

A homoeopathic drug proving of *Gymnura natalensis* with a subsequent comparison to existing homoeopathic remedies derived from sea animals

By

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DEDICATION

Dedicated to my parents:

DAYALAN AND ESIBEL NAIDOO

**Wish you could have been here to share this
achievement with me**

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ABSTRACT

The purpose of this study was to determine the effects of *Gymnura natalensis* in the thirtieth centesimal potency on healthy volunteers and to record the signs and symptoms produced by the volunteers during the study. These signs and symptoms determined the therapeutic indications of this remedy for its prescription according to the homoeopathic Law of Similars. A further aim of this study is a proposed group analysis of a natural family of biologically unrelated sea animal remedies (Mangialavori, 2002) with the aim of highlighting themes, similarities and differences within the group.

The scarcity of remedies derived from aquatic animals in homoeopathic materia medica prompted the choice of *Gymnura natalensis*, an unexplored species of stingray indigenous to South Africa, as the proving substance.

This homoeopathic drug proving of *Gymnura natalensis* in 30CH potency took the form of a double-blind; placebo controlled trial. The proving population consisted of 30 healthy subjects who met with the necessary inclusion criteria (Appendix B). A portion of twenty percent (six subjects) of the total number of provers formed the placebo group who received non-medicated powders in a randomised manner whilst the majority of eighty percent received medicated powders. Provers were unaware of the nature of the substance nor the potency thereof. Verum and placebo were dispensed in the form of six powders to be taken sublingually three times a day for a period of two days or until the onset of symptoms. Provers recorded symptoms daily, before, during and after taking powders and were closely monitored by the researchers during this period. Information obtained from the journals was then assessed by the researcher for suitability as symptoms to be included in the materia medica of *Gymnura natalensis*. Data from the case histories (Appendix D), physical examinations and group discussion were also considered for inclusion. The data did not require statistical analysis.

In a concurrent study of similar methodology, Pather (2008) conducted an evaluation of the proving symptoms of *Gymnura natalensis* in light of a Doctrine of Signatures

analysis and a comparison between the proving symptomatology and venom toxicology. Symptoms from both studies were collated and included in the materia medica and repertory of *Gymnura natalensis*.

During the course of this study provers experienced a wide range of symptoms on the mental, emotional and physical spheres. There was a predominance of symptoms on the mental level and emotional spheres. Provers experienced varying degrees of anxiety, irritability, dissatisfaction and depression. The depression was noted to be experienced with feelings of detachment, disconnection, isolation and a desire to be alone. Provers noted prostration of mind, both improvement and decrease in their concentration levels and unstable moods. There was difficult concentration with inability to focus accompanied by a spaced out feeling.

On the physical level, many provers experienced headaches of varying types and intensity. There was vertigo and dizziness. Provers experienced breathing difficulties, palpitations and increased heart rate. Pain and cramping was seen in the back and extremities with sensations of heaviness and prickling. Sleep was widely affected with insomnia, disturbed sleep and restlessness. Provers also noted fluctuations of body temperature and heat flushes. There was general tiredness, weakness and low energy levels which affected normal physical activity.

Symptoms obtained from the proving of *Gymnura natalensis* were analysed as part of a comparative study with other remedies derived from sea animals. The group analysis aimed to highlight similarities and differences between this 'family' of seemingly similar remedies. A study of this nature serves to help differentiate and improve the understanding of the precise therapeutic indications of similar remedies. The results indicate a strong similarity between the symptoms of *Gymnura natalensis* and certain remedies of the same natural family grouping of aquatic substances. This was particularly evident in the themes of altered mental function e.g. spaciness of the mind, poor concentration and slow understanding, separation and a detached feeling; individuality and a desire to be detached/disconnected; mental and physical weakness and an affinity for the female genital and hormonal systems.

The investigation supported the hypothesis that *Gymnura natalensis* would produce clearly observable signs and symptoms in healthy proving volunteers. Furthermore, the subsequent group analysis and comparative study with *Ambra grisea* (whale secretion), *Galeocerdo cuvier hepar* (tiger shark liver), *Lac delphinium* (milk of dolphin), *Medusa* (jelly-fish), *Murex purpurea* (purple fish) and *Sepia officinalis* (cuttlefish) highlighted the similarities and differences between these remedies and *Gymnura natalensis*.

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DEFINITION OF TERMS

CENTESIMAL POTENCY

A potency scale with a dilution in the proportion of 1 part in 100 (Swayne, 2000:36).

INDIGENOUS (NATIVE SPECIES)

Native to a particular area. An organism or species that occurs naturally in an environment or region (Cambridge University Press, 1987:194).

LAW OF SIMILARS

A doctrine that states that any drug which is capable of producing morbid symptoms in the healthy will remove similar symptoms occurring as an expression of disease (Yasgur, 1997:234). It is usually expressed as *similia similibus curentur*, from Latin meaning let like be cured by like (Swayne, 2000:193).

MATERIA MEDICA

In homoeopathy, a reference work listing remedies and their therapeutic action (Yasgur, 1997:144). The description of the nature and therapeutic repertoire of homoeopathic medicines; of the pathology, the symptoms and signs and their modifying factors (Swayne, 2000:132).

MIASM

Trait within a society, family or individual making them susceptible to a particular pattern of morbidity; an inherited or acquired disposition to be ill in a certain way (Swayne, 2000:137).

PLACEBO

In homoeopathic practice, it refers to a non-medicated substance that is relatively inert (Gaier, 1991:426). The inactive agent used for comparison with the substance or method to be tested in a controlled trial, and is indistinguishable from it (Swayne, 2000:162).

PROVER

Subject of a proving, or a homeopathic pathogenetic trial. A volunteer, who should be in good health, who records changes in his or her condition during and after the administration of the substance to be tested (Swayne, 2000:174).

PROVING

Ger. *Prufung*, the process of determining the medicinal/curative properties of a substance. This process involves the administration of substances either in crude form or in potency to healthy human subjects in order to observe and record symptoms (Yasgur, 1997:201).

RUBRIC

The phrase used in a repertory to identify a symptom or disorder and its component elements and details, and the categories of these, and to which a list of the medicines which are known to have produced that symptom or disorder in homeopathic pathogenetic trials, or to have remedied it in clinical practice, is attached (Swayne, 2000:186).

SUCCUSSION

The action of vigorously shaking up a liquid dilution of a homoeopathic medicine in its phial or bottle, where each stroke ends with a jolt, usually by pounding the hand engaged in the shaking action against the other palm (Gaier, 1991:532).

TRITURATION

The first stages in the preparation and potentisation of homoeopathic medicines from solid and insoluble source material, by grinding it together with lactose (milk sugar) as diluents (Swayne, 2000:218).

VERUM

True, real, or genuine (Yasgur, 1997:275). In the context of a homoeopathic proving it refers specifically to the medically active substance administered to provers as opposed to the medically inert placebo (Moore, 2007).

CHAPTER ONE

1. OVERVIEW

1.1. INTRODUCTION

Homoeopathic drug provings have been the most important part of homoeopathic theory and the foundation of its practical application ever since Hahnemann discovered that *China* (Peruvian bark) was able to produce malaria-like symptoms in his famous experiment in 1790 (Walach, 1997:219). Provings are the only way to ensure reliable and accurate representation of the potential medicinal indications of a substance in disease, and its effect on healthy subjects (O'Reilly, 1996). Natural substances from the mineral, plant and animal kingdoms have been the subject of homoeopathic experimentation; and thorough provings of these substances have lead to the development and extension of the materia medica (Cook, 1989:93).

As homoeopathy continues to advance it is necessary to perform provings on new remedies so as to further expand the therapeutic armamentarium (Vithoulkas, 1980:143). It is of greater importance that new provings are conducted in an accurate and conscientious manner (O'Reilly, 1996) as it is a well proven remedy that provides a cure for cases that until then could only have been partially covered by existing homoeopathic remedies (Sherr, 1994:8).

Some homoeopaths subscribe to the idea that a useful remedy is a local one (Sherr, 1994:49). South Africa has a rich variety of indigenous flora and fauna, indicating a vast healing potential. Proving these indigenous substances could potentially play a role in the treatment of common health problems experienced by the South African population. Furthermore, proving natural substances indigenous to South Africa contributes to the creation of a South African materia medica, a concept proposed by Wright (1994).

Sherr (1994: 49) suggests that a reasonable motivation for the choice of a potential proving substance lies in the obvious gaps found on examination of the materia medica. According to Grimes (2000:7), there is a scarcity of proven remedies

derived from sea animals and it is an area of materia medica which would benefit from being enlarged. Stingrays range throughout the world's oceans but remain an unexplored class of sea animals (Cailliet, 1990:10) which has not been proven as a homoeopathic remedy in the past. *Gymnura natalensis* is a ubiquitous species that is indigenous to South African waters and has thus been chosen as the subject of this study. It is hoped that this study will help to distinguish *Gymnura natalensis* from the more commonly used remedies from the sea e.g. *Sepia officinalis*, and to establish it as a potential treatment option in South Africa.

1.1.1. Objectives of the study

The first objective of this study was primarily to conduct a homoeopathic proving of *Gymnura natalensis* 30CH to investigate its effects on healthy provers by recording the clearly observable signs and symptoms produced so that it may be prescribed in clinical practice according to the Law of Similars.

The concept of group analysis as a method of comparison of similar remedies enables homoeopaths to better establish the similarities and differences between seemingly similar remedies. This further allows for more accurate prescribing according to the Law of Similars. There are many different approaches to group analysis, but for purposes of this study, the focus is a method that analyses homoeopathic remedies belonging to a natural family i.e. aquatic animals. It is a method proposed by Mangialavori (2002), who successfully completed a comparison of sea remedies highlighting the major themes of this group.

The second objective of this study was a group analysis of *Gymnura natalensis* in relation to existing remedies in materia medica that have been derived from sea animals. This was achieved by comparison of the symptoms obtained from the proving of *Gymnura natalensis* with characteristic symptoms of other remedies within the family of sea remedies. The main aim of this comparative study was to assist with clarification of the specific indications of *Gymnura natalensis* in the scope of homoeopathic therapy and it also serves as a means of differentiating this remedy from other remedies in the context of clinical prescribing (Moore, 2007).

1.2. THE HYPOTHESES

It was hypothesised that the 30CH potency of *Gymnura natalensis* would produce clearly observable signs and symptoms in healthy proving volunteers.

It was further hypothesised that a comparison of *Gymnura natalensis* to existing homoeopathic remedies in materia medica that have been derived from aquatic animals would elucidate similarities and differences between these remedies. It was further proposed that the analysis of these remedies as a group of aquatic substances would offer a clear understanding of the therapeutic indications of the proving substance in relation to other remedies in the so called natural group (Mangialavori, 2002).

1.3. THE DELIMITATIONS

The study did not:

- attempt to explain the mechanism of action of the homoeopathic preparation of *Gymnura natalensis* in its production of symptoms in healthy proving volunteers
- determine the effects of potencies of the substance other than the thirtieth centesimal potency
- seek to perform multicentre trials of the drug

1.4. THE ASSUMPTIONS

- The method of preparation of the homoeopathic *Gymnura natalensis* by trituration up to the 3CH potency, and further serial dilution in the liquid potency up to the 30CH level, was the correct method as outlined in the *German Homoeopathic Pharmacopoeia* (British Homoeopathic Association, 1993)

- The provers complied with the proper procedures as determined by the proving methodology outlined in Appendix E, *Instructions to Provers*
- The provers would not deviate from their normal lifestyle or dietary habits immediately prior to or during the period of the proving
- The provers would practice conscientious, accurate self-observation and symptom recording
- The provers would take the remedy in the dosage, frequency and manner as instructed by the researcher

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

2.1. PROVINGS

2.1.1. Introduction

Proving from the German word, *Pruefung*, meaning “test” or “trial” (Gaier, 1991:390) can be defined as a systematic procedure of testing substances on healthy human beings in order to elucidate its pathogenic effects (Vithoulkas, 1980). These substances are then prescribed homoeopathically according to the Law of Similars (O'Reilly, 1996:5).

The principle of similitude – *Similia Similibus Curentur* which is one of the theoretical laws of homoeopathy dictates that any substance which is capable of producing morbid symptoms in the healthy will remove similar symptoms occurring as an expression of disease in the sick (Yasgur, 1997:234). It was through his first homoeopathic drug proving of *China officinalis* that Hahnemann operationalised the practical application of this principle (Walach, 1994:129).

Hahnemann (1996) stated in Aphorism 143 of the *Organon of the Medical Art* that the testing of a considerable number of substances on healthy individuals and the careful recording of the symptoms thereof, leads to the formation of a true materia medica. Provings as such, are the only reliable way of identifying new homoeopathic remedies thereby contributing to the expansion of homoeopathic materia medica (Cook, 1989:93) and providing a greater understanding of the medicinal properties of the proved substance. This creation of new remedies through provings facilitates the therapeutic process by offering a cure for cases that have been partially or unsatisfactorily covered by existing remedies (Sherr, 1994:8).

2.1.2. History and Development

Provings have been and still are the bedrock of the science and practice of homoeopathy (Sankaran, 1998:1).

In the footnote to aphorism 108 of the *Organon of the Medical Art*, Hahnemann (1996:145) names Swiss doctor, Albrecht von Haller as the single other physician, apart from himself to recognise the necessity for testing substances on healthy individuals in order to determine its therapeutic properties. Until then, there had been no proper methodology to testing substances. Hahnemann's merit lies in the fact that he was the first to provide a scientific basis for this method of therapeutic testing (Riley, 1996:4).

In 1790, during the translation of Cullen's "*A Treatise on Materia Medica*", Hahnemann discovered that cinchona bark is capable of producing symptoms of malaria in a healthy person, the very disease the drug was used to cure. He conducted numerous experiments on himself, and found that this was not an isolated phenomenon. This proved his theory and lead to the formalisation of the principle of Similitude or "*similia similibus curentur*." This concept, which originated with Hippocrates, then formed the basis of provings and the scientific system of homoeopathy (De Schepper, 2001).

Further experimentation conducted by Hahnemann on himself and his colleagues resulted in the proving of more than 100 remedies over a period of fifty years (Riley, 1996:4), of which most are still widely used in present day homoeopathic practice. Hahnemann's systematic approach to the proving of curative substances on healthy individuals, diligent observation and symptom recording has provided solid data for clinical use of remedies according to the principle of similitude (Walach, 1994). Hahnemann (1996) stressed the importance of conducting provings in a conscientious manner and provided detailed instructions for the methodology of provings in Aphorism 105-145 of the *Organon of the Medical Art* (O'Reilly, 1996).

2.1.3. Contemporary Provings

Dream provings have become very popular in certain homoeopathic circles but still remains a subject of controversy among many other homoeopaths who consider it to be non-Hahnemannian (Dam, 1998:128). The first person to systematically use dreams in his provings to determine the essence of a remedy was Jurgen Becker. He specifically used dreams to try and deduce the central theme of remedies, thus confirming through this method many core themes of already well-known remedies as well as adding new themes to them (Dam, 1999:10). In a dream proving, the prover chooses the dosage form of the remedy which can then be taken internally, slept with, sniffed or kept on the person, followed by observation and recording of symptoms (Kreisberg, 2000:63).

The work of Jurgen Becker inspired Sankaran (1998) to start group provings in Bombay. In 1988, Sankaran and Becker jointly conducted a dream proving of *Naja tripudians* (Indian cobra). Sankaran (1998:1), being impressed with the success of this dream proving continued to conduct several group provings, such as *Ferrum*, *Iodum* and *Ringworm*, in this manner. He found that dream provings did in fact reveal the characteristic mental and emotional states of the remedy but it seemed to lack solid data (Sankaran, 1998:2).

While this type of proving may serve to expand an area of a remedy, the scope of it is limited as the primary focus is on dreams only. It is also evident that dream provings generally do not fully comply with the criteria for good provings outlined by Hahnemann in the *Organon of the Medical Art* (O'Reilly, 1996:152-161).

Sherr's (1994) commitment to new provings has enlarged the homoeopathic repertoire, providing the homoeopathic community with remedies such as *Adamas* [Diamond], *Hydrogen* and *Chocolate* (Sherr, 1994:3). He recognised the necessity for the publication of new provings, as a means to announce the latest developments in homoeopathy (Sherr, 1994:80). A platform for publication of a list of more than 180 provings conducted by him and other well-known homoeopaths was provided in his book, *The Dynamics and Methodology of Homoeopathic Provings* (1994). Since

then, Sherr (2006) has developed an online database of more than 1000 provings with information of recent provings available to all homoeopaths.

The *Homoeopathic Links* journal regularly publishes articles by homoeopaths from all over the world discussing new provings. Recently published Hahnemannian provings include *Opuntia vulgaris* [Prickly Pear] conducted by the “Tree of Life Association” (Arena et al. 2006) and *Rosa canina* [Wild Rose] conducted by Karine Haukaa (2006).

More recently, the great interest in new homoeopathic provings prompted the development of a regular column dedicated to new provings in the journal, *Homoeopathic Links* (Wichmann, 2007:108). Wichmann (2004) states that a website serves as the ideal medium to collect and publish provings. He provides the argument that information can be updated regularly at no cost and is accessible to homoeopaths all over the world through the medium of the internet (Wichmann, 2004). Other well-known homoeopaths like Peter Fraser from *The School of Homoeopathy* in Devon, England and his colleague Mischa Norland also recognise the merits of the internet as a means to publicize their successful provings. Some of the remedies catalogued on their websites are the *AIDS nosode*, *Latex vulcani* [Vulcanised rubber from a latex condom] and *Passer domesticus* [House Sparrow] (Norland, 2007).

The systematic proving of substances indigenous to South Africa began with the proving of *Bitis arietan arietans* by Wright (1999). Wright (1999) proposed the creation of a South African materia medica and since then several provings of indigenous substances have been conducted at the Durban University of Technology. These include *Sutherlandia frutescens* [Cancer bush] by Kell, Low, Van der Hulst and Webster (2002), *Harpagophytum procumbens* [Devil's claw] by Kerschbaumer (2004), *Naja mossambica* [Mozambican spitting cobra] by Taylor and Smal (2004) and most recently, *Chamaeleo dilepis dilepis* [Chameleon] by Moore and Pistorius (2007) and *Erythrina lysistemon* by Olivier and Thiel (2007).

2.1.4. Proving Methodology

The details of methodology of Hahnemann's provings were documented in aphorisms 121-145 of the *Organon of the Medical Art* (6th edition). Initially Hahnemann may not have set out with an exact methodology to carry out provings, but later developed a systematic and effective method as he gained more experience (Wieland, 1997: 229). Hahnemann's methods are most likely to be deemed unreliable by present day standards, mainly because they were uncontrolled but it is his approach and exact methodology that still governs the manner in which provings are conducted in present day studies (Smal, 2004:7).

Many authors consider the quality of provings to have deteriorated since Hahnemann's time (Sherr, 1994). In recent years, numerous groups of people around the world carried out provings, however close examination of these provings reveal great differences in methodology and standards of material derived, resulting in poor extraction of symptoms. Some of the approaches to provings were: seminar provings, dream provings, meditation provings and personal provings. These methods lack the standards of proper Hahnemannian provings (ICCH, 1999:33).

In 1980, George Vithoulkas published *The Science of Homoeopathy* which outlines detailed guidelines for what he considers to be good, reliable provings. Vithoulkas, (1980) recommends the use of multiple potencies ranging from 1X – 12X, 30CH as well as 10M or 50M potencies; the use of a large proving group (50-100), and the proving is to be conducted for most of the year. However, close examination of his method suggests that though it may yield a thorough proving, it lacks practicality in its execution and may be difficult to ensure prover compliance.

In 1994, after extensive experience with provings, Sherr (1994) published his ground-breaking work on provings in the form of *The Dynamics and Methodology of Homoeopathic Provings*. The focus of the book was to create a practical framework for comprehensive modern provings, the suggestions of which are widely accepted and practiced by many homoeopaths (ICCH, 1999). The comprehensive proving design is based on Hahnemann's basic recommendations for good provings,

personal experience with conducting provings as well as other related literature. The topics discussed in the book include potency, use of placebo and blinding measures and selection of a proving substance and dosage.

In 1999, the International Council for Classical Homoeopathy (ICCH) published a document titled “*Recommended guidelines for good provings.*” The council aimed to standardise provings by recommending a set of guidelines to be followed when conducting provings so as to ensure Hahnemannian method (ICCH, 1999). These guidelines serve as a “checklist” of principles and practices to be implemented and are based on Hahnemann’s recommendations in Aphorisms 105-145 of the *Organon of the Medical Art* (ICCH, 1999).

The subsequent refinement of proving methodologies in recent years have made provings more reliable by introducing new methods such as double blind, randomisation and placebo controlled studies. The incorporation of such research methods serves as a means to scientifically validate the data collected during a proving.

Blinding

Homoeopaths were among the first practitioners to adopt a blinding technique to test drugs. The writings of Kent (1846-1916) reveal that the concept of blinding was considered normal and routine in homoeopathic provings by 1900 (Kaptchuk, 1997:50). Historically most homoeopathic proving substances were known to the prover, but the double-blind methodology is a standard employed in current modern day provings. The process of double-blinding in a homoeopathic proving ensures that both the researcher and prover is unaware of the proving substance and is a means of protecting against bias from both researcher and prover (Sherr, 1994:36).

Placebo

Placebo, a further method employed in homoeopathic provings, is an important example of blind assessment that serves to prevent bias in medical research (Kaptchuk, 1997). There is much debate and variation in opinion with regards to the inclusion of placebo control in a proving. Walach (1994:130) stated that provings

have been conducted without placebo for more than one hundred years. The experience of the prover and the researcher served as the control measure instead of placebo and the symptoms produced were verified through clinical practice. Davidson (1995:64) wrote in response arguing that without double-blinding and placebo control measures the reliability of proving information is questionable, as the findings could be due to hope, expectancy or spontaneous fluctuation of other variables in the study.

Hahnemann's earliest proving comprised of 64 volunteers, none of whom received placebo. The ICCH (1999:34) highlights the need for the use of placebo as it serves as a means to increase prover's attention and reliability of information obtained. It recommends a 10%-30% placebo group whilst Vithoulkas (1980:151) proposes the use of a placebo percentage of 25%. Sherr (1994:37) recommends the use of placebo as a means to help distinguish the effects of the remedy from the effects of the proving process. He has adopted a policy of using between 10% and 20% of provers as a placebo group (Sherr, 1994).

The optimum number of provers to be used in a proving is also a debatable issue. Vithoulkas (1980) suggests the use of 50 to 100 provers to ensure a thorough proving of a remedy. Sherr (1994:45) provides the argument that a proving on as many as 100 or more provers will lead to over-proving a remedy and possibly overcrowding the materia medica with common symptoms. His experience with numerous provings shows that 15-20 provers are sufficient for the complete proving of a remedy. The ICCH recommends an ideal group size as 10-20 provers (ICCH, 1999:34).

Potency selection

The selection of potency for proving purposes is a contentious issue. Hahnemann initially proved crude substances but these produced toxic symptoms. As a result, he decided to dilute the proving substances in a stepwise manner and consequently established the principle of potentisation. In the 6th edition of the *Organon of the Medical Art*, Hahnemann stated that the 30CH potency should be used for provings and healing purposes, but continued experimenting with other potencies. It is for

this reason that so many contradictory methods have existed (Walach, 1994a; 1997b). Vithoulkas (1980:151) advocates the use of many different potencies of a remedy in order to get a more complete picture of the remedy. He uses potencies ranging from 1X to 50M in his provings.

While Sherr (1994) has experimented with a wide range of potencies, he still maintains that a single potency such as the 30CH should be used. He noted in his proving of *Hydrogen* that the most number of mental/emotional symptoms were produced by the 30CH potency. The use of the 30CH is further supported by de Schepper (2001:36) who states that the old masters warn against the use of potencies higher than 30CH to avoid any unnecessary aggravations.

