



**THEMATIC GROUP ANALYSIS OF SELECTED
MATRIDONAL REMEDIES**

By

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Declaration

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is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources).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

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Date

Dedication

This dissertation is dedicated to the late Bethusile Queeneth Hlatshwayo, without whom anything in my life would be impossible. Rest in peace and I Love you so much mom.

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Abstract

Group analyses of homoeopathic remedies is a relatively new methodology, linking biologically related substances via their common symptomatology. At a very basic level of understanding, group analysis is an attempt to identify a mechanism for understanding groups of related remedies, according to the natural classification of various sources such as minerals, plants and animals used in homoeopathic practice. This does not only offer new aspects to well-known remedies but illuminates the smaller, less well-known remedies, resulting in a more comprehensive and rounded understanding of the materia medica (De Schepper, 2006).

Sankaran (1994) and Scholten (1996) have developed the group analysis approach to help understand remedies and gain deeper insight into them. The aim of this approach is to find symptoms, themes and pathological tendencies that are common to all the remedies within a group and hence enable a homoeopath to more accurately see a remedy's 'picture' as well as to gain deeper insight into the group of less well-presented remedies.

This study is based on identifying themes and sensations which are common in the selected matridonal remedies of gestation and postpartum period. *Lac maternum*, *Aqua amniota humana*, *Vernix caseosa*, *Umbilicus humanus* and *Placenta humana* were selected because they are the matridonal remedies that are commonly used. There is not enough information available because very few studies were conducted on the matridonal remedies in the past. There is a gap in the literature to ascertain their themes, for example the group of remedies for the gestation and postpartum period have not been studied. The researcher conducted this study to assist with conditions in the newborn and diseases that perpetuate as the child is growing, as a result of complications during pregnancy and the postpartum period.

Tables and rubrics were used to set out data in a systemic manner for comparison, where the significant data was organised into thematic sub-divisions. The materia medica of the selected matridonal remedies were recorded and compared with each sub-division of the materia medica delved. Common themes from the selected matridonal remedies were extracted, recorded and compared. The sensations that emerged were determined and compared. Ten characteristic rubrics of each remedy were extracted and thereafter repertorised. The top three emerging similar remedies were then compared to each other.

The researcher employed the manual keyword searches. Original provings of the selected matridonal remedies were reviewed. The researcher then extracted the

symptoms, common characteristic sensations and themes amongst the selected matridomal remedies. The materia medica of the selected matridomal remedies were compared because the selected matridomal remedies are inadequately portrayed in the materia medica, repertory and computer software such as Radar Opus 10 and Encyclopaedia Homoeopathica (Wulfsohn 2005).

The researcher successfully extracted and compared the remedies of repertorial similarity to the selected matridomal remedies. A computer repertory search using Radar Opus 10 was used to list all the rubrics containing the selected gestational and postpartum matridomal remedies. From the remedies where rubrics were available. Restrictions were set up; whereby smaller rubrics were used because they portray the close picture of the selected remedy.

The selected matridomal remedies were individually studied and classified according to Sankaran's group analysis to successfully compare the thematic analysis of the selected matridomal remedies with existing group analysis data (sankran1994). The sensations that were identified for the selected remedies were used to formulate the basic themes of the selected matridomal remedies. The miasmatic classification of these remedies was used to support these themes.

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Defination of terms

Matridonal: Matridonals are remedies made from a pregnant woman's material such as placenta, breast milk, vernix, umbilical cord and amniotic fluid (Assilem, 2009:5).

Miasm: A miasm is a "mode in which the body reacts" (Bloch and Lewis, 2003: 35). It can be described as a pattern, tendency or predisposition towards a particular type of disease and can be inherited or acquired.

Proving: A proving is a controlled, reproducible and hence reliable method used to determine what a particular substance does to a healthy person. A potentized remedy made from a substance is given to a group of healthy people and all their symptoms, physical, mental and emotional, are recorded and from these symptoms a remedy picture can be developed. This remedy picture is then recorded in the materia medica.

Repertory: A repertory is a book or computer software listing symptoms that have been elicited during provings or clinical cases (Bloch and Lewis, 2003: 30).

Rubric: A rubric is a symptom or sign that has been elicited during a proving or clinical case and that is translated into repertory language and recorded in a repertory. For example, a patient may describe a headache as feeling as if a nail is being driven through the head. When translated into a rubric, this will read as: "Head, Pain, Nail, as from a".

