

**A Homoeopathic drug proving of ivory from the
male African elephant (*Loxodonta africana*) with a
subsequent comparison to *Lac Loxodonta africana*.**

**By
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This mini-dissertation was submitted for examination in partial compliance with the requirements for the Master's Degree in Technology: Homoeopathy, in the Faculty of Health Sciences at Durban University of Technology.

I Barry Forbes, do hereby declare that this dissertation is representative of my own work, both in conception and execution.

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***To my parents and my brother,
for their love, support and friendship.***

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ABSTRACT

Introduction

This dissertation entails a homoeopathic proving of ivory from the male African elephant (*Loxodonta africana*) 30CH with a subsequent comparison to *Lac Loxodonta africana*.

Objectives

The primary objective of this proving was to determine the effects of homoeopathically prepared ivory from the male African elephant (*Loxodonta africana*) in a 30CH dilution and was achieved by administering the remedy to a group of healthy individuals (provers) who will document all symptoms that arise as a result of taking the remedy. These symptoms will be used to identify the therapeutic indications of homoeopathic ivory. With these specific indications being documented the remedy can then be utilized in the sick individual, that present with similar symptoms, to induce a cure.

A further objective of this proving is to report any variation that may exist in the comparison of two remedies, namely *Lac Loxodonta africana* (milk derived from the African elephant) and the remedy used in this proving, ivory from the male African elephant (*Loxodonta africana*).

Methodology

The substance was triturated up until the 3CH and subsequently converted into a liquid potency to be potentised up until the 30CH. Granules were then impregnated with the 30CH liquid potency. Ten impregnated granules were then placed in each individual

lactose powder sachets. A total of six powders were dispensed to the proving participants.

The proving was conducted as a double blind placebo controlled study with a total of twenty-six (26) provers that met the inclusion criteria (Appendix A). The group was made up of both homoeopathic students as well as the general public of varying ages, race and gender. The total group was randomly divided into two groups, twenty (20) of which received the homoeopathic remedy, the remainder (6) received placebo. A full case history of each prover was taken before commencing the proving as well as on completion of the study. Each individual prover kept a journal, starting a week before the proving, which was continued while taking the remedy and ceased when all symptoms had abated.

Once all provers had completed the proving, the information received from the provers through the journals from both groups was collated, assessed and analyzed.

A comparison was then made between this proving and *Lac Loxodonta africana* to assess whether any similarities or differences were evident. The comparison was made on symptom similarities and rubric analysis.

Results

The proving of ivory from the African elephant (*Loxodonta africana*) revealed a variety of symptoms. A total of 32 systems were affected in the twenty provers who received the remedy. 716 symptoms were recorded, 83 of which were new symptoms. The systems that were predominately affected were the mind, head and extremities.

Many symptoms were confirmed to be similar to those identified in the proving of *Lac Loxodonta africana*, though differences were also acknowledged.

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DEFINITION OF TERMS

Avogadro's number

Avogadro's number is the constant number of molecules (atoms, ions, electrons) in a mole of any substance. Avogadro's number has a value of $6.02252 \times 10^{23} \text{mol}^{-1}$. Mole is the amount of substance that contains as many atoms as there are atoms in 12g of ^{12}C , the most abundant isotope of carbon. The Avogadro limit is reached at 12CH or 23DH and in dynamizations higher than these not a single molecule of the original base substance or mother tincture is expected to remain (Gaier, 1991:47).

Centesimal potency

Centesimal potency is a dilution in the proportion of one part in one hundred (Swayne 2000:36). The sequential addition of one part of the stock or of the previous potency to ninety nine parts of diluent. The number of these serial dilutions, performed with succussion, defines the Centesimal potency. The Centesimal potency is designated by a number with a letter CH following it (Swayne 2000:36). The most widely known and used potency scale, originally developed by Hahnemann (Yasgurs, 1997:44).

Dilution

Dilution is the act of reducing the concentration of a solution or a non-fluid mixture, or resultant solution or non-fluid mixture, proper (Gaier, 1991:128).

Doctrine of signatures

The Doctrine of signatures was first profounded by Paracelsus in which he refers to the idea that plant shapes resembling the human organs or body structures should be regarded as healing agents for those body parts. E.g. if the shape of the plant resembles a heart, this plant should be used for heart complaints (Pujol, 1990:24). The Doctrine of signatures draws symbolic parallels and correspondences between nature and disease processes. This is a doctrine which attributes therapeutic properties to plants on the basis of some correspondence between their characteristics (e.g. form, color) and the characteristics of the disease or the afflicted organ (Swayne 2000:192).

Law of similars (Similia principle)

The Law of similars refers to the fundamental principle of homoeopathy, which states that substances may be used to treat disorders whose manifestations are similar to those which they will themselves induce in a healthy subject. The law of similars is expressed as “*Similia Similibus Curentur*” (let like be cured by like) (Swayne 2000:193).

Materia Medica

In homoeopathy the Materia Medica describes the nature and therapeutic repertoire of homoeopathic medicines; of the pathology, the symptoms and signs and the modifying factors (modalities), and general characteristics of the patient associated with them, derived from the toxicology, homoeopathic provings and clinical experience of their use (Swayne 2000:133).

Miasm

A miasm is a condition which may be acquired or inherited. An underlying chronic or recurrent disease state (Gaier, 1991:342).

Pharmacopoeia

A Pharmacopoeia is an authoritative reference work containing monographs of medicines and other therapeutic agents, specifications for sources of, and standards for the strength and purity of, base substances and mother tinctures, formulae and methods of preparation of these substances and their derivative potencies, as well as descriptions of processes for the testing of starting materials (Gaier, 1991:398).

Placebo

In homoeopathic practice, placebo refers to the non-medicated substance that is relatively inert pharmacodynamically, sometimes administered to contrast the effects of a relative non-medication in controlled experiments with those of medication in two comparable groups of patients (Gaier, 1991:183).

Potency

The stage of altered remedial activity to which a drug has been taken by means of a measured process of deconcentration, with succussion, or by trituration, of the medicinal substance, which is thus brought to a state of diminutive or infinitesimal subdivision (Gaier, 1991:432).

Potentisation (Dynamization)

Potentization is a physical process through which latent curative powers of medicines are aroused into activity, though these may have been inevident in their crude states, or imparting the pharmacological message of the original substance (i.e. creating a template of the active principle) by means of trituration or succussion (Gaier; 1991:143).

Prover

A prover is 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

Proving is a transliteration of the German word “prüfung” meaning test or assay (Gaier, 1991:390). A proving is 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 subjects in order to observe and record symptoms. A proving is a test of the action of a drug upon the healthy body, and a record of the unusual symptoms produced and or alternatives from the normal health experienced by taking the substance (Yasgurs, 1997:201).

Repertory

A repertory is a source used in case analysis to identify the medicine indicated for the patient. This process is called repertorisation. A repertory is a systemic cross reference of symptoms and disorders to the homoeopathic medicines in whose therapeutic repertoire (Materia Medica) they occur. The strength or degree of the association between the two is indicated by the type in which the medicine name is printed (Swayne, 2000:183).

Succussion (Dynamisation)

Succussion is a method of potentisation which involves vigorous shaking, with the impact or “elastic collision,” carried out at each stage of dilution in the preparation of a homoeopathic potency (Swayne 2000:201).

Trituration

Trituration is the reduction of a substance to a minute state or division by means of long, continued rubbing or grinding. Trituration is a method of remedy preparation by which the finely powdered, medicinal substance (usually insoluble in water or alcohol) is ground with a pestle in a mortar with a certain proportion of lactose. In this process there is a progressive division and diminution of the medicinal substance (Yasgurs, 1997:266).

CHAPTER ONE

1.1 The study

1.1.1 Introduction to homoeopathic provings:

In aphorism 106 of the 'Organon of the medical art' Dr Samuel Hahnemann writes, "*The entire disease-arousing efficacy of the individual medicines must be known; that is, all the disease symptoms and condition-alterations that each medicine is especially able to engender in healthy people must first be observed before one can hope to be able to find and select from among the proven medicines, the apt homoeopathic remedy for most of the natural diseases*" (O'Reilly, 1996:144). Thus, the need for controlled trials or 'provings', that assist in the process that Hahnemann spoke of is essential to the practice of homoeopathy.

These provings are a unique and an integral part of homoeopathy in that a potential medicinal substance is given to a healthy human being to ascertain the possible curative powers of that substance (Goel, 2002:362). Contrary to other medical practices where medicines are tested on diseased individuals to incite a cure (O'Reilly, 1996:161), and thus confirming that the medicine can be utilized for that particular condition.

Dr Samuel Hahnemann, the founder of homoeopathy, conducted provings on himself, the earliest dating back to 1789 (DeSchepper, 2001:33). Later, Dr Hahnemann began to prove substances on colleagues, family and friends. Through these provings Dr Hahnemann observed the similarities between the effects that a substance has on a healthy individual and the clinical picture of a disease. Dr Hahnemann proposed to use these substances in treating disease and described this effect and method of healing as '*similia similibus curentur*' meaning '*like cures like*'. Essentially, a substance that produces particular symptoms in a healthy individual can be used to cure a disease that

presents with those same symptoms. Thus method is contrary to allopathic treatments, where the physicians use medicines that appose the disease symptoms. A homoeopath finds a true enduring cure in the exact opposite of such an antipathic treatment of disease symptoms (O'Reilly, 1996:106). Only by creating an artificial disease that is similar and stronger than the natural disease but is not the same as the disease, will a cure be induced (DeSchepper, 2001:27).

Provings have become an invaluable part of homoeopathy and create a greater spectrum of medicines that can be utilized in the healing of the sick (DeSchepper, 2001:32). They are the only method of obtaining accurate and reliable knowledge of the therapeutic potential of a substance (O'Reilly, 1996:188).

1.1.2 Objectives of the proving:

The primary objective of this proving is to determine the effects of homoeopathically prepared ivory in a 30CH dilution on healthy individuals. This will be achieved by administering the remedy to a group of healthy individuals (provers) who will document all symptoms that arise as a result of taking the remedy. These symptoms will be used to identify the therapeutic indications of homoeopathic ivory. With these specific indications being documented the remedy can then be utilised in the sick individual, that present with similar symptoms, to induce a cure.

A further objective of this proving is to report any variation that may exist in the comparison of two remedies, namely *Lac Loxodonta africana* (milk derived from the African elephant) and the remedy used in this proving, ivory from the male African elephant (*Loxodonta africana*). These two remedies, though similar in that they are both produced from the African elephant (*Loxodonta africana*), are very different in composition and character. The intention is to identify and document any differences between the two remedies that are

made from different sexes and constituents but are from the same source substance, thus pre-empting further more extensive provings of existing substances.

1.1.3 Benefits of the proving:

A wide variety of homoeopathic remedies exist and are made from a vast array of substances. The animal remedies in particular are generally produced from the entire animal e.g. *Blatta orientalis* (Indian cockroach)(Vithoulkas, 1997:1051-1055), or body fluids such as milk e.g. *Lac caninum* (Milk from a Dog)(Vermeulen, 2002:778), as well as venom e.g. *Lachesis mutis* (Bushmaster)(Vermeulen, 2002:797),

The proving of ivory will assist in expanding the homoeopathic Materia Medica as ivory has previously not been proven as a homoeopathic remedy.

Further benefit may be found in the comparison of male and female remedies, and ivory versus milk of *Loxodonta africana*, as it may further add to our knowledge of the differences that may be found between remedies produced from the same species of animals but obtained from different sexes and a different source substance. This may lead to more extensive provings being conducted on existing animal remedies that have previously been derived from one sex only or from one source only.

The use of ivory explores a potential new source of animal substances other than the conventional sources such as milk, blood or venom.

1.1.4 Why a proving of *Loxodonta africana*:

Provings are unique to homoeopathy and are essential in the practice of medicine in assisting with the understanding of the action of a particular

remedy and its potential uses (O'Reilly, 1996:144). Thus investigation into the potential use of a wide range of substances is fundamental in expanding the repertoire of homoeopathic remedies that are available.

Though many remedies already exist there is still so much potential for the development of new remedies produced from new substances. These newly proven remedies could be used in cases where previously partial or less closely indicated remedies have been used in treatment, and could potentially produce a cure due to it being more similar than the original remedy that was used (O'Reilly, 1996:162). Thus the accurate and articulate experimentation into the curative effects of new substances is essential to the success of homoeopathy and without new provings homoeopathy would stagnate (Sherr, 1994:8).

It has been noted by Sherr, that the most significant and appropriate medicine will be found within our surrounding environment (Sherr, 1994:49). Currently within South Africa only a few potential substances that are accessible to us have been proven, thus the majority of the homoeopathic remedies that are available are derived from exotic sources. Though, recently a number of provings of native substances have been undertaken including *Sutherlandia frutescens* (Cancer bush)(Webster, 2002), *Naja mossambica mossambica* (Mozambique spitting cobra)(Smal, 2004) and *Bitis arietans arietans* (Puffadder)(Wright, 1999).

Ivory from the African elephant (*Loxodonta africana*) was chosen as the substance to be used in this particular proving due to the lack of mammal remedies besides the milks (e.g. *Lac leoninum*, *Lac Loxodonta africana*) and the significance of the animal being the largest land mammal in the world as well as being native to Africa.

1.1.5 The delimitations

The study did not:

- seek to explain the mechanism of action of the homoeopathic preparation in the production of symptoms in the healthy individuals;

- determine the effects of potencies of *Loxodonta africana* other than the thirtieth centesimal potency;
 - seek to perform multicentre trials of the drug.
- (Wright, 1999:3)

1.1.6 The assumptions

- The proving was conducted by administration of a remedy (*Loxodonta africana*) prepared only in accordance to method 6 of the German Homoeopathic Pharmacopoeia (Driehsen, 2003:36) and method 8a of the German Homoeopathic Pharmacopoeia (Driehsen, 2003:38). No other method of preparation of the remedy was investigated.
 - The proving was conducted by the administration of a remedy (*Loxodonta africana*) to the provers who only took the remedy in the specified dosage and frequency. No other method of administration was investigated.
 - The provers did not deviate from their normal lifestyle, including dietary habits, in any significant manner immediately prior to or for the duration of the proving.
- (Wright, 1999:4)

CHAPTER 2

Review of the related literature

2.1 Provings

2.1.1 Introduction

The homoeopathic Materia Medica is a compilation of all the previously conducted provings and without these provings homoeopaths would have no conceivable reason for administering a particular medicine (O'Reilly, 1996:161). Provings form the foundations of Homoeopathy and have become a continuous process that began over 200 years ago. To date over 6000 homoeopathic remedies exist due to the patience and dedication of numerous homoeopaths across the world.

The first proving to be conducted by Dr Samuel Hahnemann, in 1789 was a simple yet revolutionizing process, which would change the way many thought about medicine and ultimately form the foundation of the practice of homoeopathy. The proving had a very basic structure with Dr Hahnemann being the sole prover, but the results that unfolded were enough to convince Dr Hahnemann that a therapeutic potential exists that no one else had ever considered. He later recruited colleagues, family and friends, which resulted in a larger prover base and a wider variety of symptoms (DeSchepper, 2001:32).

Over numerous years Dr Hahnemann came to realize the importance of certain criteria, which he recorded and published in the 'Organon of the medical art' in aphorisms 121 to aphorism 142 (O'Reilly, 1996:161).

Today provings have changed significantly with many methodological criteria being considered for the conduction of a proving, resulting in the elimination of

extraneous variables and larger proving symptoms being confirmed. With the methodological improvements also came conflicting ideas on the most correct method of conducting a proving but for the purpose of this proving the researcher has followed the techniques as stipulated by Dr Samuel Hahnemann (O'Reilly, 1996:144-163) and Dr Jeremy Sherr (Sherr, 1994:41-91) unless otherwise stated.

2.1.2 History of provings

Provings are unique to homoeopathy in that a potential medicinal substance is given to a healthy human being to ascertain the possible curative powers of that substance (Goel, 2002:362). Dr Samuel Hahnemann conducted provings on himself, the earliest dating back to 1789 (DeSchepper, 2001:33). Later Dr Hahnemann began to prove substances on colleagues, family and friends. Through these provings Dr Hahnemann observed the similarities between the effects that a substance has on a healthy individual and the clinical picture of the disease it is able to cure. Thus the '*law of similars*' arose as a term, '*similia similibus curentur*' or '*like cures like*', where a substance that produces particular symptoms can be used to cure a disease that presents with those same symptoms. Provings have become an invaluable part of homoeopathy, and create a greater spectrum of medicines that can be utilized in the healing of the sick (DeSchepper, 2001:32).

2.1.3 Proving methodologies

As stated by Sherr in 'The Dynamics and Methodology of Homeopathic Provings' the most effective method of administration of the experimental proving substance is to take six powders in total; one powder three times a day for two consecutive days (Sherr, 1994:53). In the event of symptoms arising before completion of the six powders the prover should stop taking

further doses of the remedy all together as serious implications may result and symptoms of the proving may persist (Sherr, 1994:52). Thus, the prover must be asked to be vigilant while taking the remedy and the researcher should keep a close watch on the prover to identify the action of the remedy that may be missed by the prover himself. The prover should also be instructed to take the powders away from any food, mints, toothpaste, coffee or the use of camphor, as these substances may deactivate the remedy (Vithoulikas, 1986:261).

As is reported in the 'Organon of the Medical Art', adapted from the sixth edition of the *Organon der Heilkunst* completed by Dr Samuel Hahnemann in 1842, in aphorism 128, the 30CH potency should be used for provings (O'Reilly, 1996:154).

2.1.4 Blinding and placebo measures

The placebo group plays a significant role in a proving, as was noted by Goel, in that without placebo, many prejudices will be seen, and the remedy picture may not truly reflect the substance in its entirety (Goel, 2002:364). As is reported by Sherr many in the placebo group have developed symptoms that are common to the remedy picture, and should be eliminated from the proving yet are important features (Sherr, 1994:57). Thus, the use of a placebo group is to eliminate the influence of any external factors and create a picture that can be said to be of the remedy itself and of no other cause.

Another aspect of importance in a proving is the use of the 'Double blind' technique. This is where the prover as well as the researcher will not know who is taking the remedy and who is on placebo (Sherr, 1994:36). This is to rule out any possible bias.

2.1.5 Related provings

Dr Nancy Herrick conducted the proving of *Lac Loxodonta africana*, milk of an African elephant, in 1995. The milk was obtained from an African elephant located in the Oakland Zoo in California, United States of America. The elephant was wild and captured in Africa and was subsequently relocated to the Oakland Zoo. The milk was expressed after the mother had lost its calf due to severe deformities. The elephant was isolated and legs chained, electric suction cups were then attached to the nipples and the milk was expressed. The milk was transported immediately to the Hahnemann Clinic Pharmacy and was triturated and potentized to a 30CH for the proving. The remedy of *Lac Loxodonta africana* was then given to a total of eight provers.

The elephant was described as being healthy with some arthritis and slight stiffness in movement. The elephant was said to have an aggressive disposition towards other cows and took the role of the dominant animal, but was good with people (Herrick, 1998:55).

A variety of themes arose including homelessness, brutality, violence, murder and not enough food that reflected the conditions of living that the elephant experienced. A more natural state was also noted with themes and interests in air, water, food, feeding others and a feeling of positive emotions, timelessness and theorizing about the substance (Herrick, 1998:54).

Provings of indigenous substances are of great importance as was noted by Sherr, who stated that, the most significant and appropriate medicine will be found within our surrounding environment (Sherr, 1994:49). Of recent, a number of students at Durban University of Technology have conducted proving utilizing various indigenous substances. These have consisted of both animal and plant sources and have included *Sutherlandia frutescens* (Cancer bush) (Webster, 2002), *Naja mossambica* (Mozambique spitting cobra) (Smal, 2004) and *Bitis arietans arietans* (Puffadder) (Wright, 1999).

2.1.6 Recommendations

Further investigations should be considered to determine the relationship between *Loxodonta africana* and existing remedies – in particular with *Natrum muriaticum*, which was used to successfully antidote provers 3 and 7. A comparative study of the remedy utilized in this proving and *Calcareo carbonica* should also be considered due to the high content of Calcium carbonate within elephant ivory.

2.1.7 Proving ethics

2.1.7.1 Confidentiality

The double blind structure of the study was strictly adhered to throughout the duration of the proving thus the nature of the proving substance remained confidential to prevent any influence on the proving symptoms (Sherr, 1994:36). Furthermore patient confidentiality was also maintained throughout the duration of the proving to ensure the protection of private issues.

2.1.7.2 Language

Bias was given to those whose first language was English or to those that are fluent in English because of the importance of getting a clear description of the effects of the remedy and thus ensuring the validity of all symptoms.

2.1.7.3 Ivory trade

The trade in ivory has been banned since 1989, fortunately due to the nature of the preparation of a homoeopathic remedy only minute quantities will be required to produce a life time supply of the remedy thus has an insignificant impact on possible illegal trade in ivory.

2.2 The proving substance

2.2.1 Classification



Order: *Proboscidea*
Family: *Elephantidae*
Genus: *Loxodonta*
Species: *Loxodonta africana*
Common names: African elephant
Africans name: Olifant
Zulu / Xhosa name: Ndhlovo

2.2.2 *Loxodonta africana*

2.2.2.1 Lineage:

The African elephant (*Loxodonta africana*) belongs to the order Proboscidea. The earliest known ancestor of Proboscidea was a small pig-like creature named *Moeritherium*. This creature inhabited northern Africa 50 million years ago. *Moeritherium* was significantly smaller than the elephant today only having a shoulder height of 0.6m, and also lacked the trunk that is so significant to the elephant today. The teeth and skull were however very similar. A variety of forms, each adapting to the diverse habitats, arose from the *Moeritherium*, and has been classified into five families, namely the *Moeritheridae*, the *Gomphotheridae*, the *Mastodontidae*, the *Dinotheridae*, and the *Elephantidea*. Out of these five only one still exists, the *Elephantidea*, the remainders are all extinct. The family *Elephantidea* consists of modern elephants and two species of Mammoths namely the Imperial Mammoth (*Mammuthus imperator*) and the Woolly Mammoth (*Mammuthus primigenius*), both of which are extinct. The only two remaining species of the family are the Indian elephant (*Elephas maximus*) and the African elephant (*Loxodonta africana*). There are two sub-species of the African elephant, the most common the savanna or bush elephant *Loxodonta africana* and the more elusive forest elephant *Loxodonta africana cyclotis* (Skinner and Smithers,1990:545). The substance of this proving was obtained from the savanna elephant (*Loxodonta africana*).

2.2.2.2 Description:

The adult African elephant (*Loxodonta africana*) is the largest of all land mammals weighing up to 7000 kg, but averaging 5750kg in males and 3800kg in females (Frandsen,1992:128). At birth the elephant averages 120kg and has an average shoulder height of 90cm (Skinner and Smithers,1990:552).

The African elephant (*Loxodonta africana*) has an average shoulder height of 3 meters. The life expectancy can range from 55 to 70 years (Walker,1992:117).

The elephant has an extremely thick skin and may reach 30mm to 40mm in areas such as the legs, trunk and back. The skin is grey or brownish-grey and is creased and folded giving it a gnarled appearance, and contains no sweat glands. The body may be sparsely covered by bristly hairs especially in juveniles. The tail, being up to 1.5m long, is tipped and fringed by many long, black, bristly hairs (Skinner and Smithers,1990:546).

The elephant has large flat feet that average 50cm long. The fore foot is larger than the hind foot and has five nails as apposed to the hind foot which has only four nails. The feet have a thick layer of cartilage, which act as a shock absorber, enabling them to move without making a sound (Skinner and Smithers,1990:545).

The trunk is an extremely dexterous organ, and has prehensile tips on both upper and lower sides (Skinner and Smithers,1990:546).

The ears are extremely large reaching a height of 2m and breadth of 1,2m and can weigh up to 20kg but can constitute 20% of the elephant's surface area. This is because the ears are a vital organ for thermoregulation, and have an extensive vascular system that give out approximately three-quarters of the heat loss required to maintain body temperature (Skinner and Smithers,1990:546).

The eyes are relatively small and usually green or hazel in color. The elephant has no tear ducts so tears run down the cheeks (Skinner and Smithers,1990:546).

The mouth is small and spout shaped, situated under the trunk (Skinner and Smithers,1990:546).

The male's testes remain within the body cavity. Females have a single pair of mammae situated between the forelegs and thus give distinguishing features to help differentiate the sexes in post pubertal animals (Skinner and Smithers,1990:545).

Another feature that assists in discerning male elephants from females is the forehead and back. The female tends to have a slightly more angular and prominent forehead and a straighter back (Frandsen,1992:128).

Elephants have temporal glands on both sides of the head, with the external orifices midway between the outer canthus of the eye and the external auditory meatus. This gland releases a secretion seen as a dark mark down the face usually due to stress or during musth (Skinner and Smithers,1990:545).

The tusks are elongated upper incisors and differ according to age, sex and nutritional status of the animal, though males generally have larger tusks (Skinner and Smithers,1990:545). Elephants only have six pairs of molars, with two in use at a time. Over time the molars are worn and splinted away by chewing. The pair that is worn will be replaced by the next set which are longer and wider. Finally when all six teeth on each side have been worn away, the elephant has reached old age and will die due to lack of nutrition (Frandsen,1992:128).

2.2.2.3 Habitat:

The African elephant (*Loxodonta africana*) is found within two major extremes of habitats – from semi-arid desert to higher rainfall areas and dense forests (Frandsen,1992:128). What is critical though is an adequate supply of fresh water and food as elephants consistently require approximately 170 kg of green food and as much as 160 liters of water daily (Skinner and Smithers,1990:551). Thus elephants of the more arid regions have been noted to travel vast distances to locate an adequate food source covering

distances of up to 200km and home ranges as big as 3000km² (Apps,1994:117), and feed up to 74% of the day to obtain sufficient quantities of food (Skinner and Smithers,1990:551).

2.2.2.4 Habits:

The African elephant (*Loxodonta africana*) form herds of between 10 and 20 individuals but may be as high as 50 individuals. Elephants have a highly developed social structure and family units are led by a matriarch, the most experienced cow elephant in the herd. The majority of the herd is made up of cows the remainder pre-pubescent bulls. Once reaching puberty at about 10 – 12 years, the bulls will leave the family unit or will be driven out by the older cows (Walker,1992:117). The older bulls will only join the herd when the cows are in estrus, and leave again once mating has taken place. The bull elephants will sometimes form small, unstable bachelor groups, usually one older male with two or three younger males (Apps,1994:117).

Elephants are not territorial but will occupy home ranges, moving within the area depending on seasons and availability of food. Due to the great volumes of water that is required the elephant will go to a water site at least once a day. The water and mud pools also provide wallowing sites to cool down and coat the skin in mud which gives it protection from parasites. Elephants are also known for dust baths which like the mud also assists in protecting the skin from parasites. Elephant are also surprisingly good swimmers using their trunks as snorkels, and have been seen in the middle of Lake Kariba swimming for up to 27 hours (Apps,1994:117).

The elephant will spend the majority of the day feeding on a variety of grasses and trees. Due to their primitive digestive system the elephant requires up to 170 kg of green food as only 40% of what they eat will be digested (Skinner and Smithers,990:551). Using the trunk to pull at branches, trees are often destroyed in an attempt to get to the leaves that are out of reach (Apps,1994:117).

The elephant's trunk is a significant organ with amazing dexterity and power, used to pick up a single seed pod or tear down trees. During drinking, the elephant will draw water into the trunk and then empty it down the throat, in a similar fashion the elephant can suck up dust for a dust bath. The trunk is also an important sense organ used for communication through touch and smell (Apps,1994:117).

The tusks are used for digging for roots and water, for chiseling bark off trees and as weapons of defense against predators and competitors. The tusks continue to grow throughout life to compensate for the constant wear and tear to which they are exposed (Apps,1994:118).

The elephant can often be seen flapping its ears, this is to assist in cooling the elephant due to the complex network of blood vessels in the ear (Apps,1994:117).

Generally the elephant is a placid animal but may become aggressive if sick, injured or harassed. Male elephants can also be a lot more temperamental during musth. When threatened the elephant may charge, but two distinctive features have been noted. The first is the mock charge, where the elephant wishes to assert itself or show dominance. This display is done with the trunk in the air, ears flapping and loud trumpeting. If however the elephant is intent on confronting they will charge with the trunk hanging, ears laid flat and in absolute silence. At top speed the elephant can reach 40 km/h (Frandsen,1992:128).

The elephant has a highly developed social structure. If any animal is sick or injured the group will stay with that animal to defend and support it. The calves are well looked after getting help from all members of the group where needed, helping to climb banks or pulling from the mud. If a member of the group dies the herd will often stay with the body for hours after, and even come back days down the line (Apps,1994:122).