2.2. COMPARATIVE MATERIA MEDICA

2.2.1. Concept of group analysis

One of the more recent developments in homoeopathy has been the transition from considering remedies as stand-alone entities to seeing them as members of remedy families that share common characteristics. The concept of group analysis as a method of comparison of similar remedies enables homoeopaths to better establish the similarities and differences between seemingly similar remedies. This further allows for more accurate prescribing according to the Law of Similars. The forerunners of group analysis of the modern era are Scholten (1993), Sankaran (1994) and Mangialavori (2002).

Scholten (1993:23) defines group analysis as the process of looking at a group of remedies and extracting what is common from that group. His method involved the analysis of composite remedies that are chemically related e.g. *Natrum muriaticum*. The first step involves defining the separate elements of each remedy and understanding the dynamic interaction between the two elements. A comparison of groups of remedies that contain those particular elements follows and the common symptoms are extracted. The common symptoms and prominent themes that emerge become the characteristic features of that particular group of remedies (Scholten, 1993:15). It is the knowledge of these group themes that forms the basis for understanding of the essence of a remedy (Scholten, 1993:23). It is of Scholten's

(1993:289) opinion that this method of group analysis possibly provides an abstract or even metaphysical understanding of homoeopathy.

The concept of a 'natural classification of remedies' into mineral kingdom, plant kingdom and animal kingdom was initiated by Sankaran (1997:229). Homoeopathic remedies from different sources were studied with the aim of highlighting the distinguishing features of each. A summary of this comparative analysis of the three major kingdoms i.e. plant, mineral and animal was presented in his book, the *Substance of Homoeopathy* (1994:318).

Instead of a strict natural scientific classification, Mangialavori's (2002) view of group analysis was one of a group sharing common homoeopathic characteristics. He has successfully analysed groups that don't share a strict taxonomical relationship e.g. spiders and snakes. According to Mangialavori (2002:9), a 'family' is a group of remedies with common characteristics and similar themes, these remedies may be biologically unrelated. He further states that the idea of a 'family' is only a perspective and it is important to define why remedies can be grouped together as a family. In the case of this particular study, the aquatic substances chosen for remedy comparison share a common environment i.e. the sea. Mangialavori's (2002) studies with sea remedies have clearly highlighted the common themes and characteristics of this family.

2.2.2. Comparative studies

Comparative materia medica consists primarily of studying remedies by means of comparison of the symptoms that are common to more than one remedy, thus elucidating the similarity and differences between these remedies (Moore, 2007:18). This serves to provide the homoeopathic practitioner with the best possible idea as to what differentiates each remedy in the healing context and as to where the remedy lies in the homoeopathic armamentarium.

Candegabe (1997) states that the comparative study of remedies in groups, offers clear understanding of symptoms as well as highlighting the dynamic relationship between symptoms so that the whole picture of the remedy is identified (Candegabe,

1997). The comparative study of the proving symptoms enhances the understanding of a remedy in its totality and provides valuable information that enables clear differentiation from other remedies.

Candegabe (1997: xvii) refers to the concept of a “minimum characteristic syndrome”. The term refers to a small group of symptoms that clearly depicts the characteristics of the remedy picture. This small group of symptoms can then form the basis of repertorisation and comparison of similar remedies (Candegabe, 1997:2).

Moore (2007:27) highlighted the significance of comparative materia medica in her study of *Chamaeleo dilepis dilepis* and suggests that there could be potential benefit of a study of this nature especially in the context of newly proven remedies that have not yet undergone the trials of clinical use.

2.3 PROVING SUBSTANCE

2.3.1 CLASSIFICATION:

- Kingdom: Animalia (animals)
- Phylum: Chordata
- Subphylum: Vertebrata (vertebrates)
- Class: Chondrichthyes (cartilaginous fish)
- Subclass: Elasmobranchii (sharks and rays)
- Order: Rajiformes
- Family: Gymnuridae
- Genus: *Gymnura natalensis*
- Common names: Butterfly ray

Backwater butterfly ray

Diamond ray

Short-tailed ray



Figure 1: *Gymnura natalensis* (Chater, 2006).

2.3.2 DESCRIPTION

2.3.2.1. Appearance

The particular species chosen, *Gymnura natalensis* is the only ray in Southern Africa with a broad, diamond-shaped pectoral disc (Fig. 1) which is almost twice as wide as it is long. It is often referred to by the common name, *butterfly ray*, which is in reference to its extended wing-like pectoral fins. Fully developed adult rays attain a disc width of 2.5 meters and at least 90 kilograms. The disc is flexible near its margin, which is an important aid in swimming, burying and feeding (Deacon et al., 1997:123).

The dorsal surface appears gray, brownish or olive green with a darker mottling whilst the under surface is white. The diamond ray also possesses the ability to change the colour of the dorsal surface rapidly to match that of the environment or substrate (Heemstra, 2004:85).

The tail (Fig. 1) which is separate from the disc is variably developed depending on the particular species. In *Gymnura natalensis*, the tail is shorter than the body with black and white bands and may have one or two sharp serrated spines (Fig. 1) at the

base (Campagno, 1989:110). The head (Fig. 1) is flattened and not raised above the disc. There are five pairs of gill slits on the underside of the head and no dorsal or tails fins (Heemstra, 2004:84).

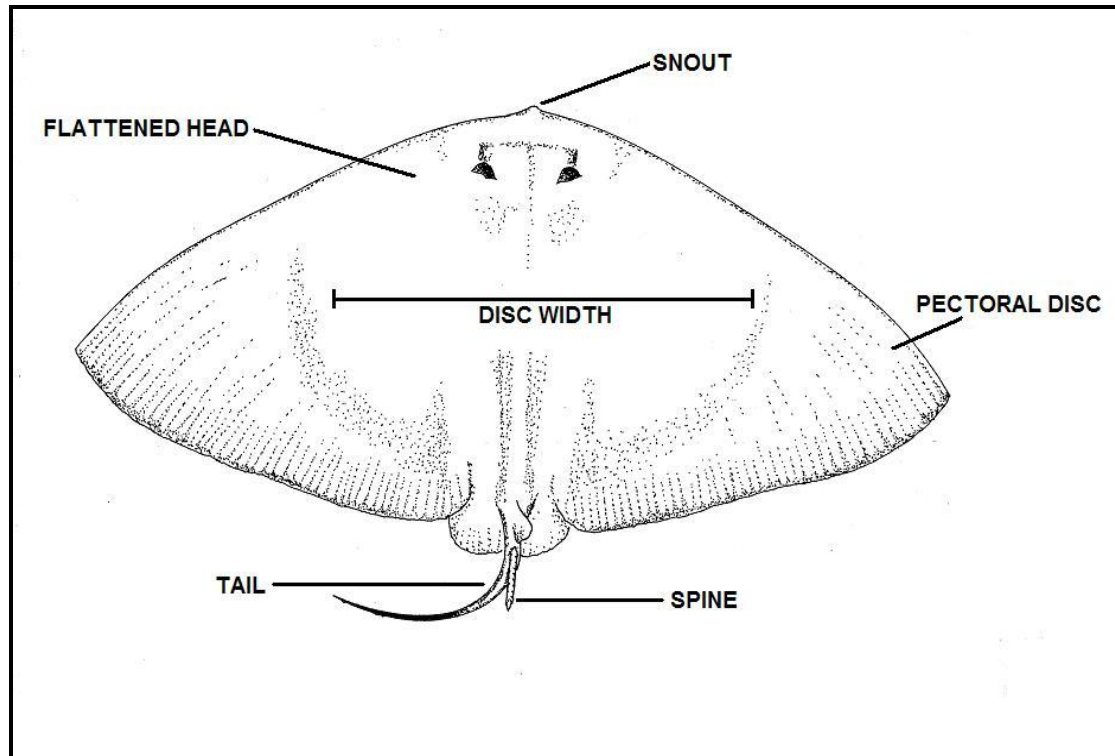


Figure 2: General anatomy of *Gymnura natalensis* (Cliff and Wilson, 1986).

2.3.2.2. Habitat

The majority of stingrays live exclusively in the sea, occupying a variety of habitats but spends a part of their lives in estuaries. They may be found swimming tirelessly in midwater or lie buried in the substrate of the ocean floor (Deacon et al., 1997:122).

Gymnura natalensis is endemic to the Southern African coast from Namibia to Mozambique. This species is usually found close inshore, especially off sandy beaches, offshore banks down to 75 m and muddy estuaries along the coasts of the Eastern Cape and Kwa-Zulu Natal. The species seems to be more prevalent in Natal in summer (Campagno, 1989:110). *Gymnura natalensis* may also be found in river estuaries and lagoons where they tend to bury themselves in the substrate (Heemstra, 2004:85).

2.3.2.3. Diet

Gymnura natalensis is carnivorous and tends to target mainly bottom-dwelling fish, sea-lice, flat-fish, mole crabs, polychaete worms, crabs as well as sardine, gurnard and squid (Campagno, 1989:110). Being bottom-feeders, the mouth is located on the undersurface and food is directed into the mouth by manoeuvring directly above the prey. Stingrays in general are selective feeders; the various shapes of the mouth and teeth are an indication of their food preferences (Deacon et al., 1997). *Gymnura natalensis* possesses a modified feeding apparatus of a strong jaw with 68-93 rows of small, sharply pointed teeth arranged as a pavement to facilitate the crushing of hard-shelled prey (Heemstra, 2004:85).

2.3.2.4. Reproduction

Both male and female diamond rays mature at a disc width of 1.1 meters (Heemstra, 2004:85). Mating takes place in the winter. The male fertilises the female internally by means of claspers which are the modified inner edges of the pelvic fin. The developmental strategy of *Gymnura natalensis* is of an aplacental viviparous type, whereby the young are born alive but there is no placental attachment of the embryo to the mother during the gestation period (Deacon et al., 1997:122). During the 12-month gestation period, the pups are nourished by uterine secretions (milk) which is absorbed by accessory gill filaments. There are usually 5 to 10 pups in a litter which are born in summer at a disc width of 40 centimetres (Heemstra, 2004:85).

2.3.2.5. Seasonality

Gymnura natalensis can be found all year round in Natal with peak abundance in December/January (Heemstra, 2004:85).

2.3.2.6. Nature of the animal

Stingrays have been described as sociable animals with a reasonable learning capacity. They are generally non-aggressive but males tend to display aggression during the mating season. They tend to be shy and depart rapidly if approached (Deacon et al., 1997). Most stingray attacks occur when the animal is threatened in its environment causing it to reflexively raise its tail above its head and thrust a spine into the victim (Auerbach, 2006).

Although normally solitary, *Gymnura natalensis* have been found in large shoals often comprising animals of one sex. Single rays tend to be found on the seabed, whereas shoals are often found in the midwater region (Campagno, 1989:110).

2.3.2.7. Movement

Stingrays move by vertical undulations of the disc and are adapted to ripple and glide through the water with very little effort. Propulsion is mainly achieved by lateral and horizontal movements of the tail or vertical movements of the pectoral fins. In the case of *Gymnura natalensis*, movements of certain parts of the well-developed disc enable it to dive, climb, turn or stop, offering a great advantage when seeking prey. The flattened disc also enables it to glide for long distances without any active movements (Deacon et al., 1997).

2.3.2.8. Venom and stinging apparatus

The venom apparatus of stingray (Fig. 3) consists of the caudal appendage, a bilateral spine which is covered by an integumentary sheath and associated venom glands, and the cuneiform area of the integument with which the sting is in contact when at rest (Halstead, 1970:29). The caudal appendage (Fig. 3) is cylindrical and showing tapering in cross-section. The caudal fin is present as a cutaneous fold or is may be indistinct. The cuneiform area (Fig. 3) is not usually well developed (Halstead, 1970:29).

The spine is attached to the tail of the stingray by dense connective tissue. The spines have a serrated edge with two grooves on the underside which house the venom glands (Auerbach, 2006). All stingray venoms are very similar. They contain serotonin, 5-nucleotidase, and phosphodiesterase. The latter two enzymes are responsible for the necrosis and tissue breakdown seen in stingray envenomations (Auerbach, 2006).

The envenomations by a stingray usually occur when the animal is disturbed, it reflexively whips its tail upwards and thrusts a spine or spines into the victim, producing a puncture wound or laceration. The sheath covering the spine ruptures and the venom, along with mucus and fragments of the sheath and spine are released into the tissue surrounding the wound. This results in intense pain, oedema and variable bleeding. The venom causes tissue damage by means of proteolytic enzymes and therefore heating the venom to a temperature above 50° C diminishes some of its biologic effect (Auerbach, 2006).

Reported systemic effects of stingray envenomations include : diaphoresis, nausea, cardiac arrhythmia (flattened and biphasic T-waves), anxiety, headache, tremors, skin rash, diarrhoea, generalized pallor, delirium, neuritis, limb paralysis, paresthesias, lymphangitis, abdominal pain, arthritis, fever, hypertension and hypotension, dyspnoea, congestive heart failure and syncope. Some of these effects can be due to allergy to the venom and psychological reactions to attack (Edmonds, 1995:72).

Penetration of the body cavities (chest, abdomen and groin) is a serious medical emergency (Edmonds, 1995:71). Introduction of the ray's necrotising venom directly into the body cavity of a person has been known to cause insidious necrotizing effects on the heart and other internal organs, and death is often inevitable. Tissue necrosis and subsequent secondary bacterial infection that occurs as a result is extremely difficult to treat (Auerbach, 2006).

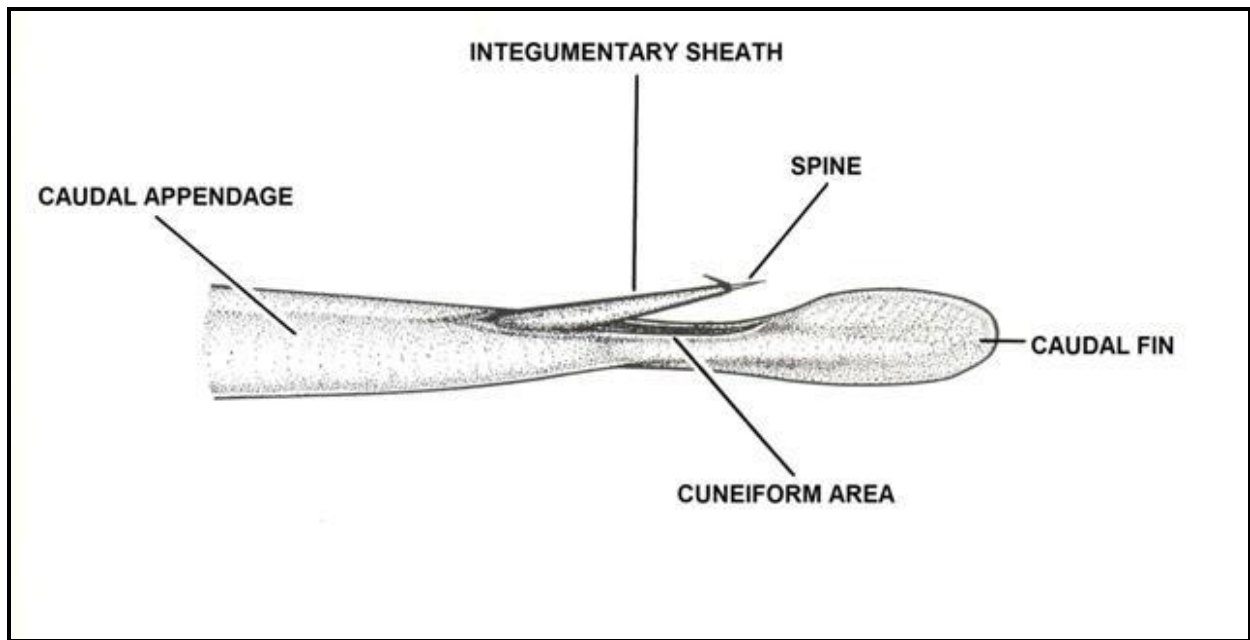


Figure 3: Caudal appendage of a Gymnurid stingray showing the morphology of the venom apparatus (Halstead, 1970).

CHAPTER THREE

3. METHODOLOGY AND MATERIALS

3.1. EXPERIMENTAL DESIGN

The homoeopathic drug proving of *Gymnura natalensis* took the form of a randomised, double-blind; placebo controlled trial. A remedy made up to the 30th centesimal potency or 30CH was administered to healthy provers.

The voluntary participation of a total of 30 provers was made official by the signing of an *Informed Consent form* (Appendix C). The proving population consisted of homoeopathic practitioners, homoeopathic students at the Durban University of Technology and members of the general public who met the necessary inclusion criteria (Appendix B). The population consisted of both males and females (Fig.5) ranging from age 21- 42 years (Fig. 6). A portion of twenty percent of the group (six subjects) formed the control group, with the remaining eighty percent (24 subjects) comprising the experimental group. Provers received either placebo or verum in a randomised manner.

A randomisation list, which determined whether a prover was in the experimental group or the control group, was formulated by the proving supervisor. Provers were assigned prover codes which were used for the duration of the proving. The provers were unaware of the substance being proven or what potency it was proved in. Furthermore the dispensing of lactose powder sachets was carried out by an independent party which ensured that researchers and provers had no knowledge of who received verum and who received placebo thereby maintaining the double-blind nature of this study.

Primary data collection was in the form of a journal for daily symptom recording. Provers were provided with a guide for symptom recording which was outlined in Appendix D (*Instructions to Provers*) and included in the prover journals. Provers recorded their baseline state for a period of one week prior to the proving. This served as an intra-individual control for each prover which helped to distinguish

symptoms of the prover whilst under the influence of the proving remedy. At the end of the proving process, the data from the prover journals was extracted, edited and collated. Data recorded during physical examinations and pre-proving case histories (Appendix D) taken by the researcher prior to commencement of the proving was also considered.

3.2. THE PRINCIPLE INVESTIGATORS

This study was conducted concurrently with a similar proving of *Gymnura natalensis*. The two proving supervisors were Masters of Technology: Homoeopathy students, Vanishree Naidoo and Thrishal Pather. During the proving process the researchers were referred to as the proving supervisors, as they were directly responsible for supervision and management of the proving population during this study. The academic research supervisors or research co-ordinators were Dr. M. Maharaj (M.Tech:Hom) and Dr D.F Naude (M.Tech:Hom).

3.3. OUTLINE OF THE EXPERIMENTAL METHOD

The methodology proposed in this study followed that recommended by Sherr in his *Dynamics and Methodology of Homoeopathic Provings* (1994).

- The proving substance was prepared by the researchers according to Method 6, Method 8a and Method 10 of the *German Homoeopathic Pharmacopoeia (GHP)* (British Homoeopathic Association, 1993).
- The researchers recruited potential provers from homoeopathic students, homoeopathic practitioners and members of the general public.
- Posters (Appendix A) were displayed on notice boards in the Department of Homoeopathy as well as other sites on the Durban University of Technology campus.

- Prospective provers were given a *Proving Information Sheet* (Appendix F) which provided them with answers to commonly asked questions regarding the proving process. They were required to fill in *Suitability for inclusion* questionnaire (Appendix B) to determine whether they met the necessary requirements for inclusion in this study.
- Provers attended the pre-proving group meeting during which the researchers explained the basic procedure of this study and informed provers of what was expected of them during the proving process. Provers were also given the opportunity to ask questions before they committed to participating in this study.
- A date for pre-proving consultations and physical examinations was scheduled for each prover. This took place on an individual basis between the researcher and each prover. Provers were asked to sign an *Informed consent form* (Appendix C) at the consultation.
- The pre-proving consultation consisted of a thorough case history taking (Appendix D) and a physical examination of the prover.
- At the consultation, each prover was provided with,
 - a personal prover code
 - a blank A5 notebook for journal recording of symptoms
 - *Instructions to Provers Sheet* (Appendix E)
 - Relevant contact numbers
- One week prior to taking the first dose, each prover recorded their 'normal' pre-proving symptoms in their journals, at least three times a day or as often as they occurred. This served to establish a 'baseline' for each person's normal state of health and to get them accustomed to self-observation (ICCH, 1999; Sherr, 1994:60).

- One week after the commencement of pre-proving journal recording, the remedies were dispensed and collected by each prover immediately prior to starting the proving. This was a precautionary measure taken so as to prevent antidoting of the proving substance through incorrect handling and storage.
- All provers commenced the proving on the same day. The researcher contacted the provers by telephone to remind them to take the first dose of medication and record any symptoms that arose thereafter.
- If symptoms did occur, the prover ceased to take any further medication. However, provers were encouraged to take a further dose if the symptoms experienced were very mild (Sherr, 1994:61). This process was closely monitored by the researcher.
- The researcher maintained daily telephonic communication with each prover during the first week of the proving to discuss the prover's symptoms.
- After the first week, contact frequency decreased from daily to every two days in the second week, then every three days in the third week and once in the fourth week.
- Provers recorded their symptoms daily for a period of four weeks. Provers continued to record their symptoms until no further proving symptoms were noted.
- A further one week was allowed for post-proving observation, in case any further symptoms arose.
- At the end of the observation period the researcher scheduled a post-proving consultation and examination to note any changes in the prover's condition and to collect the completed journals.

- A post-proving group meeting was held with all provers once all post-proving consultations were over and all journals had been collected, so that the need to retain secrecy during the proving was maintained (Sherr, 1994:66; ICCH, 1999:35).
- The proving was then un-blinded to the researcher allowing for verum and placebo groups to be distinguished from one another before extraction of symptoms began.
- Extraction of symptoms, collation and editing of data from the journals was carried out by each researcher. This process was conducted manually by the researcher and no computer software was used.
- This data was then presented in standard materia medica and repertory format. No formal statistical analysis of data was required in this study.

3.4. THE PROVING SUBSTANCE

3.4.1. Potency

Hahnemann advocated the use of the thirtieth potency for purposes of investigating the medicinal powers of substances as is outlined in aphorism 128 of the *Organon of the Medical Art* (O'Reilly, 1996). The homoeopathic drug proving of *Gymnura natalensis* was conducted using the 30CH potency based on this recommendation as well as the success of more recent provings using the same potency as noted by Sherr (1994). Sherr confirmed that in his proving of Hydrogen, the most mental/emotional symptoms were produced by provers that had taken the 30CH potency (Sherr, 1994:27).

3.4.2. Collection, preparation and dispensing of the proving substance

A fresh sample of the stingray spine which is covered with a film of venom and mucus was required for the preparation of the homoeopathic medicine for this proving. Simon Chater, a marine biologist affiliated with the South African

Association for Marine Biological Research (SAAMBR) assisted the researchers in obtaining the sample. The availability of the specific species of stingray and the exact time for obtaining this sample could not be predetermined owing to the nature and seasonality of this animal. *Gymnura natalensis* was obtained as an incidental catch during routine marine tagging carried out by SAAMBR. The animal was caught in the wild off the coast of Umzumbe, Kwa-Zulu Natal. Both researchers involved in the parallel studies of this substance were present. The marine biologist identified it as a male weighing 51kgs with a disc width/wingspan of 1.3 m and considered it to be in a healthy condition.

The tail of the stingray was appropriately immobilised so that it posed no threat to the marine biologist handling it and caused a minimal degree of discomfort to the animal. The spine was mechanically removed from the tail of the stingray by means of sterile forceps. Simon Chater informed the researchers that spines are routinely removed in this manner when tagging these animals for species count and cause the animal no pain.



Figure 4: Sample of *Gymnura natalensis* spine.

Manufacture of the remedy

The fresh sample was accurately massed and immediately triturated with inert lactose powder in a ratio of 1:99 to three potency levels with a resultant 3CH triturate as per Method 6 of the *German Homoeopathic Pharmacopoeia* (GHP) (British Homoeopathic Association, 1993). The researchers then transported the 3CH triturate to the Durban University of Technology laboratory where they proceeded to convert the 3CH triturate to liquid potency by serial dilution up to the 30th centesimal potency as per Method 8a of the GHP (British Homoeopathic Association, 1993).