Simillimum: The simillimum for an individual is the single remedy that matches the entire picture of that person.

Vital sensation: The vital sensation is the underlying sensation or feeling that is found within a person and that expresses itself in everything the person says, does and feels. Sankaran (2006) describes it as a deep disturbance which expresses itself through mental, emotional and physical patterns.

CHAPTER 1: RESEARCH TOPIC

1.1 INTRODUCTION

The researcher aimed to conduct a thematic group analysis of selected gestational and postpartum matridonal remedies. The selected matridonal remedies of gestation and postpartum were sourced from the known homoeopathic literature which is currently available through the provings performed. This is a non-empirical theoretical study.

The computer software Encyclopaedia Homoeopathica 10, Radar Opus 10 (Archibel, 2005), journals, books and online information sources were used for analysis. Initially, homoeopathic remedies have been studied and understood by considering each remedy in isolation (Scholten, 2006).

The homoeopathic materia medica is constantly changing (Sankaran, 2004). Thousands of new remedies are being added in the materia medica all the time. As a result, a system of homoeopathic classification is required to help practitioners study the remedies and prescribe more accurately for each patient. Choosing the simillimum for a patient, out of the thousands of known homoeopathic remedies, has become very challenging (Wulfsohn, 2005).

Each homoeopathic remedy has been researched in isolation without the knowledge of the origin of the remedy (Scholten, 1993). A homoeopath must match the specific symptoms of the patient to one of the vast number of remedies available, by the analytical methodology (Weston 2010). Over the years, the search for philosophical insight into remedies has led to new significant systems being developed in order to understand and classify groups of remedies (Ihrig, 2012).

“One of these systems is group analysis (analytical methodology), which is used for identifying a technique or procedure to understand groups of related remedies through their common symptomatology” (Scholten, 1993: 23). The grouping of remedies according to their natural order, miasmatic theory, the doctrine of

signatures and the repertory were used to assist in the selection of the correct remedy (Gaier, 1991).

Matrional remedies are an under-utilized subset of homoeopathic sarcodes (remedies made from human tissue). These sarcodes are made from pregnant women's tissues, such as placenta, umbilical cord, vernix caseosa, amniotic fluid and breast milk. In general, sarcodes are often given to strengthen the holistic function of the human body. The selected remedies that were chosen are remedies of gestation and postpartum (Assilem, 2009).

1.2 RESEARCH PROBLEM

The selected matrional remedies that were chosen for the study are remedies of gestation and postpartum tissue. The thematic group analysis of these remedies does not exist and therefore they are underutilised. The researcher conducted this study to assist with diseases in the newborn that perpetuate as the child is growing, as a result of complications during pregnancy and the postpartum period.

1.3 THE AIM OF THE STUDY

The aim of this study is to conduct a thematic group analysis of selected gestational and postpartum matrional remedies.

1.4 OBJECTIVES

- To review, extract and compare the materia medica of the selected matrional remedies.
- To extract common characteristic sensations and themes amongst the selected matrional remedies.
- To compare the remedies of repertorial similarity to the selected matrional remedies.
- To compare the thematic analysis of the selected matrional remedies with existing group analysis data.

1.5 THE RATIONAL FOR THE GROUP ANALYSIS OF THE SELECTED MATRIDONAL REMEDIES

The thematic group analysis of the study is based on identifying themes and sensations which are common in the selected matridonal remedies of gestation and postpartum period. These remedies were selected because of their common use. Very few studies have been conducted on the matridonal remedies in the past and there is a gap in the literature with respect to ascertain their themes, for example the gestation and postpartum group have not been studied.

The researcher conducted this study to assist with diseases in the new born that perpetuate as the child is growing, as a result of complications during pregnancy and the postpartum period. For example, a child who is having attachment problems is unable to leave his/her mother. The child stays with the mother even when he/she is 50 years and older. This person is given *Umbilicus humanus*.

Conducting this thematic group analysis will also contribute to new knowledge about the themes of the selected remedies such as indifference, lack of emotions and irritability etc. Matridonal remedies still need to be proved and many more could be proved again. Standardised methods are to be used to enable students and homoeopaths to gain more knowledge about these remedies, and enable them to conduct any further studies.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION TO HOMOEOPATHY

In the late 18th century, Dr Samuel Hahnemann developed homoeopathy which is an alternative system of medicine. Homoeopathy is based on the principle of 'like cures like' and minute effective dose, meaning the remedy is highly diluted often to a point where it is less than physically detectable (Vithoukas, 1980). The practice of the principle is founded by comparing the symptoms of the diseased person and those which are presented by a healthy person when a homoeopathic remedy is administered to them. The symptoms are then translated into rubrics and then sourced in the repertory and the material medica.