Elephants communicate through touch, scent, sight and sound. The low frequency calls can carry for at least 2km, but is below the range of human hearing. Unique scents are released through the temporal gland secretions and are thought to help with recognition of each other and their emotional state. Touch is also a very important part of the elephant's communication and elephants can often be seen caressing each other with their trunks (Apps,1994:122).

While the females are in estrus the bulls older than 35 years, will guard and mate with a female at the most favorable time for conception. Mating takes place approximately every 8 hours, and is received with excitement throughout the female's social group. The younger males between 25 and 35 years will mate with the estrus females but only early and late in the period where conception is less likely. Males less than 25 years are unable to compete for access to the females in estrus (Apps,1994:122).

The elephant has a gestation period of 22 months, and will give birth to one or rarely two calves (Walker,1992:117). The female squats to give birth to protect the calf from injury. The calf will begin to nurse within a few hours, using the mouth and not trunk, and continue to suckle for two to three years. If in event of the mother dying the other females in the group will take over the role of suckling and nurturing of the orphaned calf (Apps,1994:122).

2.2.2.5 Musth:

Musth occurs in male elephants older than 25 years, and occurs due to a surge in testosterone. Initially musth will only last a few days but gradually gets longer as the elephant gets older. At 30 years musth will last up to 3 months, and as long as 7 months in males of 45 years. After this age the musth period will gradually reduce again (Apps,1994:120).

During musth the elephant's temporal glands swell and secrete a sticky fluid that stains the sides of the face. The elephant will massage the gland with his

trunk and rub against trees. Uncharacteristically urine will be continually dribbled from the sheathed penis. The urine stains the penis a green color and has a powerful odour. The musth elephant walks with the head high and chin tucked in, the ears are tensed and spread and the head swings in time with the pacing. The musth bull becomes very aggressive during this period and will challenge other elephants at any stage.

A non-musth bull will never challenge a musth bull, but always retreat. On the other hand when two musth bulls meet the two will battle in a test of strength and motivation, giving a true indication of an elephant bull's status. The vanquished bull will return to ordinary condition once defeated.

A musth bull will cover vast distances in search of sexually receptive cows. When a mate has been found the musth bull will guard the cow from other males (Apps,1994:120).

2.2.3 The composition of ivory:

When ivory is examined in a transverse section it reveals wavy line of different shapes. These wavy lines are formed by exceedingly minute tubular structures assembled together in concentric rows. The smallest rows are immeasurably fine, while the largest average 1-1000 of an inch. These tubes serve to render the entire tissue exceptionally tough and elastic (Kunz, 2007). The bulk of the tusk consists of dentine which is ensheathed by a layer of cementum (Sikes,1971:45).

According to Raubenheimer ivory is composed of both organic and inorganic compounds (Raubenheimer, 1998:641). Raubenheimer conducted research on the geographical variations in the composition of ivory from the African elephant (Raubenheimer, 1998:641). For the purpose of this research dissertation the composition of ivory taken from samples of elephants resident in the Kruger National Park was used as an indication of the composition of the ivory used in the production of the remedy. Carbon, nitrogen and strontium isotopes were found (Raubenheimer, 1998:641) as well as various

other inorganic minerals such as calcium, phosphate, magnesium and fluoride (Raubenheimer, 1998:643). The calcium and phosphate levels were the highest of all the inorganic compounds. Other trace elements were also found including arsenic, cadmium, chromium, cobalt, copper, lead, manganese, hydroxyproline, nickel, iron, zinc, molybdenum and aluminum (Raubenheimer, 1998:644). In the analyses of the organic fraction 17 amino acids were identified.

2.2.4 Traditional uses of African elephant ivory:

Ivory is predominantly used as an aphrodisiac in Chinese medicine though there is no scientific evidence to substantiate this claim (Barbier, 1990).

The demand in ivory is more prevalent in the manufacturing of crafts and not considered to have any medicinal value in allopathic medicinal practices (Barbier, 1990).

CHAPTER THREE

Methodology

The proving methodology was based on Sherr's guidelines and was conducted as a study by two Masters Degree of Technology: Homoeopathy students at Durban University of Technology (DUT).

3.1 Experimental design

The objective of this research dissertation was to conduct a double blind placebo controlled proving of ivory from the male African elephant (*Loxodonta africana*) in the 30CH potency.

A total of twenty-six provers that met the inclusion criteria (Appendix A) were used. The group was made up of both homoeopathic students as well as the general public of varying ages, race and gender.

Two researchers were involved in conducting the proving. Each researcher managed half of the group. The total group was randomly divided into two groups, twenty (20) of which received the homoeopathic remedy, the remainder (6) received placebo. Thus, the researchers managed thirteen (13) provers each, ten (10) received the homoeopathic remedy and three (3) received placebo.

To ensure double blind procedures were followed the research supervisor was responsible for randomly dividing the provers into the two separate groups, thus neither the prover nor the researchers knew which individual was taken placebo or which individual was taking the remedy.

A full case history of each prover was taken before commencing the proving as well as on completion of the study. Each individual prover kept a journal, starting a week before the proving, which was continued while taking the remedy and ceased when all symptoms had abated.

The researches kept in daily telephonic contact with the provers for the duration of the proving.

Once all provers had completed the proving, the information received from the provers through the journals from both groups was collated, assessed, analyzed and translated into Materia Medica and Repertory language. Those symptoms that were valid according to the specific inclusion criteria listed in 3.9.3 were used. Symptoms were then graded according to frequency and allocated into relevant data subsets e.g. mind, vertigo, head, etc. Each section from each prover was put together and sorted according to time of appearance. Identical or similar symptoms from different provers were listed separately and consecutively having been sorted by the criteria listed in 3.9.3.

A comparison was then made between this proving and *Lac Loxodonta africana* to assess whether any similarities or differences were evident. The comparison was made on symptom similarities and rubric analysis.

3.2 The Principle investigators

The proving was conducted by two Master's Degree of Technology: Homoeopathy students namely, Barry Forbes and Claire Speckmeier at the Durban University of Technology (DUT).

The total provers amounted to twenty-six, half the group (thirteen) was monitored by each individual researcher. The research supervisors were Dr C. R. Hopkins and Dr D. Naudé.

3.3 Outline of the experimental method

- Recruitment of appropriate individuals occurred once the DIT186, 'A homoeopathic drug proving of Ivory from the male African elephant (*Loxodonta africana*) with a subsequent comparison to Lac *Loxodonta africana*', compiled by the researcher Barry Forbes, was approved. Homoeopathic students were approached late in the academic year 2005 and during initial registration for the academic year 2006. Family members and friends were recruited to assist in the diversity of proving individuals thus produce a group that was well represented in terms of gender, age and race.
- An initial interview occurred to establish the respective individuals suitability for inclusion at which point those that did not meet the inclusion criteria (Appendix A) were excluded. A full case history (Appendix D) of those that did meet the inclusion criteria was then performed, as well as a general and other appropriate examinations were also performed.
- A full explanation and instructions on what was expected of the provers during the proving was given. The provers were afforded the opportunity to ask any questions and thus assisted in further clarification on all aspects of the proving.
- Consent forms were presented to and signed by the prover, the researcher and a witness (Appendix C)
- The prover was then issued with their prover number, instructions, a journal and a pen. The prover then collected their relevant powders, either placebo or verum, which would remain unknown to both the

researcher and the prover themselves. Both placebo and verum groups received a total of six powders.

- A date for commencement of the proving by the individual was agreed upon and appropriate times for telephone contact was arranged.
- The prover started recording in their journal a week before taking the remedy to assist in creating a base line, and continued while taking the remedy and for at least two weeks after taking the last dose.
- The remedy was taken in an identical manner by all provers, i.e. one powder three times a day for two days in total, thus a total of six powders. If however the prover developed symptoms before completing the powders they stopped taking the remedy.
- The researcher remained in telephonic contact with the prover for the duration of the proving.
- The prover would continue to record in their journal until all symptoms abated or otherwise for two weeks from taking the remedy if no overtly perceivable symptoms occurred.
- A post proving consultation was performed where journal entries and symptoms were clarified and any other relevant information, excluded from the journal, would be discussed.
- Once all info was combined, extraction and collation of the data occurred to assist in the analysis and succinct documentation of the findings.
- All relevant / significant symptoms were then documented in Materia Medica and Repertory format, to assist in future reference to the remedy and its potential uses.
- A comparison was then made between the remedy of this proving and *Lac Loxodonta africana*.

3.4 The proving substance

3.4.1 The potency

In aphorism 128 of the '*Organon of the medical art*', Dr Samuel Hahnemann states that the 30th potency should be used in the proving of a substance (O'Reilly, 1996:154). Sherr also recommends this potency as it is said to produces the best mental, emotional and general symptoms (Sherr, 1994:27). Thus the 30CH potency was used in this dissertation.

3.4.2 Collection, preparation and dispensing of the proving substance

The source of the ivory was from a wild elephant from a private game farm adjacent to the Kruger National Park in Mpumalanga province, South Africa. The animal died from natural causes having been born and lived within the wild.

The ivory was hand delivered to the researchers in Durban. The sample was then prepared at the homoeopharmaceutical laboratory at the Durban University of Technology (DUT). The preparation involved initial cleaning and removal of the outer most layer of the ivory by means of scraping with a stainless steel knife. The ivory was then ground into a powder with a fine stainless steel grater. A total of two grams of powdered ivory was weighed out and sealed in a glass vial. The remedy was then packaged in suitable protective packaging and sent via courier services to Natura Laboratories in Pretoria, who were responsible for the potentiation of the remedy.

Due to the insoluble nature of the substance it was triturated up until the 3CH in accordance with method 6 of the German Homoeopathic Pharmacopoeia (Driehsen, 2003:36). This was subsequently converted into a liquid potency to be potentised up until the 30CH in accordance with method 8a of the German Homoeopathic Pharmacopoeia (Driehsen, 2003:38). Granules were then impregnated with the 30CH liquid potency by means of 1% v/v triple impregnation. Ten impregnated granules were then placed in each individual lactose powder sachets for those taking the remedy. Ten unmedicated granules were placed in white lactose powder sachets as placebo powders for those in the placebo group.

3.4.3 The dosage and posology

Six powders were dispensed to each prover, and administered at a dosage of one powder three times a day for two days or until the first symptoms appear, at which time he/she ceased taking the remedy. The provers were instructed to take the powders sublingually at least thirty minutes away from food. Those taking the remedy as well as those on placebo followed an identical routine of administration but those taking placebo received six single dose unmedicated lactose powders (placebo and verum powders were indistinguishable).

3.5 Population criteria

3.5.1 Prover population

A total of twenty-six provers that met the inclusion criteria (Appendix A) were recruited. Each researcher managed half of this group. The sample was randomly divided into two groups, twenty (20) of which received the homoeopathic remedy, the remainder (6) received placebo. Thus, the researchers managed thirteen (13) provers each, ten (10) received the homoeopathic remedy and three (3) received placebo.

3.5.1.1 Experimental group

According to Sherr (Sherr, 1994:45) between fifteen and twenty provers, including the placebo group produced a complete proving picture. For the purpose of this research study it was proposed to have a group of twenty provers excluding the placebo group. Thus out of a total of twenty-six provers twenty would receive the active remedy. This resulted in an experimental group that consisted of more than three quarters of the provers.

Each researcher would manage half of those in the total experimental group thus the researchers managed ten provers in the experimental group each.

3.5.1.2 Placebo group

The placebo group consisted of six individuals, making up less than a quarter of the entire prover population.

Each researcher managed half of those in the total placebo group thus the researchers managed three provers in the placebo group each.

3.5.2 Randomization

The proving was conducted following a double blind structure where by neither the provers nor the researchers knew who will be receiving the placebo and who will be taking the remedy. A randomization list was compiled by the research supervisor whereby all participants were randomly assigned to either group. This was achieved by the issuing of prover numbers that would conceal the provers identity. These numbers were chosen randomly as a selection for the prover group.

The provers themselves did not know the nature of the substance or the potency being proven. The researcher however did know the substance and the potency that the provers will be taking but did not know who was in the experimental group or who was in the placebo group.

3.5.3 Inclusion criteria

The researches screened each potential prover for suitability according to the following criteria:

- Between the ages of 18 and 55.
- If between the ages of 18 and 21 be able to obtain signed consent from parent or guardian.
- In a state of good health.
- English as first language or fluent in English so the provers could clearly describe their symptoms.
- Consumption in excess of two measures of alcohol per day (1 measure = 1 tot spirits / 1 beer / ½ glass wine), ten cigarettes per day and three cups of tea or coffee per day.
- Willing to follow the proper procedures during the duration of the proving.

3.5.4 Exclusion criteria

Provers were excluded according to any of the following criteria:

- Any medication being used whether allopathic, homoeopathic or herbal medicine.
- Any recreational drugs are used for example LSD, MDMA (Ecstasy) or Marijuana.
- Been on the birth control pill or hormone replacement therapy in the last six months.
- Consuming two or more measures of alcohol per day (1 measure = 1 tot spirits / 1 beer / ½ glass wine).
- More than ten cigarettes per day.
- More than three cups of tea or coffee per day.
- If they were pregnant or nursing a child.
- Should not have had surgery in the last six weeks.

3.6 Monitoring of the provers

The provers began recording symptoms in their journals a week before they started taking the powders. This process assisted the provers with the understanding of what is required and to form a routine of recording their daily activities. It also assisted in creating a base line against which new symptoms that developed as a result of taking the remedy could be compared.

The provers were given a checklist to assist in the process of analysis of themselves. This list included a head to toe system list as seen in 3.11.2.

The provers were also required to label symptoms as recent, new or old, and state if there was an alteration of, or any unusual symptoms. The provers were also required to assess symptoms according to the following:

- Concomitants: if any symptoms appeared together or always seemed to accompany each other or if some symptoms seemed to alternate with each other?
- Location: to describe where the symptom was felt with attention to which side of the body was affected.
- Aetiology: if anything seemed to cause or set off symptoms and if it did so repeatedly.
- Modality: if any symptoms were affected by different situations/ stimuli. Better (>), or worse (<) from weather, food, odours, dark, lying, standing, light, people, etc.
- Intensity: a brief description of the sensation and effect of the symptom on themselves.
- Time: the time of onset of the symptoms was to be noted, and when the symptom ceased or are altered, or if symptoms were better (>) or worse (<) at a particular time of day, and if it was unusual for the prover.
- Sensation: a clear description of the symptom for example: burning, dull, lancinating, shooting, stitching, etc.

The provers were required to record every symptom as the symptom arose so that a clear description could be obtained, and prevented symptoms from being forgotten if the prover was recording the symptom later.

The researcher kept in daily telephonic contact for the first week to evaluate the provers progress and encourage the prover to record symptoms vigilantly. Thereafter contact was reduced to every third day for the second week and only once a week in the following weeks until it was decided that the prover could stop writing in the journal.

The provers continued to record all symptoms until the symptoms abated and continued recording after this time for another two weeks. Once the proving had been completed another full case history and physical exam was preformed.

3.7 Post proving discussion

After provers had completed the proving and the provers journal was received a post proving consultation was conducted with the prover. The consultation provided the opportunity for the researcher to clarify symptoms and thus help to confirm or reject uncertain symptoms (Sherr, 1994:65). This consultation also assisted in identifying any additional elements that were not apparent through the journals. Provers questions were answered to assist them in their understanding of the proving.

3.8 Ethical considerations

Ethical considerations have been assessed in the research proposal, which was submitted to and approved by The Faculty of Health Sciences Ethics Committee of Durban University of Technology.

The following points were considered:

- Strict confidentiality of the proving substance was maintained throughout the proving to prevent any influence on the proving symptoms (Sherr, 1994:36).
- Patient confidentiality was also maintained throughout the duration of the proving to ensure the protection of private issues as well as to up hold the double blind structure of the study.
- Irregular symptoms and at times uncomfortable symptoms were experienced, although these effects were generally transient and did not persist. Symptoms that did persist where antidoted by administration of the most appropriate remedy for the situation.
- Preference was given to those whose first language was English or to those that were fluent in English because of the importance of getting a

clear description of the effects of the remedy and thus ensuring the validity of all symptoms.

- The trade in ivory has been banned since 1989, fortunately due to the nature of the preparation of a Homoeopathic remedy only minute quantities were required to produce a life time supply of the remedy thus, the manufacture of this remedy has no significant impact on possible over exploitation or illegal trade in ivory.
- All provers provided informed consent.
- Individuals between the ages of 18 and 21 required signed consent from their parents or guardian.
- All provers were recruited through a voluntary basis, and individuals were free to withdraw from the proving at any stage.
- Each prover received a comprehensive set of instructions (Appendix B) and were given appropriate time to enquire about any concerns to ensure the prover understood fully what was expected of them.

3.9 Data collection

A variety of sources were used in the accumulation of data. Most importantly the journals of the provers formed the majority of the data collected and utilized. Recording in the journal commenced a week before the powders were taken and continuing for at least two weeks after the last powder or after the last symptom was experienced. The provers were asked to record all symptoms vigilantly, and as frequently as possible to assist in the comprehensiveness of the journal. Collection of journals occurred at the follow up consultation. Further information was received through group and individual discussions however this largely assisted in confirmation and clarification of symptoms already evident through the journals. Once all journals were collected the information was analyzed.

3.9.1 Extraction and evaluation of symptoms

Once the individual prover had concluded the recording of symptoms in the journal, a follow up consultation was conducted at which time the journal was collected. All information from the journal, telephonic discussions, and consultations were accumulated and sorted. The information was then analyzed and relevant symptoms were extracted according to the criteria for including symptoms as listed in 3.9.2. This information was then evaluated and converted into Materia Medica and Repertory format.

3.9.2 Criteria for including symptoms as proving symptoms

The criteria for inclusion of symptoms as stipulated by Sherr were used for including symptoms in this proving (Sherr, 1994:70-72).

These included:

- If the researcher was in doubt regarding the validity of a symptom, the symptom was left out.
- If the prover had started taking the remedy or was under the influence of the remedy, then all new symptoms to the prover belonged to the proving.
- Any symptom that was normal or current for the prover, was excluded unless it was greatly intensified.
- If any symptoms that the prover was experiencing prior to commencement of the proving were modified or altered then these symptoms would be included. The alterations or modifications of that symptom were clearly described.
- Symptoms experienced by the prover that occurred in one year or less before commencing the proving were not included.
- Any symptom that the prover had experienced previously (especially if the symptom had occurred 5 years, or longer, prior to the proving) and that seemed to have no reason to repeat itself naturally, were included.

- If a symptom that the prover was previously suffering with had disappeared during the proving (cured symptom), this symptom would be included and the precise nature of the symptom previous to the proving was explained.
- If the symptoms were intense and frequent, the symptoms were included.
- Symptoms were included if the prover confirmed that the symptoms were as a result of the proving remedy and not characteristically symptoms the prover would typically experience.

3.9.3 Chronology

From starting the remedy provers were required to record all symptoms from day to day, with the first day of taking the remedy represented by Day 00, the second day Day 01 and continuing accordingly. The provers also recorded with the symptom the exact time, both hour and minute that the symptom occurred. The time recorded was then converted into time elapsed from the start of the proving, and was recorded in this document (see chapter 4) with the symptom as DD:HH:MM (Day:Hour:Minute). Time was only included with the symptom if it was specific or noteworthy and if the time was insignificant or unclear the symptom was recorded with XX:XX:XX. After 24 hours had elapsed from the start of the proving, minutes were considered redundant and represented as XX. After 2 days had elapsed the hours were considered redundant and represented as XX.

3.10 Collating and editing the data

The symptoms obtained through the journals of the provers were collated and categorized into a coherent and logical order by combining symptoms from the

various provers and placing them into relevant chapters and sub headings, according to the format seen in the Repertory or Materia Medica. Those symptoms that occurred in a number of provers and that were identical or similar in nature were group together under the same relevant headings but as independent entries. This assisted in producing a symptom picture that comprehensively and concisely reflected all aspects of the proving of the remedy *Loxodonta africana* 30CH.

3.11 Reporting the data

Once all data had been edited it was transferred into Materia Medica and Repertory format to assist in quick and practical referencing for prescribing the remedy when the specific indicated therapeutic effect is required.

3.11.1 The Repertory

The proving symptoms were recorded as specific rubrics according to the chapters and subheadings as seen in synthesis compiled by Schroyens (Schroyens, 2001), alternatively if the rubric did not exist a new entry would be created to complete the remedy symptom inclusion.

3.11.2 The Materia Medica

The proving symptoms were recorded as complete symptom description according to the chapters and subheadings as seen in synthesis compiled by Schroyens (Schroyens, 2001).

Proving symptoms were entered under the following main headings:

Mind	Urine
Vertigo	Female Genitalia/sex
Head	Larynx and trachea
Eye	Respiration
Vision	Chest
Ear	Back
Hearing	Extremities
Nose	Sleep
Mouth	Dreams
Teeth	Chill
Throat	Fever
Stomach	Perspiration
Abdomen	Temperature
Rectum	Skin
Stool	Generals

CHAPTER 4:

The Results

4.1 Introduction

Once all data was collected and journals collated the relevant information was extracted and will be discussed in this chapter. The symptoms have been contextualized into two standard homoeopathic referencing formats namely Materia Medica and Repertory.

4.2 Materia Medica

Within the Materia Medica, symptoms are classified according to the appropriate systems and further grouped under common themes.

Each symptom will be followed by a reference denoting prover number: gender: day: hour: minute. Time was only included if it was specific or noteworthy and if the time was insignificant or unclear the symptom was recorded with XX:XX:XX. After 24 hours had elapsed from the start of the proving, minutes were considered redundant and represented as XX. After 2 days had elapsed the hours were considered redundant and represented as XX.

4.2.1 Mind

4.2.1.1 Anger

I got very frustrated during a conversation with my girlfriend and felt angry in a situation I might not normally.

04 M XX:XX:XX

I got very angry because I thought the man in the flat above me was hitting his son. I kept hearing this loud sound and was convinced he was abusing his son. My face went red and very hot as if all the blood in my body had rushed to my face. It turned out to be firecrackers. Have never been so angry that my face gets hot and red.

12 F 00:18:10

Small things are beginning to irritate me. My flat mate is playing the guitar which usually does not affect me, but today I can't cope with it. It is the repetition of the same song which is getting to me. I want to scream at him and tell him to stop but I suppress it. When there is a brief silence I secretly hope it will last but it doesn't and this infuriates me even more.

12 F 02:XX:XX

I am angry for no real reason. Took great offence when someone told me that my skirt looked old fashion (it's supposed to look like that, old is in fashion). I wanted to shout and curse at him. What does he know anyway? Yet I suppressed it. The worst part of this anger is not being able to express it. I feel it would be better if I shouted and cried, but I don't and I can't.

12 F XX:XX:XX

I find myself extremely irritable and insensitive, always making remarks to everything I'm being told to do.

14 M XX:XX:XX

I am highly irritable and angry for no reason, trying to find a reason to be angry, dwelling on subjects.

14 M XX:XX:XX

Feeling annoyed being around people and parents.

14 M XX:XX:XX

Went through a stage during the evening that I was pretty annoyed and angry.

18 M XX:XX:XX

4.2.1.2 Company Aversion / Desire

One good thing about writing is the solitude. I don't have to talk to people, I can be alone. I am averse to people because they are making me angry and stealing my energy. I even turned down an invite to Cottenfields (an irish pub where one of my mates was celebrating his birthday and Ireland was playing rugby verses South Africa). I never turn down an evening of a few Guinness pints and dancing. I did this time because of my aversion to people and conversation, my exhaustion and my obligation to this proving (no alcohol).

12 F 02 XX:XX

Not interested in communicating with anyone.

12 F 02:XX:XX

Feeling annoyed being around people and parents.

14 M XX:XX:XX

I want to be in my own personal space and wanting to be served and not lift a finger.

14 M XX:XX:XX

Hate being around people.

14 M XX:XX:XX

Want to be booked into a hotel for the whole holiday just to get away from everyone.

14 M XX:XX:XX

Emotionally over the course of the remedy, I've been weepy and needed constant validation and affection, clingy.

15 M XX:XX:XX

I would love to get in the car and go for a drive. Forget it all, stop the world.

22 F XX:XX:XX

Don't really want to speak to anybody, speaking reveals too much.

22 F XX:XX:XX

I would love to have all the family with me today, I miss my sisters.

22 F XX:XX:XX

4.2.1.3 Concentration – Difficult / Confusion

What I was going to say didn't make sense.

02 M 01:XX:XX

Found it difficult to concentrate and focus on simple tasks. (Maybe just need more sleep?)

02 M XX:XX:XX

I could not concentrate properly in class.

04 M XX:XX:XX

It seems that my command of English when writing sentences is not as good as normal. It's as though I'm more impulsive when beginning a sentence and then I work out a normal sentence from there.

04 M XX:XX:XX

Confusion: Dates, times. Missed my Homoeopathic study group this morning which I usually don't do. No idea that it was Wednesday. Also felt confused about what day of the week was yesterday.

05 M XX:XX:XX

I keep on getting confused between the 9th and the 11th month.

10 F 02:XX:XX

I have been confusing my left and right the entire day e.g. At 14:00 I told the clinician that my patient's right lower lobe (of his lung) was where I heard the crackles. Yet it was actually the left lower lobe. I usually confuse my left and right if I am signaling it but not when I am speaking.

12 F 00:16:21

I feel very out of focus, I can't concentrate.

15 M XX:XX:XX

I feel as though my body and mind are not working together.

15 M XX:XX:XX

I'm feeling as though I'm not present in the moment but a few seconds behind.

15 M XX:XX:XX

I am finding it really difficult to concentrate with my next patient, it is a beautiful day outside and I would rather be there, the grass beckons and wants me to walk bare foot on it.

22 F XX:XX:XX

For the whole day I have felt like I couldn't remember little things, absentminded.

26 M XX:XX:XX

I keep forgetting where things are, I can not remember what I just set out to do.

26 M XX:XX:XX

4.2.1.4 Content

Felt increased strength in the world - more courage walking on campus toward the library. Not a bravado - more like a quiet assurance.

Wouldn't be so easy to knock me down.

05 M 00:10:30

Feel more upright, balanced and serene. Calm.

05 M 01:07:05

Feeling strongly 'whole', no anxiety about the day and what's expected of me.

21 F XX:XX:XX

Feel content, mellow almost. I am happy, which is not something I often feel.

21 F XX:XX:XX

I am feeling positive, almost as though I can handle more than one day at a time.

21 F XX:XX:XX

I am quite relaxed, almost content, and hopeful.

21 F XX:XX:XX

Feeling happy, full of life.

21 F XX:XX:XX

I actually feel like doing things, I'm not doing them because I have to.

21 F XX:XX:XX

Again feel quite content, 'whole', today.

21 F XX:XX:XX

Feeling content, relaxed not phased by anything.

21 F XX:XX:XX

No anxiety and I'm tired but not as exhausted as I have been.

21 F XX:XX:XX

My talk is tomorrow, I'm not nervous, very unusual not to be.

21 F XX:XX:XX

No anxiety about the day and what's expected of me.

21 F XX:XX:XX

My mood is mellow today, still want to be outside.

22 F XX:XX:XX

Whole afternoon I felt really well, remarkably good, and peaceful.

22 F XX:XX:XX

Can't believe how well I feel physically and mentally so calm as well.

22 F XX:XX:XX

I love getting soil in my finger nails. Felt really fulfilled.

22 F XX:XX:XX

4.2.1.5 Depression / Disinterest

Mood - sad, no will to do anything. Disappointed feeling as if I'm being let down by people that are close to me.

03 F XX:XX:XX

Mood and emotions very affected. Very emotional – brooding over plans. Very discouraged. Sad all the time.

03 F XX:XX:XX

I've never been this depressed. Nothing seems to console me. I am just not myself. I wish I can go to a vacuum where there are no forces.

03 F XX:XX:XX

The depression still continues. I don't know what to do and where to go from here. What is amazing is that when I'm with people outside in public I pretend as though all was well with me. No one can tell that I am depressed or I am feeling down. I hide it so well that you can't tell.

The reason for hiding my emotions is that I don't want people to feel sorry/pity for me.

03 F XX:XX:XX

My emotions are getting worse. I feel like crying but it won't help at this point. It's not going to change anything and it's not going to make me feel better.

I feel like people are pulling away from me and I've got no energy to try and hold them. It's not worth it. If they have finished their role in my life I can't hold them. Although it's difficult to let go of them. It's painful to let go.

03 F XX:XX:XX

Everything is just not interesting. I am always thinking negative things. I am very pessimistic at this point.

03 F XX:XX:XX

Mood hasn't improved. Feeling boredom on everything.

03 F XX:XX:XX

My mind felt flat, disinterested and I struggled to follow the reading. Apparently I looked pale at this time.