This 30CH liquid potency was then used to impregnate inert lactose granules at 1% volume: volume as per Method 10 of the GHP (British Homoeopathic Association, 1993). The subsequent preparation of placebo and verum powders and the dispensing thereof was carried out by an independent party, the lab technician. Each set of six inert lactose powders had ten granules impregnated with *Gymnura natalensis* 30CH added to them. This was dispensed as the verum to provers in the experimental group.

The placebo was manufactured in a similar manner to the verum, following method 6, 8 and 10 of the GHP (British Homoeopathic Association, 1993). *Saccharum lactis* powder was triturated up to the 3CH potency. Liquid potencies up to the 30CH potency level were manufactured from *Saccharum lactis* 3CH triturate. The 30CH liquid potency of *Saccharum lactis* was then used to impregnate granules which were then added to unmedicated lactose powders and administered to the control group.

The manufacture method employed for both verum and placebo was identical resulting in both being comparatively indistinguishable from each other , thereby ensuring the double-blind nature of the experiment.

3.4.3. Dosage and Posology

The provers were dispensed a total of six lactose based verum or placebo powders and were instructed to take one powder sublingually, a maximum of three times a

day for two days. Provers ceased to take any further doses after they or the researcher noted the onset of symptoms (Sherr, 1994:53).

Each dose was taken on an empty stomach with nil per mouth for half an hour to an hour prior to the dose being taken.

Information regarding the dosage and posology was explained at the pre-proving group meeting and clearly outlined in the *Instructions to Prover* document (Appendix D), which was provided to each prover.

3.5. THE PROVING POPULATION

3.5.1. Sample size and demographics

Sherr's (1994:45) experience with numerous provings shows that 15-20 provers is sufficient for the complete proving of a remedy and he has adopted a policy of using between 10% and 20% of provers as a placebo group. The proving of *Gymnura natalensis* was conducted on 30 healthy subjects. Provers consisted of individuals that had been acquainted with the principles of homoeopathy namely homoeopathic practitioners and homoeopathic students (2nd- 5th years) as well as members of the general public who had no background knowledge of homoeopathy. The study was conducted with a majority experimental group of 24 subjects comprising eighty percent of the total proving population. The placebo group comprised twenty percent of the total proving population i.e. six subjects of the thirty subjects. The male: female ratio (Fig.6) was 2:1 with an age range of 21 years to 42 years (Fig.5). Provers were informed of the use of placebo in this study and were made aware of the likelihood of them receiving placebo.

3.5.2. Randomisation

Randomisation of this study was conducted by the proving supervisor (Walach, 1997). Provers were allocated prover codes, random selection of provers and assigning them to verum or placebo groups was carried out by the supervisor using these codes. The dispensing of verum and placebo to the respective recipients was

conducted by an independent party. Neither the researcher nor the provers knew which provers were in the experimental group and which provers were in the placebo group thereby maintaining the double-blind nature of this study.

3.5.3. Inclusion and exclusion criteria

Inclusion criteria

All prover volunteers chosen to participate in this study had to meet the following criteria:

- Were between the age of 18 and 60 (Taylor, 2004).
- Were in what is considered to be a reasonable state of good health (Sherr, 1994:44). A subject is considered to be in a reasonable state of good health if they are not currently physically or psychologically ill and not in need of any form of medicinal treatment (Riley, 1996:6).
- Were able to maintain his/her normal lifestyle and usual daily routine as closely as possible (Walach, 1997:222).
- Were willing to follow the proper procedure for the duration of the proving.

Exclusion criteria

The subjects:

- Were in need of any medication: chemical, homoeopathic or other (Sherr, 1994:44).
- Had surgery in the previous six weeks (Wright, 1999).
- Were on the birth control pill or hormone replacement therapy in the previous six months (Sherr, 1994:30; Wieland, 1997:233).
- Were pregnant or nursing (Sherr, 1994:30).
- Used recreational drugs such as cannabis, LSD or MDMA (Sherr, 1994; Wright, 1999).
- Consumed more than:
 - three cups of caffeine containing beverages or herb teas per day

- ten cigarettes per day
- two measures of alcohol per day (Sherr, 1994:44)
- Had any gross physical or mental pathology, found during case history taking or physical examination (Wieland, 1997:233).
- Had scheduled surgery or medical procedures for the duration of the proving (Moore, 2007).

3.5.4. Lifestyle of provers during the proving

Provers were advised to follow certain precautions while participating in this study, details of which were clearly explained in Appendix E, *Instructions to Provers*.

- Try to maintain their usual habits and lifestyle (Sherr, 1994:92).
- Avoid antidoting factors such as camphor, mint and menthol and discontinue the use thereof two weeks prior to starting the proving and for the duration of the proving (Sherr, 1994:92).
- Store the proving powders in a cool, dark place away from strong smelling substances, electrical equipment and cellular phones (Sherr, 1994:92).
- Exercise moderation with respect to work, alcohol, smoking, diet and sexual activity (Sherr, 1994:92).
- Avoid taking any medication especially antibiotics, vitamins or mineral supplements, herbal or homoeopathic (Sherr, 1994:92).
- Consult their doctor, dentist or hospital should a medical emergency arise and to contact their proving supervisor thereafter (Sherr, 1994:92).

3.5.5. Monitoring of the provers

The researcher maintained telephonic contact with the provers for the duration of the proving. Contact frequency decreased from daily in the first week of the proving to every second day in the second week, every third day in the third week and once a week in the fourth week (Sherr, 1994:58).

The purpose of this frequent contact was to:

- initially determine when the remedy began to act in the prover so that no further doses were required to be taken.
- assess the quality of the symptom recording by the prover.
- monitor the nature of the symptoms experienced by the prover, thus ensuring safety of the provers in case there was a need for antidoting or an alternative treatment intervention.

3.5.6. Ethical considerations

- The proving methodology of this study was approved by the Faculty of Health Sciences Ethics Committee, Durban University of Technology prior to commencement, to protect the rights and safety of each prover.
- Each prover consented to voluntary participation in this study by signing an *Informed Consent Form* (Appendix C).
- Confidentiality was maintained throughout the study.
- Provers were made aware of the fact that they were under no obligation and were free to withdraw from this study at any point.

3.6. DURATION OF THE PROVING

3.6.1. Pre-proving observation

Each prover commenced the recording of their 'normal' daily symptoms for a period of one week prior to taking the first dose of the proving substance. This established a baseline of each prover's state of health and was used to confirm the validity of symptoms experienced by the prover while under the influence of the proving substance. It also served to get provers accustomed to self-observation and regular symptom recording (Sherr, 1994).

3.6.2. Case history and Physical examination

Provers, who were deemed suitable for participation in the proving, attended a pre-proving consult. A thorough case history and general physical examination

(Appendix D) following standard homoeopathic format was taken. This served to clarify and confirm the baseline status of each prover prior to administration of the proving substance.

3.6.3. Commencement of the proving

All provers commenced the proving on the same day. The provers were dispensed six powders, to be taken a maximum of three times a day for two days, or until the onset of symptoms. No further powders were required to be taken thereafter. Provers continued to record their symptoms daily for a period of four weeks or until no further symptoms were noted.

3.6.4. Post-proving observation

A further one week was allowed for general observation, in case any further symptoms arose during this period. At the end of the post-proving observation period, provers attended a post-proving consultation during which a follow-up case-history and physical examination was conducted. The journals were collected from each prover and the proving was considered complete.

3.6.5. Group meeting

The group discussion served to amalgamate the separate provings into a totality as if the symptoms had occurred in one person (Sherr, 1994:66). This discussion gave the provers an opportunity to relate their experiences during the proving as well as to clarify, validate or discard symptoms they were unsure of. The entire proving population was required to attend the meeting but not all provers were available. The provers in the verum group were urged to attend as the symptoms of this group formed the basis of this study. At the end of the discussion, the proving substance was revealed to the provers and they were informed of who received verum and who received placebo.

3.7. DATA COLLECTION BY PROVERS

Proving data was collected in the form of a journal that each prover recorded daily in for the duration of the proving. Symptoms were recorded at the time of their occurrence, so as to avoid inaccuracy in recording due to a time lapse between symptom occurrence and recording. Guidelines for symptom recording were included in each journal and the researcher monitored the quality of symptom recording by provers during each telephonic communication.

It was requested that provers adhere to the following format for recording symptoms:

- Notes were made for each symptom and any concomitants, locality, time, sensation and duration (Sherr, 1994:60)
- Each day a new page was started, noting the day and date clearly (Sherr, 1994:60)
- Each symptom was written on a new line, leaving space for remarks (Sherr, 1994:60)
- Notes were not to be verbose and only definite facts were recorded (Sherr, 1994:62)
- Each symptom was categorised according to:
 - New symptom (NS) – never before experienced
 - Old symptom (OS) – occurred more than one year ago
 - Altered symptom (AS) – a normal symptom changed during the proving
 - Recent proving (RS) – experienced within the last year
 - Cured symptom (CS) – old or recent symptoms that are no longer present (Sherr, 1994:62)
- The details above were noted in red ink alongside the symptom (Sherr, 1994:62)
- The exact time of occurrence was recorded with the symptom
- Each symptom was recorded chronologically according to the day, number of hours and minutes since the proving commenced in the format of DD:HH:MM, such that 06:12:24 is 6 days 12 hours and 24 minutes since the proving began (Sherr, 1994:73)

- DD refers to the number of days since the proving began
- HH is the number of hours
- MM refers to the number of minutes
- After 24 hours the minutes become unimportant and were represented by XX
After a few days, hours became redundant and was also represented by XX
(Sherr, 1994:73)
- Instances where time was insignificant or unclear were designated with
XX:XX:XX

3.7.1. Extraction and evaluation of symptoms

Symptoms extracted from each prover's journal were collated and converted into materia medica and repertory format (Sherr, 1994:67). All accounts reported by provers were recorded in the first person retaining the provers own words, using plain, clear and grammatically correct English (Sherr, 1994:67). Symptoms obtained during the pre-proving consultations and from the pre-proving journal recording served as a baseline control for individual provers to confirm the validity of symptoms experienced during the proving. Data from telephone conversations and the post-proving group meeting were also considered for inclusion as proving symptoms.

Symptoms were evaluated in terms of relevance to the proving according to the inclusion and exclusion criteria listed below.

3.7.2. Criteria for inclusion of a symptom as a proving symptom

Inclusion criteria:

- If the prover is under the influence of the proving remedy then all new symptoms are proving symptoms (Sherr, 1994:70)
- New symptoms, unfamiliar to the prover (ICCH, 1999:36)
- Usual or current symptoms which are intensified to a marked degree (ICCH, 1999:36)
- Current symptoms that have been modified or altered, (with clear description of current and modified components) (ICCH, 1999:36)

- Old symptoms that have not occurred for at least one year (note time of last appearance) (ICCH, 1999:36)
- Present symptoms that have disappeared during the proving (cured symptoms) (ICCH, 1999:36)
- The time of day at which the symptom occurred should be included only if there is repetition of such times among other provers (ICCH, 1999:36)
- If a symptom is in doubt, include it in brackets. It could be valid if another prover experiences the same symptom. If not, it must be excluded (ICCH, 1999:36)
- A symptom experienced in more than one subject (Riley, 1997:227)
- A symptom occurred after taking the medication on at least 2 occasions during the proving (Riley, 1997:227)
- A symptom experienced when the proving started, which disappeared or is significantly ameliorated after the administration of the proving medication. This is referred to as a cured symptom (Riley, 1997:227)
- Modalities (something which makes a symptom better or worse) (Riley, 1997:227)
- Concomitants (something occurring in conjunction with a symptom) (Riley, 1997:227)
- Timing of the symptoms (periodicity, specificity of timing) (Riley, 1997:227)
- Localization (sides of the body, extension) (Riley, 1997:227)
- Intensity of a symptom (Riley, 1997:227)
- Unique descriptions of a symptom (descriptive adjectives) (Riley, 1997:227)
- Accidents, co-incidences and synchronistic events which occur to more than one prover (Sherr, 1994:70)

Exclusion criteria:

- Any serious doubt to the validity of the symptom (Sherr, 1994:70)
- Symptoms that have occurred in recent history i.e. in one year or less (Sherr, 1994:70)
- Symptoms that are usual or current for the prover (Sherr, 1994:70)
- Symptoms which may have been produced by a change in life or exciting cause (ICCH, 1999:36)

3.7.3. Collating and editing of the data

The aim of collating is to synthesise the proving from many separate accounts into an 'as if one' composition (ICCH, 1999:36).

Proving data was edited and presented in a coherent proving format that is logical and non-repetitive. Identical and similar symptoms from different provers appeared separately and consecutively under the various headings relating to area of the body e.g. mind, dreams, generals (Sherr, 1994:77). All symptoms were reported in the first person, retaining the prover's language but excluding cumbersome sentences and unnecessary detail (Sherr, 1994:77). A symptom pertaining to a particular section that was repeated in one prover was recorded once taking into consideration the relevant intensity of that symptom (Sherr, 1994:77).

3.8. COMPARATIVE MATERIA MEDICA

On completion of collation and editing, the researcher attempted to highlight the similarities and differences between the characteristic symptoms of *Gymnura natalensis* and other remedies derived from sea animals. This was done by means of a group analysis of *Gymnura natalensis* in relation to other remedies that share the same natural family, a method of comparative analysis proposed by Mangialavori (2002).

Remedies chosen for comparison are:

- *Ambra grisea* (whale secretion)
- *Galeocerdo cuvier* (tiger shark liver)
- *Lac delphinium* (milk of dolphin)
- *Medusa* (jelly-fish)
- *Murex purpurea* (purple fish)
- *Sepia officinalis* (cuttlefish)

3.9. REPORTING THE DATA

The edited data was recorded in standard homoeopathic format as the materia medica and repertory of *Gymnura natalensis*.

3.9.1. Repertorisation

Repertorisation transforms proving information into a useful tool (Sherr, 1994:80). Symptoms that have occurred in the proving were analysed and translated into repertory format (Sherr, 1994:80). Symptoms or rubrics reported by provers were matched with corresponding existing rubrics in the *Synthesis Repertorium Homeopathicum* - edition 8.1 (Schroyens, 2001). For purposes of this study, the method employed for grading of symptoms is a combination of grading according to frequency of symptom occurrence (Sherr, 1994:85) and grading according to the number of provers experiencing the particular symptom (Schroyens, 2001). The average percentages as it relates to 24 provers on verum were calculated resulting in the following grading system:

Table 1: Grading system

Number of provers	Average percentage %	Grade
1 - 4	0 - 20	1
5 - 9	20 - 40	2
10 - 14	40 - 65	3
15 and above	65 and above	4

3.9.2. Materia medica

The proving symptoms of *Gymnura natalensis* were presented in standard materia medica format. The symptoms are listed under sections that are common to most

materia medicae and correspond to those of the *Synthesis: Repertorium Homeopathicum Syntheticum - edition 8.1* (Schroyens, 2001).

Symptoms were entered under the following headings:

Mind	Abdomen	Extremities
Vertigo	Rectum	Sleep
Head	Stool	Dreams
Eyes	Bladder	Fever
Vision	Female	Perspiration
Face	Respiration	Skin
Mouth	Cough	Generals
Throat	Chest	
Stomach	Back	

CHAPTER FOUR

4. THE RESULTS

4.1. INTRODUCTION

The symptoms from the proving journals were extracted, collated and edited. The results of this process were represented in this chapter in materia medica and repertory format. Symptoms listed under materia medica sections are presented in the provers' words. In the repertory section, symptoms have been translated from the provers' words to rubrics and presented according to the *Synthesis Repertorium Homeopathicum 8.1* (Schroyens, 2001).

4.2. MATERIA MEDICA

4.2.1. KEY

The proving symptoms of *Gymnura natalensis 30CH* are grouped according to standard materia medica sections.

The symptoms are referenced as follows:

PROVER NUMBER – SEX – ONSET OF SYMPTOMS (DD:HH:MM)

- The time reference indicates the number of days, hours and minutes since the first dose was taken. After 24 hours the minutes are considered unimportant and represented by XX. The hours also become unimportant after a few days.
- If time is unclear or not recorded by the prover it is represented as XX:XX:XX
- Symptoms recorded by provers in the placebo group were not considered
- All symptoms cured during the proving will be denoted by the word (curative) which will follow the particular symptom

4.2.2. PROVER LIST

The recorded symptoms that comprise the materia medica and repertory of *Gymnura natalensis* were obtained from a total of 24 provers who had received verum. The placebo group consisted of six subjects as highlighted in Table 2 below. The prover group consisted of both males and females (Fig. 5) with an age range of 21 years to 42 years (Fig. 6).

Provers that were in the placebo group are indicated by a P, and those in the verum group are indicated by a V, in the appropriate column of the table.

Table 2: Proving group

PROVER NUMBER	AGE	SEX	PLACEBO/VERUM
01	30	M	P
02	23	M	P
03	32	F	V
04	29	M	V
05	25	M	V
06	23	F	V
07	35	F	V
08	31	M	P
09	29	M	V
10	25	F	V
11	31	M	V
12	26	F	P
13	29	M	V
14	30	M	V
15	42	F	V
16	23	M	V
17	25	M	V
18	28	M	V
19	21	M	V
20	21	M	V
21	25	M	V
22	28	F	V
23	23	M	P
24	25	F	V
25	24	F	P
26	32	M	V
27	29	M	V
28	26	M	V
29	25	M	V
30	40	M	V

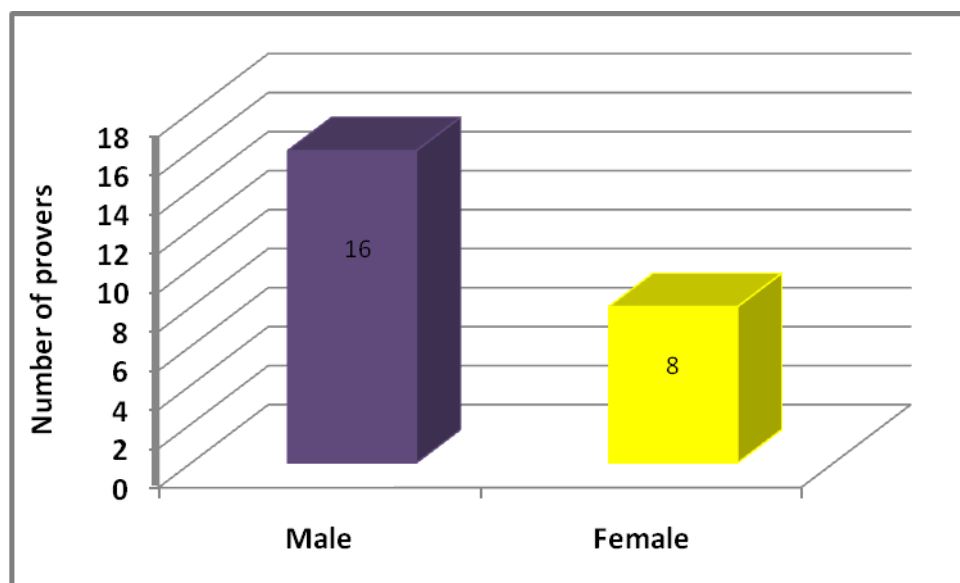


Figure 5: Gender contribution of provers

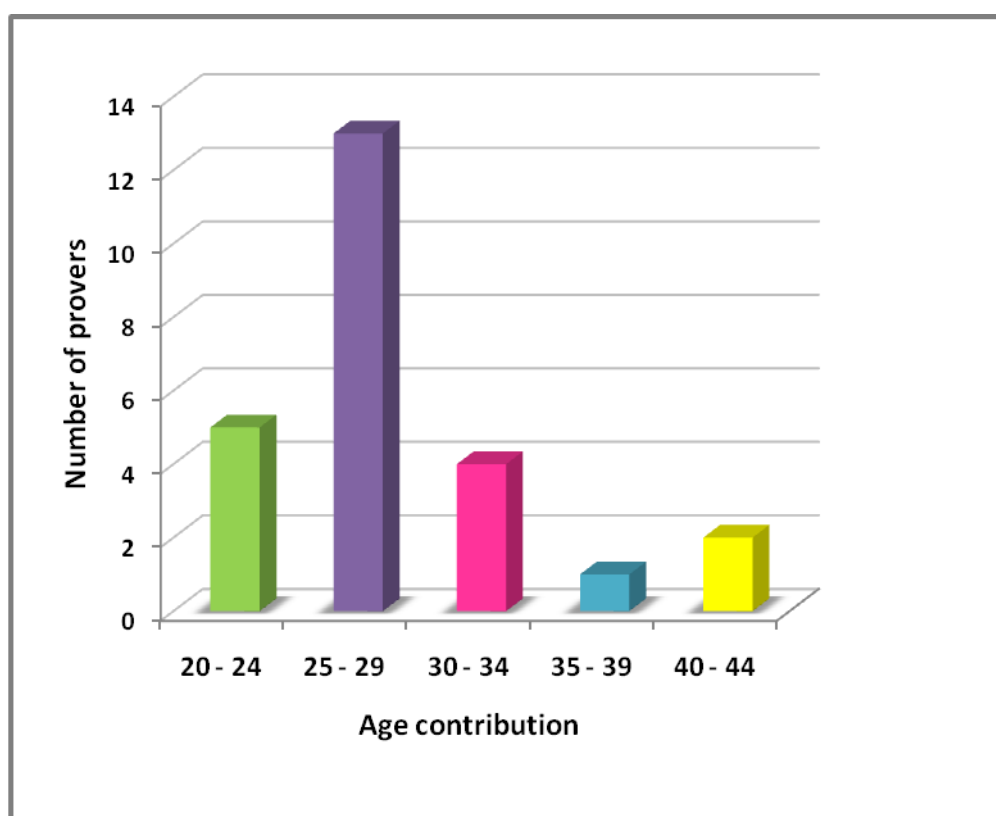


Figure 6: Age distribution of provers

4.2.3. SYMPTOMS OF *Gymnura natalensis*

4.2.3.1 MIND

Anxiety

I have started getting heart palpitations; they lasted for about 5-10 minutes. I am so acutely aware of my heart - feel very anxious and like I don't have a grip on things.

Mind feels a bit scattered

03F 00:05:20

I feel so anxious - I doubt everything that I am saying and doing which is unlike my character. Such paranoia – I am feeling very sensitive to my environment

03F 00:06:30

Still feel uneasy as if I have no self confidence

03F 00:09:30

I feel unnerved by the anxiety that started yesterday and I have not felt this way in ages. I don't like this feeling of self-doubt

03F 01:14:XX

Had uncomfortable sleep last night. Kept on getting up with an anxious feeling – not sure why though

05M 02:23:XX

I feel nervous or anxious for no reason

09M 08:XX:XX

Felt anxious all day for no reason

11M 03:XX:XX

Slightly anxious

13M 08:12:XX

Slightly anxious about restricted breathing

13M 10:00:XX

Throughout the day – I felt very energized. I also had an anxious sensation in my chest. I felt that I was in a hurry the whole day and felt like working more

22F 01:07:45

Not tired again. Last night I battled to fall asleep. I felt an unexplainable excitement and great sense of anticipation... Who knows what for?