Dr Samuel Hahnemann was a physician, chemist, linguist and historian of medicine who became disenchanted by the medical system. He stopped practising medicine and translated texts, mostly medical texts. While translating William Cullen's materia medica, Hahnemann learned the similarity between the symptoms of malaria and the symptoms of poisoning from Peruvian bark (Cinchona) which was used to treat malaria by then (O'Reilly, 2010). From what he had learnt, he performed provings and developed the fundamental principle of homoeopathy.

A proving is a controlled, consistent and dependable method, that is used *to "study the effects of a particular substance when administered to a healthy person"* (Vithoukas, 1980). *"The substance is administered to a healthy person in a repeated dose until he/she produces symptoms as a "defence mechanism". This defence is evident in all three levels of the person: mental, general and physical symptoms. The symptoms are recorded, and the picture formed by the totality of these symptoms is used as the materia medica. A diseased person whose symptoms match those produced by a specific substance during a proving can be cured by that substance according to the principles of like cures like"* (Vithoukas, 1980: 96-97). This theory of healing was first declared by Hippocrates (460BC) *"Similia Similibus Curentur"* which translate into likes and are cured by likes.

2.2 WHAT IS A THEME

A theme represents a level of patterned response or meaning from the data that is related to the research questions. Determining what can be considered a theme can be used with deciding prevalence. This does not necessarily mean the frequency at which a theme occurs, but in terms of space within each data item and across the data set. It is ideal that the theme will occur numerous times across the data set, but a higher frequency does not necessarily mean that the theme is more important to understanding the data. (Clarke & Kitzinger, 2004)

2.3 WHAT IS THEMATIC ANALYSIS

Thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail. However, it also interprets various aspects of the research topic (Boyatzis, 1998).

2.4 MATRIDONALS

Matridonal means '*gifts of the mother*'. Matridonals are remedies made from a pregnant woman's material such as placenta, breast milk, vernix, umbilical cord and amniotic fluid. The homoeopathic energy of these remedies enables and holds humans through their beginnings and endings and in all the cycles and transitions in between. Matrodonals help to give identity to every individual and to connect with the true nature and essential selves as human beings. This, in turn, assists individuals to be conscious in life, to take responsibility and to experience life as they co-create. The full potential of these remedies is yet unknown (Assilem, 2009:5)

In paediatrics, the functions of these "matridonal" tissues are to help babies feel grounded and integrated in their physical bodies. In other words, these remedies help give the spirit a sense of bodily self, and a sense of physical boundaries that help denote self. In terms of physical health history, these remedies are also useful for birth trauma, preterm delivery, lack of mothering, and lack of breastfeeding; the working realm of these remedies is the intrauterine period; problems that have arisen during pregnancy or shortly after birth can be addressed with one, or perhaps more, of these remedies. Situations that have to do with the sense of security and protection of the foetus, his nutrition, his bond to the mother, and thus to Mother Earth, all come within the scope of these remedies. For example, if the mother has had problems during pregnancy, the sense of security can be damaged, and the child can feel unwelcome and unloved. Even with a loving mother, if the birth has been traumatic, perhaps resulting in surgical intervention or isolation in an incubator, the bond can also be disturbed (Assilem, 2009)

2.5 MATRIDONAL REMEDIES IN HOMOEOPATHY

Assilem (2009) developed much of her work with the matridonal remedies. She gave them the name “*Matridonal remedies*”, which means gifts of the mother. She describes the position and role these remedies have in homoeopathic practice, stating that matridonal remedies cannot be replaced. When one of these remedies is presented to be the simillimum, there is no other remedy that can have the same mode of action. Many homoeopaths are starting to learn more about these remedies. and to use them in practice (Grayston, 2013).

A distinct number of homoeopaths have done great work in this field. As mentioned above, Assilem (2009) has supplied us with a treasure of insight and experience garnered over the years. Smits (2008) worked extensively with *Vernix caseosa* which is the protective layer of the foetus in utero and he also conducted the proving of *Lac maternum* which is the breast milk.