04 M XX:XX:XX

My interest in lectures is not what it normally is.

04 M XX:XX:XX

4.2.1.6 Nature / Connected

I want to be outside, get soil on my hands.

22 F 00:07:00

The feeling I had yesterday about wanting to be outside has intensified. I love to garden and potter around but this urge to be outside is distracting, I can't settle too much.

22 F XX:XX:XX

Finally got my outdoor wish, planted some plants.

22 F XX:XX:XX

I love getting soil in my finger nails. Felt really fulfilled.

22 F XX:XX:XX

I am finding it really difficult to concentrate with my next patient, it is a beautiful day outside and I would rather be there, the grass beckons and wants me to walk bare foot on it.

22 F XX:XX:XX

4.2.1.7 Overwhelming emotions / Emotionless / Suppression of emotions

The depression still continues. I don't know what to do and where to go from here. What is amazing is that when I'm with people outside in public I pretend as though all was well with me. No one can tell that I am depressed or I am feeling down. I hide it so well that you can't tell.

The reason for hiding my emotions is that I don't want people to feel sorry/pity for me.

03 F XX:XX:XX

Strange kind of cold and callous ideas. E.g. saw a beggar limping up the road on my side of the road towards me while driving. I thought after passing him of swerving my vehicle into him and knocking him over. Something like in a zombie movie. I was quite surprised at my thought. I did not feel the impulse or drive to do it so much as imagined it. No passion or anger involved. Quite a cold and distant thought.

05 M XX:XX:XX

Watched rugby on T.V. for about 7 hours straight. Felt disinclined to go outside or stop watching until the end despite family protestations.

05 M XX:XX:XX

I was very upset and anxious, almost hysterical and crying this afternoon in a stats lecture, because I didn't understand at all what was going on – it was really just whizzed through, and we had to complete an assignment by four o'clock on it. Would normally get angry, not "hysterical".

10 F 00:16:00

Everything feels too much for me to deal with. Just trying to write what I feel is taxing and I want to put it off so I don't have to be bothered by it, yet somehow I feel obligated to write. As if this is my responsibility and I must just stick to it and complete the task no matter how much it drains me.

12 F 02:XX:XX

Small things are beginning to irritate me. My flat mate is playing the guitar which usually does not affect me, but today I can't cope with it. It is the repetition of the same song which is getting to me.

I want to scream at him and tell him to stop but I suppress it. When there is a brief silence I secretly hope it will last but it doesn't and this infuriates me even more.

12 F 02:XX:XX

I am angry for no real reason. Took great offence when someone told me that my skirt looked old fashion (it's supposed to look like that, old is in fashion). I wanted to shout and curse at him. What does he know anyway. Yet I suppressed it. The worst part of this anger is not being able to express it. I feel it would be better if I shouted and cried, but I don't and I can't.

12 F XX:XX:XX

4.2.1.8 Tired / Active

Felt very tired, fatigued all day, playing hockey and lacked energy and enthusiasm.

02 M XX:XX:XX

Feeling tired. Low energy levels. Not interested in communicating with anyone.

12 F 02:XX:XX

My brain is tired, I am battling to spell.

12 F 02:XX:XX

My whole being feels drained, exhausted.

12 F 02:XX:XX

Everything feels too much for me to deal with. Just trying to write what I feel is taxing and I want to put it off so I don't have to be bothered by it, yet somehow I feel obligated to write. As if this is my responsibility and I must just stick to it and complete the task no matter how much it drains me.

12 F 02:XX:XX

Other people have been saying that I'm acting out of character. E.g. I'm usually always 5 minutes before a time or date has been set, and now I always seem to be running late. I've been feeling slow and tired.

13 F XX:XX:XX

I feel old and achy, very tired but very active and wanting to do activities.

14 M XX:XX:XX

I am tired but feel too full of energy to allow myself rest.

21 F XX:XX:XX

4.2.1.9 Other

Before falling asleep I experienced a sudden hypertensive / heart attack symptoms... Fear of dying, wanting to be in a hospital.

14 M XX:XX:XX

What I have noticed today is an increase in sexual thoughts. This is very strange for me as my libido is normally low.

22 F XX:XX:XX

4.2.2 Vertigo

On taking the remedy I experienced a sudden onset of dizziness and vertigo and a slight pain parasternally.

14 M 00:00:15

While traveling in a car I experienced dizziness, head swings back and forth like a pendulum, feels like CSF is accumulating in the frontal lobe and then in the occipital lobe, also feeling kind of high or drunk.

14M 00:08:30

Headache in the afternoon accompanied by dizziness and slight nausea, feels like CSF (cerebro-spinal fluid) has gone cold.

14 M XX:XX:XX

Slight feeling of lightheadedness > cold water.

23 M XX:XX:XX

4.2.3 Head

4.2.3.1 Heaviness / Lightheaded

Feeling a bit heavy headed.

08 M 00:14:30

I've had 3 subtle twinges to my head since 19:00. These have been to the front, top part of my head and have been the more heavy headed type, which is like pressure on my head.

08 M XX:21:40

I feel heavy headed but have no headache.

08 M XX:XX:XX

Head feels very heavy with associated general fatigue.

09 F XX:XX:XX

Woke up with general headache. Head feels heavy.

09 F XX:XX:XX

While traveling in a car I experienced dizziness, head swings back and forth like a pendulum, feels like CSF is accumulating in the frontal lobe and then in the occipital lobe, also feeling kind of high or drunk.

14M 00:08:30

Headache in the afternoon accompanied by dizziness and slight nausea, feels like CSF (cerebro-spinal fluid) has gone cold.

14 M XX:XX:XX

Felt a bit 'fluffy' in the head for a few minutes.

21 F 00:01:00

Head still a bit fuzzy, diffuse whole head.

21 F XX:XX:XX

Can't get up this morning head feels about 100x its weight.

22 F XX:XX:XX

Headache is back but different to what I had in the beginning of the week. My whole head is heavy, full, with dull ache across the vertex to the temples. The full feeling in my head is like my brain is pushing out.

22 F XX:XX:XX

Sitting down my head feels like it will fall forward if I don't make a huge effort to hold it up. Neck feels strained.

22 F XX:XX:XX

4.2.3.2 Pain

I had a very mild headache while watching a movie at the cinema. A frontal headache that felt due to eye strain. It was very mild, hardly noticeable most of the time. Improved once movie ended. More right sided.

04 M XX:XX:XX

Got a sudden twinge (sharp pain) across the right side of my head. It lasted a very short time.

08 M 00:7:30

Sharp pain across the back of my head.

08 M XX:XX:XX

Subtle pain across top of my eyes (forehead).

08 M XX:XX:XX

Sudden pain at the back of my head.

08 M XX:XX:XX

Got two sharp pains, one after the other on the right side of my head, just above right ear.

08 M XX:XX:XX

Got a pain down the back of my head just behind my right ear. Lasted quite long (30 seconds).

08 M XX:XX:XX

I have had a constant dull pain to the left side of my head going towards left ear. This lasted for quite a while (about a minute).

08 M XX:XX:XX

Woke up with general headache. Head feels heavy.

09 F XX:XX:XX

Headache, parietal, bilateral.

10 F 00:10:20

Left-sided temporal headache, bursting extending to right occiput.

10 F 00:10:30

Pain in right temporal area in lateral part of supra-orbital bone.

10 F 00:10:50

I have a bit of a headache starting. Dull ache in my occipital extending to parietal regions. Worse for bending head forward or backward and biting teeth hard.

13 F 00:16:15

A slight headache starting in the base of my head, in the occipital region and neck. Neck muscles feel a bit tight like a twisted towel and sore when I bend any head side to side to touch my shoulders. This aggravates my headache. The headache is very subtle, just a dull ache.

13 F XX:XX:XX

I experienced a dull pulsating headache first in my occiput, then moving to my temporal lobe on the right and to the frontal lobe and sinuses above the eyebrows.

14 M 00:04:00

Later, I experienced headaches due to sharp sounds, the whole head seems to ring due to sharp sounds.

14 M 00:06:00

Headaches are also experienced in cold weather especially a cold draft.

14 M XX:XX:XX

Headache in the afternoon accompanied by dizziness and slight nausea, feels like CSF (cerebro-spinal fluid) has gone cold.

14 M XX:XX:XX

No headache today.

14 M 07:XX:XX

I have had a tight headache from my eyes back to my whole head.

15 M 01:28:XX

By midday, I developed a severe headache. A tight pulsating pain spread from my neck up to my entire head. Felt like I couldn't keep my eyes open because of the pain. I couldn't stand the light, I had to close my eyes.

15 M XX:XX:XX

Feeling a bit of a mild headache starting, nothing severe yet.

18 M 00:04:30

Took second powder at 14h10, headache never materialized.

18 M 00:07:30

I haven't had my regular Tuesday headache!

18 M 01:XX:XX

I have had headaches on waking which is worse for rest but better through the day. My head and eyes feel heavy. It is a constant pain on the top of the head, and base of the skull, with tension in the neck and shoulders especially right hand side. It feels better with pressure.

21 F XX:XX:XX

Sinuses feel dryer than normal, accompanied by a strange nasal headache.

21 F XX:XX:XX

My headaches are different, besides the pain over the right eye which is an old symptom there is a spot on the back of my head as if the two are connected by a rod. It feels as if someone has their finger there and is pushing on my head.

22 F XX:XX:XX

The headache pain is extending to the right ear and jaw. Serous fluid is flowing from my right ear.

22 F XX:XX:XX

Can you believe it - no headache.

22 F XX:XX:XX

Headache is back but different to what I had in the beginning of the week. My whole head is heavy, full, with dull ache across the vertex to the temples. The full feeling in my head is like my brain is pushing out.

22 F XX:XX:XX

Sitting down my head feels like it will fall forward if I don't make a huge effort to hold it up. Neck feels strained.

22 F XX:XX:XX

Moderate occipital headache radiating into back / cervical region.

23 M 00:09:00

Dull aching in left temple

26 M 00:03:30

Headache more centralized in occiput and neck.

26 M 01:27:10

4.2.3.3 Tension

Felt very subtle contraction to top part of head, going down towards left eye.

08 M XX:XX:XX

I have been having contractions in my head. Very subtle and mostly round my eyes. Occasionally I've feel one at the back of my head and this is more pronounced than the others.

08 M XX:XX:XX

Felt very mild contraction across the top of my head.

08 M XX:XX:XX

Felt a dull contraction up my nasal passage into my head

08 M XX:XX:XX

Very mild contraction over whole head (milder than normal, but covering a larger area, whole head).

08 M XX:XX:XX

Tension in forehead, temples, occipit and neck. The tension causes me to frown and is worse for light.

26 M 01:26:40

4.2.3.4 Twinges

Been getting twinges across my forehead for a while now. Not that bad, just feel like the start of a headache, but fortunately not developing into one.

08 M 01:16:15

I've been getting slight twinges in my head that come and go, like every 5-10 minutes. Initially concentrated round the center of forehead, then moved to left eye, now more on right side of my head.

08 M 02:XX:XX

I have continued with the headache twinges, mainly the forehead and just above eyes. However they have been less frequent, like 20 minutes to 30 minutes apart.

08 M 02:XX:XX

Have been having subtle twinges to my head for about an hour now at 5 minute intervals.

08 M XX:XX:XX

Since about 19:00 I've been getting the twinges across the back of my head at least every 20 minutes. Initially they were subtle, but recent ones have been more pronounced.

08 M XX:XX:XX

Since getting up at 7:15 I have had about 4 twinges to my head. These have been very subtle. The first two at the back of my head, then above my eyes.

08 M XX:XX:XX

Felt twinge across my left side of my head going towards my left ear.

08 M XX:XX:XX

Felt a very slight twinge through the top of my head.

08 M XX:XX:XX

I've had 3 subtle twinges to my head since 19:00. These have been to the front, top part of my head and have been the more heavy headed type, that is like pressure on my head.

08 M XX:21:40

I've had many twinges on my left side of my head this evening since about 16:00. They have become more frequent from about 17:00 to 19:00 every 15 minutes. In the last hour about every 5 minutes and they have been more prolonged but subtle. I've had a couple of twinges on my right side but majority is on my left side including left ear.

08 M XX:XX:XX

I have been having contractions in my head. Very subtle and mostly round my eyes. Occasionally I feel one at the back of my head and this is more pronounced than the others.

08 M XX:XX:XX

Had a very mild but long twinge (1 to 2 minutes) right across the top of my head to the left side of the middle of my head.

08 M XX:XX:XX

Felt very subtle twinge across right side of head going toward right eye.

08 M XX:XX:XX

I have had a slight head pain on the left side of the top of my head. This has been constant for about 2 hours now.

08 M XX:XX:XX

4.2.3.5 Other

My hair was very dry today “bushy”, fibrous, matted.

04 M XX:XX:XX

Been getting hot flushes on and off on my head.

08 M 00:14:30

I have been feeling a mild pressure to my head mostly just above my right eye. Initially was more spread out, but the last 30 minutes has been more frequent, like every 5 minutes. The pressure lasts for a while and then goes (about 30 seconds).

08 M XX:XX:XX

A sweat broke out between eyebrows and on temples.

22 F 00:02:10

Sweat on brow.

22 F 00:06:30

4.2.4 Eyes

Itchy eyes (dust related). Both eyes, medial aspect of both eyelids. Doesn't affect my life unless becomes intense, but this is only during change in seasons.

CURED SYMPTOM

02 M XX:XXXX

Very, very itchy eye. Right eye lower lid, red and swollen, eye lid flared up in 15 min, very itchy, very intense itch and watery eye. Put ice on the eye in the restaurant (eating breakfast). This decreased the intensity. In 45 min of icing and keeping the eye closed, the swelling slowly came down. Very frustrating condition.

CURED SYMPTOM

02 M XX:XXXX

Felt prolonged pain (dull) across my left eye.

08 M XX:XX:XX

Pain across the left eye. Lasted about 30 seconds.

08 M XX:XX:XX

Very slight pain over right eye.

08 M XX:XX:XX

Have very faint twinges around my eyes probably every 20-30 minutes.

08 M XX:XX:XX

Burning, grittiness, tiredness in eyes, with burning and fullness around eyes.

10 F 00:XX:XX

My eyes are very heavy and I am battling to keep them open. I am blinking more than usual.

12 F 02:XX:XX

Eyes are burning and watery (just glazed, not actually tearing).

12 F 02:XX:XX

Eyes are still burning. Eyeballs are burning. Better for closing eyes.

12 F XX:XX:XX

Eyes: Burning as if they have been dry for too long or open for too long without blinking. Duration: 15 minutes. Better for closing my eyes tight.

12 F 04:16:08

Woke up with my eyes burning. They felt dry and burning as if an acid had been put into them. My vision was hazy, like there was mucous over my eyes, but there wasn't. Couldn't see clearly. Crushing on the corner of my right outer canthi.

13 F XX:XX:XX

While reading, my eyes feel as if the muscles are pulling inwards causing an out of focus sensation. Looking up it stops.

22 F XX:XX:XX

I have really puffy eyes today. The wind was hectic during the night and it woke me up, I hate wind. I have bags under my eyes and the left lid feels heavy.

22 F XX:XX:XX

Dryness of eyes.

23 M XX:XX:XX

Feeling of sand in the eyes better for rubbing, associated with dry mouth.

23 M XX:XX:XX

4.2.5 Vision

When driving at night around 6 p.m. my spatial relation and vision felt slightly hazy.

It lasted 15 minutes or so.

04 M XX:XX:XX

My vision seems more blurred than normal when reading or writing.

08 M XX:XX:XX

My vision was hazy, like there was mucous over my eyes, but there wasn't. Couldn't see clearly.

13 F XX:XX:XX

While reading, my eyes feel as if the muscles are pulling inwards causing an out of focus sensation. Looking up it stops.

22 F XX:XX:XX

I am having difficulty focusing while trying to read. Seems I need to hold the book further away. I want to rub them to clear them.

22 F XX:XX:XX

4.2.6 Ears

Been getting hot flushes on and off on my ears.

08M:00:14:30

Twinges have continued, the last three have been my right ear.

08 M 02:XX:XX

There was a constant pain in my left ear for about 45 minutes.

08 M XX:XX:XX

I've been getting the twinges to my left ear.

08 M XX:XX:XX

I had a whistling sensation in my right ear.

08 M XX:XX:XX

Pain felt through left ear.

08 M XX:XX:XX

I just got a twinge through my left ear.

08 M XX:XX:XX

I got a twinge just behind my right ear, quite a sharp pain.

08 M XX:XX:XX

More pronounced twinge on right side of face going from right eye towards right ear.

08 M XX:XX:XX

Twinge behind my right ear going down into my right shoulder. Lasted about 30 seconds.

08 M XX:XX:XX

Ears are severely blocked bilaterally and it is extremely painful. Have been traveling on an airplane which has caused it but never so severe before.

09 F XX:XX:XX

Pain behind ear and mastoid process.

14 M XX:XX:XX

Serous fluid is flowing from my right ear.

22 F XX:XX:XX

Right ear seems blocked, find myself trying to equalize hoping for that relief of a 'pop'.

22 F XX:XX:XX

My right ear feels blocked and big inside.

22 F XX:XX:XX

4.2.7 Hearing

Dullness of ears, can't hear properly.

14 M XX:XX:XX

Hearing acute, everything seems loud.

22 F XX:XX:XX

4.2.8 Nose

Itchy eyes and nose (allergic to dust and dog hair). Better with cold.

CURED SYMPTOM

02 M XX:XX:XX

Itchy nose and nasal drip (mucous build up) Cleaning out my office, dusty.

CURED SYMPTOM

02 M XX:XX:XX

Itchy nose, eyes, cleaning carpets and painting (dusty) occurs almost daily.

Itchy skin, mid thoracic right forearm, right tibia.

CURED SYMPTOM

02 M XX:XX:XX

Runny nose. Watery, not profuse. Worse for breathing in through nose.

03 F XX:XX:XX

Sinusitis. Worse in morning, for cold air and for physical exertion. Tender frontal bone above eyes.

03 F XX:XX:XX

Sore sinuses. Sinusitis. Itchy nose, throat, eyes and ears. Burning sensation on the root of nose. Watery discharge on nostrils.

03 F XX:XX:XX

Lots of mucous in my nose and throat. After coughing and blowing my nose quite a bit it cleared up.

04 M XX:XX:XX

I started getting a dull pain up my nasal passage going up to my head.

08 M XX:XX:XX

Facial fullness over maxilla, felt congested.

10 F 00:10:30

Burning in nose and down pharynx, with tingling.

10 F 00:10:48

Woke with a blocked right nostril. I could not breathe through it at all. Went away on rising out of bed.

12 F XX:XX:XX

Sinuses feel dryer than normal, accompanied by a strange nasal headache.

21 F XX:XX:XX

Bridge of nose feels on fire inside, but nose is not blocked and I have no post nasal drip.

22 F XX:XX:XX

4.2.9 Mouth

Pain on right side of frenulum of my tongue, don't remember biting it at hockey practice or during my sleep.

02 M 01:07:15

Sore, soft palate.

03 F XX:XX:XX

Dry lips. Worse during the day.

03 F XX:XX:XX

Bleeding left canine gum – sore.

03 F XX:XX:XX

Mouth – bad breath – think it's because of the bleeding gum.

03 F XX:XX:XX

Slightly bitter taste in mouth - sort of on top of the tongue. Salivation slightly increased.

05 M 00:13:10

Slight bitter taste in mouth.

05 M 01:6:30

Slight bitter taste in mouth - front of mouth.

05 M 01:17:00

I've had a very dry mouth for about two hours now. Have had 3 glasses of water but mouth seems to be getting drier.

08 M 00:12:00

Mouth very dry.

08 M 01:12:15

I am feeling slightly nauseas but more especially have a bitter taste in my mouth.

09 F 02:XX:XX

Bitter taste in mouth.

09 F XX:XX:XX

Tingling of tip of tongue.

10 F 00:11:00

Tingling of lips.

10 F 00:11:00

Numbness and tingling of left cheek.

10 F 00:12:00

Tingling and burning of mouth and tongue.

10 F 00:16:00

My lips have been extra dry today.

10 F 00:16:00

Have an ulcer on the inner lip overlying left canine (upper). Only painful if I apply pressure with tongue.

12 F XX:XX:XX

I still have mouth ulcer. It feels like one of those sores you develop from eating salt and vinegar chips. Only aware of it when I apply pressure to it.

12 F XX:XX:XX

Still have mouth ulcer. The pain has increased. It is a sharp pain when touched.

12 F XX:XX:XX

Bitter taste in mouth soon after taking the remedy.

13 F 00:20:20

Have a sour taste in my mouth.

13 F 01:08:00

Jaw is sore too when I open my mouth. Achy sore, as if it hasn't been used for a long time.

13 F 03:XX:XX

4.2.10 Teeth

Aware of bottom teeth touching top teeth. Lasted for 1 or 2 minutes.

05 M 00:13:05

My teeth felt sensitive for about 10 minutes.

15 F 00:03:00

4.2.11 Throat

Sore throat. White spot on right tonsil. As if raw. Worse for breathing in.

03 F XX:XX:XX

I woke up and ate breakfast. After breakfast my throat felt strange, not raw but slightly scraped or raw. Mucous production from the throat was increased. This began at around 7 a.m. The right tonsillar node was enlarged but not tender.

04 M 02:XX:XX

The throat improved once I started playing tennis. Not noticed thereafter. Right tonsillar node enlarged throughout the day. It's mobile and non tender.

04 M 02:XX:XX

Right tonsillar node still enlarged. Mobile. Right side of my throat is not fully normal. It feels mildly tender or inflamed. It's not painful but I am swallowing more and there's a roughness to it.

04 M 02:XX:XX

The throat is still not 100%. I can't give more detail but the mucous production is slightly increased, and the smoothness or feel of the throat (pharynx) is not 100% normal.

04 M XX:XX:XX

Throat still feels abnormal. Still more mucous than normal and mildly scratched feeling.

04 M XX:XX:XX

I've really been watching the throat. If anything it's a rawness that comes in waves, noticeable when swallowing. A very mild rawness.

04 M XX:XX:XX

I have tonsillitis. It is mild.

09 F 00:8:20

Woke up with mild tonsillitis.

09 F 01:9:30

Sore throat. Left tonsil enlarged (tonsillar lymph node, not actual tonsil).

12 F 00:16:10

Have a burning pain in back of my throat. Concomitant: Increased mucous (which I can't see, just feel). Dull, temporal pain which goes on getting out of bed. Increased thirst for cold water.

12 F 01:07:12

Have the sensation of an air bubble trapped in my oesophagus. Came on after eating. Desire to burp but I can't. Duration 20 minutes. Better for sitting up, burping and worse for lying down.

12 F 03:XX:XX

Sensation of air bubble in throat. Always starts after dinner and while I am lying down.

Duration: 5 minutes

12 F XX:XX:XX

I woke up with a sore throat. It felt a bit dry and the soreness was at the top of my throat.

15 F XX:XX:XX

Sore throat.

21 F XX:XX:XX

Continually having to clear my throat, my voice keeps going hoarse. No sore throat just feels coated in sticky mucus.

22 F XX:XX:XX

Throat feels really sore almost like getting a cold. Pain worse on the right feels scratchy.

26 M 01:36:00

Woke up with a sore throat, but by 10h00 it was gone.

26 M XX:XX:XX

4.2.12 Stomach

4.2.12.1 Appetite

Appetite decreased.

03 F XX:XX:XX

Hungry but easily satisfied with small amounts of food.

03 F XX:XX:XX

Decreased appetite, decreased thirst. No food cravings.

03 F XX:XX:XX

Food doesn't taste nice.

03 F XX:XX:XX

I've also been enjoy eating bread and butter lately or toast and butter.

04 M XX:XX:XX

Generally the system is very dry but I wasn't thirsty, although drinking anything was no problem.

04 M XX:XX:XX

I noticed that I'm not drinking as much as normal even though it is still dry outside.

04 M XX:XX:XX

Thirsty - drank 2 glasses of water.

05 M 01:17:05

No appetite and quite tired.

08 M XX:XX:XX

Lack of energy. No appetite.

9 F XX:XX:XX

I have an appetite but don't feel like eating. Very unusual for me. I feel I can survive on a small meal and even though I am hungry, I don't eat.

12 F 01:14:07

Woke up feeling hungry. This is unusual because I had a huge dinner and went to bed full.

12 F 01:07:10

Haven't had breakfast or lunch. Have absolutely lost my appetite.

13 F XX:XX:XX

Haven't had any appetite today. This is so strange, I should be starving by now.

13 F XX:XX:XX

Started cooking dinner, but still no desire to eat.

13 F XX:XX:XX

Had no appetite, but forced myself to eat. Had a bowl of cornflakes. Felt I was eating for the sake of eating.

13 F XX:XX:XX

Noticed I haven't been too thirsty today.

13 F XX:XX:XX

Appetite has increased.

21 F XX:XX:XX

Didn't eat much but felt full rather quickly.

21 F XX:XX:XX

Funny feeling in tummy, I feel hungry but can't eat. Occurs at random times but is localized to a specific area (central).

21 F XX:XX:XX

I don't feel like eating at all, just don't need food.

22 F XX:XX:XX

No appetite, lost interest in food, nothing appeals to me. I would like something sweet, but couldn't decide what so gave up.

22 F XX:XX:XX

Excessive thirst accompanied by extremely dry mouth, > ice cold water.

23 M 00:07:00

Excessive thirst accompanied by dry mouth as if chalk in mouth > large amounts of cold water.

23 M 00:18:00

Aversion of food of any sort accompanied by feeling of lethargy and extreme dehydration.

23 M 01:30:XX

Nauseous, couldn't eat breakfast, no appetite.

26 M 01:23:30

4.2.12.2 Nausea

Feeling nauseas.

08 M XX:XX:XX

Nausea worse after I had eaten.

08 M XX:XX:XX

Nausea is now quite severe. Didn't have anything to eat before this.

09 F XX:XX:XX

Feel so nauseous, as if something is in my oesophagus, under my sternum that must come out. Came on an hour and a half after having a toasted cheese. I had a glass of cold nesquik with low fat milk at 9 p.m. which made me feel much better.

13 F XX:XX:XX

Dishing up dinner and the smell of the food brought on nausea suddenly. Nausea this time is felt in my stomach-like a hollow feeling. Am going to eat my dinner anyway because I haven't eaten the whole day.

13 F XX:XX:XX

Nausea is gone after eating dinner. Feel much better.

13 F XX:XX:XX

4.2.12.3 Pain

Stomach pains with associated nausea. No accompanying bitter taste in the mouth.
Had a cup of tea about ½ an hour ago.

09 F XX:XX:XX

Just had something to eat with a cup of coffee and the stomach pain and cramps
have disappeared.

09 F XX:XX:XX

Cramp in right side of tummy near belly button, worse on standing up.

21 F 01:XX:XX

Stomach is sore, crampy centrally, with sharp pain on left side.

21 F XX:XX:XX

Stomach still sore, made slightly better on exercise and lying down.

21 F XX:XX:XX

4.2.12.4 Other

Stomach noises, gurgling and grumbling, anxious and tense about why my IBS is
playing up.

21 F XX:XX:XX

4.2.13 Abdomen

Bloated and farting a lot. Bad smell as if rotten eggs.

03 F XX:XX:XX

Have severe abdominal pain with associated nausea. The abdominal pain is bilateral. The abdominal pain is a constant aching pain.

09 F 00:20:47

Abdominal pain has started. It is moderate with associated nausea. The pain is dull and achy.

09 F 01:17:40

Just had a white hot chocolate and am feeling slightly nauseas.

09 F 02:XX:XX

Am feeling very nauseas right now with associated moderate abdominal pain.

09 F 02:XX:XX

Moderate abdominal pain with associated nausea. Just had a sandwich and a cup of tea prior to onset of symptoms.

09 F 03:XX:XX

Moderate abdominal pain with associated bitterness in the mouth.

09 F XX:XX:XX

Am suffering with severe abdominal cramps. Worse at night. There are associated sharp poking pains.

09 F XX:XX:XX

Slight abdominal pain that is increased with palpation. Still have bitter taste in my mouth.

09 F XX:XX:XX

Severe abdominal pain with associated sharp poking cramps in left upper quadrant.
Mild nausea.

09 F XX:XX:XX

Onset of severe abdominal pain with nausea. Abdominal pain is of a cramping nature, mainly in the upper ½ of abdominal area.

09 F XX:XX:XX

Just had supper and abdominal pain is gone but nausea is still there - mild.

09 F XX:XX:XX

Nausea has gotten worse with associated bitterness in the mouth. No abdominal pain.

09 F XX:XX:XX

Slight abdominal pain relieved by eating some food, with a cup of tea.

09 F XX:XX:XX

There is no abdominal pain or nausea but a strong sensation to vomit. I am going to bed.