22F 01:22:45

Cheerful

I have a sense of fun, feeling like playing a bit and doing something childish or child-like – like going to a fancy dress party

03F 10:07:XX

Cheerful in the morning – I'm never cheerful in the morning

06F 09:XX:XX

Cheerful in the morning – this is very unusual because I am not a morning person

06F 14:XX:XX

Difficult concentration

I feel spacey, focusing is quite difficult and my attention keeps wandering. I had to remind myself to concentrate

07F 01:03:30

I feel a bit spaced out today. It is difficult to stay focused on the things I need to do

18F 02:03:00

Concentration better at night

Can't go to sleep. My mind is racing. I tossed and turned in bed – feel very alert at night. I am able to concentrate better at night

18F 06:11:XX

I went to bed really late – unlike me to be up so late. I was alert and able to accomplish quite a bit of work

18F 07:XX:XX

I had to get out of bed as I was unable to fall asleep. I felt tired and sleepy but just could not fall asleep. My concentration was better so I decided to get some work done

18F 10:14:XX

Depression

I feel very depressed today with a sense of doom on the horizon – not sure how to explain it

03F 02:00:XX

I feel unusually sad and detached. I have no reason to feel this way. I don't want to see or speak to anyone

16M 07:00:XX

Feel like crying – a deep sadness is over me – a gloomy cloud is over me

17M 00:12:30

A deep sadness is within me. A weak and sad feeling of worthlessness

17M 00:19:XX

Heavy sad feeling of a deep depression

17M 01:21:XX

A deep seated loneliness is overcoming me. My partner noticed my sadness and sense of depression. My family also noticed my state of sadness. There is no aetiology to this sadness and loneliness

17M 01:06:XX

I feel great despair. I'm very negative about everything. I don't see any way out of my present gloom

22F 20:XX:XX

Desire to be alone

I feel unusually sad and detached. I have no reason to feel this way. I don't want to see or speak to anyone

16M 07:00:XX

I want to be alone

17M 01:06:XX

Desire to be alone and not associate with the world. Feeling isolated hence I spent the day at home in company with myself. Aversion to people

17M 11:XX:XX

I want to be left alone but on the flip side I feel extremely isolated. All this makes me want to escape where I won't have to have any human contact

22F 20:XX:XX

Disconnected, detached, isolated

I feel unusually sad and detached. I have no reason to feel this way. I don't want to see or speak to anyone

16M 07:00:XX

Feeling so disconnected with everything. Better for being alone. Feel like crying – a deep sadness is over me – a gloomy cloud is over me

17M 00:12:30

I feel great despair. I'm very negative about everything. I don't see any way out of my present gloom. I feel as if this extreme nihilism will never leave me. I want to be left alone but on the flip side I feel extremely isolated. All this makes me want to escape where I won't have to have any human contact. Moments of utter emptiness suddenly overcome me and I want to cry for no apparent reason. I want to be still and cut off all the stimuli. Staring into space and keeping absolutely still is all I want to do. It's very difficult to snap out of that catatonic state and get going

22F 20:XX:XX

Dissatisfaction

Feeling of dissatisfaction which is very unusual for me. It feels like I'm missing or wanting something but don't know what it is

11M 00:XX:XX

Feeling irritable and dissatisfied

11M 01:XX:XX

Feeling of dissatisfaction and oversensitivity

11M 02:XX:XX

Keep rearranging my office and table because I'm not satisfied with the way they are

11M 03:XX:XX

Feeling dissatisfied and reflected on things from my past that I wish I could re-do

11M 05:XX:XX

Dyslexia

Mixing up of letters and words when typing. The symptom lasted the entire day – feels dyslexic

04M 06:01:XX

Mixing of letters and words more pronounced. I constantly need to correct my spelling

04M 07:01:XX

Improved concentration

I have noticed that my concentration seems to have increased quite a bit – I feel that the work I am doing, at home and work, is of good quality and is productive

03F 15:XX:XX

Mind – increased energy levels

05M 00:05:00

I am feeling very awake as if I had strong coffee which I have not had. I am usually not very alert at this time of the day

09M 01:02:10

Can't go to sleep. My mind is racing. I tossed and turned in bed – feel very alert at night. I am able to concentrate better at night

18F 06:11:XX

I had to get out of bed as I was unable to fall asleep. I felt tired and sleepy but just could not fall asleep. My concentration was better so I decided to get some work done

18F 10:14:XX

Irritability

My mood has been up and down – can't say that I feel all that stable

03F 01:02:XX

Increased irritability in the morning

05M 01:03:XX

Feel very moody and irritable

06F 18:XX:XX

Feeling irritable and dissatisfied

11M 01:XX:XX

Had friends over this evening and noticed their behaviour and found their untidiness annoying

11M 02:XX:XX

Been quite irritable lately, more so than usual. Tolerance levels are low

13M 02:XX:XX

Slightly irritable at times

13M 04:XX:XX

Irritable, energy levels slightly low

13M 06:XX:XX

Irritable and frustrated

13M 09:XX:XX

I am so irritable and snappy. Everything is simply annoying me. Want to be left alone and not be pestered

17M 04:XX:XX

Very calm at times and then very angry and irritable the next

17M 05:XX:XX

Extremely moody and snappy with partner and family members

17M 08:XX:XX

Increased irritability. I find myself getting annoyed more easily (short fuse)

28M 07:XX:XX

Lack of self confidence

Still feel uneasy as if I have no self confidence

03F 00:09:30

I feel unnerved by the anxiety started yesterday and I have not felt this way in ages.

I don't like this feeling of self-doubt

03F 01:14:XX

Paranoia

I feel so anxious - I doubt everything that I am saying and doing which is unlike my character. Such paranoia – I am feeling very sensitive to my environment

03F 00:06:30

I have a slight sense of paranoia and that same feeling in my chest again, like I am aware of my heart

03F 20:XX:XX

Prostration

My body and mind feel extremely tired and lazy

14M 00:05:10

I am feeling lethargic and exhausted. My mind and body is in a state of deadness and exhaustion

17M 01:04:15

Spaced out feeling

Feels like I'm in a dream, like I'm looking at the world through water/a reflection

06F 09:XX:XX

I feel spacey, focusing is quite difficult and my attention keeps wandering

07F 01:03:30

I feel like I'm in a dwaal. I feel spaced out like I'm on drugs. This feeling is making me extremely tired and lazy which is not normal for me because I usually have lots of energy

16M 01:08:30

I still feel high like I smoked some weed

16M 02:07:XX

I still feel dazed – I find it difficult to maintain my composure and stay in control.

Feels like I'm on a drug

16M 03:03:XX

Still feeling spaced out and I need to close my eyes

16M 03:05:XX

I feel a bit spaced out today. It is difficult to stay focused on the things I need to do

18F 02:03:00

Changing moods

My mood has been up and down – can't say that I feel all that stable

03F 01:02:XX

Feel very moody and irritable

06F 18:XX:XX

Extremely moody and snappy with partner and family members

17M 08:XX:XX

My pre-menstrual mood swings have decreased

24F 06:XX:XX

Desire to talk softly

Desire to talk very softly

06F 09:XX:XX

4.2.3.2. VERTIGO

Feel a bit light-headed

07F 01:06:35

A slight light-headed feeling, dizzy spell and slight pain at the back of head towards the top – almost a stitch

09M 00:05:30

Feel very dizzy and unstable on my feet – I have never experienced this before

16M 02:11:00

I noticed vertigo whilst walking. My eyes became blurred for a few seconds and I felt as if my head was revolving in circles. Vertigo was ameliorated by sitting down as well as closing my eyes

17M 00:05:30

Losing my balance and had to hold the bed to prevent tripping due to the vertigo and heavy sensation in lower limbs

17M 00:08:45

I also feel very light headed – almost drunk

22F 03:03:XX

I felt a bit dizzy and tired. Like I had no energy

26M 00:00:10

4.2.3.3. HEAD

Pain

Headache – pain radiating from the right occiput and localising over left eye. Pain is throbbing in nature and resolves after 20 minutes

04M 03:04:XX

Moderate, dull headache, different in location to normal headache, located at the top of my head

05M 00:05:00

Moderate sub-occipital headache. Dull headache

05M 01:03:XX

Headache in occiput - travelling up towards the forehead. Dull aching steady pain

06F 01:XX:XX

Headache still present, hasn't gone away since yesterday and is more settled in the forehead now

06F 02:XX:XX

Slight frontal headache – constant ache and pressing sensation

06F 14:XX:XX

A slight light-headed feeling, dizzy spell and slight pain at the back of head towards the top – almost a stitch

09M 00:05:30

Head pain that starts at the back of my head, moved to the left temple. It is a pulsing pain

09M 00:15:30

Headache < behind eyes and temples with a dull sensation of pressure

13M 06:02:XX

Headache – pain is throbbing in both temples. Pain improves when I press my temples. Pain gets strangely worse when I eat/drink cold things like ice-cream or an iced drink

14M 01:05:XX

Headache – same as the one experienced yesterday

14M 03:07:XX

Headache – same as before and gets worse for eating ice-cream

14M 05:06:XX

I have a headache on the right side of my head towards the top and back. I can feel the pain directly below my skull. It is a throbbing pain

16M 05:01:XX

I have a splitting headache, on both sides of my head. The pain is pounding and it feels as if it is splitting my head in half. The pain is worse for movement, loud noise and music

17M 07:XX:XX

Slight headache on the left side of my head – feels like the pain is just under my skull. It's a pulsating type of pain that lasts about 15 minutes and goes away on its own

18F 01:08:30

Headache started around 11:30 and is still bugging me. The pain is located in the frontal area (forehead including temples) and has a heavy, bursting sensation. The pain is better for pressure and closing eyes. The pain is worse after I've eaten which is very strange for me. The pain is also worse for strong odours. Dryness of my

mouth and a sensation of heat in my eyes accompany my headache. I also feel very light-headed – almost drunk

22F 03:03:XX

Slight headache which came on suddenly. The pain was more right sided and was throbbing

24F 03:XX:XX

I had a mild headache on the right side of my forehead

26M 00:01:15

Pounding headache experienced in the middle of my head. Short and sharp pain which lasted for about 4 hours

28M 01:09:25

Head - Pain

- **Time**

Afternoon

Headache – pain radiating from the right occiput and localising over left eye. Pain is throbbing in nature and resolves after 20 minutes

04M 03:04:XX

Moderate, dull headache, different in location to normal headache, located at the top of my head

05M 00:05:00

A slight light-headed feeling, dizzy spell and slight pain at the back of head towards the top – almost a stitch

09M 00:05:30

Headache – pain is throbbing in both temples. Pain improves when I press my temples. Pain gets strangely worse when I eat/drink cold things like ice-cream or an iced drink

14M 01:05:XX

Headache – same as the one experienced yesterday

14M 03:07:XX

Headache – same as before and gets worse for eating ice-cream

14M 05:06:XX

Slight headache on the left side of my head – feels like the pain is just under my skull. It's a pulsating type of pain that lasts about 15 minutes and goes away on its own

18F 01:08:30

Pounding headache experienced in the middle of my head. Short and sharp pain which lasted for about 4 hours

28M 01:09:25

Head - Pain

- **Location**

Occipital/Sub-occipital

Headache – pain radiating from the right occiput and localising over left eye

04M 03:04:XX

Moderate sub-occipital headache

05M 01:03:XX

Headache in occiput - travelling up towards the forehead

06F 01:XX:XX

A slight light-headed feeling, dizzy spell and slight pain at the back of head towards the top

09M 00:05:30

Head pain that starts at the back of my head, moved to the left temple

09M 00:15:30

I have a headache on the right side of my head towards the top and back. I can feel the pain directly below my skull. It is a throbbing pain

16M 05:01:XX

Frontal

Slight frontal headache

06F 14:XX:XX

The pain is located in the frontal area (forehead including temples)

22F 03:03:XX

I had a mild headache on the right side of my forehead

26M 00:01:15

Temple

Headache < behind eyes and temples with a dull sensation of pressure

13M 06:02:XX

Headache – pain is throbbing in both temples

14M 01:05:XX

The pain is located in the frontal area (forehead including temples)

22F 03:03:XX

Top

Moderate, dull headache, different in location to normal headache, located at the top of my head

05M 00:05:00

A slight light-headed feeling, dizzy spell and slight pain at the back of head towards the top – almost a stitch

09M 00:05:30

I have a headache on the right side of my head towards the top and back. I can feel the pain directly below my skull. It is a throbbing pain

16M 05:01:XX

Right Sided

I have a headache on the right side of my head towards the top and back

16M 05:01:XX

The pain was more right sided

24F 03:XX:XX

I had a mild headache on the right side of my forehead

26M 00:01:15

Under cranium

I can feel the pain directly below my skull

16M 05:01:XX

Slight headache on the left side of my head – feels like the pain is just under my skull

18F 01:08:30

Head - Pain

- **Sensation**

Throbbing

Pain is throbbing in nature and resolves after 20 minutes

04M 03:04:XX

Headache – pain is throbbing in both temples

14M 01:05:XX

It is a throbbing pain

16M 05:01:XX

The pain was more right sided and was throbbing

24F 03:XX:XX

Dull

Moderate, dull headache

05M 00:05:00

Dull headache

05M 01:03:XX

Dull aching steady pain

06F 01:XX:XX

Pulsating

Head pain that starts at the back of my head, moved to the left temple. It is a pulsing pain

09M 00:15:30

It's a pulsating type of pain that lasts about 15 minutes and goes away on its own

18F 01:08:30

Pressing

Slight frontal headache – constant ache and pressing sensation

06F 14:XX:XX

Headache < behind eyes and temples with a dull sensation of pressure

13M 06:02:XX

Pounding

The pain is pounding and it feels as if it is splitting my head in half

17M 07:XX:XX

Pounding headache experienced in the middle of my head

28M 01:09:25

Head – Pain

- **Modalities**

Pain pressure ameliorates

Pain improves when I press my temples

14M 01:05:XX

The pain is better for pressure and closing eyes

22F 03:03:XX

Emptiness/lightness

Feel a bit light-headed

07F 01:06:35

A slight light-headed feeling and dizzy spell

09M 00:05:30

There is a feeling of emptiness or light-headedness in my head

18F 00:09:00

I also feel very light-headed – almost drunk

22F 03:03:XX

Heaviness

I felt a sensation of heaviness in my head during the day

11M 00:XX:XX

Head feels “heavy” and there is a slight pressure behind both my eyes

13M 04:04:00

After dose 2, I felt this heaviness in my head when I leaned forward. The weight moved behind my nose and between my eyes. I feel like this heaviness is weighing me down. This is very unusual for me – it's almost like I need to blow out this heaviness through my nose but I can't get rid of this heaviness

16M 00:06:00

The pain is located in the frontal area (forehead including temples) and has a heavy, bursting sensation

22F 03:03:XX

4.2.3.4. EYES

A sensation of heat in my eyes accompanies my headache

22F 03:03:XX

Desire to close eyes

My eyes were burning and feeling gritty – I battled to keep them open

07F 03:10:00

Still feeling spaced out and I need to close my eyes

16M 03:05:XX

I felt tired and sleepy – just want close my eyes all the time. It's difficult to keep my eyes open and look at thing

18F 00:05:00

I feel this extreme need to close my eyes and lie down

18F 00:09:00

Eye - Pain

Eyes sore and red – doesn't really hurt, more red than anything

06F 02:XX:XX

My right eye was throbbing – it felt like the eye was swollen. There is no redness or burning. I need to nap for the pain to go away

09M 08:XX:XX

Felt sharp pains throughout my body (eyes, chest, abdomen) that lasted for a few seconds

22F 01:22:45

I woke up with a sore right eye. It felt like I had a piece of grit in my eye but the eye did not look red

30M 00:21:15

Eye - Heaviness

I have a feeling of fullness and heaviness around my eyes

11M 00:XX:XX

My eyes feel heavy – actually my eyeballs

14M 00:10:00

My eyelids feel heavy and I want to close them

16M 05:07:XX

Eye - Sensation of sharpness

Sharp sensation – behind my right eye

03F 00:22:20

Felt sharp pains throughout my body (eyes, chest, abdomen) that lasted for a few seconds

22F 01:22:45

Eye - Sensation of pressure

Head feels “heavy” and there is a slight pressure behind both my eyes. My eyes are sensitive to light. Feel better in a darkened room

13M 04:04:00

Still slight pressure sensation behind both eyes

13M 04:06:XX

Slight pressure sensation behind my eyes. Eyes are still light sensitive. Feel better in a darkened room

13M 04:06:30

There is a dull sensation of pressure behind my eyes and in my temples

13M 06:02:XX

Slight pressure behind both eyes

13M 07:XX:XX

Eye - Redness

Eyes sore and red – doesn't really hurt, more red than anything

06F 02:XX:XX

Eyes are still red but not sore

06F 04:XX:XX

Eyes still red, tired but not sore

06F 05:XX:XX

Eyes still red but no amelioration or aggravation

06F 25:XX:XX

My eyes are reddish

19M 27:XX:XX

Eye - Gritty

My eyes were burning and feeling gritty – I battled to keep them open

07F 03:10:00

I woke up with a sore right eye. It felt like I had a piece of grit in my eye but the eye did not look red

30M 00:21:15

4.2.3.5. VISION

I noticed vertigo whilst walking. My eyes became blurred for a few seconds and I felt as if my head was revolving in circles. Vertigo was ameliorated by sitting down as well as closing my eyes

17M 00:05:30

4.2.3.6. FACE

I am having another momentary flush. Other ladies have noticed and commented that my face looked flushed and reddish

07F 03:09:XX

4.2.3.7. MOUTH

Dryness of my mouth and a sensation of heat in my eyes accompany my headache

22F 03:03:XX

4.2.3.8. THROAT

Pain

I woke with a sore throat - this is strange because I don't have a flu/cold. It's a prickling in my left tonsil. Worse when swallowing

18F 04:23:XX

Woke up with a sore throat again. It's the same prickling pain in my left tonsil

18F 06:23:XX

Tickling

Cough due to tickling sensation at the back of the throat which is worse at night

13M 12:02:XX

Slight cough in the evening due to tickling sensation in throat

13M 23:XX:XX

Throat felt dry and a dry cough was experienced. I feel like something dry and pokey is lodged in my throat area and is giving me a tickling sensation

17M 01:13:XX

4.2.3.9. STOMACH

Decreased appetite

My appetite has decreased and I feel quite full after eating

03F 02:05:XX

Lost appetite – haven't felt like eating for the past 2 days

22F 07:XX:XX

No appetite

22F 08:XX:XX

Increased appetite

My appetite is also good and has increased unfortunately – love those chocolates

03F 15:XX:XX

Increased appetite today for salty things

03F 11:09:XX

Experiencing an increase in appetite, seem to be hungry all the time

09M 00:05:30

Increased appetite that persisted the entire day

09M 05:XX:XX

I have never had such a strong appetite like I did today, felt like eating the whole day

21M 01:XX:XX

Increased thirst

Feel very thirsty for cold water which is unusual because I normally only drink tap water

03F 02:05:XX

I feel very thirsty again

03F 05:02:XX

I feel very thirsty. I drank two litres of water

07F 19:11:XX

Increase in thirst for cold water

09M 00:05:30

Feeling unusually thirsty for cold water

16M 04:02:XX

Felt very thirsty

24F 01:06:50

Woke up feeling extremely thirsty

24F 01:23:30

Bloating before menses reduced

Decreased bloating before menses

24F 06:XX:XX

4.2.3.10. ABDOMEN

Felt sharp pains throughout my body (eyes, chest, abdomen) that lasted for a few seconds

22F 01:22:45

4.2.3.11. RECTUM

Stomach is behaving and I am going to the toilet almost daily now (curative)

03F 17:XX:XX

I am constipated – ball sensation in the rectum

06F 25:XX:XX

4.2.3.12. STOOL

I've noticed that my stool is much more fluid-like and runny after I have dinner. My bowels move almost immediately after I finish eating

20M 09:10:XX

4.2.3.13. BLADDER

Burning on urination

Feel like I am getting a UTI, slight burning on urination and pain above the pubic bone

03F 20:XX:XX

Burning on starting to urinate

06F 04:XX:XX

Burning urination

06F 04:XX:XX

Burning on urination despite the fact that I am drinking lots of water and not holding
06F 09:XX:XX

Still burning on urination – waking up to wee
06F 17:XX:XX

Frequent urination

Increased urinary frequency
05M 00:05:00

In a space of about 1hr I have had the urge to urinate 8 times. I haven't drunk any liquid to cause this. There is no burning or discomfort, just an urge to go to the loo. It is a scant amount of urine, clear in colour with no noticeable odour
07F 00:13:XX

Have been to the loo to urinate 3 times in the last 25 minutes. This is very irritating but not a problem
07F 02:11:00

I'm urinating more than usually
28M 02:02:55

4.2.3.14. URINE

Burning on urination

Feel like I am getting a UTI, slight burning on urination and pain above the pubic bone
03F 20:XX:XX

Burning on starting to urinate
06F 04:XX:XX

Burning urination

06F 04:XX:XX

Burning on urination despite the fact that I am drinking lots of water and not holding

06F 09:XX:XX

Still burning on urination – waking up to wee

06F 17:XX:XX

4.2.3.15. FEMALE

Reduction in premenstrual symptoms

Got my period this morning – normally I know when it is coming but I seem to have no PMS symptoms – normally my breasts are sore (curative)

03F 05:02:XX

My period has started. I didn't have any of the usual warning signs e.g. breast tenderness (curative)

07F 14:11:XX

A big physical change I have noticed is a change in my cycle – I have not gotten a pain down my back and thigh which happened every month about a week or two before my period. I always know when I am ovulating because of that pain and so far there is no pain (curative)

10F 05:XX:XX

Still no ovulation pain which I feel is a big change due to the remedy. The pain is so intense that there is no way I cannot know when it is around (curative)

10F 06:XX:XX

I am expecting my period any day now but it is strange that I don't have my usual warning signs. No breast tenderness and enlargement or water retention (curative)

18F 12:XX:XX

My pre-menstrual symptoms have reduced (curative)

24F 06:XX:XX

Menses shortened duration

My menstruation is usually 5 days long. I just realized that this time it only lasted for 2 days – extremely unusual/rare for me!

22F 03:XX:XX

Discharge

Noticed a slight blood-stained leucorrhoea. This is very unusual as I don't normally experience any discharge. Discharge was thick, creamy and brownish

07F 01:XX:XX

4.2.3.16. RESPIRATION

Difficult breathing

I feel like I can't breathe all that well

03F 03:00:XX

Feel like there's a weight on my chest preventing me from breathing

06F 23:XX:XX

Feel as though I can't get enough air into my lungs. Feel better for taking deep breaths/yawning

13M 08:12:XX

Breathing still restricted – slightly anxious about that

13M 10:XX:XX

Breathing still restricted

13M 11:XX:XX

Breathing (inspiration) still feels restricted. Still cannot get enough air into the lungs.

