS	LUNA	M-ARCT	M-AUST	POSITR	RAD-BR	SOL	X-RAY
DREAMS – VIVID	X	X	X		X		
GENERALS – FOOD AND DRINKS – cold drink, cold water – desire	X			X	X		X
GENERALS – FOOD AND DRINKS – sweets – desire				X	X		X
GENERALS – HEAT – lack of vital heat	X			X			X
GENERALS – HEAT – sensation of	X	X	X	X	X		
GENERALS – LASSITUDE		X		X			X
GENERALS – PAIN – sore (= bruised)		X	X	X			X
GENERALS – RESTLESSNESS	X	X	X		X		
GENERALS – WEAKNESS	X	X	X	X	X	X	X
GENERALS – WEARINESS		X	X	X		X	X

Key: LUNA (Moonlight)
M-ARCT = Magnetis Polus Arcticus (The North pole of a magnet)
M-AUST = Magnetis Polus Australis (The South pole of a magnet)
POSITR = Positronium (Anti-matter)
RAD-BR = Radium bromatum (Radium bromide)
SOL (Sunlight)
X-RAY (X-ray radiation)

APPENDIX I

WANTED : PROVERS
AN EXCITING NEW PROVING IS
CURRENTLY BEING CONDUCTED AT THE DEPARTMENT OF
HOMOEOPATHY.

IF YOU ARE BETWEEN THE AGES OF 18 AND 70, ENGLISH-SPEAKING, NON-PREGNANT, CONSIDER YOURSELF TO BE IN RELATIVELY GOOD HEALTH AND WOULD LIKE TO PARTICIPATE; PLEASE MAKE AN APPOINTMENT WITH ME, NEVORN SOMARU, AT THE DEPT. OF HOMOEOPATHY IN MANSFIELD CAMPUS. PLEASE FEEL FREE TO PHONE ME (AFTER 6pm) AT (CELL) 083 778 2984 OR (HOME) 031-2611795 FOR FURTHER DETAILS OR QUERIES.

THIS PROVING IS BOUND TO BE BOTH EXCITING AND EDUCATIONAL AND I URGE ALL OF YOU TO PLEASE JOIN IN – THERE IS PERHAPS NO BETTER WAY TO LEARN ABOUT HOMOEOPATHY THAN THROUGH YOUR ACTIVE PARTICIPATION!

“AUDE SAPERE – DARE TO KNOW”