09 F XX:XX:XX

Just had a cheese sandwich with lettuce and the abdominal pain and nausea have decreased.

09 F XX:XX:XX

Onset of slight abdominal pain. No associated nausea. I am feeling very tired right now.

09 F XX:XX:XX

Onset of nausea, but it is mild, associated with bitter taste in my mouth. No abdominal pain.

09 F XX:XX:XX

Onset of moderate to severe abdominal pain with associated mild nausea. No bitter taste in mouth experienced.

09 F XX:XX:XX

Abdominal pain has subsided but nausea is still present and is now moderate in intensity.

09 F XX:XX:XX

Onset of severe abdominal pain and nausea with associated bitter taste in my mouth.

09 F XX:XX:XX

Have severe abdominal pains with associated nausea. Don't feel like eating or drinking anything.

09 F XX:XX:XX

Severe abdominal pain. No nausea. Abdominal pain is twisting with some intermittent cramping. No bitter taste in mouth. Lasted about 5 minutes and has disappeared.

09 F XX:XX:XX

Feeling very bloated in my abdomen. Not passing any flatus. Came on after eating popcorn. Feels like a ball of gas between sternum and umbilicus.

13 F XX:XX:XX

Noticed bloating around abdominal area. Normally happens a week before a period but this is straight after. I feel heavy, uncomfortable and difficult to move.

15 M XX:XX:XX

4.2.14 Rectum

Burning and fullness in perineum. Itching in anus.

10 F 00:10:50

4.2.15 Stool

Diarrhea with loose stools. Brown yellow color. Bad smell of rotten eggs.

03 F XX:XXXX

Noted quite dark stools, little red in color but no accompanied symptoms.

11 F 01:XXXX

Bowel great – is this what they call regular?

22 F XX:XX:XX

4.2.16 Urine

Woke up with the sensation of urine dribbling. Urine dribbled in drops. So got up to go to the loo.

13 F XX:XX:XX

Getting dressed and noticed that when I stand still I have urinary incontinence. Better for walking, worse for standing still, worse for lying down on back.

13 F XX:XX:XX

Noticed my urine has been quite dark in color the past 2 days. Dark yellow almost orange in color. No odor that stands out. Have a mild urge to urinate again, as if something were in there, like an object of some sort that needs to come out.

13 F XX:XX:XX

4.2.17 Female

I experienced ovulation pain on and off for the whole day. Worse in the evening and better for rubbing the lower abdomen. I never get ovulation pain so this is unusual for me. Sensation: cramping pain with desire to bend forward or apply pressure.

12 F XX:XX:XX

It feels as though I have a large amount of air in my uterus pushing to get out in all directions.

13 F 00:15:00

Interestingly, my period has also stopped abruptly after yesterday's clots.

13 F 02:XX:XX

Dysmenorrhea worse than usual, normally lasts one day, but since taking the remedy it's been worse. I have been clotting a lot more, bleeding is quite heavy.

15 F 01:XX:XX

4.2.18 Larynx and trachea

Continually having to clear my throat, my voice keeps going hoarse. No sore throat just feels coated in sticky mucus.

22 F XX:XX:XX

4.2.19 Respiration

Awareness of more work of breathing.

10 F 00:10:30

My breathing is more difficult. I have to gasp for air in order to get it into my lungs. Concomitant symptom is increased yawning. The duration was two minutes. I have had this symptom for about 2 years. It comes and goes. I have never experienced it first thing in the morning as I thought it came after eating and I haven't eaten. It was of greater intensity, but shorter duration.

12 F 00:8:08

4.2.20 Chest

Pain, crushing, strong, retrosternal, like someone is crushing down on my chest with their heel. Better for pressing on sternum. Aware of heart beat against chest – strong and regular. Burning over lower costal area.

10 F 00:10:25

Still have central chest pain.

10 F 00:11:00

Nauseous, oppressive feeling in central chest.

10 F 00:10:20

Now feeling chest pain and arm tingling again (I'm inside now and sitting in a chair).

10 F 00:12:45

On taking the remedy I experienced a sudden onset of dizziness and vertigo and a slight pain parasternally.

14 M 00:00:15

On taking the remedy I experienced a parasternal pain and a pain under my left arm.

14 M 01:25:XX

Before falling asleep I experienced a sudden hypertensive / heart attack symptom, a numbness of my left arm, parasternal pains and irregular heart beat, three rapid beats followed by a long period of no beating then two slow beats. Fear of dying, wanting to be in a hospital.

14 M XX:XX:XX

Aware of growing discomfort in left breast. Whole breast is throbbing with the pain going into the axilla. Need to hold and massage breast. So painful tears in my eyes. Pain subsided after about 10 minutes.

22 F XX:XX:XX

4.2.21 Back

Back itchy. Worse at night on sleeping.

03 F XX:XX:XX

Woke up with a trigger point in right side of my neck. Neck stiff on right side. Better after pressing over area with firm pressure. Went away soon after pressure.

04 M XX:XX:XX

Neck and upper shoulders more stiff today than normal. Better after massage.

04 M XX:XX:XX

For about an hour between 9 and 10 a.m., I had a very strange nervous twitch, spasm of my lower shoulder muscle towards where my back meets my shoulder blade on the left hand side.

18 M XX:XX:XX

I have been scratching my neck as if there was a hair tickling me, checked but found no hair.

22 F XX:XX:XX

Right trapezium is very tense feels tight and tightly strung.

22 F XX:XX:XX

4.2.22 Extremities

4.2.22.1 Awkward

Feeling very clumsy, keep knocking into things when walking.

26 M XX:XX:XX

Keep stubbing right foot into furniture.

26 M XX:XX:XX

4.2.22.2 Fatigue / Heaviness

Tiredness, fatigue, especially in lower legs – need to sleep in afternoon. Worse for eating.

05 M 03:XXXX

Woke up at midnight and my legs felt heavy and battled to relax them.

08 M 02:XX:XX

Am feeling very weak. There is associated pins and needles in both my palms.

09 F XX:XX:XX

Stiffness in the lower part of my calves, especially on the left, as if I had been exercising too much (I hadn't done anything), towards the evening and continuing until bedtime.

10 F XX:XX:XX

Feeling of excessive heaviness in extremities.

23 M XX:XX:XX

The pain from my elbow is spreading up the arm into the shoulder and forearm. I can't grip or hold onto things with the left hand, I have no power.

26 M XX:XX:XX

4.2.22.3 Flexibility

Twinge in left knee. Tightness like an elastic band extends to calf muscle.

22 F XX:XX:XX

So excited about the general improvement of my joints in my hand, feeling so much more flexible, and pain is minimal.

22 F XX:XX:XX

Keep looking at my hands and flexing my fingers almost testing. Stiffness reduced to almost nothing and pain in pinkies only if I press them.

22 F XX:XX:XX

4.2.22.4 Itch

A great itch on my left foot underneath. Worse at night. Scratching doesn't alleviate the itching.

03 F XX:XX:XX

My right foot is also itching underneath. Worse at night.

03 F XX:XX:XX

Right foot itchy is getting worse. It's irritating because I can't scratch enough to make it go away quicker and it's under the foot.

03 F XX:XX:XX

Itching between middle and second lateral toes.

10 F 00:12:00

4.2.22.5 Pain

My right hip is a bit sore.

08 M XX:XX:XX

Had a restless sleep, right hip is sore so couldn't get comfortable.

08 M XX:XX:XX

My shoulder going down my arm has been very sore, feels numb and uncomfortable.

08 M XX:XX:XX

Pain in left shoulder, deltoid area – burning, also burning dorsum of left hand, with tingling and numbness.

10 F 00:10:20

Pulled a muscle in my calf, low down, just above Achilles, while playing tennis.

10 F 03:XXXX

Right knee pain. Dull aching around entire knee joint. Better for movement, rubbing, and warmth. Worse for rest.

12 F XX:XX:XX

Pain in right instep, stabbing, stretching does not help, rubbing difficult as it is hard to pin point.

22 F XX:XX:XX

Right instep sharp pain making walking difficult. Once moving about it settled down.

22 F XX:XX:XX

Right knee seized up, it was stiff and painful. Sensation as if there was a large rubber band all around the knee preventing it from moving and the pain electric. Rubbing helped and it soon passed.

22 F XX:XX:XX

Hamstring on the left leg feels sore, it is mild but is pulling and burning.

26 M XX:XX:XX

Intense pain in the left elbow, the joint feels cold and is better for heat and worse for movement.

26 M XX:XX:XX

The pain from my elbow is spreading up the arm into the shoulder and forearm. I can't grip or hold onto things with the left hand I have no power.

26 M XX:XX:XX

My left arm feels tender and tense.

26 M XX:XX:XX

4.2.22.6 Sensations

Pins and needles has started in both feet.

09 F XX:XX:XX

Burning and tingling, left hand, dorsal ulnar distribution – pinkie and ring finger and in between. Also dorsally.

10 F 00:10:30

Burning dorsum and forearm laterally.

10 F 00:10:30

Pins and needles, left thumb, with that funny feeling you get when you've sat on your hand and the blood starts coming back.

10 F 00:10:30

Lameness in left arm. Also the right to a lesser extent.

10 F 00:10:30

Burning in right MCP joint of index finger.

10 F 00:10:30

Tingling of left lateral lower leg, with lameness. Like a mini electric current passing through it.

10 F 00:10:30

Still have that numb tingling feeling in left hand and forearm as above.

10 F 00:11:00

Numbness of hand. Better for rubbing.

10 F 00:13:00

Numbness of forearm still there when I go to bed. It feels numb on its own and also numb to touch.

10 F 00:22:00

Tingling of thumb still there on going to bed.

10 F 00:22:00

Notice that back of both hands and left forearm are numb to touch – definitely less sensitive.

10 F 01:19:00

I woke up a few times with a numb left hand. Better for shaking it, and sleeping on the right. Worse for sleeping on the left side or on my back with head turned to the left.

12 F 00:XX:XX

4.2.22.7 Other

My feet are very swollen tonight and hot, this usually only happens in the heat of summer and I haven't been on my feet all day.

22 F XX:XX:XX

4.2.23 Sleep

Restless and insomnia.

03 F XX:XX:XX

Sleep: position: on my back with both arms above my head.

12 F XX:XX:XX

I've been talking in my sleep and almost sleep walking and not really having any recollection of it. I wake up thinking I dreamt it when asked by other people.

13 F XX:XX:XX

Before going to bed I feel very energetic and not feeling like going to sleep.

14 M XX:XX:XX

Insomnia, every sound keeping me awake, makes me angry and annoyed.

14 M XX:XX:XX

Scared and worried for no particular reason, can't sleep.

14 M XX:XX:XX

Can't sleep, wondering if there is something wrong with my pineal gland.

14 M XX:XX:XX

Can't sleep, every sound keeping me awake, almost like I have supersonic hearing. Very irritable making a big fuss over the sounds want to destroy that which is making the sounds, dogs barking, want to kill!

14 M XX:XX:XX

Restlessness during sleep accompanied by moderate perspiration on throat > cold air.

23 M XX:XX:XX

Excessive perspiration during sleep accompanied by restlessness during night.

23 M XX:XX:XX

4.2.24 Dreams

4.2.24.1 Competition / Testing

I returned to America to the collage I went to previously to try and do better from a more experienced point of view. I felt that I would or could compete better in tennis this time around.

04 M XX:XX:XX

I'm working in a health shop with Jodi Cahill. It's very busy. Jodi starts to stress as she can't attend to everyone. People are queuing out the door. A doctor comes in to buy syringes. He is dressed in 1940 - 1950 garb. I show him what we've got. He selects three. He starts testing my diagnostics knowledge with a difficult case scenario.

We shut the shop and watch a health video - something to do with Homoeopathy. That night the doctor's oldest daughter, she's about 11 or 12, gets a very high fever. Nothing he does is of any help. When he looks for one of the syringes, he finds a brown bottle of Homoeopathic stuff he took at the same time that morning, and

gives it to her. The next day she is absolutely well. This wife gives a big party with speeches and everything to promote homoeopathy. Some ladies from the community also dressed in 50's clothes march in, two abreast, singing Christian church songs to disrupt the party. They are asked to leave.

I go to the loo. Very odd arrangements with buckets and showers, I can't figure it out. It all looks very period.

10 F 01:XX:XX

My dreams the last two nights have been strange. I can't really remember them, I only have fragments of the dreams. If there is one feeling I can possibly get from the dreams, is that a feeling of trying to do my best, and be the best. One fragment I remember. I was running a race and I was trying to beat the first runner. At first I couldn't beat her. Then my dream happened over again, and the second time around I beat her. It was great. A sense of achievement. A pride at the fact that I knew all along that I could do it.

13 F 02:XX:XX

Had a dream I was being examined in a subject I've already passed in front of the whole class. I didn't know any of the answers and felt like an idiot. I turned to the class and wanted to see if they knew the answers and they all did except me. Begging the lecturer not to fail me. Feel embarrassed, stupid and desperate.

13 F XX:XX:XX

4.2.24.2 Confusion / Changing

Our year (at D.U.T) has to organize a ball, and we are also the waiters on the night. We have to dress up in German? Traditional costumes – wide red skirts with white aprons and black tight tops. We have to learn traditional dance steps.

I also have two guests staying with me – they are going to the ball, and I am assigned to put them up for the night. Both they and I are somewhat confused about our relative roles.

At the hall where the ball is to take place someone who was at school with me – a girl – is also a waiter, in outfit. Madhu comes in also dressed up, but her outfit looks a bit different to ours to differentiate her – it's a bit more elaborate. She's dancing and turning and singing, looking very happy.

10 F 02:XX:XX

Our class each has to do a prostatic examination. We are arranged in a sort of a circle. Each of us has to take a turn, but none of us know what we are doing.

10 F 03:XX:XX

Don't really remember my dreams, know I dreamt, but it is all very jumbled and confused.

13 F XX:XX:XX

Dreamt that I am entering the schoolyard, people that I know are crying, a wedding is in progress. As I walk into the quads it changes into a soccer stadium, soccer in progress. My mom and friends are sitting next to me. Mom exits the stadium I follow. As we exit we enter a modern hotel, looks more like an airport. Can't find any rooms only many flights of stairs and windows.

14 M XX:XX:XX

Can't dream anything specific, just blurred images, can't remember anything.

14 M XX:XX:XX

Dreamt of a photo album with moving photos, can't make out what is on photos.

14 M XX:XX:XX

4.2.24.3 Danger / Disaster

Involved with Peter Vorso like character in an illegal operation involving the use of jet planes (like passenger jets) which could land out at sea and pick up people, who are

smuggling people or goods? Then fly to a remote lake and land there. Somehow we are out of the blame and IA is now flying by itself in the vicinity, abandoned and unbalanced. There is a sense of danger. I somehow get into the plane and stabilize or land it. I have misgivings about my involvement in the illegal scheme. Wish to be out. Other members of public are suspicious of the plane and what it is doing. I don't finish, they can buy the idea of it being a commercial passenger airline. I start to move out of the operation - perhaps letting others know what is happening.

05 M XX:XX:XX

We were out casts from a catastrophe world war holocaust type of situation. Earlier in the dream before being separated heard machine gun fire. I was happy because I thought the enemy where being attacked but the fire was directed at us in a type of non lethal way to drive us out of the desired area.

There was not enough space for our group to be saved into a safe zone. We had to go back into a deserted city area with no load and try to survive. The danger was hungry dogs that we needed to protect ourselves from. We climbed a tall block of flats to the very top of the lift or stair well and proceeded to block the way down so the dogs could not get through. Our materials to do so seem very limited to me. There are spaces where the dogs can get through. Maybe by repeating the methods of barrier creation there will eventually be an impenetrable barrier.

05 M XX:XX:XX

I can't remember the exact details but it was a violent dream. There was a long tunnel or pipe. A gang of men with weapons would climb up this pipe and rob or kill the people at the top. I would keep looking down the pipe to check if they were coming. Every time I did this there would be a man right there at the exit and I would fight him. He would overpower me and violently slash up the people around me with a knife. The main feeling behind the dream was nervousness. Although I was fearful of the men I felt more nervous because this was the society that we lived in. It was an anxiety about when they were coming and not a fear of 'what will they do to us.'

12 F:01:XX:XX

I was a police officer and my partner and I were assigned to catch two criminals. We spotted them on the street and there was a shoot out. I managed to shoot one guy in the head, but my partner got shot. I hauled him into the car and the remaining criminal chased us to a hospital. At the hospital we were confronted by 3 ninjas. We had to fight them with these little black marbles (some type of ninja weapon) we managed to fight them off.

The next scene was in an old military yard. There were land mines and obstacle courses and fake dead bodies were zombies and they started coming for us. They wanted to eat us. I had one gnawing cheek. While trying to defend myself from the zombies I came across a baby which I then had to look after.

The dream continued with the baby and me trying to escape from danger.

12 F 02:XX:XX

Last night I dreamt I was far away from here, like in JHB or something, and a huge tidal wave hit Durban. I saw it on the news and my first reaction was my dogs. I had to get them. So many people tried to convince me otherwise, but I had to get them. I had to save them. I felt totally desperate. During the entire dream I had to overcome obstacles, like huge traffic jams, fallen buildings, and huge flooded areas. It was horrible but nothing was going to stop me from getting to them. I woke up before I got to them.

13 F 03:XX:XX

Had a horrible dream. Had a dream that there was a huge rattle snake under a rock. At first I didn't want to kill it. But then it threatened to bite my puppy and my maid, and out of desperation I stabbed it with a garden fork and then a garden spade. It was so big and strong it was a huge battle.

13 F XX:XX:XX

I had another dream that I was in the army, the only girl. I was in a bunker and we were ready to fight, but I was so afraid. I tried to hide deeper in the bunker so the

bullets wouldn't hit me. Didn't understand why I was there, or who I was fighting for. I am going to die for an unknown cause, most likely for a crappy piece of land.

13 F XX:XX:XX

Dreamt that a space shuttle or large airplane crashed in Durban, big explosion, could even see it from Empangeni, although it seemed like we were standing more in the region of Umhlanga. Lots of debris in Empangeni.

14 M XX:XX:XX

I was with a childhood friend fending off leopards and lions with a knife at the campsite we've been too for retreats for many years. There were other people there, it was night time, we fended off the animals and then he broke up with his girlfriend.

21 F XX:XX:XX

4.2.24.4 Massage

I broke down while driving. The tyre had burst. I was with my girlfriend and the day was nice (sunny). Immediately about 10 tow trucks arrived. I suddenly found myself at the tow truck driver's house. The tow truck driver was abusive to a woman and I offered to massage her back to help her relax. She removed her tops and showed me her breasts.

04 M XX:XX:XX

Being treated by a Dr. Russel for muscular skeletal problems. He lies on me and massages me with his nose? Feels very inappropriate.

05 M XX:XX:XX

4.2.24.5 Music

I go for a walk to a lake at the edge of the doctor's property. Strange place. The water is a funny cloudy light blue-green. The lake looks man-made, with a large amphitheatre all round. A man tells me about an extraordinary phenomenon. He shows me that if you stand in two different places by the shore, you can hear two music chords being played, which he says is made by a man under the water. I hear the chords.

10 F 01:XX:XX

Woman who used to be in my class is helping me at the piano. Can hear the music in my dream.

10 F 01:XX:XX

4.2.24.6 Planning / Organizing / Hosting

Our year (at D.U.T) has to organize a ball, and we are also the waiters on the night. We have to dress up in German? Traditional costumes – wide red skirts with white aprons and black tight tops. We have to learn traditional dance steps.

I also have two guests staying with me – they are going to the ball, and I am assigned to put them up for the night. Both they and I are somewhat confused about our relative roles.

At the hall where the ball is to take place someone who was at school with me – a girl – is also a waiter, in outfit. Madhu comes in also dressed up, but her outfit looks a bit different to ours to differentiate her – it's a bit more elaborate. She's dancing and turning and singing, looking very happy.

10 F 02:XX:XX

My husband's mother (who passed away six years ago) came to stay with us in the dream, but on a yacht, which we owned. She would be there on her own during the

week. We welcomed her and showed her around, but then left, only later did I ask if we had left her any food.

10 F XX:XX:XX

I was cooking for a whole lot of people, not my kitchen but it was in my house. When I served the food I realized that it was not enough, but sat down with my first lot of guests. It was a Muslim family I know they have 4 children under the age of six and are wild. Getting them settled was a nightmare and finally we were ready to eat. I said we first needed to pray. Peter was there too he whispered 'why?' I stuttered out a prayer and then realized as Muslims they may say something else other than God. I got all embarrassed and didn't know what to do. The husband was looking at me with contempt and at that point I was close to tears.

Then I got up from the table and went into the kitchen and my sisters and their husband's were all there, chaos reigned and I was suddenly braaiing. People were demanding food and Craig (brother in law) was seasoning some chicken, I snatched it from him and said I'll do that and went outside to the braai. Only then noticed that the Muslim family had left...

22 F XX:XX:XX

4.2.24.7 Protect and defend

We were outcasts from a catastrophe world war holocaust type of situation. Earlier in the dream before being separated heard machine gun fire. I was happy because I thought the enemy were being attacked but the fire was directed at us in a type of non lethal way to drive us out of the desired area.

There was not enough space for our group to be saved into a safe zone. We had to go back into a deserted city area with no load and try to survive. The danger was hungry dogs that we needed to protect ourselves from. We climbed a tall block of flats to the very top of the lift or stair well and proceeded to block the way down so the dogs could not get through. Our materials to do so seem very limited to me.

There are spaces where the dogs can get through. Maybe by repeating the methods of barrier creation there will eventually be an impenetrable barrier.

05 M XX:XX:XX

I was at my holiday house in the Tzitzikama forest. It is a large property which takes up the block and has three houses on it. (One belonging to my Aunt and Uncle, one belongs to my family and the last one belonging to my grandparents).

There is a pathway through thick protea plantations, between our house and my granny and gramps house. The family and friends had gone down to my grandparents and I followed behind. Just before arriving I noticed a little trickle of water in the path. I turned around and walked back up the path to discover a mud slide coming straight for us. I ordered my family and friends to find big logs so we could direct the mud slide away from my grandparent's house. It was a dream of adventure and fun rather than fear. The mud looked particularly appealing to me and I wanted to roll in it.

Later that afternoon I was trying to prescribe a remedy for my uncle who had flu. I couldn't decide between Pulsatilla and Gelsemium. (This all took place on my grandparent's veranda while a mud slide was redirected around the house.

12 F 01:XX:XX

I was a police officer and my partner and I were assigned to catch two criminals. We spotted them on the street and there was a shoot out. I managed to shoot one guy in the head, but my partner got shot. I hauled him into the car and the remaining criminal chased us to a hospital. At the hospital we were confronted by 3 ninjas. We had to fight them with these little black marbles (some type of ninja weapon) we managed to fight them off.

The next scene was in an old military yard. There were land mines and obstacle courses and fake dead bodies were zombies and they started coming for us. They wanted to eat us. I had one gnawing cheek. While trying to defend myself from the zombies I came across a baby which I then had to look after.

The dream continued with the baby and me trying to escape from danger.

12 F 02:XX:XX

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13 F 03:XX:XX

Had a horrible dream. Had a dream that there was a huge rattle snake under a rock. At first I didn't want to kill it. But then it threatened to bite my puppy and my maid, and out of desperation I stabbed it with a garden fork and then a garden spade. It was so big and strong it was a huge battle.

13 F XX:XX:XX

I had another dream. I was in a huge tall shopping center. I was looking through there clothes racks, and this lady just kept pushing in my way. She was so rude, I walked away to another clothes rack to get away from her, and the next thing she was in my way again. So this time I shoved her back. She turned around and it was actually my mom. I was so shocked, I apologized profusely, but she didn't seem interested in taking my apology. She was so cold and distant towards me. It felt like she despised me. It was horrible. I continued looking at the clothes after our encounter, and softly in the distance I could vaguely hear our bird talking. I have this over flow of emotions. Oh my God, where is she! The shopping center is so full; someone is going to hurt her! I run to start looking for her, and then I see her waddling in between people. My heart is filled with relief and love for her. I take her to my mom, and demand why she let "bubbles" out of her sight, why she forgot about her. But I got a cold hard stare.

The general theme I seem to be feeling in all these dreams is a theme of total desperation.

13 F XX:XX:XX

I was with a childhood friend fending off leopards and lions with a knife at the campsite we've been too for retreats for many years. There were other people there, it was night time, we fended off the animals and then he broke up with his girlfriend.

21 F XX:XX:XX

4.2.24.8 Travel – hindered / unrealistic

I broke down while driving. The tyre had burst. I was with my girlfriend and the day was nice (sunny). Immediately about 10 tow trucks arrived. I suddenly found myself at the tow truck driver's house. The tow truck driver was abusive to a woman and I offered to massage her back to help her relax. She removed her tops and showed me her breasts.

04 M XX:XX:XX

I am presenting a conference on signs or semiotics communication with others. Myron Schultz is a presenter. Arrive at hotel escalators. Need to go down, but Myron says we must walk up first - a man moving escalator. Sounds Irish to me but I agree. For some reason I choose to move up the side of the escalator. Initially okay but space starts too run out as the escalator (now running) moves out. I will be crushed between the roof and the escalator. Terrible feeling of clarification – narrow space – what to do – I need to get out of that space (terrible feeling of impending crushing). The escalator is now like a grey transparency film with many symbols drawn or printed on it. I became aware that I can jump into the film (Myron's power point transparency presentation). I do it and instantly am safe but in another non-material world where I can move through objects. I am on President Bush air force

jet where he is alone in the large cabin. He is aware of my presence and I walk right through him.

05 M XX:XX:XX

I had a choice of aircraft to go flying in – to fly them myself. Allocated to me is a very heavy thick metal plane -10mm thick sides. Like an airplane but steam driven – looks like a steam roller. How can it fly? It has a very powerful motor but what if the motor stopped? It would fall like a stone from the sky! Also is had only one wing, the other fallen off. I would prefer a light weight wooden fabric plane that could glide too.

05 M XX:XX:XX

Preparing to go on a long motorcycle journey in USA. Am in Leaktown (San Francisco) I will be traveling with one other guy. Lot of worry about where all our gear will go on the bike – a sort of scrambler. Then Tersa is coming as well – 3 on 1 bike! I keep forgetting to bring my goods, clothes with me – make a sort of plan to tie them on the back. We visit the other guy's folk's house, but I have to stay outside otherwise they will know there are 3 people going on 1 bike. They bring out sort of containers that are hydraulically operated behind the bike that can hold an enormous amount of gear- almost becomes like a car. How can this contraption work? But it does, stability without falling over. The man driving is preparing going from place to place but not actually starting the journey.

The after feeling of the dream is a pleasant feeling of excitement and anticipation for the adventure. When I woke I wished the dream to continue. Another feeling of the dream is the issue of many obstacles to progress.

05 M XX:XX:XX

Paddling a canoe like a double canoe, but we travel by gliding in the air (100m high) – look below and see a change in vegetation and I suggest to my “co-pilot” we go down because the thermal or lift conditions by now vary as we approach a forest.

Now I am paddling a single canoe – again it paddles in the air a few feet up. To go forward I need to paddle – eventually I land on a road (nice area). My brother then arrives with this canoe. He said he saw me going but could not keep up.

05 M XX:XX:XX

I'm driving in my car, and notice that the petrol gauge is at empty. I'm about to run out of petrol, and there are no filling stations nearby. The instrument panel and petrol gauge are large, modern, and white.

10 F 03:XX:XX

I had a dream last night that I was walking through walls.

15 F XX:XX:XX

Traveling through a new gated community with two friends in a Toyota corolla. I was lying on the back seat with my feet out the window. The security guard wouldn't let us go further until I'd moved my feet. We ended up at the pub in the community that was owned by a friend I'd studied with.

21 F XX:XX:XX

Remembered part of my dream, I was at a night time flea-market selecting sweets and then boarded a cruise liner.

22 F XX:XX:XX

I am frustrated that I can't remember my dreams in more detail. A few snippets came through, learning about karma sutra, traveling somewhere outdoors walking and in a car, gathering in a pit with four pillars.

22 F XX:XX:XX

4.2.24.9 Water

Going on a field trip with a guy I know from Richards bay. It was winter, cool crisp air. Neat, identical houses all lined in a row alongside a river. Dead trees with no leaves skirted the banks of the river.

21 F XX:XX:XX

Dreams of waterfalls and ocean.

23 M XX:XX:XX

Dreams of rivers and large masses of water.

23 M XX:XX:XX

4.2.24.10 Other

Feeling of being treated like a king. Feels very good. Regal – moving along aside a parade of people.