This symptom is worse at night and while lying down

13M 12:02:XX

Restricted breathing, which is worse at night, is slightly better but I feel the need to take in a deep breath every now and then

13M 19:XX:XX

4.2.3.17. COUGH

Cough due to tickling sensation in throat

Cough still present at night with a tickling sensation in throat which is worse for breathing out and is better during the day

13M 12:XX:XX

Slight cough in the evening due to tickling sensation in throat

13M 23:XX:XX

Throat felt dry and a dry cough was experienced. I feel like something dry and pokey is lodged in my throat area and is giving me a tickling sensation

17M 01:13:XX

4.2.3.18. CHEST

A very unusual feeling / pain on the right side of my heart. Feels like little nails/pins are pressing onto my heart

19M 00:14:30

Palpitations

I have started getting heart palpitations which lasted for about 5 - 10 minutes. I am so acutely aware of my heart - feel very anxious and like I don't have a grip on things

03F 00:05:20

I have that same feeling in my chest again, like I am aware of my heart

03F 20:XX:XX

I also have slight heart palpitations. My heart seems to be racing somewhat

07F 00:04:45

My heart rate does speed up so that it is noticeable

07F 00:10:00

Another hot flush – also accompanied by heart palpitations

07F 01:06:35

My heart rate is faster. It came on suddenly, I wasn't doing anything strenuous. It seemed to occur at odd times during the day and would only last 1-2 minutes

09M 14:XX:XX

I felt an unexplainable excitement and great sense of anticipation... Who knows what for? That feeling was accompanied by palpitations which lasted about 5 minutes

22F 01:22:45

Reduction in breast tenderness before menstruation

Got my period this morning – normally I know when it is coming but I seem to have no PMS symptoms – normally my breasts are sore (curative)

03F 05:02:XX

My period has started. I didn't have any of the usual warning signs e.g. breast tenderness (curative)

07F 14:11:XX

No breast enlargement and tenderness before my period (curative)

18F 12:XX:XX

There is no breast tenderness – this is the first time that I've experienced this
(curative)

24F 06:XX:XX

4.2.3.19. BACK

Burning sensation throughout the back. The burning sensation runs along the spine
17M 12:XX:XX

Pain

Pain in - between shoulder blades. Aching pain. Desire to move or stretch to
ameliorate it

06F 02:XX:XX

Back pain in the lower lumbar region – like muscles are in a tight cord

06F 14:XX:XX

Pain on right hand side. Stitching pain longitudinally from scapula to posterior
superior iliac spine

06F 17:XX:XX

Neck is sore where occiput joins neck – aching pain

06F 18:XX:XX

I experienced a sudden sharp nerve-like pain in my lower back which moved down to
my right buttock and then down my right thigh. The pain started after I rose from
sitting for a long time. The pain was worse when I walked. The pain seemed to go
away after a few minutes

18F 06:05:XX

Slight lower back pain experienced in the evening. Pain is in the middle of my back
and is a dull pain

28M 00:12:16

- **Location**

Lower Back

Back pain in the lower lumbar region

06F 14:XX:XX

Stitching pain longitudinally from scapula to posterior superior iliac spine

06F 17:XX:XX

I experienced a sudden sharp pain in my lower back which moved down to my right buttock and then down my right thigh

18F 06:05:XX

Slight lower back pain experienced in the evening. Pain is in the middle of my back

28M 00:12:16

- **Sensation**

Aching

Aching pain

06F 02:XX:XX

Neck is sore where occiput joins neck – aching pain

06F 18:XX:XX

Stitching

Stitching pain longitudinally from scapula to posterior superior iliac spine

06F 17:XX:XX

I experienced a sudden sharp nerve-like pain in my lower back which moved down to my right buttock and then down my right thigh

18F 06:05:XX

Eruptions

I have a breakout of very small pimples on my back. This is unusual. It feels coarse like grains of sand

09M 10:XX:XX

A million tiny dry pimples seem to have invaded my back. It feels as though my back is covered with sand

22F 10:XX:XX

The pimples on my back have come back but are now inflamed and much bigger. My back looks as if I have an allergic reaction. It is literally covered with red marks of different sizes. It is very painful and only some of them are pustular

22F 23:XX:XX

- **Sensation**

Sand-like

It feels coarse like grains of sand

09M 10:XX:XX

It feels as though my back is covered with sand

22F 10:XX:XX

4.2.3.20. EXTREMITIES

Slightly itchy and burning skin on buttocks

13M 01:13:XX

Cramps

I seem to have cramps down my legs in my calves – feels like it is pulling on my Achilles tendon making my soles feel funny. It feels a bit better if I move around and stretch the area

03F 14:06:XX

Still have the cramps in my calves but they feel more dull

03F 16:XX:XX

Experiencing terrible cramps with increasing pain in my left foot. The pain subsides for a minute or so and then continues for periods of up to 2 minutes

20M 02:08:42

Extremities - Pain

My right lower limb feels extremely heavy with a sharp pain in the calf area

17M 00:08:35

I experienced a sudden sharp pain in my lower back which moved down to my right buttock and then down my right thigh. The pain started after I rose from sitting for a long time. The pain was worse when I walked. The pain seemed to go away after a few minutes

18F 06:05:XX

Experiencing terrible cramps with increasing pain in my left foot. The pain subsides for a minute or so and then continues for periods of up to 2 minutes

20M 02:08:42

Leg muscles feel very sore

24F 01:06:50

Legs still feel a bit weak and sore and muscles feel very tired

24F 02:01:15

Right arm felt sore with aching pain in muscles which is worse for movement

24F 02:07:XX

Extremities - Prickling/tingling

Prickling sensation in left hand - especially the palm of my hand

24F 01:06:50

Prickling sensation in right hand

24F 01:07:50

Sudden tingling and stinging sensation in my right foot. Better when I stood up.

Worse for lying down

24F 01:06:30

Extremities - Heaviness

My right lower limb feels extremely heavy with a sharp pain in the calf area

17M 00:08:35

Losing my balance and had to hold the bed to prevent tripping due to the vertigo and heavy sensation in lower limbs

17M 00:08:45

My shoulders feel heavy like I've been lifting something heavy the whole day

19M 27:XX:XX

4.2.3.21. SLEEP

Sensations on waking from dreams

I was panicked in my dream and woke up with my heart racing

07F 23:XX:XX

Last night I had very weird uneasy dreams. Nothing is clear but I was very restless and woke up with a very daunting feeling

10F 09:XX:XX

I got up with a fright. It was difficult getting back to sleep after that

18F 04:XX:XX

I was really scared when I woke up

18F 08:XX:XX

Desire to sleep/sleepiness

I want to go to bed early

03F 00:09:30

I am feeling very tired...have to sleep. Since taking the remedy, I need lots of sleep and I get very tired early in the evenings, whereas I usually only go to bed at about 23:30

07F 08:10:00

Cannot keep my eyes open any longer. I have to sleep now. I feel extremely exhausted! I am going to sleep now which is very unusual for me because I normally go to sleep at about 22:00-23:00 every night

14M 00:10:00

I have to sleep now

14M 01:10:10

I feel sleepy. My colleagues at work say that I look sleepy and drowsy – almost like being intoxicated

16M 03:03:XX

Feeling very sleepy – need to lie down

16M 05:07:XX

Strong desire to sleep

17M 11:XX:XX

I felt tired and sleepy – just want close my eyes all the time. It's difficult to keep my eyes open and look at things

18F 00:05:00

This sleepiness is taking over me. I feel consumed by the need to lie down and close my eyes

18F 00:09:30

Overcome by sudden tiredness - very sleepy and yawning a lot

18F 01:04:00

I'm feeling really tired. I usually sleep after 9pm but I'm taking my sleep after this recording

19M 27:XX:XX

Deep sleep

Fell into a very deep sleep that I felt drugged when I woke up at about 6am

03F 02:19:XX

I awoke some time during the night assuming it was morning because it felt as though I had been sleeping for hours and hours. It was a glorious sleep. I was definitely in a deep sleep

18F 01:XX:XX

Difficult to fall asleep/sleeplessness

Was in bed at 22:00 and could not sleep. Felt "wired"! Was very restless – my thoughts were racing

07F 00:12:00

Even though I'm really tired, I can't fall asleep

07F 19:XX:XX

Was so tired yet no sleep till 12:30pm

17M 01:07:00

I can't seem to be able to fall asleep – I can't get comfortable in bed

18F 05:13:XX

Can't go to sleep. My mind is racing. I tossed and turned in bed – feel very alert at night.

18F 06:11:XX

Difficulty falling asleep again. There are too many things on my mind

18F 06:14:XX

I went to bed really late – unlike me to be up so late

18F 07:XX:XX

I had to get out of bed as I was unable to fall asleep. I felt tired and sleepy but just could not fall asleep

18F 10:14:XX

Not tired again. Last night I battled to fall asleep. I felt an unexplainable excitement and great sense of anticipation... who knows what for? That feeling was accompanied by palpitations which lasted about 5 minutes. Eventually I forced myself to keep my eyes closed

22F 01:22:45

- **Difficult to fall asleep from active thoughts**

Was in bed at 22:00 and could not sleep. Felt “wired”! Was very restless – my thoughts were racing

07F 00:12:00

Can't go to sleep. My mind is racing. I tossed and turned in bed – feel very alert at night. I am able to concentrate better at night

18F 06:11:XX

Difficulty falling asleep again. There are too many things on my mind

18F 06:14:XX

I went to bed really late – unlike me to be up so late. I was alert and able to accomplish quite a bit of work

18F 07:XX:XX

I had to get out of bed as I was unable to fall asleep. I felt tired and sleepy but just could not fall asleep. My concentration was better so I decided to get some work done

18F 10:14:XX

Disturbed/interrupted sleep

Woke up intermittently last night

03F 02:XX:XX

Had such a disturbed night – felt like I was burning up all the time and I was so restless that I had to get up and sleep on the couch which still did not alleviate the restlessness or make me happy

03F 09:22:XX

Not the best night last night – felt restless again and very hot

03F 15:XX:XX

Had uncomfortable sleep last night. Kept on getting up with an anxious feeling – not sure why though

05M 02:23:XX

Restless sleep, keep waking up from dreams, noises and if my partner turns over. Usually I'm not a light sleeper – I could sleep through an earthquake

06F 17:XX:XX

Still burning on urination – waking up to wee

06F 17:XX:XX

Woke up to urinate again

07F 02:18:XX

I think I am suffering from insomnia. Felt very restless in bed and could not sleep

09M 02:XX:XX

My sleep is disturbed due to profuse sweating

13M 09:03:XX

I had a dream about a strange man outside my home. He was at the back door. It was late at night. I am alone and he is trying to force the door open and come in. I got up with a fright. It was difficult getting back to sleep after that

18F 04:XX:XX

I woke up at 3:30am from a bad dream – someone was trying to break into my house again. I had a feeling he was on the balcony. I was really scared when I woke up.

Got out of bed and went to check the balcony

18F 08:XX:XX

- **Sleep Disturbed by restlessness**

Had such a disturbed night – felt like I was burning up all the time and I was so restless that I had to get up and sleep on the couch which still did not alleviate the restlessness or make me happy

03F 09:22:XX

Not the best night last night – felt restless again and very hot

03F 15:XX:XX

Restless sleep, keep waking up from dreams, noises and if my partner turns over. Usually I'm not a light sleeper – I could sleep through an earthquake

06F 17:XX:XX

I think I am suffering from insomnia. Felt very restless in bed and could not sleep
09M 02:XX:XX

- **Sleep disturbed by dreams**

Restless sleep, keep waking up from dreams, noises and if my partner turns over.
Usually I'm not a light sleeper – I could sleep through an earthquake
06F 17:XX:XX

I had a dream about a strange man outside my home. He was at the back door. It was late at night. I am alone and he is trying to force the door open and come in. I got up with a fright. It was difficult getting back to sleep after that
18F 04:XX:XX

I woke up at 3:30am from a bad dream – someone was trying to break into my house again. I had a feeling he was on the balcony. I was really scared when I woke up. Got out of bed and went to check the balcony
18F 08:XX:XX

- **Sleep disturbed by urination**

Still burning on urination – waking up to wee
06F 17:XX:XX

Woke up to urinate
07F 02:18:XX

Sleep - Restlessness

Had such a disturbed night – felt like I was burning up all the time and I was so restless that I had to get up and sleep on the couch which still did not alleviate the restlessness or make me happy
03F 09:22:XX

Not the best night last night – felt restless again and very hot
03F 15:XX:XX

Restless sleep, keep waking up from dreams, noises and if my partner turns over.
Usually I'm not a light sleeper – I could sleep through an earthquake

06F 17:XX:XX

Was in bed at 22:00 and could not sleep. Felt “wired”! Was very restless – my thoughts were racing

07F 00:12:00

I think I am suffering from insomnia. Felt very restless in bed and could not sleep

09M 02:XX:XX

Last night I had very weird uneasy dreams. Nothing is clear but I was very restless and woke up with a very daunting feeling

10F 09:XX:XX

Can't go to sleep. My mind is racing. I tossed and turned in bed – feel very alert at night. I am able to concentrate better at night

18F 06:11:XX

4.2.3.22. DREAMS

Unremembered dreams

I did dream last night but not sure what it was about

03F 01:XX:XX

I slept well, did dream but can't remember

03F 03:XX:XX

I did dream but I can't remember though

03F 14:02:XX

Dreamt but could not remember when I woke up

03F 17:XX:XX

Can't remember my dreams

05M 04:XX:XX

Dreams – still can't remember them

06F 17:XX:XX

Can't remember my dreams but remember I was having a pleasant dream

06F 22:XX:XX

I know that I had many dreams last night, and they were clear in my head then but I have no recollection of them now

10F 02:XX:XX

Last night I had very weird uneasy dreams. Nothing is clear but I was very restless and woke up with a very daunting feeling

10F 09:XX:XX

I found that I have been having many dreams but I can't remember any of them this morning

14M 14:XX:XX

I remember dreaming a lot last night but I can't remember any details of the dreams

18F 00:XX:XX

I had many dreams last night – but again I can't remember anything about them. It felt like a very busy dream – lots of activity – but I don't know about what!

18F 05:XX:XX

Dreams of the past

I was dreaming quite lucidly about my childhood house - it had more rooms and it kept changing around

03F 10:XX:XX

Dreamt last night that I was 10 years old. Everyone else was the age that they are now but I was 15 years younger

05M 01:XX:XX

I dreamt that I drove to and parked outside my old high school. I was sitting in my car and my dad's car, which was unoccupied, was parked next to my car. The strange thing was that I was at the age that I am now (26 years old) in my dream but I was going to school dressed in my old school uniform for a normal day at school as if I was 16 or 17 years old. An old lady in a small old car collided into my dad's car and I witnessed the whole accident. Another strange thing was that I was the one who drove my dad's car and parked it there before the accident – so in other words I drove two cars on that day. I phoned my brother and dad and told them about the accident and then the old lady gave me all her details while we waited for my dad and brother to arrive at the scene. The old lady took full responsibility for the accident and was insured – so there was no problem in getting the car repaired. The dream ended at that point

14M 09:XX:XX

Had a dream last night that I was having sex with an old class mate from high school who I haven't thought about or seen in 8 years. It was a pleasant but weird dream

14M 10:XX:XX

Dreamt I was having a telephonic conversation with a friend who lives overseas. We have not seen or spoken to each other in 7 years. In my dream, we were having the most vivid conversation. It felt so real- I was so happy to hear her voice

18F 02:XX:XX

Had a dream of my ex-boyfriend – remember seeing his face but can't remember any other details

18F 10:XX:XX

I dreamt of people that I haven't seen in over 15 years. The dream left such an impression on me that the following day I went on the internet looking for the person from my dream

22F 01:XX:XX

Having dreams of past relationships and people that I've been in contact with from my past. This is very unusual. I dreamt of meeting with these people and socializing with them. I also dreamt of my dog that passed on two years ago. Feeling of loss and sadness were experienced in these dreams

24F 04:XX:XX

Recurring dream last night about people from my past

24F 14:XX:XX

Old friends, acquaintances

Had a dream last night that I was having sex with an old class mate from high school who I haven't thought about or seen in 8 years. It was a pleasant but weird dream

14M 10:XX:XX

Dreamt I was having a telephonic conversation with a friend who lives overseas. We have not seen or spoken to each other in 7 years. In my dream, we were having the most vivid conversation. It felt so real- I was so happy to hear her voice

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24F 04:XX:XX

Recurring dream last night about people from my past

24F 14:XX:XX

Vivid dreams

I was dreaming quite lucidly about my childhood house - it had more rooms and it kept changing around

03F 10:XX:XX

Dreamt I was having a telephonic conversation with a friend who lives overseas. We have not seen or spoken to each other in 7 years. In my dream, we were having the most vivid conversation. It felt so real - I was so happy to hear her voice

18F 02:XX:XX

Dreams of unrealistic or fantastic scenarios

All the furniture was moving around by itself without me even touching them.

Whatever I thought of, would happen. I kept on changing the colour of the walls just using my mind. I was moving through the flat without stepping anywhere – I thought of the kitchen and then I was there

03F 00:XX:XX

I was dreaming quite lucidly about my childhood house - it had more rooms and it kept changing around

03F 10:XX:XX

I dreamt that I drove to and parked outside my old high school. I was sitting in my car and my dad's car, which was unoccupied, was parked next to my car. The strange thing was that I was at the age that I am now (26 years) in my dream but I

was going to school dressed in my old school uniform for a normal day at school as if I was 16 or 17 years old. An old lady in a small old car collided into my dad's car and I witnessed the whole accident. Another strange thing was that I was the one who drove my dad's car and parked it there before the accident – so in other words I drove two cars on that day. I phoned my brother and dad and told them about the accident and then the old lady gave me all her details while we waited for my dad and brother to arrive at the scene. The old lady took full responsibility for the accident and was insured – so there was no problem in getting the car repaired. The dream ended at that point

14M 10:XX:XX

Had a dream last night that I was having sex with an old class mate from high school who I haven't thought about or seen in 8 years. It was a pleasant but weird dream

14M 11:XX:XX

Dreaming frequently

I know that I had many dreams last night, and they were clear in my head then but I have no recollection of them now

10F 02:XX:XX

I found that I have been having many dreams but I can't remember any of them this morning

14M 14:XX:XX

I remember dreaming a lot last night but I can't remember any details of the dreams

18F 00:XX:XX

I had many dreams last night – but again I can't remember anything about them. It felt like a very busy dream – lots of activity – but I don't know about what!

18F 05:XX:XX

Dreams of swimming

I dreamt of being at a beach resort. I started to splash in the water and swim, enjoying the refreshing waters. The sound of the waves filled me with great satisfaction and exuberance while being at the beach and being with my beloved partner

17M 01:XX:XX

I dreamt that I was trying to swim (but I can't swim) but in my dream I am in a pool actually getting the hang of swimming all by myself. I was very pleased with myself

18F 01:XX:XX

Dreams of impending danger

Had a weird dream. I was in a room in my house that was filled with books. This room was upstairs. Etienne was downstairs. Suddenly I realized that I had a satanic book in my hands and that an evil force was about to do something to me. I was panicked in my dream and woke up with my heart racing

07F 23:XX:XX

Last night I had very weird uneasy dreams. Nothing is clear but I was very restless and woke up with a very daunting feeling

10F 09:XX:XX

I had a dream about a strange man outside my home. He was at the back door. It was late at night. I am alone and he is trying to force the door open and come in. I got up with a fright. It was difficult getting back to sleep after that

18F 04:XX:XX

I woke up at 3:30am – was having a bad dream – someone was trying to break into my house again. I had a feeling he was on the balcony. I was really scared when I woke up. Got out of bed and went to check the balcony

18F 08:XX:XX

4.2.3.23. FEVER

Have noticed a slight raised body temperature – I feel hot and stuffy

07F 00:04:45

Fluctuating temperatures i.e. my entire body feels hot then cold

13M 09:03:XX

4.2.3.24. PERSPIRATION

Profuse sweating – mainly upper body i.e. chest and back. Sweat is cold and I wake up with wet clothes and blankets

13M 09:03:XX

Sleep disturbed due to profuse sweating

13M 09:XX:XX

Still profuse sweating during sleep

13M 10:XX:XX

4.2.3.25. SKIN

Heat

Slightly itchy and burning skin on buttocks

13M 01:13:XX

Skin feels hot to touch

17M 01:06:00

4.2.3.26. GENERALS

Lassitude

My energy is very poor

03F 00:09:30

I can say that my energy has been lower over the last couple of days

03F 01:02:XX

My energy levels have not been too good and I am even battling to do physical exercises

03F 03:00:XX

Energy levels slightly low

13M 06:XX:XX

Energy levels extremely low – came home from work early and went to bed

13M 09:02:XX

Energy levels have dropped below normal. I am not usually this tired at this time of day and my daily activities have not changed at all. I'm feeling very tired. I want to go to sleep now – feel very exhausted. My body and mind feel extremely tired and lazy

14M 00:05:10

Noticed that my energy levels were lower over the last few days

14M 14:07:XX

Feeling lethargic with no desire to do any work or activity

17M 11:XX:XX

I have no energy, feel drained. I am unable to do my normal activities for today

18F 07:02:XX

I feel exhausted. I have many things to today but no energy

18F 10:00:XX

I felt a bit dizzy and tired. Like I had no energy

26M 00:00:10

Tiredness

The sensation of tiredness was completely overwhelming – my body just would not respond to my brain

07F 03:10:00

I am feeling very tired.....have to sleep. Since taking the remedy, I need plenty sleep and I get very tired early in the evening whereas normally I only go to bed at about 23:30

07F 08:10:00

Energy levels have dropped below normal. I am not usually this tired at this time of day and my daily activities have not changed at all. I'm feeling very tired. I want to go to sleep now – feel very exhausted. My body and mind feel extremely tired and lazy

14M 00:05:10

Cannot keep my eyes open any longer. I have to sleep now. I feel extremely exhausted! I am going to sleep now which is very unusual for me because I normally go to sleep at about 22:00 - 23:00 every night

14M 00:10:00

Feeling exhausted again – have to sleep now

14M 01:10:10

I feel like I'm in a dwaal. I feel spaced out like I'm on drugs. This feeling is making me extremely tired and lazy which is not normal for me because I usually have lots of energy

16M 01:08:30

I am feeling lethargic and exhausted. My mind and body is in a state of deadness and exhaustion. I'm normally active and alert at night however this remedy is depleting my spirited energy. I want to combat this exhaustion but don't know the way out

17M 01:04:15

I felt tired and sleepy – just want close my eyes all the time. It's difficult to keep my eyes open and look at things

18F 00:05:00

I still feel tired and lethargic but I continue to carry out my daily chores through the tiredness

18F 00:08:00

Overcome by sudden tiredness - very sleepy and yawning a lot

18F 01:04:00

I have no energy, feel drained. I am unable to do my normal activities for today

18F 07:02:XX

I feel exhausted. I have many things to today but no energy

18F 10:00:XX

I felt a bit dizzy and tired. Like I had no energy

26M 00:00:10

Increased energy

I feel lively and energetic

03F 05:02:XX

I woke up extremely well rested and have lots of energy this morning

14M 00:22:00

Throughout the day – I felt very energized. I also had an anxious sensation in my chest. I felt that I was in a hurry the whole day and felt like working more today – usually by 4pm, I can't wait to get home. I feel like I can get anything done today
22F 01:07:45

Fluctuations in body temperature

My temperature regulation has changed – I seem to oscillate very easily – if it is a colder day I am dressed with fewer clothes than normal and if it is slightly warmer I am dressed with more clothes. It is out of kilter. Feels like a backward mercury thermometer
03F 18:XX:XX

Fluctuating temperatures i.e. my entire body feels hot then cold
13M 09:03:XX

Temperature fluctuation is still the same
13M 10:XX:XX

Warmth/heat

Have noticed a slight raised body temperature – I feel hot and stuffy
07F 00:04:45

Skin feels hot to touch
17M 01:06:00

Heat flushes

I experienced a “hot flush”. It seems worse over my chest and upper arms and is a sensation of heat that moves over my upper half.....feels like I'm blushing intensely
07F 00:10:00

Have just had another hot flush, was working at the computer and suddenly felt heated and flushed
07F 01:00:00

Just had another hot flush – it was the same as the others

07F 01:05:30

Another hot flush - also accompanied by slight heart palpitations. Feel a bit light-headed

07F 01:06:05

Had another hot flush but not as strong as before

07F 03:02:XX

Having another momentary flush. Other ladies noticed and commented that my face, chest and upper arms were flushed and looked reddish

07F 03:08:XX

Had a hot flush

07F 06:08:XX

Food and drinks

Increased appetite today for salty foods

03F 11:07:XX

Have developed a craving for sushi... I usually only eat the vegetarian sushi because I don't like fish but I definitely enjoyed the sashimi and seared tuna

07F 03:10:00

Ate some sushi again

07F 19:11:XX

Pain gets strangely worse when I eat/drink cold things like ice-cream or an iced drink

14M 01:05:XX

Desire for cold water

Feel very thirsty for cold water which is unusual because I normally only drink tap water

03F 02:05:XX

Still craving cold water

03F 15:XX:XX

Increase in thirst for cold water

09M 00:05:30

Feeling unusually thirsty for cold water

16M 04:02:XX

Aggravation on waking

I woke with a sore throat - this is strange because I don't have a flu/cold. It's a prickling in my left tonsil. Worse when swallowing

18F 04:23:XX

Woke up with a sore throat again. It's the same prickling pain in my left tonsil

18F 06:23:XX

Woke up feeling extremely thirsty

24F 01:23:30

I woke up with a sore right eye. It felt like I had a piece of grit in my eye but the eye did not look red

30M 00:21:15

Prickling sensation

Cough due to tickling sensation at the back of the throat which is worse at night

13M 12:02:XX

Slight cough in the evening due to tickling sensation in throat

13M 23:XX:XX

Throat felt dry and a dry cough was experienced. I feel like something dry and pokey is lodged in my throat area and is giving me a tickling sensation

17M 01:13:XX

I woke with a sore throat - this is strange because I don't have a flu/cold. It's a prickling in my left tonsil. Worse when swallowing

18F 04:23:XX

Woke up with a sore throat again. It's the same prickling pain in my left tonsil

18F 06:23:XX

A very unusual feeling / pain on the right side of my heart. Feels like little nails/pins are pressing onto my heart

19M 00:14:30

Prickling sensation in left hand - especially the palm of my hand

24F 01:06:50

Prickling sensation in right hand

24F 01:07:50

Sudden tingling and stinging sensation in my right foot. Better when I stood up. Worse for lying down

24F 01:06:30

Heaviness

I felt a sensation of heaviness in my head during the day

11M 00:XX:XX

I have a feeling of fullness and heaviness around my eyes

11M 00:XX:XX

Head feels “heavy” and there is a slight pressure behind both my eyes

13M 04:04:00

My eyes feel heavy – actually my eyeballs

14M 00:10:00

After dose 2, I felt this heaviness in my head when I leaned forward. The weight moved behind my nose and between my eyes. I feel like this heaviness is weighing me down. This is very unusual for me – it’s almost like I need to blow out this heaviness through my nose but I can’t get rid of this heaviness

16M 00:06:00

My eyelids feel heavy and I want to close them

16M 05:07:XX

My right lower limb feels extremely heavy with a sharp pain in the calf area

17M 00:08:35

Losing my balance and had to hold the bed to prevent tripping due to the vertigo and heavy sensation in lower limbs

17M 00:08:45

My shoulders feel heavy like I’ve been lifting something heavy the whole day

19M 27:XX:XX

The pain is located in the frontal area (forehead including temples) and has a heavy, bursting sensation

22F 03:03:XX

4.3. REPERTORY

4.3.1. KEY

Rubrics are referenced as follows:

RUBRIC - SUBRUBRIC(S) – DEGREE - SYNTHESIS PAGE NUMBER

- All time references in the rubrics are in the format of 0-24hrs as suggested by Schroyens (2001:10)
- All page numbers provided are those of the *Synthesis Repertorium Homeopathicum Syntheticum 8.1* (Schroyens, 2001)
- All new rubrics resulting from this proving are underlined and appended with a capital N in place of a page number
- Grade 4 rubrics are displayed in **BOLD TYPE, IN CAPITAL LETTERS**
- Grade 3 rubrics are displayed in **bold type, in lower case**
- Grade 2 rubrics are in *italics*
- Grade 1 rubrics are in plain type

4.3.2. RUBRICS for *Gymnura natalensis*

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MIND – ANXIETY – beside oneself from anxiety; being	1	18
MIND – ANXIETY – causeless	1	19
MIND – ANXIETY – excitement; from	1	21
MIND – ANXIETY – hurry with	1	22
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EXTREMITIES – PAIN – cramping – Foot - left	1	1438
EXTREMITIES – PAIN – cutting – Leg – Calf	1	1439
EXTREMITIES – PAIN – Leg – Calf – right	1	1419
EXTREMITIES – PAIN – sore – Lower limbs	1	1468
EXTREMITIES – PAIN – sore – Upper arm – motion, on	1	1467
EXTREMITIES – TINGLING - Foot – lying in bed, while	1	1540
EXTREMITIES – TINGLING – Foot	1	1539
EXTREMITIES – TINGLING – Hand	1	1538

4.3.2.20. SLEEP

SLEEP – ANXIOUS	1	1563
SLEEP – DEEP	1	1564
<i>SLEEP – DISTURBED</i>	2	1565
SLEEP – DISTURBED – anxiety, from	1	1565
SLEEP – DISTURBED – dreams, by	1	1565
SLEEP – DISTURBED – heat, by	1	1566
SLEEP – DISTURBED – noise, by the slightest	1	1566
SLEEP – DISTURBED – perspiration, by	1	1566
SLEEP – FALLING ASLEEP – difficult	1	1569
SLEEP – FALLING ASLEEP – difficult – thoughts; from a rush of	1	1569
<i>SLEEP – INTERRUPTED</i>	2	1571
SLEEP – INTERRUPTED – micturition, by; desire for	1	1571
SLEEP – INTERRUPTED – restlessness, by	1	1571
SLEEP – LIGHT	1	1571
SLEEP – NEED OF SLEEP – great	1	1571
<i>SLEEP – RESTLESS</i>	2	1574
<i>SLEEP – SLEEPINESS</i>	2	1577
SLEEP – SLEEPINESS – evening	1	1579
SLEEP – SLEEPINESS – overpowering	1	1582
SLEEP – SLEEPLESSNESS	3	1584
SLEEP – SLEEPLESSNESS – anxiety, from	1	1588
SLEEP – SLEEPLESSNESS – dreams, from	1	1589
SLEEP – SLEEPLESSNESS – noise, from slight	1	1591
SLEEP – SLEEPLESSNESS – palpitation, from	1	1592
SLEEP – SLEEPLESSNESS – perspiration – from	1	1592
SLEEP – SLEEPLESSNESS – restlessness, from	1	1593
SLEEP – SLEEPLESSNESS – sleepiness – with	1	1593
SLEEP – SLEEPLESSNESS – thoughts – activity of thoughts; from	1	1594
SLEEP – SLEEPLESSNESS – urinate; with urging to	1	1594
SLEEP – SLEEPLESSNESS – weariness – in spite of weariness	1	1595
SLEEP – WAKING – dreams, by	1	1597
SLEEP – WAKING – easy	1	1598

SLEEP – WAKING – noise - slight noise, from	1	1599
SLEEP – WAKING – urinate; with desire to	1	1601
SLEEP – YAWNING – frequent	1	1603

4.3.2.21. DREAMS

DREAMS – ACCIDENTS – car; with a	1	1607
DREAMS – ACQUAINTANCES	1	1607
DREAMS – AMOROUS	1	1607
DREAMS – BOOKS	1	1612
DREAMS – CONVERSATION	1	1615
DREAMS – DANGER – impending danger	1	1616
DREAMS – DANGER	1	1616
DREAMS – DEATH – pets; of dead	1	1617
DREAMS – DOGS	1	1619
DREAMS – DRIVING – car; a	1	1619
<i>DREAMS – EVENTS – past</i>	2	1620
DREAMS – EVIL; of – impending	1	1620
DREAMS – FANTASTIC	1	1621
DREAMS – FRIENDS – old	1	1623
DREAMS – FRIGHTFUL – waking him	1	1624
DREAMS – FRIGHTFUL	1	1623
DREAMS – HOUSE – youth; like the house of	1	1626
DREAMS – LUCID	1	1628
DREAMS – MANY	1	1628
<i>DREAMS – PEOPLE – seen for years; people not</i>	2	1632
DREAMS – PLEASANT	1	1632
DREAMS – RELATIONSHIPS	1	1634
DREAMS – REPEATING	1	1634
DREAMS – ROBBERS – detecting robbers	1	1635
DREAMS – ROBBERS	1	1635
DREAMS – SAD	1	1636
DREAMS – SCHOOL	1	1636
DREAMS – SEA	1	1636

DREAMS – SEXUAL	1	1636
DREAMS – STRANGE	1	1638
DREAMS – SWIMMING	1	1638
DREAMS – THREATS	1	1639
DREAMS – UNREMEMBERED	1	1640
DREAMS – VIVID	1	1641
DREAMS – WATER	1	1642
DREAMS – YOUTH, TIME OF	1	1643

4.3.2.22. FEVER

FEVER – ALTERNATING with – chills	1	1663
FEVER – HEAT	1	1668

4.3.2.23. PERSPIRATION

PERSPIRATION – COLD	1	1680
PERSPIRATION – PROFUSE – night – sleeplessness, with	1	1685
PERSPIRATION – PROFUSE – night	1	1684
PERSPIRATION – PROFUSE – sleep, during	1	1685
PERSPIRATION – SLEEP - during	1	1686

4.3.2.24. SKIN

SKIN – HEAT – without fever	1	1714
SKIN – ITCHING – burning	1	1716

4.3.2.25. GENERALS

GENERALS – ENERGY – excess of energy	1	1773
GENERALS – FOOD & DRINK – cold drinks, cold water – desire	1	1785
GENERALS – FOOD & DRINK – cold food – agg.	1	1786
GENERALS – FOOD & DRINK – fish – desire	1	1789
GENERALS – FOOD & DRINK – salt – desire	1	1796
GENERALS – HEAT – flushes of	1	1804
GENERALS – HEAT – flushes of - palpitation, with	1	1805
GENERALS – HEAT – sensation of	1	1806

GENERALS – HEAVINESS,	1	1807
<i>GENERALS – LASSITUDE</i>	2	1817
GENERALS – LASSITUDE – lie down, must	1	1818
<i>GENERALS – PRICKLING - Internally</i>	2	1855
GENERALS – SLEEP – after sleep – morning on waking agg.	1	1872
GENERALS – TEMPERATURE – changes of	1	1880
<i>GENERALS – WEAKNESS</i>	2	1895
<i>GENERALS – WEARINESS</i>	2	1905

CHAPTER FIVE

5. DISCUSSION OF THE RESULTS

5.1. INTRODUCTION

This chapter comprises the discussion and overview of the proving results. The researcher considered the prominent themes and specific physical symptoms experienced during the proving, which were then presented as the characteristics of the remedy in its entirety. The characteristic symptoms or essence of the remedy was used as the basis for the comparative study with other remedies derived from sea animals. It was hypothesised that the proving of *Gymnura natalensis* 30CH would produce clearly observable signs and symptoms in healthy proving volunteers. Data collected from this study serves as evidence to support this hypothesis and it is therefore concluded that the hypothesis is valid.

The data collected from the proving provided symptoms that formed a total of 298 rubrics. The rubrics were distributed throughout 25 sections of the repertory. There was a predominance of symptoms in the mind, head, sleep and back sections.

Figure 3, that follows provides a visual representation of the number of rubrics distributed in the various sections of the repertory.

5.2. ABBREVIATION OF THE REMEDY

The general rules for abbreviating remedies have been recommended by Schroyens in the *Blueprint for a New Repertory, Synthesis Repertorium Homeopathicum* (2001:39-41). These recommendations serve to rule out ambiguities in the system as have been found in previous works by Kent and Barthel and Klunker (Schroyens 2001:39). This system of abbreviation uses the Latin or scientific name of the substance which then corresponds to the root and extension of the remedy abbreviation. The researcher chose the root *gymnu* which is unique to *gymnura*. The extension “-n” is further added to denote the specific species *natalensis*. The proposed abbreviation for *Gymnura natalensis* is **Gymnu-n.**

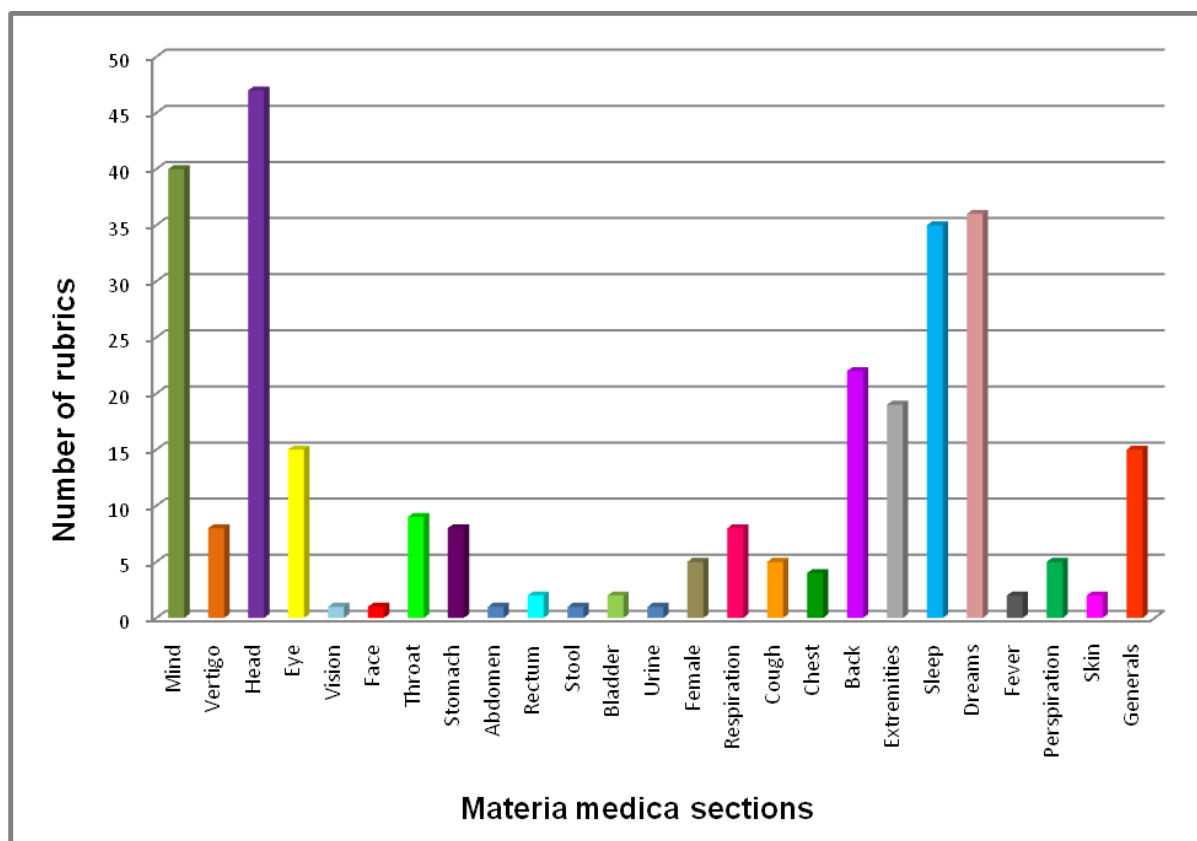


Figure 7: Quantitative distribution of repertory symptoms

5.3. THE SYMPTOMS

Sherr (1994:32) explains the importance of viewing the entire proving group as if one person. This serves to unite fragmented parts of the proving into a whole, to provide a better understanding of the remedy. The discussion that follows is an attempt at unifying the proving symptoms from all provers as though it were experienced by one ideal prover.

5.3.1. MIND

A significant number of mental and emotional symptoms were produced from the proving of *Gymnura natalensis*. These symptoms have been grouped under the prominent themes that emerged.

Anxiety

Anxiety was experienced in varying degrees by the provers. Many provers described it as anxiety for no reason (09M 08:XX:XX; 11M 03:XX:XX) or were not sure of the cause (05M 02:23:XX; 22F 01:22:45). Two provers described an anxious sensation in the chest (22F 01:07:45) accompanied by heart palpitations or an increased awareness of the heart (03F 00:05:20). Prover 13M reported being anxious about the restricted breathing he was experiencing.

The anxiety experienced by prover 03F was expressed as “feel very anxious like I don’t have a grip on things”. The prover noted that she doubted herself which was out of character for her. The anxiety progressed to paranoia and an increased sensitivity to her environment. The prover also noted feeling unnerved by the anxiety which lead to a lack of self-confidence.

Depression and sadness

The depression was reported as being experienced with feelings of detachment, disconnection, isolation and a desire to be alone. The depression was described as a sense of doom (03F 02:00:XX) and “a gloomy cloud over me” (17M 00:12:30). There was sadness with a desire to be alone described as “don’t want to have any human contact and a need to escape” (22F 20:XX:XX). Provers also reported

feeling disconnected from everything (17M 00:12:30) or detached from others (16M 07:00:00). These symptoms were accompanied by feelings of worthlessness, loneliness and isolation.

Irritability and dissatisfaction

There were varying degrees of irritability accompanied by dissatisfaction. The irritability was described as low tolerance levels (13M 02:XX:XX), getting easily annoyed (28M 07:XX:XX), very moody and snappy (17M 08:XX:XX) and increased in the morning (05M 01:03:XX). There was oversensitivity and dissatisfaction that lead to irritation (11M 02:XX:XX).

Prover 11M in particular expressed his dissatisfaction as a feeling of missing or wanting something and reflected on things from the past that he wished he could re-do.

Spaced out feeling and difficult concentration

There was difficulty focusing accompanied by a feeling of being 'spaced out' (07F 01:01:30; 18F 02:03:00). Provers also experienced prostration of the mind and body with tiredness and exhaustion (14M 00:05:10; 17M 01:04:15). The spaced out feeling was described as "like I'm in a dream" (06F 09:XX:XX), "like I'm in a dwaal" (16M 01:08:30) or on drugs. These symptoms indicate that normal activity of the mind was affected to some extent and this was evident in Prover 04M who experienced dyslexia-like symptoms. These were noted as the mixing up of letters and words when typing which was perceived as dyslexic by the prover (04M 06:01:XX).

Improved concentration

There was increased concentration and productivity (03F 15:XX:XX), increased mental energy levels (05M 00:05:00) a feeling of being very awake and alert (09M 01:02:10). Prover 18F described alertness and improved concentration especially at night.

Mood changes

Provers noted ups and downs in their mood with a feeling of instability (03F 01:02:XX). The mood changes were accompanied by irritability (06F 18:XX:XX) and being snappy with others (17M 08:XX:XX). Prover 24F noted that her normal premenstrual “mood swings” had decreased whilst Prover 06F experienced an improvement in overall mood in the mornings (06F 09:XX:XX).

5.3.2. VERTIGO

There were sensations of vertigo typically described as light-headedness and dizziness. The vertigo was accompanied by feelings of tiredness and low energy (26M 00:00:10), losing balance and instability on the feet (16M 02:11:00; 17M 00:08:45) and a feeling as if almost drunk (22F 03:03:XX). Prover 17M noticed vertigo while walking with blurred vision and a heavy sensation in the limbs which seemed to be ameliorated by sitting and closing the eyes.

5.3.3. HEAD

The majority of provers experienced headache of varying types at some point of the proving. Most provers noted the onset of headaches in the afternoon (04 03:04:XX; 05M 05:00; 09M 00:05:30; 14M 01:05:XX; 18F 01:08:30; 28M 01:09:25).

Headaches occurred predominantly on the right side (16M 05:01:XX; 24F 03:XX:XX; 26M 00:01:15) and seemed to improve when pressure was applied to the head (14M 01:05:XX; 22F 03:03:XX). The sensation of the pain experienced included throbbing (04M 03:04:XX; 14M 01:05:XX; 16M 05:01:XX; 24F 03:XX:XX), dull (05M 00:05:00; 06F 01:XX:XX), pulsating and pressing (06F 14:XX:XX; 09M 00:15:30) and pounding (17M 07:XX:XX; 28M 01:09:25).

The main area of involvement was the occipital region of the head: radiating from the right occiput (04M 03:04:XX), travelling up towards the head from the occiput (06F 01:XX:XX), or sub-occipital headache (05M 01:03:XX).

Frontal headaches were noted (06F 14:XX:XX; 22F 03:03:XX) on the right side of the forehead (26M 00:01:15). Temporal headaches involved both temples (13M 06:02:XX; 14M 01:05:XX).

The sensations in the head were emptiness/lightness (07F 01:06:35; 18F 00:09:00) and heaviness (11M 00:XX:XX). The emptiness was described as “feel light-headed almost drunk” (22F 03:03: XX) and heaviness was experienced as pressure behind the eyes (13M 04:04:00), and when leaning forward (16M 00:06:00) and as a heavy bursting feeling (22F 03:03:XX).

5.3.4. EYE AND VISION

Provers (07F 03:10:00; 16M 03:05:XX; 18F:00:05:00) experienced an extreme need to close the eyes or battled to keep the eyes open. This was accompanied by a burning, gritty feeling in the eyes (07F 03:10:00) and tiredness and sleepiness (18F:09:00). One of the provers (18F:00:05:00) described this as, “difficult to keep my eyes open and look at things.”

The eyelids felt heavy with a desire to close them (16M 05:07:XX) and a feeling of fullness and heaviness around the eyes (11M 00:XX:XX, 14M 00:10:00).

Eye pain was experienced to some degree by certain provers. The pain was described as a “throbbing in the right eye with no redness or burning (09M 08:XX:XX) and a soreness in the right eye (30M 00:21:15).

There was a sharp sensation behind the right eye (03F 00:22:20; 22F 01:22:45) and a sensation of pressure behind both eyes in one prover which was accompanied by light-sensitivity (13M 04:04:00). The eyes felt gritty with burning (07F 03:10:00) and soreness as if a piece of grit was in the eye (30M 00:21:15).

5.3.5. THROAT

The throat was described as feeling dry and a dry cough was experienced. There was a sensation of something pokey lodged in the throat causing a tickling sensation (17M 01:13:XX).

Sore throat was experienced as prickling in the left tonsil worse on swallowing (18F 04:23:XX). A slight cough experienced due to a tickling sensation at the back of the throat which was worse at night (13M 12:02:XX).

5.3.6. STOMACH

Appetite was reported as both increased (03F 02:05:XX; 09M 00:05:30; 21M 01:XX:XX) or lost appetite with no desire to eat (22F 07:XX:XX). Increased appetite was described as a strong appetite, that persisted the entire day (09M 05:XX:XX; 21M 01:XX:XX). A peculiar polarity was noted in Prover 03F who initially experienced a decrease in appetite with easy satiety at the beginning of the proving followed by an increased appetite for sweet and salty foods later on (03F 02:05:XX; 03F 11:09:XX).

There was a pronounced increase in thirst that occurred in many provers, typically a thirst for cold water (03F 02:05:XX; 09M 00:05:30; 16M 04:02:XX), with drinking large amounts (07F 19:1:XX) and even waking up feeling extremely thirsty (24F 01:23:30).

5.3.7. BLADDER

There was an increase in urinary frequency (05M 00:05:00; 07F 00:13:XX; 28M 02:02:55) with an urge to urinate several times even though no liquid had been drunk to cause this (07F 00:13:XX). Provers reported burning on urination with pain above the pubic bone (03F 20:XX:XX) and burning on starting to urinate (06F 04:XX:XX).

5.3.8. FEMALE

Overall provers noted a marked reduction or improvement in usual premenstrual symptoms. This was reported as no usual warning signs such as breast tenderness noted prior to onset of menstrual period (03F 05:02:XX; 07F 14:11:XX; 18F 12:XX:XX). Prover 10F noted the absence of pre-menstrual ovulation pain that is usually experienced every month (10F 06:XX:XX). There was also a reduction in the duration of the menstrual period from 5 days to 2 days (22F 03:XX:XX).

5.3.9. RESPIRATION

There was difficulty breathing more especially on inspiration (13M 12:02:XX). Breathing was described as restricted (03F 03:00:XX; 13M 10:XX:XX), with a sensation of a weight on the chest preventing breathing (06F 23:XX:XX). There was a feeling as though sufficient air could not get in and this was ameliorated by deep breaths and yawning (13M 08:12:XX).

5.3.10. CHEST

There were heart palpitations with accompanying anxiety (03F 00:05:20) and anticipation (22F 01:22:45). The palpitations were described as a sensation of acute awareness of the heart in the chest (03F 20:XX:XX; 07F 00:04:45). Provers also noted an increase in heart rate despite no strenuous activity (07F 00:10:00; 09M 14:XX:XX). Prover 19M experienced an unusual sensation/pain on the right side of the heart that felt like little nails or pins were being pressed onto the heart.