05 M XX:XX:XX

We - my family, i.e. Dad, mom, and two sisters - are on holiday at the seaside (I'm much younger, about a teenager). Old friends of my parents who were at varsity with them are there, visiting with their children, who we know quite well. They are sleeping in the outbuilding at the back. All buildings are wooden construction, in the California white bleached beach house style.

We go to the beach. I skid on the part of the sand that is covered in a thin film of water as the waves pull back, like you would do with those thin plywood boards, but I'm doing it without a board on my bum. I'm loving it.

10 F XX:XX:XX

I kept dreaming of this shape: star in a circle or just a star alone or just a circle. Note I kept thinking about stars during the day leading up to this dream.

12 F 00:XX:XX

The details of this dream are a bit hazy. I remember being thanked by a few people (that were at school with me) for forming such an awesome group of rebellious students. I was like a leader of a rebellious group of school kids.

12 F 00:XX:XX

I remember dreaming something or just thinking about Phosphorus (the remedy). I dreamt the same on day 00. Phosphorus was in my dreams or subconscious or thoughts but I can't remember why.

12 F 01:XX:XX

Dr Hopkins was my art teacher. He had a big art lab (much like the homoeopharm lab) with many students. We were making ceramic hippos. Everyone had finished the ceramic part and it was time to paint. We were split into groups (3 people per group.) Each group was given a case of pipettes (ranging in size) we were asked to take turns to paint our hippos with a special pipette paint technique. My partners were taking too long to learn how to paint with a pipette. I was getting angry with one of my partners who was really taking her time. I decided to go to the back of the classroom to a friend of mine, Fleur, who had finished her hippo. It was magnificent. Royal blue body with a bright green fish in the center of his belly and racing red feet and head. I asked her if I could "steal" her pipettes so I could get painting (this was against the rules). I was willing to get caught by Dr. Hopkins if I could just start painting. The room was full of beautifully colored hippos and this made me angry as mine was still white.

On returning to my desk with my "stolen goods" I found my partner working with other pipettes, leaving our case free. I was mad; I got so angry and started swearing and shouting at her. Dr. Hopkins was eyeing me out but I did not care. She was so

rude and I told her. The anger explosion was incredible, sudden and intense. It did not last too long but left me in tears.

12 F 00:XX:XX

Haven't been able to remember my dreams the past few days. Very strange, I know I dreamt, but don't know what of.

13 F XX:XX:XX

Dreaming that I can't sleep, waking up tired.

14 M XX:XX:XX

4.2.25 Chills

Felt cold. Had to put a jacket on.

04 M XX:XX:XX

I feel cold, always nauseas.

08 M XX:XX:XX

Feeling very cold. Shivering a lot. Still have a fever.

09 F XX:XX:XX

4.2.26 Fever

Fever is very high. Associated with visible perspiration of face and neck area.

09 F XX:XX:XX

Mild fever with very sweaty palms.

09 F XX:XX:XX

Woke up with high fever and sweating. Was also feeling very cold. Felt better after drinking water and placing cold wet face cloth on forehead.

09 F XX:XX:XX

I feel so hot a have a dampness on my skin.

13 F 00:10:20

4.2.27 Perspiration

I feel like I'm sweating more under my armpits, especially my right armpit. The sweat has a strong smell that lingers. I have to wash two or three times under the armpits to be completely rid of the smell.

04 M 07:XX:XX

Once again my armpits sweated more than normal with a strong odour. Right armpit is more. It seems to be worse in the afternoon time around 5 – 6 p.m.

04 M XX:XX:XX

Woke up about midnight totally saturated from sweating.

08 M XX:XX:XX

I feel so hot I have a dampness on my skin.

13 F 00:10:20

I feel so hot. I have a dampness on my skin. I asked Niko if he was hot and he said not really. It's unusual for me to feel hotter than Niko.

13 F 00:10:20

I noticed I have been perspiring a lot. A little more than usual.

13 F XX:XX:XX

Restlessness during sleep accompanied by moderate perspiration on throat > cold air.

23 M XX:XX:XX

Excessive perspiration during sleep accompanied by restlessness during night.

23 M XX:XX:XX

4.2.28 Temperature

I am feeling very hot. Feel as if heat is emanating from my head.

09 F 01:18:00

I am suddenly feeling very hot. I feel the heat mainly around thorax, head and feet.

09 F XX:XX:XX

I feel so hot I have a dampness on my skin.

13 F 00:10:20

I feel so hot. I have a dampness on my skin. I asked Niko if he was hot and he said not really. It's unusual for me to feel hotter than Niko.

13 F 00:10:20

4.2.29 Skin

I noticed I have a small vesicle on the dorsum of my left hand. Squeezed it and clear fluid came out.

13 F XX:XX:XX

Vesicle on hand has enlarged drastically. Actually is no longer a vesicle. It has a crusty center surrounded a blistery circumference and is about a centimeter in diameter. Also have a vesicle starting on left lower arm, and two on the right lower arm. All three on anterior surface of forearms. They are reasonably itchy especially if they are scratched.

13 F XX:XX:XX

Forming sores on my legs too now. Anterior and medial surface of left thigh. They are very itchy, especially when scratched.

13 F XX:XX:XX

Left leg is terribly itchy when I scratch it, it burns. I seem to be scratching the sores raw. I have noticed many more have come on during the course of the day.

13 F XX:XX:XX

I have 3 established sores on my right anterior forearm, and 3 starting on right anterior forearm.

One established sore on the left dorsum of my hand, one established on the left anterior forearm, and one established on left posterior forearm. There are three starting on left anterior forearm.

There is one established on left side of back (+/- level L4). Four established and four starting on the left anterior surface of the thigh, one established on the lateral aspect of the left thigh, and one starting on the medial aspect of the left leg.

There is one established on the right anterior surface of thigh, two starting on the right anterior surface of thigh, and two starting on the right medial aspect of leg.

13 F XX:XX:XX

I woke up early to do some work. Noticed the sore on my right thigh has oozed and stained my clothes yellow. Have two new sores erupting on my arms. One on my biceps of my left arm, and one on my triceps of my right arm. Generally sores are increasing in diameter. There seems to be a yellowish crust forming on all of them.

13 F XX:XX:XX

Sores on thighs are very moist and sticking to clothing.

13 F XX:XX:XX

The itching gets aggravated by the heat in the car.

13 F XX:XX:XX

The itching seems to come in spells. Vesicles aren't itchy when the sores erupt and form crusts. When they are raw then it itches. Worse for scratching.

13 F XX:XX:XX

The sores look like the lesion of ringworm.

13 F XX:XX:XX

Stinging pain on right trapezium over the scapula, as if insect has bitten me. It is painful but also itchy. Scratching gives relief but also pain. I can't see any skin lesion. I can place my finger on the exact spot.

22 F XX:XX:XX

I have been scratching my neck as if there was a hair tickling me, checked but found no hair.

22 F XX:XX:XX

Pain that I experienced on my scapula this morning has moved to the right inner wrist. As if an insect had stung me but no skin lesion.

22 F XX:XX:XX

4.2.30 General

4.2.30.1 Energy

Felt very tired, fatigued all day, playing hockey and lacked energy and enthusiasm.

02 M XX:XX:XX

Decreased energy level.

03 F XX:XX:XX

Suddenly feeling exhausted. Not debilitating but tired.

04 M XX:XX:XX

I ate lunch at 12:30pm. My energy slowly improved throughout the day. The flat period felt earlier was more than a sugar low, I felt really exhausted.

04 M XX:XX:XX

I didn't feel well for some of the day. Not sick, but that "I'm getting sick feeling."

04 M XX:XX:XX

I had a very busy day but felt tired from about 6 p.m. onwards.

04 M XX:XX:XX

Feeling very tired - yawning.

08 M 00:16:20

Feel tired like I want to sleep.

08 M 01:15:20

Felt very tired just now. I yawned a lot.

08 M 02:XX:XX

Suddenly felt tired and yawning.

08 M XX:XX:XX

Felt very tired again.

08 M XX:XX:XX

Tired and yawning a lot.

08 M XX:XX:XX

Going to bed. Not feeling very sick, just feeling very fatigued.

09 F XX:XX:XX

I am feeling very weak.

09 F XX:XX:XX

I have been yawning all morning. Feeling exhausted now. My eyes are very heavy and I am battling to keep them open. I am blinking more than usual.

12 F 02:XX:XX

Had a sleep because I could not stay awake. Slept through noise. Fell asleep with the T.V. on (unusual for me). Woke an hour later, un-refreshed.

12 F 02:XX:XX

Still tired. Still yawning.

12 F 02:XX:XX

Exhausted again and I shouldn't be. Desire to sleep. Better for food or eating.

12 F 03:XX:XX

Feeling very tired, am going to take a nap.

13 F 00:15:00

Feeling very tired, exhausted even. Going to bed.

13 F XX:XX:XX

So exhausted, I know it's quite early, but I can barely keep my eyes open.

13 F XX:XX:XX

I am feeling very tired. I'm going home to have a nap. I also had a nap yesterday around the same time because I feel so tired, as though I've done lots today.

13 F XX:XX:XX

A general feeling of oldness and aching all over, I feel sixty plus.

14 M XX:XX:XX

Feeling exhausted, not very sleepy, just tired.

15 F 00:XX:XX

For about half an hour after taking the remedy I felt very sleepy, my body felt tingly.

15 F 00:03:00

I have been very exhausted, keep having to take frequent breaks to rest, always feel like sleeping and fall asleep when resting very easily.

26 M XX:XX:XX

Energy today really good, feel revved up, got washing done what else can I do?
Have no pain in back at all, body generally feel relaxed.

22 F XX:XX:XX

4.2.30.2 Lymph nodes

Left anterior and posterior cervical lymph nodes tender and enlarged. Worse for yawning.

03 F XX:XX:XX

Mild tender lymphadenopathy in the suboccipital region on the right. Only tender on palpitation. I think it is due to associated tonsillitis.

09 F 03:XX:XX

4.2.30.3 Sleep

Woke really early for me.

10 F 02:XX:XX

Woke up late. Normally don't sleep so late, but it was nice.

13 F 02:XX:XX

4.2.30.4 Thirst

Have a desire for cold water.

14 M XX:XX:XX

Feeling of extreme dehydration, dryness on waking accompanied by craving of excessive amounts of cold water.

23 M 01:25:XX

4.2.30.5 Other

Itchy eyes and nose (allergic to dust and dog hair). Better with cold.

CURED SYMPTOM

02 M XX:22:51

Been getting hot flushes on and off on my ears and head.

08 M 00:14:30

Bad body odor. Worse under my left arm. Had to wash under my arms to rid the smell. Deodorant did not help. It was my usual body odor just more intense.

12 F 01:13:16

I've had body aches, mainly lower back, sternum and my entire legs. The pain is as if I've strained my muscles.

15 M XX:XX:XX

I am craving something salty.

22 F XX:XX:XX

4.3 Repertory

Rubrics are listed in the order in which they would be found in Synthesis 7th Edition. They are presented in the following format:

- Rubric – Sub rubric/s – Degree – *Synthesis* Page Number.
- The letter R denotes rubrics extracted from Radar version 9.0.
- New rubrics have been created as a result of this proving. A capital “N” is appended to them and they are underlined.
- **Grade 3 rubrics are displayed in bold print.**
- *Grade 2 rubrics are displayed in italics.*
- Grade 1 rubrics are displayed in plain type.

4.3.1 Mind

MIND – ABRUPT	Pg1
MIND – ABSENTMINDED	Pg1
MIND – ABSENTMINDED – dreamy	Pg1
MIND – ACTIVITY; desires	Pg3
MIND – ACTIVITY – desires – weakness; with	Pg3
<i>MIND – ANGER</i>	<i>Pg9</i>
MIND – ANGER – causeless	Pg11
MIND – ANGER – conversations; from	Pg11
<u>MIND – ANGER – cruelties from</u>	N
MIND – ANGER easily	Pg11
MIND – ANGER – face: red: face; with red	Pg11
MIND – ANGER – internalized	Pg11
MIND – ANGER – trifles; at	Pg12
MIND – ANSWERING – abruptly	Pg14
MIND – ANSWERING – dictatorial	Pg15

MIND – ANSWERING – snappishly	Pg15
MIND – ANXIETY	Pg17
MIND – ANXIETY – crowd; in a	Pg17
MIND – ANXIETY – beside oneself from anxiety; being	Pg19
MIND – ANXIETY – hysterical	Pg23
MIND – ATTENDED to; to be – desire	Pg27
MIND – AVERSION – family; to members of	Pg27
MIND – BOREDOM	Pg30
MIND – BROODING	Pg31
MIND – BROODING – troubles – imaginary troubles; over	Pg31
MIND – BUOYENCY	Pg31
MIND – CENSORIOUS	Pg33
MIND – CHEERFUL	Pg34
<i>MIND – COMPANY – aversion to:</i>	<i>Pg38</i>
MIND – COMPANY – aversion to: country away from people; wants to get into	Pg39
MIND – COMPANY – aversion to: desire for solitude	Pg39
MIND – COMPANY – desire for: alternating with aversion	Pg40
<i>MIND – CONCENTRATION – difficult</i>	<i>Pg41</i>
MIND – CONCENTRATION – difficult: attention cannot fix	Pg42
<u>MIND – CONCENTRATION – difficult – outside, would rather be</u>	N
MIND – CONCENTRATION – difficult: studying	Pg42
MIND – CONCENTRATION – difficult: talking, while	Pg42
MIND – CONCENTRATION – difficult: writing while	Pg43
MIND – CONFIDENT	Pg43
MIND – CONFUSION OF MIND – concentrate the mind, attempting to	Pg45
<u>MIND – CONFUSION of mind – left and right</u>	N
MIND – CONFUSION of mind – time; as to	Pg47
MIND – CONFUSION of mind – writing, while	Pg47
MIND – CONSOLATION – amel	Pg48
<u>MIND – CONSOLATION – desire</u>	N

<i>MIND – CONTENT</i>	<i>Pg48</i>
MIND – CONTRADICTION – disposition to contradiction	Pg49
MIND – CONVERSATION – aversion to	Pg49
MIND – CRUELTY – like to do something, would	Pg50
MIND – DELUSION – heart: disease: having a	Pg77
MIND – DELUSION – old, feels old	Pg85
MIND – DELUSION – separated: body: mind are separated; body and	Pg90
MIND – DELUSION – time: exaggeration of time	Pg95
MIND – DELUSIONS – violence about	Pg97
<u>MIND – DELUSION – whole – feeling of being</u>	N
MIND – DESPAIR, others about	Pg102
MIND – DETACHED	Pg103
MIND – DICTATORIAL	Pg103
<u>MIND – DIRTY – desire to get hands</u>	N
MIND – DISCIPLINE – want of	Pg104
MIND – DISCONTENTED	Pg105
MIND – DISCONTENTED – everything, with	Pg105
MIND – DISCOURAGED – future about	Pg105
MIND – DISCOURAGED – weeping with	Pg106
<u>MIND – DISINTERESTED</u>	N
MIND – DULLNESS	Pg108
MIND – DWELLS – past disagreeable occurrences	Pg111
MIND – EMOTIONS – suppressed	Pg113
MIND – ESCAPE, attempts to:	Pg114
MIND – ESTRANGED – family; from his	Pg115
MIND – FEAR – death	Pg124
MIND – FORGETFUL	Pg138
MIND – HEEDLESS	Pg147
MIND – HELD – desire to be held	Pg147
MIND – HOME – leave home; desires to	Pg148
MIND – HOPEFUL	Pg149

MIND – HYSTERIA	Pg151
MIND – IDEAS – deficiency of	Pg152
MIND – INDIFFERENCE	Pg156
MIND – INDIFFERENCE – everything, to	Pg158
MIND – INDIFFERENCE – ennui, with	Pg158
MIND – INDIFFERENCE – loved ones, to	Pg158
MIND – INDUSTRIOUS	Pg159
MIND – IRRITABILITY	Pg165
MIND – IRRITABILITY – easily	Pg165
MIND – IRRITABILITY – family, to her	Pg168
MIND – IRRITABILITY – trifles, from	Pg169
MIND – MALICIOUS – thoughts	Pg181
MIND – MEMORY – weakness of memory	Pg184
MIND – MEMORY – weakness of memory: expressing oneself, for	Pg185
MIND – MEMORY – weakness of memory: mental exertion; for: fatigue; from	Pg185
MIND – MENTAL EXERTION – aversion to	Pg187
MIND – NATURE – loves	Pg198
MIND – OFFENDED, easily	Pg199
MIND – OPTIMISTIC	Pg200
MIND – OUTDOORS – staying – desire to stay outdoors	R
MIND – PESSIMIST	Pg200
MIND – PROSTRATION of mind	Pg203
<i>MIND – SADNESS</i>	<i>Pg217</i>
MIND – SADNESS, alone: when	Pg219
MIND – SADNESS, aversion to company, desire for solitude	Pg220
MIND – SADNESS, brooding; with	Pg220
MIND – SADNESS, consoled; cannot be	Pg220
MIND – SADNESS, disappointment, from	Pg220
MIND – SADNESS, weeping: desire to weep	Pg223
MIND – SENSITIVE – noise, to	Pg227

MIND – SENSITIVE – want of sensitiveness	Pg228
MIND – SERVANTS; desire to have	Pg229
MIND – SNAPPISH	Pg233
MIND – TALKING – sleep, in	Pg246
MIND – THOUGHTS – disconnected	Pg249
MIND – THOUGHTS – persistent	Pg250
MIND – TRANQUILITY	Pg254
MIND – WEEPING – consolation – amel	Pg264

4.3.2 Vertigo

VERTIGO – VERTIGO	Pg271
VERTIGO – ACCOMPANIED by: chest pain, in	R
VERTIGO – ACCOMPANIED by – head: pain in head	Pg272
<u>VERTIGO – DRINKS – cold drinks: amel</u>	N
VERTIGO – INTOXICATED, as if	Pg277
VERTIGO – MOTION – head, of	Pg278
VERTIGO – TURNING – head, whirling in	R

4.3.3 Head

HEAD – COLDNESS – internally	Pg286
HEAD – CONGESTION	Pg288
HEAD – CONTRACTION – occiput	R
HEAD – CONTRACTION – vertex	Pg292
HEAD – FULLNESS	Pg298
HEAD – FULLNESS – burst, as if would	Pg298
HEAD – HEAT	Pg301

HEAD – HEAT – flushes of:	Pg303
HEAD – HEAVINESS	Pg305
HEAD – HEAVINESS – accompanied by: eyes, heaviness of	R
HEAD – MOTIONS in head	Pg312
HEAD – MOTIONS in head – motions from	R
<i>HEAD – PAIN</i>	<i>Pg315</i>
HEAD – PAIN – accompanied by: nausea	Pg319
HEAD – PAIN – accompanied by: neck; pain in	Pg319
HEAD – PAIN – accompanied by: nose dry	R
HEAD – PAIN – closing eyes, compelled to	Pg322
HEAD – PAIN – cold: air: from	Pg322
HEAD – PAIN – light: general; from light in	Pg327
HEAD – PAIN – looking: fixedly at something	Pg327
HEAD – PAIN – motion: amel	Pg329
HEAD – PAIN – noise, from	Pg330
HEAD – PAIN – noise, from: sharp sounds	Pg330
HEAD – PAIN – periodical	Pg330
HEAD – PAIN – periodical: week: every	Pg330
HEAD – PAIN – pressure, external: amel	Pg331
HEAD – PAIN – extending to: ears: right	Pg338
HEAD – PAIN – extending to: jaws	Pg338
HEAD – PAIN – Forehead: eyes: above: extending to: occiput	R
<u>HEAD – PAIN – Forehead: eyes: above: extending to: backwards:</u>	
<u>as if connected by a rod</u>	N
HEAD – PAIN – forehead, in: right side	Pg339
HEAD – PAIN – forehead – left side: extending to: right side	Pg340
HEAD – PAIN – eye strain, from	Pg343
HEAD – PAIN – forehead – eyes: above	pg344
HEAD – PAIN – forehead – eyes above	Pg345
HEAD – PAIN – Forehead: eyes: above: extending to: head	Pg345
HEAD – PAIN – occiput	Pg347

HEAD – PAIN – Occiput: pulsating	Pg350
HEAD – PAIN – Occiput: extending to: back; down the	Pg351
HEAD – PAIN – Occiput: extending to: head: over whole head	Pg351
HEAD – PAIN – Occiput: extending to: neck: down back of neck	Pg351
HEAD – PAIN – Temples	Pg355
HEAD – PAIN – Temples: left	Pg355
HEAD – PAIN – Temples: right	Pg355
HEAD – PAIN – Vertex	Pg358
HEAD – PAIN – bursting: Temples: left	Pg366
HEAD – PAIN – drawing	Pg368
<u>HEAD – PAIN – drawing: Forehead: eyes above: extending to head</u>	N
HEAD – PAIN – dull pain	Pg372
HEAD – PAIN – dull pain: Forehead : eyes: over	Pg373
HEAD – PAIN – dull pain: Occiput	Pg373
HEAD – PAIN – dull; temples	Pg374
HEAD – PAIN – dull pain: Temples: right	R
HEAD – PAIN – dull pain: Temples: left	R
<u>HEAD – PAIN – dull pain: Temples: left: extending to: ear</u>	N
<u>HEAD – PAIN – dull pain; Temples; waking on</u>	N
HEAD – PAIN – dull pain: Vertex	Pg374
HEAD – PAIN – humming	Pg374
<u>HEAD – PAIN – noise from, humming</u>	N
HEAD – PAIN – pressing – Forehead Eyes: Above	Pg380
HEAD – PAIN – pressing: Forehead: right	Pg381
HEAD – PAIN – pressing: pressure on	Pg388
HEAD – PAIN – pulsating	Pg390
HEAD – PAIN – pulsating: Forehead	Pg391
HEAD – PAIN – Temples: pulsating, right side	R
<u>HEAD – PAIN – ringing: noise, from</u>	N
HEAD – PAIN – sharp	Pg391
HEAD – PAIN – sharp: right	Pg391

HEAD – PAIN – sharp: vertex	Pg391
HEAD – PAIN – sharp: left	R
<u>HEAD – PAIN – sharp: eye, left</u>	N
<u>HEAD – PAIN – sharp: eye, right</u>	N
HEAD – PERSPIRATION – Forehead	Pg411
HEAD – PERSPIRATION – Temples	Pg412
HEAD – SWASHING sensation	Pg421
HEAD – WAVING sensation – confusion, with	Pg423
<u>HEAD – WAVING sensation – vertigo, with</u>	N
HEAD – WAVING sensation – water in, as from	Pg423

4.3.4 Eye

EYE – DRYNESS	Pg430
EYE – HEAVINESS – lids	Pg434
EYE – HEAVINESS – lids – left	R
EYE – INFLAMATION – cold amel	Pg436
EYE – INFLAMATION – Lids – lower right	Pg438
EYE – ITCHING	Pg439
EYE – ITCHING – inner	Pg440
EYE – LACHRYMATION – right	Pg441
EYE – PAIN: – left	Pg444
<u>EYE – PAIN: dull, across eye, left</u>	N
EYE – PAIN: right	Pg444
<i>EYE – PAIN: burning</i>	<i>Pg449</i>
EYE – PAIN: closing lids: amel	Pg450
EYE – PAIN: burning – closing lids: amel	Pg450
EYE – PAIN: burning inner	Pg451
<u>EYE – PAIN: burning – dry as if</u>	N
EYE – PAIN – sand as from	Pg455

EYE – PAIN – sand as from – rubbing amel	R
<u>EYE – PAIN – sand as from – accompanied by – dry mouth</u>	N
EYE – PAIN: tearing	Pg458
EYE – PULLING sensation	Pg461
<u>EYE – PULLING sensation – inward</u>	N
<u>EYE – PULLING sensation – looking up amel</u>	N
EYE – SWELLING	Pg465
EYE – TWITCHING – around the eye	Pg468
EYE – WEAK – reading – while	Pg469
EYE – WINKING	Pg469

4.3.5 Vision

<i>VISION – BLURRED</i>	<i>Pg471</i>
VISION – BLURRED – reading	R
<u>VISION – BLURRED – reading – looking up amel</u>	N
VISION – BLURRED – writing, while	Pg471
VISION – DIM	Pg477
VISION – DIM – mucus, as if covered with	R
VISION – DIM – reading	Pg477
VISION – DIM – rubbing amel	Pg478
VISION – FOGGY	Pg480
VISION – HYPERMETROPIA	Pg481
VISION – WEAK	Pg486

4.3.6 Ear

EAR – DISCHARGES – right	Pg490
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EAR – DISCHARGES – serous	Pg491
<u>EAR – DISCHARGES – serous – right</u>	N
EAR – DISTENTION – sensation of distension in ear	Pg492
EAR – FULLNESS, sensation of	Pg494
EAR – FULLNESS, sensation of – right	R
EAR – HEAT	Pg494
EAR – Noises in – whistling: right	Pg507
EAR – PAIN – right	Pg508
EAR – PAIN – left	Pg508
EAR – PAIN – cutting – left	R
EAR – PAIN – cutting – right	R
EAR – PAIN – face with pain in	Pg509
EAR – PAIN – behind the ear – right	Pg512
EAR – PAIN – behind the ear	Pg512
EAR – PAIN – behind the ear extending to neck, down	Pg512
EAR – PAIN – Mastoid	Pg512
EAR – PAIN – pressing	R
EAR – STOPPED sensation	Pg522
EAR – STOPPED sensation – right	Pg522

4.3.7 Hearing

HEARING – ACUTE	Pg527
<u>HEARING – ACUTE – sounds – to all</u>	N
HEARING – IMPAIRED	Pg528

4.3.8 Nose

NOSE – CONTRACTION	R
NOSE – DISCHARGE: watery	Pg541
<u>NOSE – DISCHARGE – watery – air, during inspiration</u>	N
NOSE – DRYNESS – inside	Pg543
NOSE – DRYNESS – inside – painful	Pg544
<u>NOSE – DRYNESS – inside – accompanied by headache</u>	N
<u>NOSE – ITCHING – cold amel</u>	N
NOSE – ITCHING	Pg549
NOSE – OBSTRUCTION	Pg551
NOSE – OBSTRUCTION – one side	Pg551
NOSE – OBSTRUCTION – right	Pg551
NOSE – OBSTRUCTION – rising from bed amel	R
NOSE – OBSTRUCTION – blowing: amel	Pg552
NOSE – OBSTRUCTION – breathe through mouth, must	R
NOSE – OBSTRUCTION – discharge with	Pg552
<u>NOSE – OBSTRUCTION – coughing: amel</u>	N
NOSE – OBSTRUCTION – Posterior nares	Pg553
NOSE – OBSTRUCTION – Root – painful	Pg553
NOSE – PAIN – dryness, from	Pg554
NOSE – PAIN – headache, with	Pg554
NOSE – PAIN – extending to: head:	Pg555
NOSE – PAIN – Root	Pg555
<u>NOSE – PAIN – Root – accompanied by dryness</u>	N
<u>NOSE – PAIN – burning; extending to pharynx</u>	N
NOSE – PAIN – Sinus	Pg555
NOSE – PAIN – burning, smarting:	Pg556
NOSE – PAIN – burning, smarting: root	Pg556
NOSE – PAIN – burning, smarting: Root: inside	Pg556
NOSE – PAIN – dull	Pg557

NOSE – SINUSES, complaints of	Pg561
<u>NOSE – SINUSES – complaints of – dryness</u>	N

4.3.9 Face

FACE – CONTRACTION – eyes around	R
FACE – DISCOLOURATION – pale	Pg573
FACE – PAIN – jaw	Pg604
<u>FACE – PAIN – aching; jaw</u>	N
FACE – PAIN – jaw; articulation: rheumatic	Pg604
FACE – PERSPIRATION	Pg613
FACE – PERSPIRATION – fever, during	R

4.3.10 Mouth

MOUTH – BLEEDING – gums	Pg624
MOUTH – BLEEDING – gums; pain with	Pg625
MOUTH – BURNS: tongue – sensation as if tongue has been burnt	Pg625
<i>MOUTH – DRYNESS</i>	<i>Pg637</i>
MOUTH – DRYNESS – lips	Pg639
MOUTH – DRYNESS – lips; day	N
MOUTH – DRYNESS – thirst with	R
MOUTH – PAIN – burning	Pg650
MOUTH – PAIN – burning – Tongue	Pg650
MOUTH – PAIN – sore palate: soft palate	Pg653
MOUTH – PAIN – tongue; frenulum	Pg654
MOUTH – PAIN – tongue; right side	Pg654
<i>MOUTH – TASTE – bitter</i>	<i>Pg667</i>

MOUTH – TASTE – bitter – nausea with	R
MOUTH – TASTE – sour	Pg672
MOUTH – ULCERS – painful: touch to	Pg675
MOUTH – ULCERS – lips; inside of	Pg676
MOUTH – ULCER – painful – sore, smarting	R

4.3.11 Teeth

TEETH – SENSITIVE	Pg696
TEETH – SENSITIVE – touch to	Pg696
<u>TEETH – SENSITIVE – touch of lower and upper teeth</u>	N

4.3.12 Throat

<u>THROAT – air bubble in oesophagus; sensation of</u>	N
<u>THROAT – air bubble in oesophagus; sensation of, burping amel</u>	N
<u>THROAT – air bubble in oesophagus; sensation of, eating after</u>	N
<u>THROAT – air bubble in oesophagus; sensation of, lying down agg</u>	N
<u>THROAT – air bubble in oesophagus; sensation of, sitting amel</u>	N
THROAT – DISCOLORATION – white; tonsils	R
THROAT – DRYNESS	Pg702
THROAT – DRYNESS – painful	Pg704
THROAT – HAWK; disposition to	Pg705
THROAT – HAWK; disposition to – mucus in throat; from thick	Pg706
THROAT – HAWK; disposition to – talking while	Pg706
THROAT – INFLAMATION – right	Pg706
THROAT – INFLAMATION – Tonsils	Pg707
<u>THROAT – INFLAMATION – Tonsils waking on</u>	N

THROAT – MUCUS	Pg710
THROAT – MUCUS – morning	Pg710
THROAT – MUCUS – tenacious	Pg710
THROAT – MUCUS – thick	Pg711
<i>THROAT – PAIN</i>	<i>Pg712</i>
THROAT – PAIN – right	Pg712
THROAT – PAIN – morning	Pg712
THROAT – PAIN – morning - waking	Pg712
THROAT – PAIN – Pharynx	Pg715
<u>THROAT – PAIN – Pharynx – upper part</u>	N
THROAT – PAIN – burning – dryness; with	Pg715
THROAT – PAIN – Rawness	Pg718
THROAT – PAIN – Rawness; swallowing, when	Pg718
<u>THROAT – PAIN – Rawness; inspiration on</u>	N
THROAT – PAIN – scratching	Pg718
THROAT – PAIN – sore	Pg718
THROAT – ROUGHNESS	Pg722
THROAT – SCRATCHING	Pg723
THROAT – SWALLOW; constant disposition to	Pg724

4.3.13 External throat

EXTERNAL THROAT – SWELLING – cervical glands	Pg734
<u>EXTERNAL THROAT – SWELLING – cervical glands; right</u>	N
EXTERNAL THROAT – SWELLING – cervical glands: painful: touch; to	Pg734

4.3.14 Stomach

STOMACH – APPETITE – capricious	Pg737
<i>STOMACH – APPETITE – diminished</i>	<i>Pg738</i>
STOMACH – APPETITE – diminished – accompanied by: nausea	R
STOMACH – APPETITE – diminished; fatigue; during	Pg738
STOMACH – APPETITE – easy satiety	Pg738
STOMACH – APPETITE – increased	Pg738
STOMACH – APPETITE – increased; waking, on	Pg740
STOMACH – APPETITE – wanting; hunger, with	Pg742
STOMACH – DISTENTION	Pg746
<u>STOMACH – DISTENTION – walking difficult</u>	N
STOMACH – GURGLING	Pg759
<i>STOMACH – NAUSEA</i>	<i>Pg766</i>
STOMACH – NAUSEA – drinks, warm	Pg770
STOMACH – NAUSEA – eating after	Pg770
STOMACH – NAUSEA – eating amel	Pg770
STOMACH – NAUSEA – Food, smell of	Pg771
STOMACH – NAUSEA – pain, during	Pg772
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STOMACH – PAIN – lying: amel	Pg779
STOMACH – PAIN – nausea, during	Pg780
STOMACH – PAIN – cramping	Pg784
<u>STOMACH – PAIN – cramping: standing agg</u>	N
STOMACH – PAIN – stitching	Pg790
STOMACH – PAIN – stitching: left	R
STOMACH – THIRST	Pg796
STOMACH – THIRST – extreme	Pg797
STOMACH – THIRSTLESS	Pg799

4.3.15 Abdomen

<i>ABDOMEN – DISTENSION</i>	<i>Pg818</i>
ABDOMEN – DISTENSION – eating, after	Pg818
ABDOMEN – FLATULENCE – accompanied by distension	Pg823
<i>ABDOMEN – PAIN</i>	<i>Pg832</i>
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ABDOMEN – PAIN – Twisting	Pg883

4.3.16 Rectum

RECTUM – FULLNESS – perineum	Pg910
RECTUM – ITCHING – anus; around	Pg915
RECTUM – PAIN – burning	Pg918
RECTUM – PAIN – burning, perineum	Pg920

4.3.17 Stool

STOOL – BLOODY	Pg931
STOOL – copious	Pg932
STOOL – DARK	Pg933
STOOL – YELLOW	Pg942
STOOL – ODOUR; eggs, like rotten	Pg937

4.3.18 Bladder

BLADDER – URINATION – dribbling, sensation of	R
BLADDER – URINATION – dribbling	Pg954
BLADDER – URINATION – involuntary; lying while	Pg958
BLADDER – URINATION – involuntary; walking amel	Pg959
BLADDER – URINATION – involuntary; standing while	Pg959

4.3.19 Urine

URINE – COLOUR – dark	Pg984
URINE – COLOUR – yellow, dark	Pg987

4.3.20 Female genitalia / Sex

<u>FEMALE GENTITALIA/SEX – FLATUS in uterus – sensation as if</u>	N
FEMALE GENTITALIA/SEX – FULLNESS	R
FEMALE GENTITALIA/SEX – MENSES – appear suddenly	R
FEMALE GENTITALIA/SEX – MENSES – clotted	Pg1045
FEMALE GENTITALIA/SEX – MENSES – copious	Pg1045
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FEMALE GENTITALIA/SEX – PAIN – ovaries – pressure amel	Pg1060
FEMALE GENTITALIA/SEX – PAIN – cramping	Pg1066

<u>FEMALE GENTITALIA/SEX – PAIN – cramping; bending forward amel</u>	N
<u>FEMALE GENTITALIA/SEX – PAIN – cramping; pressure amel</u>	N
FEMALE GENTITALIA/SEX – PAIN – pressing, uterus	R

4.3.22 Larynx and trachea

LARYNX AND TRACHEA – VOICE – hoarseness	Pg1090
LARYNX AND TRACHEA – VOICE – hoarseness, mucus in larynx	Pg1091

4.3.21 Respiration

<i>RESPIRATION – DIFFICULT</i>	<i>Pg1100</i>
RESPIRATION – DIFFICULT – morning; waking, on	Pg1101
RESPIRATION – DIFFICULT – gasping, with	Pg1104
<u>RESPIRATION – DIFFICULT – accompanied by, yawning</u>	N
RESPIRATION – GASPING	Pg1108

4.3.23 Chest

CHEST – ANGINA	Pg1159
CHEST – ANXIETY in	Pg1159
CHEST – HEART; complaints of the	Pg1171
CHEST – HEART; complaints of the, accompanied by, upper limb – left, numbness	R
CHEST – HEART; complaints of the, accompanied by vertigo	R
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CHEST – HEAT – flushes of	Pg1172

CHEST – OPRESSION	Pg1179
<i>CHEST – PAIN</i>	<i>Pg1182</i>
CHEST – PAIN – Heart	Pg1186
CHEST – PAIN – Heart – night: lying: down	Pg1186
CHEST – PAIN – Heart – extending to: arm: left	Pg1187
CHEST – PAIN – Mammae – left	Pg1189
<u>CHEST – PAIN – Mammae – left: extending to: axilla</u>	N
CHEST – PAIN – Mammae – pressure: amel: hand, with	Pg1189
CHEST – PAIN – middle	Pg1190
CHEST – PAIN – burning	Pg1194
CHEST – PAIN – burning, lower part	Pg1195
CHEST – PAIN – burning, lower part	R
CHEST – PAIN – crushing, sternum behind	R
<u>CHEST – PAIN – crushing, as if heel crushing on chest; pressure amel</u>	N
CHEST – PALPITATION of heart	Pg1218
CHEST – PALPITATION of heart – accompanied by – anxiety, with	Pg1219
CHEST – PALPITATION of heart – irregular	Pg1220
CHEST – PERSPIRATION – Axilla; offensive	Pg1224

4.3.24 Back

BACK – ITCHING – right	Pg1239
BACK – ITCHING – Cervical region	Pg1240
<u>BACK – ITCHING – Cervical region – sensation as if hair was tickling</u>	N
BACK – PAIN – Dorsal – scapulae: right	Pg1250
BACK – PERSIPRATION – cervical region	Pg1290
BACK – PERSIPRATION – cervical region – fever, during	R
BACK – STIFFNESS	Pg1292
<u>BACK – STIFFNESS – Cervical region: pressure, amel</u>	N
<u>BACK – STIFFNESS – Cervical region: massage, amel</u>	N

BACK – STIFFNESS – Cervical region: right	Pg1293
BACK – STIFFNESS – Cervical region: waking, on	Pg1293
BACK – STIFFNESS – Dorsal region	Pg1294
<u>BACK – STIFFNESS – Dorsal region – right</u>	N
BACK – TENSION	Pg1294
BACK – TENSION – right	Pg1294
BACK – TENSION – Dorsal region	Pg1295
<u>BACK – TENSION – Dorsal region – right</u>	N
BACK – TWITCHING	Pg1296
BACK – TWITCHING – left	Pg1296
BACK – TWITCHING – Dorsal region: scapulae	Pg1296

4.3.25 Extremities

EXTREMITIES – AWKWARDNESS – lower limbs: knocks against things	Pg1300
<u>EXTREMITIES – AWKWARDNESS – lower limbs: trips over things</u>	R
EXTREMITIES – BANDAGED, sensation as if: Knee	Pg1300
<u>EXTREMITIES – BANDAGED, sensation as if: Knee – left</u>	N
EXTREMITIES – CONSTRICTION – knee	Pg1313
<u>EXTREMITIES – CONSTRICTION – knee – left</u>	N
<u>EXTREMITIES – CONSTRICTION – knee – extend to calf</u>	N
EXTREMITIES – CONSTRICTION – knee – band, as from a	R
EXTREMITIES – CONTRACTION – left	Pg1314
EXTREMITIES – CONTRACTION – Knee	Pg1315
EXTREMITIES – CRAMPING: calf	Pg1322
EXTREMITIES – CRAMPING: leg, calf	R
EXTREMITIES – CRAMPING: calf – Tendo Achillis	Pg1322
EXTREMITIES – ERUPTIONS – Forearm: itching	Pg1337
EXTREMITIES – ERUPTIONS – Forearm: vesicles – itching	Pg1337
EXTREMITIES – ERUPTIONS – hand	Pg1339

EXTREMITIES – ERUPTIONS – hand: back of – vesicles	Pg1339
EXTREMITIES – ERUPTIONS – hand: back of – vesicles; discharging watery	Pg1340
EXTREMITIES – ERUPTIONS – thigh	Pg1343
EXTREMITIES – ERUPTIONS – thigh: itching	Pg1343
EXTREMITIES – ERUPTIONS – leg; vesicles	Pg1344
EXTREMITIES – ERUPTIONS – thigh: vesicles	Pg1344
EXTREMITIES – ERUPTIONS – thigh: vesicles; itching	R
EXTREMITIES – HEAT – foot	Pg1358
EXTREMITIES – HEAVINESS	Pg1358
EXTREMITIES – HEAVINESS – Lower limbs	Pg1358
EXTREMITIES – HEAVINESS – Lower limbs – night	Pg1359
EXTREMITIES – HEAVINESS – Lower limbs – night	R
EXTREMITIES – ITCHING – Foot; night	Pg1370
EXTREMITIES – ITCHING – Foot, sole of: right	Pg1371
EXTREMITIES – ITCHING – Toes; between	Pg1372
EXTREMITIES – ITCHING – Toes; fourth	Pg1372
EXTREMITIES – ITCHING – Toes; third	Pg1372
EXTREMITIES – LAMNESS: upper limbs	Pg1374
EXTREMITIES – LAMNESS: upper limbs – left	Pg1374
EXTREMITIES – LAMNESS: lower limbs: leg – left	Pg1380
<i>EXTREMITIES – NUMBNESS – upper limbs</i>	<i>Pg1381</i>
EXTREMITIES – NUMBNESS – Shoulder	Pg1382
<u>EXTREMITIES – NUMBNESS – Shoulder: extending to lower arm</u>	N
EXTREMITIES – NUMBNESS – Forearm	Pg1382
EXTREMITIES – NUMBNESS – Forearm: left	Pg1382
EXTREMITIES – NUMBNESS – Hand	Pg1382
EXTREMITIES – NUMBNESS – Hand – left	Pg1382
<u>EXTREMITIES – NUMBNESS – Hand – left; lying on left; agg</u>	N
EXTREMITIES – NUMBNESS – Hand – left; lying on right; amel	Pg1383
EXTREMITIES – NUMBNESS – Hand: morning; waking on	Pg1383

EXTREMITIES – NUMBNESS – Hand: motion; amel	Pg1383
<u>EXTREMITIES – NUMBNESS – Hand: rubbing; amel</u>	N
EXTREMITIES – NUMBNESS – Hand: waking on	Pg1383
EXTREMITIES – NUMBNESS – Fingers: Thumb – left	Pg1384
EXTREMITIES – NUMBNESS – Foot	Pg1386
<i>EXTREMITIES – PAIN</i>	<i>Pg1388</i>
EXTREMITIES – PAIN – Elbow: left	Pg1400
EXTREMITIES – PAIN – Elbow: motion: agg	Pg1400
EXTREMITIES – PAIN – Elbow: paralytic	Pg1400
EXTREMITIES – PAIN – Elbow: warmth: amel	Pg1401
EXTREMITIES – PAIN – Elbow: extending to hand	Pg1401
EXTREMITIES – PAIN – Elbow: extending to shoulder	Pg1401
EXTREMITIES – PAIN – Fingers: rheumatic	Pg1404
EXTREMITIES – PAIN – Fingers: joints	Pg1404
EXTREMITIES – PAIN – lower limbs – Hip: right	Pg1411
EXTREMITIES – PAIN – Knee	Pg1415
EXTREMITIES – PAIN – Knee – right	Pg1415
EXTREMITIES – PAIN – Knee: rubbing amel	Pg1416
EXTREMITIES – PAIN – Foot: right	Pg1421
EXTREMITIES – PAIN – Foot: sole: motion amel	Pg1422
EXTREMITIES – PAIN – Foot: sole: walking while	Pg1422
EXTREMITIES – PAIN – Foot: sole: hollow of the	Pg1422
EXTREMITIES – PAIN – aching: Knee	Pg1426
EXTREMITIES – PAIN – aching: Knee – motion: amel	Pg1426
<u>EXTREMITIES – PAIN – aching: Knee – rest: agg</u>	N
<u>EXTREMITIES – PAIN – aching: Knee – rubbing: amel</u>	N
<u>EXTREMITIES – PAIN – aching: Knee – warmth: amel</u>	N
EXTREMITIES – PAIN – burning	Pg1431
EXTREMITIES – PAIN – burning: shoulder – left	Pg1432
EXTREMITIES – PAIN – burning: forearm	Pg1432
EXTREMITIES – PAIN – burning: hand – back of	Pg1433

EXTREMITIES – PAIN – burning: hand – back of: joints	Pg1433
<u>EXTREMITIES – PAIN – burning: hand – back of</u> <u>: fourth and fifth fingers; between</u>	N
EXTREMITIES – PAIN – burning: hand: left	Pg1433
EXTREMITIES – PAIN – burning: fingers – first joints	Pg1434
EXTREMITIES – PAIN – burning: fingers – first joints proximal	Pg1434
EXTREMITIES – PAIN – burning: Knee	Pg1435
EXTREMITIES – PAIN – cutting	Pg1438
EXTREMITIES – PAIN – cutting: foot: sole: hollow of	Pg1439
EXTREMITIES – PAIN – dull: Knee: right	Pg1454
EXTREMITIES – PAIN – shooting: Knee	Pg1464
<u>EXTREMITIES – PAIN – shooting: Knee – rubbing amel</u>	N
EXTREMITIES – PAIN – stitching: foot: sole: hollow of	Pg1488
EXTREMITIES – PAIN – shoulder: left	Pg1497
EXTREMITIES – PERSPIRATION – Hand: clammy	Pg1513
EXTREMITIES – PERSPIRATION – Hand: palm	Pg1513
EXTREMITIES – PERSPIRATION – upper limbs	Pg1513
EXTREMITIES – PERSPIRATION – Joints, bends of	Pg1513
EXTREMITIES – STIFFNESS – Joints	Pg1523
EXTREMITIES – STIFFNESS: calf	Pg1526
<u>EXTREMITIES – STIFFNESS: calf – left</u>	N
EXTREMITIES – SWELLING – Foot: hot	Pg1532
<u>EXTREMITIES – TINGLING – electric current; as if</u>	N
EXTREMITIES – TREMBLING – Knee	Pg1544
EXTREMITIES – TREMBLING – Knee – left	R
<i>EXTREMITIES – WEAKNESS</i>	<i>Pg1554</i>
EXTREMITIES – WEAKNESS – Hand	Pg1556
EXTREMITIES – WEAKNESS – Lower limbs:	Pg1557
EXTREMITIES – WEAKNESS – Hand: left	Pg1557
EXTREMITIES – WEAKNESS – Hand: grasping objects	Pg1557
EXTREMITIES – WEAKNESS – Lower limbs: eating agg	R

4.3.26 Sleep

SLEEP – DEEP	Pg1564
SLEEP – DISTURBED – anxiety, from	Pg1565
SLEEP – DISTURBED – noise, by the slightest	Pg1566
SLEEP – DISTURBED – perspiration, by	Pg1566
SLEEP – FALLING ASLEEP – afternoon	Pg1568
SLEEP – FALLING ASLEEP – difficult	Pg1569
SLEEP – LIGHT – hears every sound	Pg1571
SLEEP – NEED OF SLEEP – great	Pg1571
SLEEP – POSITION: back, on	Pg1572
SLEEP – POSITION: back, on – arms: head; lying over	R
SLEEP – RESTLESS	Pg1574
SLEEP – SLEEPLESSNESS	Pg1584
SLEEP – SLEEPLESSNESS – noise, from slight	Pg1591
SLEEP – SLEEPLESSNESS – perspiration: with	Pg1592
SLEEP – SLEEPLESSNESS – thoughts: activity of thoughts, from	Pg1594
SLEEP – UNREFRESHING	Pg1595
SLEEP – WAKING – early; too	Pg1597
SLEEP – WAKING – late; too	Pg1599
SLEEP – YAWNING – morning	Pg1601

4.3.27 Dreams

<u>DREAMS – ABUSE: others; of</u>	N
DREAMS – ACCIDENTS	Pg1607
DREAMS – ADVENTUROUS	Pg1607
DREAMS – AGGRESSIVE	Pg1607
DREAMS – AMOUROUS	Pg1607

DREAMS – ANGER	Pg1608
DREAMS – ANIMALS	Pg1608
DREAMS – ANIMALS – fighting with animals	R
DREAMS – ATTACHED, of being	Pg1610
DREAMS – CRUELTY	Pg1615
DREAMS – ENTERTAINMENT	Pg1620
DREAMS – ESCAPING	Pg1620
DREAMS – EXPLOSIONS	Pg1621
DREAMS – FIGHTING	Pg1622
DREAMS – FIGHTS	Pg1622
DREAMS – FLEEING	Pg1622
DREAMS – FOREST	Pg1623
DREAMS – FRIGHTFUL	Pg1624
DREAMS – HELPING	Pg1625
DREAMS – HELPING – people: distress; in	R
DREAMS – JOURNEYS	Pg1627
DREAMS – JOURNEYS – difficulties; with	Pg1627
DREAMS – KILLING	Pg1628
<u>DREAMS – PHOTOS, moving</u>	N
DREAMS – PURSUED; being	Pg1633
DREAMS – RIVERS	R
DREAMS – SEA	Pg1636
DREAMS – SEXUAL	Pg1636
<u>DREAMS – SLEEP, unable to</u>	N
DREAMS – SNAKES	Pg1637
DREAMS – SOLIDER	Pg1637
<u>DREAMS – JOURNEYS</u>	R
DREAMS – TUNNEL	Pg1639
DREAMS – UNIMPORTANT	Pg1640
DREAMS – UNREMEMBERED	Pg1640
DREAMS – VIOLENCE	Pg1641

<u>DREAMS – WALKING – walls, through</u>	N
DREAMS – WAR	Pg1642
DREAMS – WATER	Pg1642
DREAMS – WATER – muddy	Pg1642
DREAMS – WATER – waterfalls	Pg1642
DREAMS – WEDDING	Pg1642
DREAMS – WEEPING	Pg1643
DREAMS – WOUNDED, being	Pg1643

4.3.28 Chill

CHILL – In general	Pg1645
CHILL – NAUSEA, with	Pg1655
CHILL – SHAKING	Pg1656

4.3.29 Fever

FEVER – CHILL, with	Pg1666
FEVER – PERSPIRATION – heat, with	Pg1670
FEVER – PERSPIRATION – palm	R
FEVER – MILD, fever	Pg1670
FEVER – MORNING – waking, on	Pg1671
FEVER – MORNING – chilliness, with	Pg1671
<u>FEVER – MORNING – water, amel</u>	N
<u>FEVER – MORNING – cold, amel</u>	N

4.3.30 Perspiration

<i>PERSPIRATION – in general</i>	<i>Pg1677</i>
PERSPIRATION – NIGHT – midnight	Pg1678
PERSPIRATION – CLAMMY	Pg1679
PERSPIRATION – HOT	Pg1682
PERSPIRATION – ODOR – offensive	Pg1683
PERSPIRATION – SLEEP – during	Pg1686

4.3.31 Skin

SKIN – BURNING – scratching, after	Pg1690
SKIN – ERUPTIONS – blisters: itching	Pg1696
SKIN – ERUPTIONS – crusty, yellow	Pg1698
SKIN – ERUPTIONS – discharging, yellow	Pg1698
SKIN – ERUPTIONS – discharge; sticky	R
<u>SKIN – ERUPTIONS – crusty, center</u>	N
SKIN – ERUPTIONS – crusty	Pg1698
SKIN – ERUPTIONS – itching	Pg1701
SKIN – ERUPTIONS – rash	Pg1705
SKIN – ERUPTIONS – transparent	Pg1708
SKIN – ERUPTIONS – vesicular	Pg1710
SKIN – ERUPTIONS – vesicular: itching	Pg1710
SKIN – ERUPTIONS – vesicular: crusty	Pg1710
SKIN – ERUPTIONS – vesicular: small	Pg1711
SKIN – ERUPTIONS – vesicular: watery	Pg1711
SKIN – EXCORIATION – scratching after/must scratch it raw	Pg1712
SKIN – ITCHING – scratching; agg	Pg1717
SKIN – ITCHING – scratching: raw; must scratch until it's	Pg1717

<u>SKIN – ITCHING – heat; agg</u>	N
SKIN – ITCHING – scratching: amel	Pg1717
SKIN – ITCHING – stinging	Pg1718
<u>SKIN – ITCHING – tickling: hair, as if from</u>	N
SKIN – PAIN – stinging	Pg1719

4.3.32 Generals

GENERALS – ALLERGIC CONSTITUTION: dust; to	Pg1739
GENERALS – FOOD AND DRINK – bread; desire butter, and	Pg1783
GENERALS – FOOD AND DRINK – cold drinks, cold water: desire	Pg1785
GENERALS – FOOD AND DRINK – food; aversion	Pg1789
GENERALS – FOOD AND DRINK – food: aversion: accompanied by: hunger	Pg1789
GENERALS – FOOD AND DRINK – food – salt: desire	Pg1796
GENERALS – HEAT – flushes of	Pg1805
GENERALS – HEAT – flushes of: perspiration; with	Pg1805
GENERALS – HEAT – sensation of	Pg1806
GENERALS – HEATED, becoming	Pg1807
GENERALS – INFLAMATION – sinus – weather: changes of cold/wet	Pg1813
GENERALS – INFLAMATION – sinuses	Pg1813
GENERALS – ODOUR OF THE BODY	Pg1832
<u>GENERALS – OLD AGE – sensation as if old</u>	N
GENERALS – PAIN – Muscles, of	Pg1836
GENERALS – SICK FEELING	Pg1868
GENERALS – STRENGTH, sensation of	Pg1875
<i>GENERALS – WEAKNESS</i>	<i>Pg1895</i>
GENERALS – WEAKNESS – afternoon	Pg1897
<u>GENERALS – WEAKNESS – accompanied by yawning</u>	N
GENERALS – WEAKNESS – evening: 18h	Pg1896

4.4 New rubrics

4.3.1 Mind

<u>MIND - ANGER - cruelties from</u>	N
<u>MIND – CONCENTRATION – difficult – outside, would rather be</u>	N
<u>MIND – CONSOLATION – desire</u>	N
<u>MIND – CONFUSION of mind – left and right</u>	N
<u>MIND – DIRTY – desire to get hands</u>	N
<u>MIND – WHOLE – feeling of being</u>	N

4.3.2 Vertigo

<u>VERTIGO – DRINKS – cold drinks: amel</u>	N
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4.3.3 Head

<u>HEAD – PAIN – Forehead: eyes: above: extending to: occipit:</u>	
<u>as if connected by a rod</u>	N
<u>HEAD – PAIN – drawing: Forehead: eyes above: extending to head</u>	N
<u>HEAD – PAIN – dull pain: Temples: left: extending to: ear</u>	N
<u>HEAD – PAIN – dull; temples; waking on</u>	N
<u>HEAD – PAIN – humming: noise, from</u>	N
<u>HEAD – PAIN – ringing: noise, from</u>	N

<u>HEAD – PAIN – sharp: radiating to left eye</u>	N
<u>HEAD – PAIN – sharp: radiating to right eye</u>	N
<u>HEAD – WAVING sensation – vertigo, with</u>	N

4.3.4 Eye

<u>EYE – PAIN: dull, across left eye</u>	N
<u>EYE – PAIN: burning – dry as if</u>	N
<u>EYE – PAIN – sand as from – accompanied by – dry mouth</u>	N
<u>EYE – PULLING sensation – inward</u>	N
<u>EYE – PULLING sensation – looking up amel</u>	N

4.3.5 Vision

<u>VISION – BLURRED – reading – looking up amel</u>	N
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4.3.6 Ear

<u>EAR – DISCHARGES – serous – right</u>	N
<u>EAR – PAIN – cutting – left</u>	N
<u>EAR – PAIN – cutting – right</u>	N

4.3.7 Hearing

<u>HEARING – ACUTE – sounds – to all</u>	N
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4.3.8 Nose

<u>NOSE – ITCHING – cold amel</u>	N
<u>NOSE – OBSTRUCTION – coughing: amel</u>	N
<u>NOSE – DISCHARGE – watery – air, during inspiration</u>	N
<u>NOSE – PAIN – burning; extending to pharynx</u>	N
<u>NOSE – PAIN – Root – accompanied by dryness</u>	N
<u>NOSE – SINUSES – complaints of – dry sensation</u>	N

4.3.9 Face

<u>FACE – PAIN – jaw; aching</u>	N
<u>FACE – CONTRACTION – eyes around</u>	N

4.3.10 Teeth

<u>TEETH – SENSITIVE – touch of lower and upper; awareness of</u>	N
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4.3.11 Throat

<u>THROAT – air bubble in oesophagus; sensation of</u>	N
<u>THROAT – air bubble in oesophagus; sensation of, burping amel</u>	N
<u>THROAT – air bubble in oesophagus; sensation of, eating after</u>	N
<u>THROAT – air bubble in oesophagus; sensation of, lying down agg</u>	N
<u>THROAT – air bubble in oesophagus; sensation of, sitting amel</u>	N
<u>THROAT – INFLAMMATION – Tonsils waking on</u>	N

<u>THROAT – PAIN – Pharynx – upper part</u>	N
<u>THROAT – PAIN – Rawness; inspiration on</u>	N

4.3.12 External throat

<u>EXTERNAL THROAT – SWELLING – cervical glands; right</u>	N
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4.3.13 Stomach

<u>STOMACH – DISTENTION – walking difficult</u>	N
<u>STOMACH – PAIN – cramping; standing agg</u>	N

4.3.14 Bladder

<u>BLADDER – URINATION – dribbling, sensation of</u>	N
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4.3.15 Female genitalia / Sex

<u>FEMALE GENTITALIA/SEX – PAIN – cramping; bending forward amel</u>	N
<u>FEMALE GENTITALIA/SEX – PAIN – cramping; pressure amel</u>	N
<u>FEMALE GENTITALIA/SEX – FLATUS in uterus – sensation as if</u>	N

4.3.16 Respiration

RESPIRATION – DIFFICULT – accompanied by, yawning N

4.3.17 Chest

CHEST – PAIN – Mammae – left: extending to: axilla N

CHEST – PAIN – crushing, as if heel crushing on chest; pressure amel N

4.3.18 Back

BACK – ITCHING – Cervical region – sensation as if hair was tickling N

BACK – STIFFNESS – Cervical region: pressure, amel N

BACK –STIFFNESS – Cervical region: massage, amel N

BACK – STIFFNESS – Dorsal region – right N

BACK – TENSION – Dorsal region – right N

4.3.19 Extremities

EXTREMITIES – BANDAGED, sensation as if: Knee – left N

EXTREMITIES – CONSTRICTION – knee – left N

EXTREMITIES – CONSTRICTION – knee – extend to calf N

EXTREMITIES – NUMBNESS – Shoulder: extending to lower arm N

EXTREMITIES – NUMBNESS – Hand – left; lying on left; agg N

EXTREMITIES – NUMBNESS – Hand: rubbing; amel N

EXTREMITIES – PAIN – shooting: Knee – rubbing amel N

<u>EXTREMITIES – PAIN – aching: Knee – rest: agg</u>	N
<u>EXTREMITIES – PAIN – aching: Knee – rubbing: amel</u>	N
<u>EXTREMITIES – PAIN – aching: Knee – warmth: amel</u>	N
<u>EXTREMITIES – PAIN – burning: hand – back of</u> <u>: fourth and fifth fingers; between</u>	N
<u>EXTREMITIES – STIFFNESS: calf – left</u>	N
<u>EXTREMITIES – TINGLING – electric current; as if</u>	N

4.3.20 Dreams

<u>DREAMS – ABUSE: others; of</u>	N
<u>DREAMS – PHOTOS, moving</u>	N
<u>DREAMS – SLEEP, unable to</u>	N
<u>DREAMS – WALKING – walls, through</u>	N

4.3.21 Fever

<u>FEVER – PERSPIRATION – palms</u>	N
<u>FEVER – MORNING – water, amel</u>	N
<u>FEVER – MORNING – cold, amel</u>	N

4.3.22 Skin

<u>SKIN – ERUPTIONS – crusty, center</u>	N
<u>SKIN – ITCHING – heat; agg</u>	N
<u>SKIN – ITCHING – tickling: hair, as if from</u>	N

4.3.23 Generals

GENERALS – OLD AGE – sensation as if old

N

GENERALS – WEAKNESS – accompanied by yawning

N

CHAPTER 5:

Discussion

5.1 Introduction

This chapter is dedicated to the discussion of the symptoms produced in the proving of *Loxodonta africana*.