5.3.11. BACK

Back pain was specifically experienced in the lower lumbar region (06F 14:XX:XX; 18F 06:05:XX; 28M 00:12:16), between the shoulder blades (06F 02:XX:XX) and in the middle of the back (28M 00:12:16). The pain was described as aching (06F 02:XX:XX), stitching (06 17:XX:XX) and sudden, sharp nerve-like (18F 06:05:XX). There was a tendency of pain to move downward i.e. from scapula to posterior

superior iliac spine (06F 17:XX:XX) and from lower back down the right thigh (18F 06:05:XX). Two provers developed a similar pimple-like eruption of the back. The peculiar sensation was as though the back was covered with sand (09M 10:XX:XX; 22F 10:XX:XX). This particular symptom lead to the creation of a new rubric.

5.3.12. EXTREMITIES

Provers experienced pain of both the upper and lower limbs, cramping in the calf muscles (03F 01:13:XX) and the left foot with increasing pain (20M 02:08:42). The pains were described as sharp and occurred predominantly on the right side of the body (17M 00:08:35; 18F 06:05:XX; 24F 02:07:XX). Sensations included prickling, tingling, stinging and heaviness which was experienced in both the right hand and right foot (17M 00:08:45; 24F 01:06:50).

5.3.13. SLEEP

Many provers experienced some sort of sleep disturbance. There was a prominence of sleeplessness and sleepiness that was experienced repeatedly by the provers. Sleepiness was described as “almost like being intoxicated” (16M 03:03:XX), “strong desire to sleep” (17M 11:XX:XX), and feeling consumed by the need to lie down and sleep (18F 01:04:00. There was a general feeling of being very tired but unable to sleep (07F 19:XX:XX; 17M 01:07:00). Sleep was interrupted by dreams (06F 17:XX:XX; 18F 04:XX:XX) and the need to urinate (06F 17:XX:XX). There was restlessness (03F 09:22:XX; 09M 02:XX:XX) with tossing and turning (18F 06:11:XX) and active thoughts (07F 00:12:00; 18F 06:11:XX). A polarity of initial sleeplessness followed by sleepiness experienced later on in the proving was noted in prover (07F 00:12:00; 07F 08:10:00).

5.3.14. DREAMS

Many provers described dreams as being both vivid (03F 10:XX:XX; 18F 02:XX:XX) and as unremembered (05M 04:XX:XX; 06F 17:XX:XX; 10F 02:XX:XX).

There were a variety of themes that emerged from dreams. The most prominent of these were dreams of the past (03F 10:XX:XX; 05M 01:XX:XX); of old acquaintances and friends (14M 10:XX:XX; 18F 10:XX:XX; 22F 01:XX:XX; 24F 04:XX:XX)

There were dreams of swimming (17M 01:XX:XX; 18F 01:XX:XX) and of impending danger (07F 23:XX:XX; 18F 04:XX:XX).

5.3.15. FEVER

Prover 07F (07F 00:04:45) noticed raised body temperature. Prover 13M (13M 09:03:XX) reported fluctuating body temperatures of feeling hot and then cold.

5.3.16. GENERALS

Tiredness and low energy (03F 00:09:30; 13M 06:XX:XX; 14M 14:07:XX; 17M 11:XX:XX; 18F 07:02:XX; 26M 00:00:10) were prominent symptoms. The tiredness was described as extreme (14M 00:05:10; 16M 01:08:30), overwhelming (03F 03:10:00) and experienced as a feeling of lethargy and exhaustion (17M 01:04:15). There were general sensations of heat seen in heat flushes experienced throughout the proving (07F 00:10:00) and the skin feeling hot to the touch (17M 01:06:00). Provers 03F and 14M experienced the extreme tiredness and low energy as well as increased energy (03F 05:02:XX; 14M 00:22:00). There were food cravings for salty foods (03F 11:07:XX), for raw fish (sushi) (07F 03:10:00) and an increased desire for cold water (03F 02:05:XX; 09M 00:05:30; 16M 04:02:XX).

There was a general sensation of prickling in the throat resulting in cough (13M 12:02:XX; 17M 01:13:XX) and prickling pains with sore throat (18F 06:23:XX). The prickling sensation was also experienced in the right foot and both hands by Prover 24F. A sensation of heaviness was noted in the head (11M 00:XX:XX; 16M 00:06:00), around the eyes (13M 04:04:00), in the eyelids (16M 05:07:XX). Provers also reported heaviness in the lower limbs (17M 00:08:45) and in the shoulders (19M 27:XX:XX).

5.4. ANTIDOTE

The symptom experienced by provers on both the verum and placebo were of a mild nature. The researcher was not required to provide an antidote to any of the provers for the duration of the proving. In the event that any signs and/or symptoms attributed to the proving substance, (whether mental, emotional or physical in nature), caused excessive discomfort for the prover, the following steps would have been implemented (Kerschbaumer, 2004):

- a. A homoeopathic similimum based on the totality of symptoms of both the pre-proving case history and the proving would be provided
- b. If Method a. was ineffective, the provers “constitutional” homoeopathic remedy would have been administered. If it were unknown, it would have been ascertained from the pre-proving case history
- c. If Method b. was ineffective, an “acute” homoeopathic remedy would have been prescribed according to the smaller presenting totality of the proving symptoms.
- d. If Method c. failed, the commonly known methods of antidoting i.e. applying camphor, coffee, mints etc. would have been used.

5.5. ESSENCE OF THE REMEDY

A review of the major themes of the remedy illustrated a possible essence or state as one of ‘alternation’. The alternation or oscillation of states is clearly evident in the mental and physical spheres of *Gymnura natalensis* and is represented by symptoms produced by many provers. On the mental level, there was an alternation between the present and going back to the past, which is clearly depicted in the dream state. The alternation of mental function was evident in the symptoms of clarity of mind versus ‘spaciness’. There was an oscillation between states of sleeplessness and sleepiness. On the physical level, there was an alternation of states of tiredness and increased energy. The alternation is further confirmed by the fluctuation in body temperature noted by Prover 03F and 13M. “My temperature regulation has changed – I seem to oscillate very easily – if it is a colder day I am

dressed with fewer clothes than normal and if it is slightly warmer I am dressed with more clothes. It is out of kilter. Feels like a backward mercury thermometer.”

“Fluctuating temperatures i.e. my entire body feels hot then cold.”

5.6. POSSIBLE CLINICAL CONDITIONS

It is of the researcher’s opinion, that *Gymnura natalensis* possibly has specific indications in the treatment of disorders of the female hormonal system. This is evident from prover reports citing specific symptoms such as breast tenderness related to premenstrual syndrome and heat flushes. This is yet to be verified through clinical trials and the use of the remedy in homoeopathic practice.

Additional conditions that could be indicated:

Anxiety

Palpitations

Lower back pain

Insomnia

5.6. SUMMARY OF THE CHARACTERISTIC SYMPTOMS

The evaluation of the proving symptoms of *Gymnura natalensis* yielded the following prominent themes.

Anxiety

The most prominent theme to emerge from this study was that of anxiety. The central feeling of the anxiety of mind was of nervousness and not being in control. This is then reflected as an increased sensitivity to the environment – a ‘pseudo-paranoia.’ There is also an element of self-doubt and lack of self-confidence experienced with the anxiety.

Disorientated

The second theme that can be considered important to this remedy is that of disorientation. There is a central idea of disorientation of the mind with loss of control or composure. This was seen in the inability to focus, relatively poor

concentration or difficulty carrying out normal tasks. It is reflected as a feeling of being 'spaced out' similar to that of intoxication with drugs. A feeling as if in a dream-like state.

Irritability and dissatisfaction

The central feeling is one of being dissatisfied - in a situation, with others or with events of the past. There is a decrease in tolerance levels leading to instability of mood and irritability. There may be associated frustration.

Depression and sadness

The central idea of depression is a perceived sense of 'doom' or 'gloom.' It is expressed as heavy sadness and may be significant enough to cause one to isolate themselves despite there being some degree of loneliness. The feeling may be expressed as 'disconnected and detached.' There is despair and associated negativity.

Connection to the past

There is an element of 'going back to the past'. This theme was clearly portrayed as the central focus of the dreams. It was depicted by way of going back to one's childhood – a situation of being back at school or in the childhood house. There was a tendency to dream of people, acquaintances and friends from the past with the resurfacing of sad events and past relationships with people.

Tiredness and weakness

A prominent theme of the remedy was prostration of the mind and body. There was a significant amount of tiredness and weakness experienced as exhaustion and lethargy. This lassitude is characterised by a loss/lack of energy making physical activity difficult.

5.7. GROUP ANALYSIS

There are various approaches to group analysis; the focus of this research study is a comparison of the characteristic symptoms of *Gymnura natalensis* to the symptoms of other remedies derived from sea animals. The remedies chosen for comparison

form a group that constitutes a scientific natural 'family' of sea animals (Mangialavori, 2002).

Mangialavori (2002) provides the following as common themes of the sea remedies:

- Individuality - Do not need any contact with others
- Weakness / Independence - A tendency to appear strong and not need others
- Communication issues
- Past - The idea that "before" was better
- Safe Environment / Protection
- Sensitiveness
- Motion - difficulty moving
- Harmony
- Stinging pain

5.7.1. *Ambra grisea*

Ambra grisea has an affinity for the mind, nervous system and female organs (Vermeulen, 2002:59).

A central theme of a reference to the past is characteristic of the sea remedies (Mangialavori, 2002). This is evident in *Ambra grisea* in that it dwells on past disagreeable occurrences (Vermeulen, 2001:52) whilst the trend in *Gymnura natalensis* was of 'going back to the past' i.e. past events and relationships, as depicted in the nature of the dreams. Both remedies share the symptom of anxiety with *Ambra grisea* reflecting anxiety and worry about almost everything (Vermeulen, 2002). They also want to be left alone during this time. It was noted in *Gymnura natalensis* that often provers experienced anxiety for no reason or were unable to pinpoint the cause of their anxiety.

The irritability seen in *Ambra grisea* is somewhat mild and is initiated by conversation (Vermeulen, 2002:60), while the irritability expressed in *Gymnura natalensis* is pronounced and stems from dissatisfaction and intolerance.

The sadness and despair is expressed as a loathing of life (Vermeulen, 2001:52), the despair of *Gymnura natalensis* is not of the same intensity and is displayed more as negativity. A prominent symptom is dullness of the mind and slow comprehension (Vermeulen, 2001:52) which corresponds to the spaced out feeling, difficult concentration and inability to focus that is seen in *Gymnura natalensis*. There is similarity of symptoms on the physical level. There is an extreme weakness, lassitude and prostration of mind and body noted in both remedies.

5.7.2. *Galeocerdo cuvier hepar*

The characteristic symptoms of *Galeocerdo cuvier hepar* are confusion of mind, heightened senses, back pains, sleeplessness and an affinity for the female reproductive system (Grimes, 2000).

The anxiety of *Galeocerdo cuvier hepar* is particularly specific and relates to matters of health (Grimes, 2000:43). There is a dullness of mind, confusion and cloudiness and lack of mental clarity (Grimes, 2000:43) that corresponds to the inability to focus and relatively poor concentration seen in *Gymnura natalensis*. This symptom is further confirmed by a spaced out feeling (Grimes, 2000:44) which is also very distinct in the remedy pictures of *Gymnura natalensis* and *Lac delphinium*. It is also noted that there is a need to be detached, of disconnecting and removing oneself from others (Grimes, 2000:43). This remedy also shares the similar type of lassitude of *Gymnura natalensis* which is characterised by low energy, inability to do physical activity and the need for rest (Grimes, 2000:98).

5.7.3. *Lac delphinium*

The characteristic symptoms of *Lac delphinium* include vertigo with a floating sensation in the head, specifically grey discharges and a spaced out feeling (Herrick, 1998).

A particular similarity exists in both remedies with regard to this spaced out feeling. In *Gymnura natalensis*, the spaced out feeling is reflected as a feeling similar to that of intoxication with drugs. The 'spaciness' of *Lac delphinum* is likened to looking through a pane of glass with cracks or as though there is a fog – indicating the lack of clarity of the mind. There is an associated disorientated or dissociated feeling (Herrick, 1998). This corresponds to the inability to focus and relatively poor concentration seen in *Gymnura natalensis*. There is a need to be introverted, alone in their own world (Herrick, 1998) - detached - this corresponds to the detached, disconnected and isolated feeling that exists in *Gymnura natalensis*. In *Lac delphinum*, there is a feeling of being separated from the group, of wanting to be with people but feeling shunned (Herrick, 1998). The feeling of separation in *Gymnura natalensis* is a conscious choice of wanting to be detached from others with a desire to be alone.

5.7.4. Medusa

The specific symptoms of *Medusa* seem to be based on the toxicological effects of the jelly-fish sting with a very clinically based remedy picture. The characteristic indications are numbness, burning and pricking heat of the skin; vesicular eruptions similar to a nettle rash and disorders of lactation (Murphy, 2001:1116). The lack of mental/emotional symptoms in homoeopathic materia medica did not allow for further comparison of this remedy with the themes of *Gymnura natalensis*.

5.7.5. Murex purpurea

The main action of *Murex purpurea* is on the female genital system and on the general state causing weakness and exhaustion (Vermeulen, 2001:667).

On the mental level it shares similarity with *Gymnura natalensis* with regards to the presence of a great sadness and anxiety. The depression of *Murex purpurea* is especially outstanding during menopause (Vermeulen, 2002:935), a symptom further confirming its affinity for the female system. For the proving of *Gymnura natalensis*, it was not possible to determine whether depression would feature during

menopause as there was no female prover older than 35 years of age. However, it is evident that the female reproductive system is an area of weakness for both remedies. In *Gymnura natalensis*, it was noted that premenstrual symptoms, such as breast tenderness were improved or absent for the duration of the proving. *Murex purpurea* on the other hand has principal indications for premenstrual syndrome and painful mammary swelling (Vermeulen, 2001).

There was a significant amount of tiredness and weakness experienced as exhaustion and lethargy in *Gymnura natalensis*, *Murex purpurea* shares the same states of exhaustion and weakness (Vermeulen, 2001).

5.7.6. *Sepia officinalis*

Sepia officinalis has to be the most extensively researched and widely used remedy in this family of sea remedies. The main indications of it include venous congestion particularly of the female pelvic organs, depression, irritability and constipation (Vermeulen, 2002:1227) which closely resembles the picture of *Gymnura natalensis*.

There is a marked mental stasis with the characteristic confusion, dullness and thinking difficulty (Vermeulen, 2002:1227) that is common to this family of remedies. The desire to be alone is due to the fact that they are indifferent to others and have an aversion to company. The remedy shows irritability and anger over trifles (Vermeulen, 2001) while the irritability of *Gymnura natalensis* is due to dissatisfaction and intolerance.

The remedy is particularly indicated for ailments related to female hormonal imbalance e.g. menopause, as is the trend of other remedies in this group. While the other remedies in the group exhibited lassitude, weakness and an inability to carry out physical activity, *Sepia officinalis* is better for physical exertion, running or walking fast and keeping busy (Vermeulen, 2002:1227).

5.7.7. THE RESULTS OF THE GROUP ANALYSIS

Analysis of the family of remedies derived from sea animals yielded the following common themes:

- Alteration of mental state – ‘spaced out’
- Separation and a detached feeling
- Individuality and a desire to be detached/disconnected
- Mental and physical weakness
- Affinity for the female genital and hormonal system

CHAPTER SIX

6. CONCLUSIONS AND RECOMMENDATIONS

6.1. CONCLUSIONS

The homoeopathic drug proving of *Gymnura natalensis* 30CH produced a variety of symptoms on the mental, emotional and physical levels of the body. Most prominent were the symptoms of anxiety; sadness and depression; disorientation of mind with concentration difficulties; headaches; sleep disturbances and weakness or tiredness. This symptomatology is indicative of the potential of *Gymnura natalensis* to provide cure to patients with similar conditions. It is hoped that further provings and clinical application of this remedy will provide verification of its indications in the scope of homoeopathic treatment.

The group analysis as per family of remedies derived from sea animals and the comparative study served to highlight a minimal number of common themes and characteristic symptoms of this group. During this study, it was noted that insufficient literature on certain remedies e.g. *Medusa* did not allow for the complete analysis of the group and extraction of common symptoms, as these remedies were limited in the symptomatology constituting their remedy pictures.

6.2. RECOMMENDATIONS

6.2.1. Further provings of *Gymnura natalensis*

It is recommended that further provings of *Gymnura natalensis* be conducted. Further provings of the 30CH would serve to confirm symptoms elicited during this study as well as expand and add to the current materia medica. Provings of *Gymnura natalensis* using different potencies i.e. both high and low potencies will allow for the therapeutic scope of the remedy to be fully investigated, which is in accordance with recommendations made by Vithoulkas (1980:152). Alize Timmerman (2006:136) is among the very few homoeopaths that have conducted work and provings using the C4 trituate. According to Timmerman (2006:137), the

C4 level constitutes the core level; the essence that represents the spiritual life beyond seeing and feeling. It is recommended that further provings of *Gymnura natalensis* be conducted using the C4 triturate instead of the C3 triturate in remedy preparation, for purposes of eliciting a class of symptoms that is of a spiritual nature.

6.2.2. Prover group

The ideal prover population should consist of people familiar with and keen to participate in the proving, however for purposes of this particular research study it was not possible. The quality of a proving and the symptoms obtained from it are determined by the sensitivity of the individual provers. It was noted that the bulk of the proving symptoms were recorded by a small percentage of very sensitive provers. The proving population consisted of groups of people either familiar with homoeopathy i.e. homoeopathic students and practitioners, or members of the general public. It was noted that whilst valuable symptoms were recorded by both these groups, a greater proportion of symptoms were recorded by those provers that were familiar with homoeopathy. It was also evident that the group familiar with the principles of homoeopathy were better able to describe the subtleties of their symptoms. It must also be pointed out that despite the efforts of the researcher to fully inform provers of the symptom recording process, a proportion of the recorded symptoms still remained vague and was not of a particularly useful nature. It is recommended that more time and training be dedicated to educating provers of the symptom recording process.

6.2.3. Supervision of provers

This study was conducted in conjunction with Pather (2008) with both researchers supervising a group of fifteen provers each. It was noted by Moore (2007) that the advantage of this dual supervision lies in the fact that it makes frequent contact with each prover possible. Each supervisor has a smaller group of provers to manage allowing for regular symptom monitoring thereby facilitating the research process.

6.2.4. Clinical information

Clinical use of *Gymnura natalensis* will help verify the symptomatology recorded during the proving. During the course of the proving, the remedy seemed to have had a curative effect on certain symptoms e.g. premenstrual breast tenderness. It is recommended that the information obtained during this proving be published in relevant journals so that it is freely available to the homoeopathic community. This will allow for the use of the remedy in clinical practice thereby helping to verify its therapeutic indications.

6.2.5. Indigenous substances

Provings of other members of the Gymnuridae family, indigenous to SA, are recommended. In recent years there has been a tendency of homoeopathic students at the Durban University of Technology to consider indigenous substances as the subject of their research provings. South Africa has a rich variety of indigenous flora and fauna with immense healing potential. Wright (1994) proposed the concept of proving indigenous substances for purposes of creating a South African materia medica. Since then many indigenous substances have been the subject of homoeopathic research, namely *Sutherlandia frutescens* [Cancer bush] by Kell, Low, Van der Hulst and Webster (2002), *Harpagophytum procumbens* [Devil's claw] by Kerschbaumer (2004), *Naja mossambica* [Mozambican spitting cobra] by Smal and Taylor (2004) and most recently, *Erythrina lysistemon* by Olivier and Thiel (2007) and *Chamaeleo dilepis dilepis* [Chameleon] by Moore and Pistorius (2007). The researcher recommends further provings of substances indigenous to South Africa to increase the database of remedies available for use, thereby facilitating the creation of a South African materia medica.

REFERENCES

1. Arena, G., Matera, M., Nocifora, R., Spada, M. F. 2006. A proving of *Opuntia vulgaris*. *Homoeopathic Links*, 19 (2)
2. British Homoeopathic Association (ed). 1993. *German Homoeopathic Pharmacopoeia (GHP)*. 5th supplement to the 1st edition 1978. Stuttgart: Deutscher Apotheker Verlag
3. Cailliet, G., Ferguson, A. 1990. *Sharks and Rays of the Pacific Coast*. California: Monterey Bay Aquarium Foundation. ISBN 1-878244-02-07
4. *Cambridge Illustrated Dictionary of Natural History*. 1987. Great Britain: Cambridge University Press. ISBN 0 5 21 305519
5. Campagno, L.J.V. 1989. *Guide to the sharks and rays of Southern Africa*. Cape Town: Struik Publishers. ISBN 086.977.8803
6. Candegabe, E.F. 1997. *Comparative materia medica*. Beaconsfield: Beaconsfield Publishers Ltd. ISBN 0-906584-36-1
7. Cliff, G., Wilson, R.B. 1986. *Natal Sharks Board field guide to sharks and other marine animals*. Durban: Group Editors. ISBN 062009673
8. Cook, T.M. 1989. *Homeopathic medicine today*. New Canaan: Keats Publishing, Inc. ISBN 0-87983-473-0
9. Dam, K. 1998. Are dream provings Hahnemannian provings? *Homoeopathic Links*, 11 (3): 128-130
10. Dam, K. 1998. Dreams and Homoeopathy. *Homoeopathic Links*, 12 (1):10-13

11. Davidson, J.R.T. 1995. Editorial: Proving methodology. *The British Homoeopathic Journal*, 84:63-64
12. Deacon, K., Last, P., McKoskey, J.E., Taylor, L., Tricas, T.C., Walker, T.I. 1997. *The nature company guides to sharks and rays*. Australia: Time - Life Books. ISBN not available
13. De Schepper, L. 2001. *Hahnemann Revisited*. Santa Fe. Full of Life Publications. ISBN 0-942501-12-8
14. Edmonds, C. 1995. *Field guide for medical treatment of dangerous marine creatures*. Arizona: Best Publishing Company. ISBN 0-941332-39-X
15. Gaier, H.C. 1991. *Thorsons Encyclopaedic Dictionary of Homoeopathy*. London: Thorsons, an imprint of Harper Collins Publishers. ISBN 0 7225 1823 4
16. Grimes, M.J. 2000. *Tiger shark liver: A homeopathic proving*. Seattle: Alethea Book Company. ISBN 0-9659550-1-X
17. Hahnemann, S. 1996. *Organon of the medical art*. 6th ed. Edited and annotated by Wenda Brewster O'Reilly. California: Birdcage Books. ISBN 1-889613-00-2
18. Halstead, B.W. 1970. *Poisonous and venomous marine animals of the world*: Washington D.C. United States Government Printing Office. ISBN not available
19. Haukaa, K. 2006. Norwegian proving of *Rosa canina*. *Homoeopathic Links*, 19 (2): 102-103.
20. Heemstra, P. 2004. *Coastal fishes of Southern Africa*. South Africa: South African Institute for Biodiversity. ISBN 192 003017

21. Herrick, N. 1998. *Animal Mind, Human Voices*. California: Hahnemann Clinic Publishing. ISBN 0-9635368-1-8
22. International Council for Classical Homoeopathy, 1999. Recommended guidelines for good provings. *Homoeopathic Links*, 12 (1): 33-36.
23. Kaptchuk, T. 1997. Early use of blind assessment in a homeopathic scientific experiment. *British Homoeopathic Journal*, 86: 49-50.
24. Kell, C. 2002. *A homoeopathic drug proving of Sutherlandia frutescens and a subsequent comparison of the results to the toxicology of the major chemical constituents of the plant*. M. Tech.Hom. Dissertation, Durban Institute of Technology
25. Kerschbaumer, W. 2003. *A homoeopathic proving of the whole plant of the indigenous South African herb Harpagophytum procumbens*. M. Tech.Hom. Dissertation, Durban Institute of Technology
26. Kreisberg, J. 2000. How do we acquire knowledge of our medicines? *Similimum*, XIII (No. 1): 61-67.
27. Low, L. 2002. *An evaluation of the homoeopathic drug proving of Sutherlandia frutescens in the light of a doctrine of signatures analysis*. M. Tech.Hom. Thesis, Durban Institute of Technology
28. Mangialavori, M. 2002. *Remaining in a safe environment: The sea remedies*. In: Burley, V. (eds). Notes from the second three-year international postgraduate course held in Bologna, October 25 –November 2 2002. Italy: Stabilimenti Tipografici.
29. Moore, D. 2007. *A homoeopathic drug proving of Chamaeleo dilepis dilepis with a subsequent comparison of this remedy to those remedies yielding the highest numerical value and total number of rubrics on repertorisation of*

the proving symptoms. M.Tech.Hom. Dissertation, Durban University of Technology

30. Murphy, R. 2000. *Homeopathic Remedy Guide*. 2nd ed. New Delhi: Indian Book and Periodical Publishers. ISBN 81-7467-098-X
31. Olivier, M. 2007. *An evaluation of the triple-blind homoeopathic drug proving of an indigenous South African substance, Erythrina lysistemon 30CH, and the traditional uses of the crude substance.*
M.Tech.Hom. Dissertation, Durban University of Technology
32. Pather, T. 2008. *An evaluation of the homoeopathic drug proving of Gymnura natalensis in light of a Doctrine of Signatures analysis and a comparison between the proving symptomatology and venom toxicology.*
M.Tech.Hom. Dissertation, Durban University of Technology
33. Pistorius, L. 2007. *A homoeopathic drug proving of Chamaeleo dilepis dilepis, analysing symptomatology in relation to the doctrine of signatures.*
M.Tech.Hom. Dissertation, Durban University of Technology
34. Riley, D.S. 1996. Homoeopathic drug proving – Principles and Practice. *Homint Research & Development Newsletter*, 1 (96): 3-9.
35. Riley, D. S. 1997. Extracting symptoms from homoeopathic drug provings. *The British Homoeopathic Journal*, 86:225-228.
36. Sankaran, R. 1994. *The Substance of Homoeopathy*. Mumbai: Homoeopathic Medical Publishers. ISBN 81-900810-1-2
37. Sankaran, R. 1997. *The Soul of Remedies*. Mumbai: Homoeopathic Medical Publishers. ISBN 81-900810-2-0
38. Sankaran, R. 1998. *Provings*. Chennai: Homoeopathic Medical Publishers.