A total of 322 rubrics were retrieved from the symptoms expressed by the provers. Of these 58 rubrics are new rubrics, previously not listed in Synthesis, 7th Edition (Schroyens, 1997).

SYSTEM	TOTAL	NEW	SYSTEM	TOTAL	NEW
Mind	114	6	Stool	5	0
Vertigo	7	1	Bladder	5	1
Head	80	9	Urine	2	0
Eye	27	5	Female	16	3
Vision	12	1	Larynx	2	0
Ear	23	3	Respiration	5	1
Hearing	3	1	Chest	25	2
Nose	32	6	Back	20	5
Face	6	2	Extremities	107	13
Mouth	17	2	Sleep	19	0
Teeth	3	1	Dreams	44	4
Throat	34	8	Chill	3	0
Ext Throat	3	1	Fever	8	3
Stomach	29	2	Perspiration	6	0
Abdomen	10	0	Skin	23	3
Rectum	4	0	Generals	22	2

5.2 The remedy abbreviation

The researcher suggests that *Loxodonta africana* be abbreviated Loxo-a, in accordance with the binary system described in *Synthesis*, 7th Edition (Schroyens, 1997).

5.3 The symptoms

The symptoms that arose during the proving of *Loxodonta africana* will be discussed under the relevant heading, according to the system affected.

5.3.1 Mind

Mind symptoms have been categorized into various themes and will be discussed accordingly.

Anger:

Four provers experienced anger associated with feelings of frustration, irritation and annoyance. The anger was not a violent expressive anger but was rather in a suppressed term of internal anger.

Company aversion / Desire:

Contradictory feelings of a desire for company and an aversion to company were experienced. Prover 15 and 22 both expressed a desire for company as opposed to other provers including prover 22 who did not wish to communicate or be around others.

Concentration difficult / Confusion:

Eight provers experienced difficulty in concentration or confusion, expressed as an inability to focus, not being able to make sense of things, mixing days/months, a separation of body and mind and forgetfulness.

Content:

Three provers described a sense of contentment with life and themselves. Feelings of calmness, balance, wholeness and inner peace were experienced.

Depression / Disinterested:

Provers 3 and 4 experienced a depression though prover 3 was a lot more melancholic which prompted the disinterest.

Nature / Connected:

Prover 22 experienced a strong desire to be outside and to garden, which made her feel fulfilled. Though no other provers experienced this theme it was highly significant to this prover.

Overwhelming emotions / Emotionless / Suppressed emotions:

Four provers experienced a variety of emotional states. Prover 3 experienced a depressive state that was internalized and hidden from others. Prover 5 experienced cold and callous thoughts with a desire to inflict harm on others. Prover 10 experienced an anxiety that led to a mild hysteria. Prover 12 was affected by things that would usually have no affect resulting in anger, but was unable to express this anger.

Tired / Active:

Five provers described a state of exhaustion. Also expressed as if everything is too much to deal with, feeling slow, old and achy. Two provers experienced this but had an inner energy and a reluctance to be idle.

5.3.2 Vertigo

Unspecified vertigo symptoms were experienced by two provers, though not intense the symptoms in prover 14 were related to a peculiar sensitivity to the cerebro-spinal fluid surrounding the brain, as if it was accumulating in areas and going cold. The vertigo was described as if the head was swaying back and forth and was related to nausea, parasternal pain and a feeling of being intoxicated.

5.3.3 Head

Four provers experienced heaviness of the head associated with headaches, fatigue a sensation of fullness and straining of the neck. Contrary to this two provers experienced lightheadedness described as feeling drunk or a 'fluffy' sensation, also associated with vertigo.

A variety of head pains were experienced by twelve of the provers. The pain had a variety of presentations. Predominately located in the forehead and occipital regions but also affected the vertex and temples. Some provers experienced the pain as a sharp pain while other presented with a dull pain. The pain was also experienced as pressing and pulsating. The pain presented on waking and from a variety of stimuli such as light, cold air, noise and due to eye strain. The pain was ameliorated by motion and pressure. Prover 18 experienced a cure of a previously periodical headache that had been experienced for the past few years prior to the proving.

Provers 8 and 26 described a sensation of tension or contraction in the head. Prover 8 also experienced periodical twinges in a variety of locations especially in the forehead, vertex and occipital regions.

Prover 4 described their hair as being bushy, fibrous and matted.

Prover 8 experienced a heat of the head and prover 22 presented with perspiration of the brows and temples.

5.3.4 Eyes

A variety of eye symptoms were experienced by the provers. Provers 10, 12, 13 and 23 all experienced a burning sensation, with a gritty feeling as if there was sand in the eyes which caused the eyes to water and increase blinking. Dryness was also experienced and in one situation was related to an increase in lacrimation. Two provers experienced puffy eyes related to allergic reactions and itchy eyes. Prover 8 experienced some unusual symptoms of pain not specific to either the right or left eye and periodical twitching around the eye. An additional symptoms experienced was a heaviness with difficulty in keeping the eyes open.

5.3.5 Vision

Four provers developed diminished vision, describing as being out of focus, blurred vision and hazyness. It was related to reading in provers 8 and 22 and to driving in the evening by prover 4. Prover 13 described the sensation that mucus covered the eyes obscuring the vision but found no mucus. Prover 22 had an interesting sensation as if the muscles of the eye were pulling in causing the vision to be out of focus, but improved when looking up.

5.3.6 Ears

Prover 8 experienced a variety of ear symptoms, including hot flushing, twinges, and pain. The symptoms were not localized to any particular side but rather

affected both sides at different times. The pain extended from the ear down to the shoulder. Other provers described a sensation of fullness or being big inside, but only one prover experienced serous fluid coming out of the ear.

5.3.7 Hearing

Two apposing symptoms occurred regarding hearing; prover 14 experienced dullness in hearing as apposed to prover 22 who experienced an acuteness in hearing.

5.3.8 Nose

Prover 2 experienced a cure in allergic rhinitis symptoms in response to dust and dog hair. The symptoms cured included itchy nose and eyes and a post nasal drip. Prover 3 experienced similar symptoms of allergic rhinitis and included itchiness of the nose, eyes, ears and throat, which was worse in the morning, in cold air and after physical exertion.

Prover 3, prover 10 and prover 21 all experienced symptoms relating to the sinuses. Prover 3 experienced tenderness of the sinuses especially above the eyes where as prover 10 described a fullness or congestion of the sinuses. Prover 21 described a dryness of the sinuses accompanied by a nasal headache.

Prover 3, prover 10 and prover 22 all experienced burning in the root of the nose. Prover 8 also experienced a pain in the nasal passages extending up into the head.

Prover 3 and 4 both experienced an increase in nasal discharges.

Prover 12 experienced obstruction of the right nostril that improved on rising.

5.3.9 Mouth

Provers 3 and 10 experienced dryness of the lips which was worse during the day. Prover 8 experienced dryness of the mouth which was unaffected by drinking water.

Provers 5, 9 and 13 experienced a bitter taste in the mouth. Prover 5 specifically experienced the bitter taste in the front of and on top of the tongue associated with an increase in salivation. Prover 9 had associated nausea, and prover 13 had associated pain in the jaw as if from over use.

Three provers experienced pain. Prover 2 experienced pain on the right hand side of the frenulum of the tongue. Prover 3 experienced pains of the soft palate and gums associated with bleeding gums in region of the left canine, also halitosis associated with the bleeding gums. Prover 12 developed a painful ulcer on the inner lip over left canine, which was particularly painful on applying pressure to the site.

Prover 10 experienced tingling of the tongue, lips and left cheek.

5.3.10 Teeth

Two provers namely 5 and 15 experienced an increase in sensitivity of the teeth.

5.3.11 Throat

Prover 3, 4, 12, 15, 21 and 26 all experienced a sore throat. It was described as a raw sensation as well as burning and a roughness or scratchiness.

Two provers localized pain symptoms to the tonsils while prover 3 reported white spots on the right tonsil.

Both provers 4 and 12 experienced swollen tonsillar lymph nodes (prover 4 was on the right and prover 12 was on the left).

Prover 12 experienced a sensation of an air bubble in throat after eating which was better when sitting up.

Provers 4, 12 and 22 all experienced an increase in mucus production in the throat, with prover 22 experiencing associated hoarseness and a desire to continually having to clear the throat.

5.3.12 Stomach

An increase or decrease of appetite was experienced by 11 provers, although a decrease in appetite was predominant. The decrease in appetite was described as an easy satiety, a disinterest in food even though hungry and a sensation that food was not required. Three provers experienced an increase in appetite. The equivalent amount of provers experienced the symptoms of thirst and a lack of thirst.

Three provers experienced nausea. Prover 8 experienced the nausea after eating compared to prover 13 who was nauseas from the smell of food but improved after eating.

Two provers experienced stomach pains and cramping.

Prover 21 experienced an increase in stomach noises described as gurgling and grumbling.

5.3.13 Abdomen

Prover 9 reported nausea associated with abdominal pain, a constant bilateral dull aching pain and a bitter taste in the mouth. Prover 9 also experienced sharp, poking, cramping pains that were worse at night. Prover 13 experienced nausea associated to a sensation of something in the esophagus (behind the sternum), and bloating without flatus.

Prover 15 also experienced bloating with a heaviness and difficulty moving.

Prover 3 experienced bloating with increased flatus.

5.3.14 Rectum

Prover 10 experienced a burning and fullness in the perineum with itching in the anus.

5.3.15 Stool

Abnormalities in the stool were noted in two provers. Prover 3 experienced diarrhoea with yellow-brown coloured stools that smelt like rotten eggs. Prover 11 noted quite dark stools, a little red in colour but had no accompanying symptoms.

5.3.16 Urine

Prover 13 was the only prover that experienced abnormalities in urine and included incontinence and a change in urine color. The incontinence was better for walking, worse for standing still and worse for lying down on the back. The urine was described as being darker than usual, almost orange in color.

5.3.17 Female

Provers 12, 13 and 15 experienced abnormalities in the menstrual cycle. Provers 12 and 15 both experienced heightened pain during ovulation, prover 12 found relief with bending forward, rubbing and pressure. Prover 13 experienced a sudden sensation of menstrual bleeding as well as a sensation of a large amount of air in the uterus pushing out in all directions.

5.3.18 Larynx and trachea

Prover 22 experienced a sensation of thick sticky mucus in the throat that needed to continually be cleared and caused hoarseness of the voice.

5.3.19 Respiration

Prover 10 and 12 experienced difficulty in breathing. Prover 10 described it as an increase in awareness of breathing compared to prover 12 whom had to at times gasp for air.

5.3.20 Chest

Prover 10 and 14 experienced pain in the chest. Prover 10 experienced a central oppressive crushing chest pain with nausea, palpitations and tingling down the arm. The pain was improved by applying pressure on the chest. Prover 14 experienced pain parasternally and under the left arm with vertigo, palpitations and an irregular heart beat as well as numbness down the left arm, and a fear of dying.

Prover 22 experienced pain in the left breast that extended into the axilla and was better for touch and pressure.

5.3.21 Back

Prover 3 and 22 experienced an itch on the back and on the neck respectively. Provers 4 and 22 experienced stiffness of the Trapezius muscle compared to prover 18 who experienced a muscle twitch in the Trapezius muscle.

5.3.22 Extremities

Prover 26 experienced awkwardness, knocking into things, stubbing toes and feeling clumsy.

Six provers described being fatigued, feeling weak, heaviness and a loss of power in the upper and lower limbs.

Prover 22 had improvement of mobility and reduction in pain in the joints of the hand which were previously arthritic. This prover also experienced limitation of mobility in the calf muscles.

Provers 3 and 10 experienced an itch on the foot, located on the sole and between the middle and second lateral toe.

Five provers reported pain in the extremities located in the hips, shoulder, calf, knee, elbow and instep of the foot.

Provers 9, 10 and 12 developed numbness in a variety of locations including the feet, hands, lower limb and forearm. The sensation was predominantly felt on the left side and described as a burning, tingling and lameness.

Prover 22 experienced swelling of the feet.

5.3.23 Sleep

Provers 3, 14 and 23 experienced restlessness related with insomnia, and prover 13 experienced restlessness during sleep with an increase in talking during sleep. Prover 14 also attributed insomnia to an increase in thoughts, worries and a greater sensitivity to surrounding noises. Prover 12 reported sleeping on the back with arms above the head.

5.3.24 Dreams

A variety of dreams were recorded and have been classified into predominant themes, and will be discussed in these groups.

Competition / Testing:

Three provers had dreams of being tested by others or a desire to do better or to be the best. The outcome of the dream was not relevant as it was varied in the different dreams. Prover 13 achieved in one dream but failed in another.

Confusion / Changing:

Provers experienced dreams in which there was a sense of confusion within the dream, not knowing what to do in a certain situation. Other dreams were less descriptive but left the prover confused as to what had happened. Prover 14 experienced dreams where places were changing and more specifically in one dream photographs were changing.

Danger / Disaster:

Nine dreams comprised a sense of danger or a disaster that had occurred. This often involved situations where the prover needed to defend themselves or 'the group', from gangs, ninjas, zombies, snakes, and other animals. A few dreams were set in 'war like' scenarios. Another dream involved illegal operations, but with a fear and a desire to remove themselves from the situation. Two other dreams had slightly different dangers, the one of a tidal wave and the other of an aeroplane crash.

Massage:

Two separate provers had dreams of massage, in both dreams the massage had a sense of inappropriateness.

Music:

Prover 10 had two separate dreams with music.

Planning / Organizing / Hosting:

Three dreams had a sense of being involved with an event or needing to host someone or a group of guests, to cook or provide food for them.

Protect / Defend:

A few dreams classified under danger / disaster also had an element of needing to protect or defend the self or others. Other associated dreams involved having to save a pet and diverting a mud slide from a house. The dreams generally did not end in success or failure, but most had a sense of desperation.

Travel – Hindered / Unrealistic:

Six provers experienced dreams of various modes of transport. The general feeling of the dreams was either an obstruction to this travel or a mode of travel that was unrealistic. Though the mode of travel was impractical it was often overcome and the voyage was achieved.

Water:

There were three dreams where water presented in the form of rivers, waterfalls, and the ocean.

Other:

A variety of other dreams occurred that could not be placed in to a specific theme. These dreams included feelings of being regal, anger, being a leader, and going on holiday having fun, shapes and the homoeopathic remedy Phosphorus.

5.3.25 Chills

Provers 4, 8 and 9 all experienced chills.

5.3.26 Fever

Provers 9 and 13 experienced fever related to perspiration. Prover 9 experienced perspiration of the face, neck and palms compared to prover 13 who experienced a general dampness of the skin.

5.3.27 Perspiration

Provers 4, 8, 13 and 23 all experienced an increase in perspiration. Provers 8 and 23 experienced greater perspiration at night. Prover 13 described a general dampness of the skin. Prover 4 experienced an increase in perspiration in the axilla especially on the right side with an offensive odor that lingered and was difficult to remove by washing.

5.3.28 Temperature

Provers 9 and 13 experienced an increase in body temperature, prover 9 experienced this mainly around the head, thorax and feet compared to prover 13 who felt hotter generally.

5.3.29 Skin

Prover 13 experienced a skin lesion that began on the hands later forming on the arms and legs. The lesions initially presented as vesicles that contained a yellow fluid that would stain clothing. Once the vesicle erupted the lesion became itchy worsened by heat. The lesion was described as being approximately a centimeter in diameter with a crusty centre and blistered circumference.

Prover 22 experienced skin sensations without any visible lesions. The prover experienced a stinging pain on the trapezium which later moved to the right inner wrist. The prover also experienced an itch on the neck with no visible skin lesion.

5.3.30 General

Ten provers experienced exhaustion or a lack of energy namely provers 2, 3, 4, 8, 9, 12, 13, 14, 15, 26. Most notably prover 14 described it as a general feeling of being old. Prover 15 had related generalized body aches. Provers 3 and 9 both experienced enlargement of lymph nodes in particular the cervical and sub occipital nodes. Prover 8 experienced generalized hot flushes. Prover 12 noted a generalized foul body odor. Prover 22 had a desire for salt. Prover 14 and 23 had a desire for cold water with prover 23 experiencing a strong feeling of dehydration on waking.

5.4 Remedy relations

5.4.1 Differential remedies

The researcher did not attempt to make assumptions regarding the differential remedies as he feels that more research is required to make definite conclusions pertaining to differential remedies. The researcher did however conduct an analysis using common mental symptoms as well as generalised symptoms from the most pertinent sections (Appendix G). The remedy scoring highest on repertorisation using the 'sum of symptoms' and 'degrees method' was *Natrum muriaticum*. *Natrum muriaticum* was considered a significant differential remedy due to the effectiveness as an antidote (see 5.4.2). Other remedies scoring highest in both plant and animal kingdoms included *Nux vomica* and *Sepia*

officanalis respectively. The researcher did not attempt to hypothesize the reason for these findings, as it was not within the scope of this study.

5.4.2 Antidote

Prover 3 received *Natrum muriaticum* as an antidote to residual effects of the proving substance as it was identified as the similimum at the time. The prover experienced depression and a state of silent grief and an aversion to company typical of the remedy *Natrum muriaticum*. The prover also presented with physical symptoms of *Natrum muriaticum* such as a watery nasal discharge. Prover 3 also received a dose of *Phosphoric acid* due to a state of exhaustion and easy bleeding.

Prover 13 received three different remedies for treatment of impetigo which developed during the proving, these included *Graphites* 30CH, *Antimonium crudum* 9CH and *Staphylococcus* 200CH.

5.5 Other considerations

5.5.1 Grading of the repertory symptoms

All symptoms were graded using Sherr's method (Sherr, 1994:85) as follows

- **Grade 3 rubrics are displayed in bold print**
- *Grade 2 rubrics are displayed in italics*
- Grade 1 rubrics are displayed in plain type
- New rubrics are underlined

A conservative approach was taken when grading rubrics resulting in majority of rubrics being graded as grade 1. Symptoms were only graded grade 2 if there

was sufficient frequency in a number of provers and not according to the intensity (Sherr, 1994:84). The researchers decided that no symptoms were significant enough to be graded as a grade 3.

5.5.2 Clinical conditions

Depression was significant in a number of provers and thus *Loxodonta africana* could certainly be considered for treatment of this condition.

Other significant conditions were also identified including, headaches, allergic rhinitis, hypermetropia, otitis, pharyngitis, nausea, decreased appetite, cardiovascular disease with angina and palpitations, arthritis and general fatigue.

5.5.3 Miasmatic analysis

The researcher did not attempt to identify / classify *Loxodonta africana* under a specific Miasm.

5.6 Comparison of *Loxodonta africana* and *Lac Loxodonta africana*

Many similarities were identified in the comparison of this proving of Ivory from the African elephant (*Loxodonta africana*) with that of the proving of *Lac Loxodonta africana* (milk of the African elephant). The rubrics common to both provings have been listed under the relevant headings.

5.6.1 Mind

ANCIENT; feeling

ANXIETY; pains from

AWKWARDNESS

DELUSIONS; separated, body and thoughts are

DULLNESS

PROSTRATION; mental exhaustion, brain fag

QUICK; to act

SADNESS; despondency, depression, melancholy

TRANQUILITY; serenity, calmness

WEEPING

5.6.2 Vertigo

HEADACHE; with

5.6.3 Head

PAIN; forehead

Left

Left to right

Right

Extending to neck

Vertigo, with

PERSPIRATION; forehead

5.6.4 Ears

ITCHING

5.6.5 Eyes

TIRED; sensation

5.6.6 Nose

CORYZA

ITCHING

5.6.7 Mouth

ITCHING

5.6.8 Face

PAIN

5.6.9 Throat

ITCHING

PAIN; sore

5.6.10 Stomach

APPETITE; Capricious
Diminished
Increased

NAUSEA

PAIN; Burning

5.6.11 Abdomen

DISTENTION

PAIN

5.6.12 Female

BUBBLES; water or air in vagina, as if

MENSES; Early
Heavy
Clots

5.6.13 Chest

AWARENESS; heart's beating

CONSTRICTION

PAIN

PALPITATION

PERSPIRATION; Axilla

5.6.14 Back

PAIN; Dorsal region

Scapula

5.6.15 Extremities

CRAMPS

PAIN; joints

TREMBLING; legs

WEAKNESS; legs

5.6.16 Sleep

DEEP

FALLING ASLEEP; difficult

REFRESHING

RESTLESS

SLEEPINESS; morning, waking, on

5.6.17 Dreams

ANIMALS; of, lions

CARS; automobiles, of

COOKING, of
CRIMES; concealment of
EVIL; impending
FEEDING PEOPLE
FIGHTING
FOOD
HOPELESS
RELATIVES; dead
SHIP; going to sea in
SUFFERING OF; others, of
WATER

5.6.18 Generalities

HEAVINESS
LASSITUDE
PAIN; cramping
WEARINESS

CHAPTER 6:

Conclusion and recommendation

6.1 Recommendation

6.1.1 Standardized proving protocol

Many variables exist within homoeopathic provings each having the ability to have a negative impact on the validity and reliability of the data. Thus the research protocol should be designed in a manner so as to eliminate as many of these variables as possible.

In this regard ideally a universal standard proving protocol should be used by all conducting provings to ensure a uniform standard is maintained in homoeopathic provings. Currently a number of varying opinions exist regarding the most accurate method of conducting provings. In this study the proving protocol used was based on the methods practiced by Sherr (Sherr, 1994:41-91) and the methods recommended by Dr Samuel Hahnemann (O'Reilly, 1996:144-163).

6.1.2 Supervision of provers

In this proving two researchers were responsible for the entire group of twenty six (26) provers. This effectively required that each researcher was responsible for thirteen (13) provers each. This assisted in proper management of the provers while still allowing for a large sample group. The researchers thus had the ability to monitor thirteen (13) provers more intensely than had they been responsible for all twenty six (26). It is suggested that this practice be considered for future provings as it is of the researchers opinion that supervision and management of

smaller groups of provers at a given time allows for better facilitation of the proving process, thus allowing ultimately for more reliable data.

6.1.3 Provers

A wide diversity of provers was used in the conduction of this proving, which included homoeopaths, homoeopathic students family and friends. Six (6) provers were homoeopaths, ten (10) were homoeopathic students and the remaining ten (10) had no or very little previous knowledge of homoeopathy. A total of fourteen (14) provers were male and twelve (12) were female. The age group varied from eighteen (18) years up to fifty (50) years with an average age of thirty (30) years.

It was noted that the provers with homoeopathic knowledge presented with a wider variety of symptoms and were generally more vigilant than the remainder of the group. Though occasionally symptoms from the provers with homoeopathic knowledge were influenced by their knowledge of Materia Medica and the repertory resulting in them describing symptoms using homoeopathic terminology. As apposed to the symptoms from the provers without homoeopathic knowledge which tended to be significantly more descriptive using simple vocabulary. Thus it is proposed that the prover population group should have both those with homoeopathic knowledge and those without to improve the quality and diversity of symptoms.

6.1.4 Long term monitoring of provers.

It has been suggested by Sherr that long term follow ups with provers are very important in establishing periodicity and long term effects of proving substances (Sherr, 1994:15). Though the average time of this proving was estimated at about four (4) weeks, from taking the first dose of the proving remedy ideally a

minimum of three (3) months should be allowed to establish any significant patterns of periodicity or reoccurrence of symptoms due to the proving substance.

6.1.5 Further proving of *Loxodonta africana*

To develop additional understanding of *Loxodonta africana* further provings should be conducted both in the same potency as well as higher (200CH or 1M) and lower (9CH) potencies. Re-provings of the same remedy in the same potency can assist in creating a more detailed and complete symptom picture of the remedy. Furthermore a C4 trituration proving should also be considered as the remedy used for the purpose of this proving was only triturated to a C3 potency.

It is also recommended that *Loxodonta africana* be proven using ivory from a female African elephant (*Loxodonta africana*), to establish the difference between this particular proving which utilized ivory from a male African elephant (*Loxodonta africana*).

6.1.6 Clinical information

Clinical information is invaluable in confirming the curative properties of a remedy as found in a proving and thus substantiates the theory of homoeopathy that 'like cures like'. Once published and incorporated into homoeopathic Materia Medica and Repertories, more practitioners will have the knowledge of this remedy available to them. Thus, once in use further information can be gathered of cured symptoms that were previously not part of the proving which can be incorporated into the remedy symptom picture. Recorded cases of patients benefiting from *Loxodonta africana* can then be documented and published in journals or reported at conferences and thereby further increasing the number of

practitioners utilizing the remedy and expanding the Materia Medica of this remedy.

6.1.7 Provings of other indigenous substances

It has been noted by Sherr, that the most significant and appropriate medicine will be found within our surrounding environment (Sherr, 1994:49). Currently within South Africa only a few potential substances that are accessible to us have been proven, thus the majority of the homoeopathic remedies that are available are derived from exotic sources. Some of the more notable provings of native substances have been *Sutherlandia frutescens* (Cancer bush)(Webster, 2002), *Naja mossambica mossambica* (Mozambique spitting cobra)(Smal, 2004) and *Bitis arietans arietans* (Puffadder)(Wright, 1999). Encouragement should be given to students required to complete research dissertation for the homoeopathic degree as well as practicing homoeopaths, to search for new possibilities and develop South African homoeopathic remedies.

6.1.8 Remedy relations

An investigation should be made to determine the relationship between *Loxodonta africana* and existing remedies – in particular with *Natrum muriaticum*, which was used to successfully antidote provers 3 and 7. A comparative study of the remedy utilized in this proving and *Calcareo carbonica* should be considered due to the high content of calcium carbonate within elephant ivory.

6.1.9 Comparative studies

It was noted in this proving that similar symptoms did exist in the comparison of two provings of remedies manufactured from the same source but from different parts. Though similarities did exist in the comparison it was interesting to note that differences were also identified. Thus it is necessary, in order to further our understanding of current Homoeopathic remedies, to conduct provings of the same substance but utilize different parts of that substance.

6.2 Conclusion

The proving of Ivory from the African elephant (*Loxodonta africana*) revealed a variety of symptoms. A total of 32 systems were affected in the twenty provers who received the remedy. 716 symptoms were recorded, 83 of which were new symptoms. The systems that were predominately affected were the mind, head and extremities.