ISBN 81-900810-8-X

39. Scholten, J. 1993. *Homeopathy and minerals*. Utrecht: Stichting Alonnissos. ISBN 90-74817-01-7
40. Schroyens, F. 2001. *Synthesis Repertorium Homeopathicum Syntheticum*. Edition 8.1. London: Homeopathic Book Publishers. ISBN 1-902575-23-7
41. Sherr, J.Y. 1994. *The dynamics and methodology of homoeopathic provings*. West Malvern: Dynamis Books. ISBN 81-8056-323-5
42. Smal, L. 2004. *A study of the proving of Naja Mossambica with subsequent comparison of an existing proven homoeopathic remedy, Naja tripudians in terms of the mental and dream symptomatology*. M. Tech.Hom. Thesis, Durban Institute of Technology
43. Swayne, J. 2000. *Churchill Livingstone's International Dictionary of Homeopathy*. London: Churchill Livingstone, an imprint of Harcourt Publishers Ltd. ISBN 0443 06009 6
44. Taylor, L. 2004. *An evaluation of the homoeopathic drug proving of Naja Mossambica in the light of a doctrine of signatures analysis and a comparison between the proving symptoms and the venom toxicology*. M.Tech.Hom. Thesis, Durban Institute of Technology
45. Timmerman, A. 2006. Triturated remedies and female development: Sepia and the C4 trituration. *Homoeopathic Links*, 19:136-139.
46. Thiel, G. 2007. *A comparison of the results of a triple-blind homoeopathic drug proving of Erythrina lysistemon 30CH, to the doctrine of signatures*. M. Tech.Hom. Thesis, Durban University of Technology

47. Van der Hulst. 2002. *A homoeopathic drug proving of Sutherlandia frutescens and a subsequent comparison to those remedies producing the highest numerical values and total number of rubrics on repertorisation of the proving symptoms*. M. Tech.Hom. Thesis, Durban University of Technology
48. Vermeulen, F. 2000. *Concordant Materia Medica*. Millennium edition. Haarlem: Emrys bv Publishers. ISBN 90-76189-02-1
49. Vermeulen, F. 2002. *Prisma*. 2nd ed. Haarlem: Emrys bv Publishers. ISBN 90-76189-07-2
50. Vithoulkas, G. 1980. *The science of Homoeopathy*. New York: Grove Press. ISBN 0-8021-5120-5
51. Walach, H. 1994. Editorial: Provings: The method and its future. *The British Homoeopathic Journal*, 83:129-131.
52. Walach, H. 1997. The pillar of Homoeopathy. *The British Homoeopathic Journal*, 6:219-224.
53. 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. Thesis, Durban University of Technology
54. Wichmann, J. 2004. New Homoeopathic provings and remedies. *Homoeopathic Links*, 17 (3): 200.
55. Wichmann, J. 2007. New Homoeopathic provings and remedies. *Homoeopathic Links*, 20:108.

56. Wieland, F. 1997. Good Homoeopathic Provings. *The British Homoeopathic Journal*, 86:229-234.
57. Wright, C.D. 1999. *A homoeopathic drug proving of the venom of Bitis arietans arietans*. M. Tech.Hom. Thesis, Natal Technikon, Durban.
58. Yasgur, J. 1997. *Yasgur's Homoeopathic Dictionary*. 4th ed. Greenville: Van Hoy Publishers. ISBN 1-866149-04-6

INTERNET REFERENCES

1. Auerbach, P.S. 2006. *The tragic death of Steve Irwin*. [online] Available:
http://www.diversalernetnetwork.org/news/article,_ [Accessed 12 March 2007]
2. Norland, M. 2007. *Provings* [online] Available:
<http://www.homoeopathyschool.com/provings.htm>, [Accessed 11 September 2007]
3. Sherr, J.Y. 2006. *World Wide Proving Index*. [online] Available:
<http://www.dynamis.edu/eng/provings.htm>, [Accessed 11 September 2007]

APPENDIX A

NEW HOMOEOPATHIC RESEARCH 2007

Research students at the Department of Homoeopathy
are conducting a study on a unique and fascinating
substance that has

NEVER BEEN INVESTIGATED BEFORE.

If you are:

- between the ages of 18 and 60 years,
- in relative good health (i.e. not acutely or chronically ill) and
- not currently taking any allopathic/chemical, homoeopathic or other (eg. herbal) medication,

you are invited to participate in this study at **no cost**.

For further enquiries, please contact:

Vanishree Naidoo - 0822200118, vanishree45@gmail.com

Thrishal Pather - 083 677 0333, thrishalp@gmail.com

Homoeopathic Day Clinic - (031) 204 2041 / 2513



APPENDIX B

SUITABILITY FOR INCLUSION IN THE PROVING

(All information will be treated in the strictest of confidence.)

FIRST NAME/S:		GENDER:
SURNAME:	SIGNATURE:	
<u>CONTACT DETAILS:</u> <ul style="list-style-type: none"> ▪ Telephone numbers: ▪ Email: ▪ Fax: 		

PLEASE CIRCLE THE APPROPRIATE ANSWER:

1. Are you between the ages of 18 and 60 years?	YES	NO
2. Do you consider yourself to be in a general state of good health (i.e. not acutely/chronically ill)?	YES	NO
3. Are you on or in need of any medication? <ul style="list-style-type: none"> • Allopathic/Chemical • Homoeopathic • Other (e.g. Herbal) 	YES YES YES	NO NO NO
4. Have you been on the birth control pill or hormone replacement therapy in the last 6 months?	YES	NO
5. Are you pregnant or nursing?	YES	NO
6. Have you had surgery in the last 6 weeks?	YES	NO
7. Do you use any recreational drugs (e.g. Cannabis, LSD, MDMA)?	YES	NO
8. Do you suffer from hypersensitivity diseases such as: <ul style="list-style-type: none"> ▪ Asthma ▪ Hay fever ▪ Allergies ▪ Food hypersensitivities? 	YES YES YES YES	NO NO NO NO
9. Do you consume more than: <ul style="list-style-type: none"> ▪ 2 measures of alcohol per day? (1 measure = 1 tot / 1beer / half glass of wine) ▪ 10 cigarettes per day? ▪ 3 cups of tea, coffee or herbal tea per day? 	YES YES YES	NO NO NO
10. Are you willing to follow the proper procedures for the duration of the proving and to attend a short orientation meeting to inform you about the proving?	YES	NO

(Adapted from Wright, 1999)

APPENDIX C

INFORMED CONSENT FORM

(To be completed in duplicate by the prover)

TITLE OF RESEARCH PROJECT:

A Homoeopathic Drug Proving

NAME OF SUPERVISOR: Dr Madhu Maharaj, M.Tech (Hom) (TN)

NAME OF RESEARCH STUDENT: Vanishree Naidoo **DATE:** _____

PLEASE CIRCLE THE APPROPRIATE ANSWER:

1. Have you read the information sheet?	YES	NO
2. Have you had the opportunity to ask questions regarding the proving?	YES	NO
3. Have you received satisfactory answers to your questions?	YES	NO
4. Have you had the opportunity to discuss this proving?	YES	NO
5. Have you received enough information about this proving?	YES	NO
6. Who have you spoken to with regards to this study?		
7. Do you fully understand the implications of your involvement in the proving?	YES	NO
8. Do you understand that you are free to withdraw from this proving: • at any time • without having to give reasons for withdrawing, and • without affecting your future health care?	YES	NO
9. Do you agree to voluntarily participate in this study?	YES	NO
10. Do you understand that you may receive a placebo during the study?	YES	NO
11. Do you understand the difference between a placebo and homeopathic treatment?	YES	NO

If you have answered "NO" to any of the above questions please obtain the relevant information before signing.

PATIENT NAME:	SIGNATURE:
WITNESS NAME	SIGNATURE:
RESEARCH STUDENT NAME:	SIGNATURE:

APPENDIX D

CASE HISTORY FOR PROVERS:

Date: _____

Prover Code: _____

Surname: _____

First Name: _____

Sex: _____

Age: _____

Date of Birth: _____

Marital Status: _____

Number of Children: _____

Occupation: _____

Contact Details:

PAST MEDICAL HISTORY (e.g.: Diabetes, Cancer, Epilepsy, Hypertension, HIV, Tuberculosis, Asthma, Bronchitis)

PAST SURGICAL HISTORY

FAMILY HISTORY

DRUG HISTORY – SUPPLEMENTS, MEDICATION

VACCINATION HISTORY

ALLERGIES

TONSILS

GASTRO-INTESTINAL TRACT:

- **APPETITE**

- **FOOD:**

- **DESIRE**

- **AVERSION**

- **AGGRAVATIONS**

- **SMOKING** _____

- **ALCOHOL** _____

- **RECREATIONAL DRUGS** _____

- **BOWEL MOVEMENTS** _____

- **STOOL** _____

- **NAUSEA** _____

- **HEARTBURN** _____

- **THIRST** _____

GENERALS:

- **SLEEP** _____

- **TIME MODALITIES** _____

- **PERSPIRATION** _____

- **ENERGY/METABOLISM**

- **WEATHER MODALITIES**

FEMALE:

- **MENSES**

- **MENARCHE**

- **CYCLE**

- **PERIOD**

- **COMPLAINTS**

- **LEUKORRHEA**

- **PREGNANCY**

- **MISCARRIAGES**

- **LABOUR**

- **GENITALIA**

- **SEXUALLY TRANSMITTED DISEASES**

MALE:

- **PROSTATE**

- **GENITALIA**

- **SEXUAL LIBIDO**

- **SEXUALLY TRANSMITTED DISEASES**

URINE

CYSTITIS

PARTICULAR SYMPTOMS:

- HEAD

- EYES

- EAR

- NOSE

- THROAT

- CHEST

- HEART

- MUSCULOSKELETAL

- SKIN

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- This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, text, or other markings on the page.

- **DREAMS**

[illegible]

PHYSICAL EXAM:

- **VITALS:**

- **BLOOD PRESSURE**

- **TEMPERATURE**

- **WEIGHT AND HEIGHT**

- **PULSE**

- **RESPIRATORY RATE**

- **JAUNDICE**

- **CYANOSIS**

- **ANAEMIA**

- **LYMPHADENOPATHY**

- **DEHYDRATION**

- **OEDEMA**

- **SPECIFIC SYSTEM EXAMINATION**

Name of Researcher: _____

Signature: _____

Name of Supervisor/Clinician: _____

Signature: _____

(Adapted from Low, 2002 and Taylor, 2004)

APPENDIX E

INSTRUCTIONS TO PROVERS

Dear Prover

Welcome to an exciting opportunity to participate in an invaluable experience in homoeopathy. I am certain that you will benefit from this proving and will find that there is no better way of learning and advancing homoeopathy.

Risks and benefits:

You may experience some mild transient symptoms while taking the homoeopathic medication. Please be advised that you will be in daily contact with the researcher and under constant supervision of a qualified homoeopathic physician, who will antidote any unpleasant or intolerable symptoms if necessary. Please be reminded that you are under no obligation and free to withdraw from the study at any stage.

As a participant of this proving you may experience some indirect benefits such as an increased awareness of yourself, an increased sense of well-being and a better understanding of how Homoeopathy works. Homoeopathy students will gain a better understanding of homoeopathic provings and homoeopathy in general.

Before the Proving:

Please ensure that you have:

- 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 orientation meeting.

Your proving supervisor (Vanishree Naidoo) will contact you with the date that you are required to commence the pre-proving observation period and the date that you are required to start taking the remedy. You will also agree on a daily contact time for the supervisor to contact you. Should there be any queries or anything that you don't fully understand, please do not hesitate to contact your supervisor.

Beginning the Proving:

Record your symptoms daily in the journal for 1 week prior to taking the remedy, after having been contacted by the supervisor and asked to commence. This will help you get into the habit of 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 supervisor have agreed upon. Please record the time that you take each dose. Time keeping is an important element of the proving. The remedy should be taken on an empty stomach and with a clean mouth (i.e. free of toothpaste, food, drink, etc.). Dissolve the powder under the tongue. Neither food nor drink should be taken for half an hour before and after each dose.

The remedy should be taken for 2 days. On each of these days, no more than 3 doses of the remedy should be taken.

In the event that you experience symptoms or those around you observe any proving symptoms **do not take any further doses of the remedy.**

By proving symptoms I mean:

- **any new symptoms**, i.e. ones that you have never experienced before.
- **any change or intensification of any existing symptom.**
- **any strong return of an old symptom**, i.e. a symptom which you haven't experienced for more than 1 year.

If in doubt, speak to your supervisor. Be on the safe side and do not take further doses. ***Experience has shown repeatedly that the proving symptoms usually begin very subtly, often before the prover recognises that the remedy has begun to act.***

Lifestyle during the Proving:

Avoid all antidoting factors such as camphor, menthol and mints. If you normally use these substances, please stop taking them 2 weeks before and for the duration of the proving. Protect the powders you are proving like any other potentized remedy - store them in a cool, dark place away from strong smelling substances and electrical equipment.

A successful proving depends on your recognising and respecting the need for **moderation** in the following areas: work, alcohol, smoking, exercise and diet. Try to remain within your usual framework and maintain your usual habits.

Avoid taking any medication, especially antibiotics, vitamins or mineral supplements, herbal or homoeopathic remedies.

In the event of a medical or dental emergency, contact your homoeopath, doctor, dentist or local hospital as necessary. Please contact your supervisor as soon as possible.

Confidentiality:

It is important for the quality and credibility of the proving that you discuss your symptoms only with your supervisor. **Keep your symptoms to yourself and do not discuss them with fellow provers.** Your privacy is something that I will protect. Your identity will be known only to the proving supervisor and all information will be treated in the strictest confidence.

Contact with your Supervisor:

Your supervisor will telephone you to inform you to begin your 1 week observation period and then daily from the day that you begin to take the remedy. This will later decrease to 2 or 3 times a week and then to once a week, as soon as you and the supervisor agree that there is no longer a need for such close contact. This will serve to check up 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 doubts, queries or problems during the proving, contact your supervisor on the phone number provided at any time.

Recording of Symptoms:

When you commence the proving, note down carefully any symptoms that arise, whether they are old or new and the time of the day or night at which they occurred. This should be done as vigilantly and as frequently as possible so that the details will be **fresh in your memory** and that no information will be lost. **Make a note even if nothing happens.**

Please start each day on a new page with the date noted at the top of each page. Also note which day of the proving it is. The day that you took the first dose is day zero.

Write neatly on alternate lines, in order to facilitate the extraction process which is the next stage of the proving. Try to keep the journal with you at all times. Please be as precise as possible. Note in an accurate, detailed but brief manner your symptoms in your own language.

The following information with regard to symptoms is important:

- ❖ **LOCATION:** Try to be accurate in your anatomical descriptions. Simple clear diagrams may help here. Be attentive to which side of the body is affected.
- ❖ **SENSATION:** Describe this as carefully and as thoroughly as possible e.g. burning, shooting, stitching, throbbing, dull, lancinating, etc.

- ❖ **MODALITY:** Is the symptom better or worse from weather, food, smells, dark, light, lying, standing, sitting, people etc. Try different things out to see if they affect the symptom and record any changes.
 - ❖ **TIME:** Note the time of onset of the symptoms and when they cease or are altered. Is it generally better or worse at a particular time of day or night and is this unusual for you?
 - ❖ **INTENSITY:** Briefly describe the sensation and the effect of the symptom on you.
 - ❖ **AETIOLOGY:** Did anything seem to cause or set off the symptom and does it do this repeatedly?
 - ❖ **CONCOMITANTS:** Do any symptoms appear together or always seem to accompany each other or do some symptoms seem to alternate with each other?
- On a daily basis you should run through the following check list to ensure that you have observed and recorded all your symptoms:

Mind – <i>Mental</i> and <i>Emotional</i> symptoms are very important and sometimes difficult to describe – please take special care in noting these.	Respiratory System	Dreams – Please give full descriptions of dreams and in particular note the general feeling or impression that the dream left you with.
Head	Digestive System	Genitalia
Eyes	Skin	Sex
Ears	Extremities(upper and lower limbs)	Temperature
Mouth and Tongue	Urinary Organs	Generalities
Back	Sleep	

Reports from friends and relatives can be particularly enlightening. Please include these 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 do another proving?

Next to each entry, try to classify each of your symptoms as follows:

- **(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.

- **(AS) Alteration in a present or old symptom** - e.g. used to be on the left side now on the right side.
- **(US) An unusual symptom for you.**

Please use red ink for these notations and classify your symptoms accurately. If you have any doubts or queries, your supervisor will be glad to assist you in any way possible.

Please remember that detailed observation and concise, legible recording is crucial to the proving!

THANK YOU FOR PARTICIPATING IN THIS PROVING.

Proving Supervisor: Vanishree Naidoo (Research Student)
Contact Details: Telephone: (031) 902 7912 or 082 2200 118
 Email: vanishree45@gmail.com

(Adapted from Sherr, 1994; Wright, 1999)

APPENDIX F

Proving Information Sheet:

What is a proving?

A homoeopathic drug proving is a study in which people who are in a relatively good state of health, take a homoeopathically prepared substance in order to observe and record any symptoms that are elicited. These symptoms are then said to form the drug picture for that substance and can be used as a basis for prescription, according to the Law of Similars, when a patient displays a similar symptom picture.

Why participate in a proving?

Provings are vitally important to homoeopathy as they represent the only truly accurate manner in which to ascertain the action of homoeopathic drugs. The benefits of taking part in a proving are described by Hahnemann in the Organon. He explains that one may gain a practical and experiential understanding of homoeopathic medicines. Physicians may increase their powers of observation by having to accurately record all the symptoms that are experienced in the proving. A prover can gain a greater understanding of himself/herself by recording the symptoms he/she experiences.

Are there any health risks in participating in a proving?

The substance used in a homoeopathic drug proving undergoes a process of dilution and potentisation before forming the homoeopathic medicine. It therefore poses no threat to one's health.

Provings have been conducted for as long as homoeopathy has existed and it has been seen in all provings that symptoms that are experienced during provings are generally mild and exist only temporarily.

Provers are continuously monitored throughout the proving process by the researchers so, if at any point, a prover experiences symptoms of discomfort these will be immediately treated homoeopathically, free of charge.

What is expected of provers?

In order to participate in this proving one needs to meet certain criteria. This is outlined below,

- Must be between the ages of 18 and 60
- Must be willing and able to comply with the daily keeping of a journal in which symptoms are recorded
- Must be in a relatively good state of health
- Must be in what is considered, for yourself, to be a general state of good health
- Must be willing to follow the proper procedures for the duration of the proving

- Must be able to maintain your normal lifestyle and usual daily routine as closely as possible and have no major lifestyle changes planned during the proving period.
- Must not be on or in need of any medication: chemical, homoeopathic or other.
- Must not have been on the birth control pill or hormone replacement therapy in the previous 6 months
- Must not be pregnant or nursing
- Must not have had surgery in the previous 6 weeks
- Must not have any surgical or medical procedures planned for the duration of the proving period
- Must not use any recreational drugs such as cannabis, LSD or MDMA
- Any consumption of stimulants (alcohol, coffee, tea, cigarettes) must be in moderation.

A total of 30 volunteers will be selected to take part in the proving. The provers will then be randomly selected and assigned to two groups. One group (80% of the total) will be given the proving substance and the other group (20% of the total) will receive placebo. This will be done in such a manner that neither the provers nor the researchers will know who is in which group; and none of the provers will know what the proving substance is.

Recording of symptoms

Provers will need to record their 'everyday' or 'normal' symptoms for one week to establish a baseline of health. You will then be required to take the given substance three times a day for a total of two days. The symptoms that you may experience during this time need to be accurately recorded in your proving journal. During the entire proving time the researchers will be in close contact with you to monitor your symptoms. This will be done under the supervision of the Research Supervisor.

If you choose to take part in the proving you will be provided with a detailed list of instructions as to exactly what the proving entails. Here follows the basic sequence of events:

- You will contact any one of the researchers to say that you would like to participate in the proving and a pre-proving interview will be scheduled.
- At this interview, you will be provided with any information you require about the proving and you will be asked to complete the Inclusion Criteria Sheet. You will be given a date for the pre-proving group meeting
- The pre-proving group meeting will be held between all the provers and both researchers. This will serve as an informative session where any questions about the proving will be answered. A full breakdown of the proving process will also be provided
- At the end of this meeting you will be asked to schedule a 1 ½ hour consultation and physical examination. You will then be required to sign the Informed Consent form
- At the consultation you will receive an individual prover code, a journal, medication and a starting date will be agreed on.

- once all the provers have completed the proving there will be another group meeting between provers and researchers to compare individual experiences

Confidentiality

Please be aware that confidentiality will be maintained throughout the proving. On completion of the proving any identifiable data will be removed and destroyed. The information that you provide will be published using your prover code only.

If at any stage of the proving you wish to withdraw, you are perfectly entitled to do so without having to give an explanation. You may be asked to withdraw from the proving if there is any conflict with the inclusion criteria.

Contact details:

Researchers: **Vanishree Naidoo**

Thrishal Pather

Phone: (031) 902 7912

(031) 706 1005

082 220 0118

082 677 0333

If you have any questions about the proving please do not hesitate to contact us.

Thank you,

Vanishree Naidoo and Thrishal Pather