Many symptoms were confirmed to be similar to those identified in the proving of *Lac Loxodonta africana*, though differences were also acknowledged.

Further understanding of *Loxodonta africana* will be gained in the years to come through clinical use of the remedy.

It is hoped that this remedy proves to be significant in treatment of ailments and assists in the restoration of health in individuals that have not found cure in other similar remedies.

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APPENDIX A:

SUITABILITY FOR INCLUSION IN THE PROVING

All information will be treated as strictly confidential

SURNAME:

SEX: M/F

FIRST NAMES:

TELEPHONE NUMBER/S:

PLEASE CIRCLE THE APPROPRIATE WORD:

- | | | |
|-----|---|--------|
| 1. | Are you between the ages of 18 and 55 years? | YES/NO |
| 2. | Do you consider yourself to be in general state of good health? | YES/NO |
| 3. | Are you on or in need of any medication? | |
| | - Chemical /Allopathic | YES/NO |
| | - Homoeopathic | YES/NO |
| | - Other (e.g. herbal) | YES/NO |
| 4. | Have you been on birth control pill or hormone replacement therapy in the last six months? | YES/NO |
| 5. | Are you pregnant or nursing a child? | YES/NO |
| 6. | Have you had any surgery in the last six weeks? | YES/NO |
| 7. | Do you use any recreational drugs such as Marijuana, LSD or MDMA (ecstasy) | YES/NO |
| 8. | Do you consume more than: | |
| | Two measures of alcohol per day? | YES/NO |
| | (1 measure = 1 tot/1beer/1/2 glass wine) | |
| | - 10 cigarettes per day? | YES/NO |
| | - 3 cups of tea, coffee, herb tea per day? | YES/NO |
| | If yes to any of the above, are you willing to reduce this amount? | YES/NO |
| 9. | If you are between the ages of 18 and 21 years do you have consent from a parent/guardian to participate in this proving? | YES/NO |
| 10. | Are you willing to follow the proper procedures for the duration of the proving? | YES/NO |
| 11. | Is English your first language or/and are you fluent in English? | YES/NO |

This appendix has been adapted from Wright, C. 1999. A Homoeopathic Drug Proving of *Bitis arietans arietans*. M. Tech. Hom. Dissertation, Technikon Natal, Durban.

APPENDIX B

Instructions To Provers

Dear Prover:

Thank you for volunteering to be a part of this proving of a new homoeopathic remedy. I'm certain you will learn a great deal from this experience.

Homoeopathy is based on the principle of 'like cures like' or the 'law of similars.' This means that a substance that causes certain symptoms, when administered in minute doses to a healthy individual, has the potential to cure the same symptoms seen in a diseased person.

A proving is a clinical trial done on people who take a substance, and by so doing produce particular symptoms. These symptoms are said to be specific to the substance taken, and therefore they give us an understanding of the conditions that the substance may be indicated for. Provings are therefore vital to homoeopathy.

As a prover you are required to take the proving remedy and observe the effects the remedy has on you. You will be asked to document your findings in detail, which will form part of the symptom picture that is created for the proving remedy.

You may experience some mild and at times uncomfortable symptoms. Fortunately these effects are generally transient and will not persist. If in event that the symptoms do persist the proving will be antidoted using various methods.

Please read the following guidelines carefully and if there are any problems or anything you don't fully understand, please do not hesitate to call.

Before the Proving:

Ensure that you have the following:

- The correct journal.
- Read and understood these instructions
- Had a case history taken and a physical examination performed?
- Signed the informed consent form.
- Attended the pre-proving training course.

Your proving supervisor (Barry Forbes) 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.

Beginning the Proving:

After having been contacted by the supervisor and asked to commence the proving, record your symptoms daily in the diary for the one-week prior to taking the remedy. 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 as it establishes a baseline for you as an individual prover.

Taking the Remedy:

Begin taking the remedy on the day you and your supervisor have agreed upon. Record the time that you take each dose. Time keeping is an important element of the proving.

The remedy should be taken on an empty stomach and with a clean mouth. Neither food nor drink should be taken for half an hour before and after taking the remedy. The remedy should not be taken for more than 3 doses a day for two days (six powders maximum).

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 we mean:

1. **Any new symptoms**, i.e. ones that you have never experienced before, or,
2. **Any change or intensification of any existing symptom**. or,
3. **Any strong return of an old symptom**, i.e. a symptom that you have not experienced for more than one year.

If in doubt phone your supervisor. Be on the safe side and do not take further doses.

Our experience has shown again and again 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 coffee, camphor and mints. If you normally utilize these substances, and stopping is not possible, reduce your daily use especially around

the time of taking the remedy. Protect the powders you are proving as you would any other remedy, including keeping them away from **strong smelling substances, chemicals, electrical equipment and cell phones.**

A successful proving depends on your recognising and respecting the need for moderation in the following areas: work, alcohol, exercise and diet. Restrict your consumption of alcohol to no more than two measures per day (1 measure = 1 tot/1 beer/ ½ glass wine), no more than ten cigarettes per day, and no more than three cups of tea, coffee or herb tea per day. Try to remain within your usual framework and maintain your usual habits.

Avoid taking **medication** of any sort, especially antibiotics, vitamin or mineral supplements, herbal or homoeopathic remedies.

In the event of a medical or dental emergency of course common sense should prevail. Contact your doctor, dentist or local hospital as necessary. Please contact your supervisor or proving coordinator 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 we will protect. Only your supervisor will know your identity and all information will be treated in the strictest confidence. Your identity will not be revealed at any part of the study.

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 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 doubt or questions during the proving, please do not hesitate to call your supervisor.

Recording of Symptoms

When you commence the proving note down carefully any symptoms that arise, whether they are old or new, and the time of day or night at which they occurred. **This should be done as vigilantly and frequently as possible so that the details will be fresh in your memory.** Make a note even if nothing happens.

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

Write neatly on alternate lines, in order to facilitate the extraction process, which is the next stage of the proving. Try to keep the diary 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.

Information about **location, sensation, modality, time and intensity** is particularly important:

Location: Try to be accurate in your anatomical descriptions. Simple clear diagrams may help here. Be attentive to which side of the body is affected.

Sensation: Burning, dull, lancinating, shooting, stitching, etc.

Modality: A modality describes how a symptom is affected by different situations/ stimuli. Better (>), or worse (<) from weather, food, odours, dark, lying, standing, light, 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 > or < at a particular time of day, and is this unusual for you.

Intensity: Briefly describe the sensation and 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?

This is easily remembered as:

C - concomitants

L - location

A - aetiology

M - modality

I - intensity

T - time

S - sensation

On a daily basis you should run through the following checklist to ensure that you have observed and recorded all your symptoms:

Mind
Head
Eyes
Ears
Nose
Back
Respiratory System
Digestive System

Extremities
Urinary Organs
Genitalia
Sex
Temperature
Sleep
***Dreams**
Generalities

***Please give full descriptions of dreams, and in particular note the general feeling or impression the dream left you with.**

You may also wish to note the phase of the moon if you have symptoms that are affected by it.

Mental and emotional symptoms are important, and sometimes difficult to describe - please take special care in noting these.

Reports from friends and relatives can be very 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?

As far as possible try to classify each of your symptoms by making a notation according to the following key in brackets next to each entry:

(RS) - Recent symptom i.e. a symptom that you are suffering from now, or 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 left side, now on the right side)

(US) - An unusual symptom for you.

Please remember to use **red** ink for these notations and classify your symptoms accurately. If you have doubts, discuss them with your supervisor.

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

"The person who is proving the medicine must be pre-eminently trustworthy and conscientious... and able to express and describe his sensations in accurate terms."
(Hahnemann 1997:200)

Thank you for participating in this proving. We are sure you will find that there is no better way of understanding and advancing homoeopathy.

Kind regards

Barry Forbes

This appendix has been adapted from Webster, H. 2002. A Homoeopathic Drug Proving of Sutherlandia frutescens. M. Tech. Hom. Dissertation, Durban Institute of Technology.

I, _____,

agree to participate in the proving outlined in Appendix B, and acknowledge that I have read and understand the instructions in Appendix B regarding the proving.

Prover: _____ Signature: _____

Witness: _____ Signature: _____

Researcher: _____ Signature: _____

Date: _____

APPENDIX C:

INFORMED CONSENT FORM:

(To be completed in duplicate by prover)

TITLE OF THE RESEARCH PROJECT:

A Homoeopathic Drug Proving

NAME OF SUPERVISOR:

Dr. C.R. Hopkins. M Tech(Hom); BSc Agric(ansi+gene)

NAME OF RESEARCH STUDENT:

Barry Forbes

DATE:

PLEASE CIRCLE THE APPROPRIATE ANSWER:

1. Have you read the research information sheet? YES/NO
2. Have you had opportunity to ask questions regarding this proving? YES/NO
3. Have you received satisfactory answers to your questions? YES/NO
4. Have you had an opportunity to discuss this proving? YES/NO
5. Who have you spoken to? _____
6. Have you received enough information about this proving? YES/NO
7. Do you fully understand the implication of your involvement in this proving? YES/NO
8. Do you understand that you are free to withdraw from this proving:
 - At any time? YES/NO
 - Without having to give reason for withdrawing, and
 - Without affecting your future health care? YES/NO
9. Do you agree to voluntarily participate in this proving? YES/NO
10. Do you agree not to discuss any of the particulars of your treatment with any other study participants? YES/NO
11. Selection criteria: To participate in this proving you must meet all the inclusion criteria. They are as follows:
 - ☐ You must be between the ages of 18 and 60 years of age.
 - ☐ Must not need any medication, including chemical, allopathic, Homoeopathic or other.
 - ☐ Must not be on or have been on the contraceptive pill or hormone replacement therapy in the last 6 months.
 - ☐ Must not be pregnant or breastfeeding.
 - ☐ Must not have had surgery in the last 6 weeks.
 - ☐ Must not use recreational drugs such as cannabis, LSD, MDMA (ecstasy).
 - ☐ Must not consume more than two measures of alcohol per day (1 measure = 1 tot / 1 beer / ½ glass wine)
 - ☐ Must not smoke more than 10 cigarettes a day.

- ☐ Must not consume more than 3 cups of coffee or tea a day.
- ☐ Must be in a general state of good health.
- ☐ If you are between the ages of 18 and 21 years of age you must have the consent from a guardian/parent to participate in the proving.
- ☐ Must be willing to follow the proper procedures for the duration of the proving.
- ☐ Have you completed Appendix A, which outlines in detail all the above inclusion criteria?

YES/NO

- 12.** Discomforts may be experienced as a result of participating in the proving.
- 13.** Benefits to provers: It is postulated that each proving undertaken strengthens the body's vital force (O'Reilly, 1996:160-161)) Provers learn and develop the skill of observation and gain Homoeopathic knowledge through direct involvement in a proving. A prover may be cured of certain ailments if the remedy is his/her Similimum.
- 14.** There is no expense to the prover for participating in the proving and no remuneration is offered to the prover.
- 15.** Every prover is given the names and telephone numbers of the research student and supervisor of the proving if problems or questions arise.

Name:	Home telephone:	Cellular telephone	Homoeopathic clinic:
Dr. C.R. Hopkins			031-2042041
Barry Forbes	031- 7017434	083 4757373	031 - 2042041

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

If the prover is between **18 and 21** years of age, **written consent** from a **guardian/ parent** is required for the prover to participate in the proposed procedure.

I _____ (guardian/parent) hereby give consent for the proposed procedure to be performed on _____ (prover) as part of the above mentioned research project.

I _____ hereby give consent for the proposed procedure to be performed on me as part of the above mentioned research project.

PROVER NAME: _____ **SIGNATURE:** _____

WITNESS NAME: _____ **SIGNATURE:** _____

RESEARCH

STUDENT NAME: Barry Forbes **SIGNATURE:** _____

This appendix has been adapted from Webster, H. 2002. A Homoeopathic Drug Proving of Sutherlandia frutescens. M. Tech. Hom. Dissertation, Durban Institute of Technology.

APPENDIX D

CASE HISTORY SHEET

This appendix has been adapted from Webster, H. 2002. A Homoeopathic Drug Proving of Sutherlandia frutescens. M. Tech. Hom. Dissertation, Durban Institute of Technology

Prover number:

Name:..... **Sex:**.....
Date of Birth:..... **Age:**.....
Marital Status:..... **Children:**.....
Occupation:.....

Past medical history:

Please list previous health problems and their approximate dates:

Do you have a history of any of the following?

Cancer		Asthma	
HIV		Pneumonia / Chronic bronchitis	
Parasitic infections		Tuberculosis	
Glandular fever		Tendency to suppuration / boils	
Bleeding disorders		Oedema / swelling	
Eczema/ skin condition		Smoking	
Warts		Haemorrhoids	

Previous surgical history:

Please list any past surgery and the approximate dates:
(tonsils, adenoids, moles, warts appendix etc)

Allergies:

Vaccinations:

A bad reaction:
No reaction:

Medication (including vitamins & minerals) that you are taking:

Estimate your daily consumption of:

Alcohol:
Cigarettes:
Recreational drugs:

FAMILY HISTORY

In your family is there a history of:

Cardiovascular disease	
Cerebrovascular disease (Stroke)	
Diabetes Mellitus	
Tuberculosis	
Mental Disease	
Cancer	
Epilepsy	
Bleeding disorders	

Please list any other medical conditions within your family:

Energy:

Describe your energy levels on a scale from 1 to 10 , where 1 is the lowest and 10 is the highest.

Sleep:

Quantity:

Quality:

Position:

Dreams:

Time modalities:

Weather modalities:

Perspiration:

Appetite:

Cravings:

Aversions:

Aggravations:

Thirst:

Bowel habits:

Urination:

Description of menses and menstrual cycle:

Mind:

Head:

Eyes:

Ears:

Nose and sinuses:

Mouth, tongue and teeth:

Throat:

Respiratory system:

Cardiovascular system:

Digestive system (stomach, abdomen, rectum, anus)

Urinary system:

Genitalia and sexuality:

Musculoskeletal system:

Extremities:

Upper:

Lower:

Skin:

Hair and nails:

Other:

The Physical Examination:

Physical description:

Hair colour:
Eye colour
Frame size / build
Complexion:
Skin texture & type:

Vital signs:

Blood pressure: (RHS, Seated)
Pulse rate:
Respiratory rate:
Temperature:
Weight:
Height:

General examination:

Cyanosis:
Anaemia:
Jaundice:
Clubbing:
Oedema:
Lymphadenopathy:
Dehydration:
Dyspnoea:

Any relevant findings on examination:

APPENDIX E:

If you have met all the inclusion criteria and are between the ages of 18 and 21 years of age, written consent from a guardian needs to be obtained to participate in the proving.

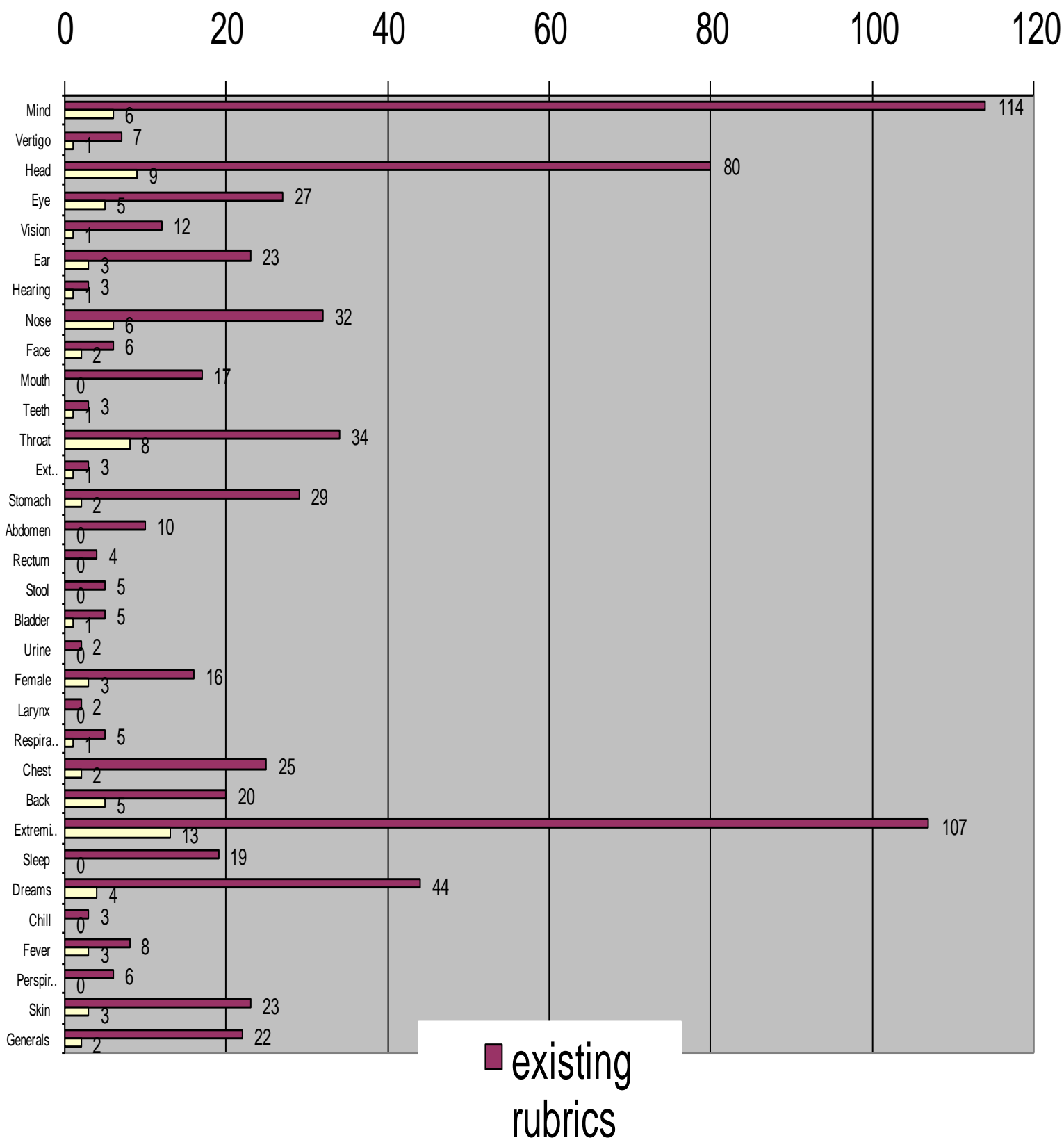
*I _____(guardian /parent) give permission for
_____(prover) to participate in the Homoeopathic
proving conducted by Barry Forbes at the Durban Institute of Technology.*

*Name: _____ Signature: _____ Date: _____
(Guardian)*

*Name: _____ Signature: _____ Date: _____
(Witness)*

APPENDIX F:

Distribution of rubrics



REPERTORISATION

This analysis contains 1072 remedies and 8 symptoms

1. MIND – COMPANY – aversion to	241
2. MIND – CONCENTRATION – difficult	371
3. MIND – SADNESS	625
4. HEAD – PAIN	576
5. MOUTH – DRYNESS	323
6. STOMACH – APPETITE – diminished	257
7. GENERLAS – WEAKNESS	786
8. MIND – ANGER	319

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	nat- mur	nux- vom	sep	lach	lyc	sulph	gels	alum	ars	chin	hyos	ign	phos	bar- c	calc
	8/22	8/22	8/22	8/21	8/20	8/20	8/19	8/18	8/18	8/18	8/18	8/18	8/18	8/17	8/17
1	4	3	3	2	2	2	3	3	1	2	2	3	1	3	1
2	2	4	3	3	3	2	2	2	1	1	2	1	3	3	2
3	3	2	3	3	3	3	3	2	3	3	3	3	2	2	3
4	3	3	3	3	2	3	3	2	3	3	2	2	3	1	3
5	3	3	3	3	3	3	2	2	3	3	3	3	3	3	2
6	1	1	1	2	2	1	2	3	1	1	1	1	1	1	1
7	3	2	3	3	2	3	3	2	3	3	3	2	3	3	3
8	3	4	3	2	3	3	1	2	3	2	2	3	2	1	2

APPENDIX H:

CASE HISTORY SHEET

Prover number: 3

Sex: Female

Age: 27

Marital Status: single

Occupation : Homeopath

Past medical history:

Chicken pox (11 years)

Stomach ulcers (16 years)

Migraines (21 years)

Cold and Flu

Previous surgical history:

No surgical history, although prover was hospitalized for breathing difficulties between the ages of 0-6 years. The prover battled with inspiration and suffered from fainting spells. After moving near the coast these symptoms got better.

Allergies:

The prover is sensitive to pollen, and dust, and produces an itchy nose (tip of nose), throat (back of throat), and ears (back of ears).

Vaccinations:

No bad reaction to vaccinations

Medication (including vitamins & minerals) that you are taking:

none

Estimate your daily consumption of:

Alcohol: none

Cigarettes: none

Recreational drugs: none

Family History

There is a history of: - Tuberculosis
- Hypertension
- Diabetes mellitus

Energy:

Good: (9/10)

Sleep:

Quantity: good

Quality: good

Position: lying on back

Dreams:

The prover experiences anxious or bad dreams

Weather modalities:

The prover prefers cold weather to hot weather. Hot weather irritates the prover. She does not like the sun shining on her skin. Although the prover prefers cold weather, being exposed to the cold makes her more susceptible to chest infections.

Perspiration:

The prover only perspires from the neck downwards (not on face unless she exercises intensely)

Appetite:

Good, but prover hates to chew

Cravings: sour / lemons

Aversions: sweet food and drinks

Aggravations: fat or rich foods.

Thirst:

Thirst for water and sour things increases before period.

Bowel habits:

Regular bowel movements

Urination:

Urination is increased during periods due to increased water consumption.

Description of menses and menstrual cycle:

The Prover experiences PMS with mood swings, and irritability, but suppresses her emotions.

The Prover experiences period pain on day 1 of her period.

Blood had dark clots in the past.

Head:

The Prover experienced tension headaches due to stress and sitting behind a computer for long periods of time.

Eyes:

Short sighted

Cardiovascular system:

Prover experiences palpitations related to anxiety, which are seated in the throat.

Digestive system (stomach, abdomen, rectum, anus)

The prover experiences nausea (ameliorated by vomiting) due to a weakness of the liver and a poor metabolism of fats.

Musculoskeletal system:

Tension in neck and shoulders

Extremities:

Lower: Occasionally the prover experiences shaking of knees and hands

Mind:

The prover is an anxious person. This prover is also very sensitive. Everything has to be done in a certain order and has to be perfect. The prover has a desire to be free and cannot be bound, and finds it difficult to set boundaries

The Physical Examination:**Physical description:**

Hair colour: black

Eye colour: brown

Frame size / build: medium

Complexion: clear

Skin texture & type: brown

Vital signs:

Blood pressure: (RHS, Seated) 115/80

Pulse rate: 68

Respiratory rate: 16

Temperature: 36.8

Weight: 56.5

Height: 1.58

General examination: Cervical Lymphadenopathy on LHS

Antidote: (dispensed on the 7 July 2006 before post proving consult by another practitioner)

Rx: *Natrum muriaticum* 30CH, 200CH, M

Mitte: Pulv iii

Sig: unknown

Post Proving consultation

1 August 2006

Mind

Natrum muriaticum greatly improved the provers state of depression. Patient is still observed to be unhappy and weary in comparison to pre-proving consultation.

Mouth

Dry lips aggravated during the day

Bleeding gums, bad breath associated with bleeding gums

Abdomen

Bloated and passing a lot of flatus which smells like rotten eggs

Stomach-Thirst

Prover is craving lemon drinks, sour fizzy drinks and orange juice

Appetite is diminished

Stool

Loose stools, which are brown-yellow in colour and smell like rotten eggs

Generals

weakness

1 August 2006 (dispensed after pre-proving consultation)

Rx: *Phosphoricum Acidum* 200CH

Mitte: pulv iii

Sig: Take 1 powder every 6 hours

APPENDIX I:

Prover number: 13

Date: 4 October 2006

Sex: Female

Age: 23

Marital Status: single

Occupation: homeopathic student

Past medical history:

Chicken pox (3 years)

Mumps (6-8 years)

Measles (6-8 years)

Feather allergies

Benign cyst on both ovaries (13years)

The prover also had a history of eczema/skin conditions and warts

Previous surgical history:

The prover had her tonsils removed between the ages of 4 and 5 years, and had her wisdom teeth extracted in 2004.

Allergies:

The prover experienced allergies to feathers as a child.

Vaccinations:

No reaction:

Medication (including vitamins & minerals) that you are taking:

Aloe juice and flaxseed oil

Estimate of daily consumption of:

Alcohol: none

Cigarettes : none

Recreational drugs: none

Family History

There is a family history of:

1. Cardiovascular disease: The prover's grandmother on her mother's side of the family had an aneurysm and her grandmother on her father's side of the family had rheumatic fever.
2. Diabetes Mellitus: The provers grandmother on her father side had Diabetes
3. Mental disease: The prover has a family history of Schizophrenia and Depression on her mothers side of the family.
4. Cancer: The provers grandmother on her fathers side of the family had cancer.
5. Ovarian cysts: The prover has a family history of ovarian cysts on her mother's side of the family.

Energy:

Energy levels are 8/10, energy dips in the late afternoon.

Sleep:

Quantity: between 8 and 9 hours

Quality: good

Position: The prover falls asleep on her stomach and wakes up on her back

Weather modalities:

The prover prefers cold rainy weather. The prover does not enjoy hot weather as it makes her miserable and claustrophobic.

Perspiration:

Perspires a lot on feet and under arms. Perspiration has sweet smell.

Appetite: normal

Cravings: cheese, SALT, smoked chips

Aversions: meat (feels guilty about killing animals)

Aggravations: Broccoli, pasta, and potatoes cause gas in digestive system

Bowel habits:

The Prover has bowel movements every 3-4 days. The prover experiences bloating with a tendency towards constipation (with no urging).

Description of menses and menstrual cycle:

The prover has a week of pre-spotting, then the period is heavy for 4 days, with bright red blood. A cramping pain is experienced which is ameliorated with hard pressure, and warmth.

Head:

The prover has a history of migraines (although she has not experienced a migraine for more than a year). The prover would have a tension headache for 2- 3 days which would develop into a migraine.

Eyes:

Short sighted

Musculoskeletal system:

Extremities:

Upper: stiff upper extremities due to playing sport

Skin:

The prover produces pimples without heads that develop into cysts if squeezed.

Hair and nails:

White spots on nails

Hair falls out

Mind

Fears being betrayed, ghost and the dark

Prover was very closed.

The Physical Examination:

Physical description:

Hair colour: blonde

Eye colour: blue

Frame size / build: medium

Complexion: fair

Skin type/texture: normal

Vital signs:

Blood pressure: (RHS, Seated); 110/70

Pulse rate: 72 (normally the pulse rate is higher)

Respiratory rate: 16

Temperature: 36.8

Weight: 63kg

Height: 162

General examination:

Anemia: The prover showed possible signs of anemia but when tested levels of iron, B12 and folic acid were within the normal ranges.

POST- PROVING CONSULTATION

Date: 21 November 2006

Mind

The prover reported to see “shadow things” out of the corner of the eye.

Dreams

1. Dreamt about a rattle snake. The prover was fighting with the snake to protect a puppy.
There was a general theme of desperation.
2. Dreamt about the army – fear of death whilst trying to save a bird.

Skin

Past history: had vesicles on finger, and would squeeze them and they would disappear.

The skin eruption experienced during the proving also formed a vesicle which was very itchy. The prover would scratch the vesicle and it would become red. Scratching aggravated the vesicles and the vesicles would then discharge a watery yellow liquid which dried to form a yellow crust. The discharge stuck to the prover's clothing and stained the clothing yellow. This made the prover feel dirty.

The vesicles started appearing on the left arm and leg and then spread to the right arm and leg. They then spread to the right upper neck. There are about 30 lesions in total.

Bathing in warm water ameliorated the eruption and sweating and heat aggravated the eruption.

Generals

Tiredness

Vital Signs

Pulse: 80

BP: 120/80

Respiratory: 16 bpm

Height: 162

Weight: 63kg

Antidote

Rx; *Graphites* 30CH

Mitte: Pulv vi

Sig: Take 1 powder 3 times daily for 2 days

24 november 2006

The graphites seemed to have no effect on the skin lesions. The symptoms remain the same.

Antitdote

Rx: *Antimonium crudum* 9CH

Mitte: Number 2 vial

Sig: Take a ¼ capful hourly

Rx: *Staphococcus aureus* 200CH

Mitte: Pulv vi

Sig: Take 1 powder twice daily for 3 days

Rx: Medi-herb *Echinacea premium* tincture

Mitte: 30ml bottle

Mitte: Take 20 drops 3 times daily in a little water