In Australia, the homeopathic lactation expert par excellence, Hatherly (2010) developed her work on the mother-baby period, having extensive experience with *Lac maternum*, on which she conducted a proving. In India, Sankaran (1995) conducted a *Lac maternum* proving and added his knowledge and experiences to the existing data (Hatherly, 2010). In Holland, Timmerman conducted provings of many of the matridonal remedies, adding her experience and insights and making these remedies more well-known. (Grayston, 2013).

Welsh midwife, Gwillim (2009) conducted a proving of *Placenta*, bringing this remedy into use. The German homeopathic team of (Eberle and Ritzler, 1995) have also conducted a proving on *Placenta*, bringing to light previously unknown aspects of the remedy and adding important insights through their many cured cases. (Grayston, 2013)

The Matridonal remedies are often confused with remedies from the early stages of the periodic table, such as *Hydrogen, Helium, Lithium, Beryllium and Boron*. In the plant kingdom, they could easily be confused with various primitive plants. *Pulsatilla* or *Stramonium* is often given when a matridonal remedy might be more accurate (Grayston, 2013). In the animal kingdom, one needs to differentiate between the various milk remedies, and with the molluscs, which have issues around safety and hiding. Yet, their sphere of working is quite unique, and as one gains experience with them, it is possible to recognise the themes of the intrauterine period: safety, security, bonding or lack thereof, nutrition, and to see these in the context of the patient’s history (Grayston, 2013).

2.6 SELECTED MATRIDONAL REMEDIES

Due to the scarcity of comprehensive materia medica, provings and clinical information of the matridonal remedies, the researcher manually selected the matridonal remedies to be used when conducting the research. The matridonal remedies which were well proven, well presented in the material medica and had enough information to conduct the research were selected.

The selected remedies were:

- *Aqua amniota humana* (gestation)
- *Placenta humana* (gestation)
- *Vernix caseosa* (postpartum)
- *Umbilicus humanus* (gestation)
- *Lac maternum* (postpartum)

2.6.1 AQUA AMNIOTA HUMANA

This remedy is made from the amniotic fluid of a pregnant woman. (Assilem, 2009)

2.6.1.1 The essence of Aqua amniota humana

Amniotic fluid keeps us contained and connected to self and the universe whilst developing in preparation for life as a unique individual. The remedy from the amniotic fluid helps to take the child or adult back to the place where they were formed. Getting information from the amniotic fluid can help gain more knowledge about how one was formed and gaining information while in formation (Assilem, 2009).

2.6.1.2 The key themes of Aqua amniota humana (Assilem 2009)

- There is a deep underlying feeling of grief, when there has been recent grief or trauma in the mother during the patient's gestation; when there is a sibling close in age to the patient or there has been the death of a twin.
- There is a sensation of having the ability to breathe underwater or sensation of being in the womb.
- There is self-recognition; they feel that they know things that have not been taught.
- They have heightened senses.
- They have time distortion issues.
- They have breathing issues.

2.6.1.3 The anatomy of amniotic fluid

Amniotic fluid is a transparent liquid that surrounds a developing foetus in the mother's womb. It is formed from the mother's plasma, as it diffuses past the foetal membranes and succumbs to the forces of osmosis and hydrostatic pressure. The amniotic fluid is contained within an amniotic sac. The amniotic sac is the purse that encloses the unborn foetus until birth. The inner part of the sac is made up of an amnion membrane and outer part is made of a chorion membrane. Unborn babies are able to swallow or inhale the amniotic fluid before releasing it, as they have yet to breathe through their developing lungs which will require oxygen from the outside environment (Coad and Dunstall, 2005: 44).

Amniotic fluid levels notably fluctuate during pregnancy. The foetus may swallow 20 ml of fluid per hour; the extra water crosses the gut, enters the foetal circulation and can then cross the placenta. By term (at the end of pregnancy) the normal volume of amniotic fluid is 500-1000ml. Polyhydramnios is an excess amount of fluid (over 2000ml) which is usually associated with multiple pregnancies or foetal swallowing problem. A deficiency of amniotic fluid (less than 500ml) is classified as oligohydramnios, a condition often associated with impaired foetal renal function. Amniotic levels are important to maintain, as an overflow or underflow of amniotic fluid can render disease in the infant and/or mother (Jauniaux and Gulbis, 2000).

2.6.1.4 Physiology of amniotic fluid

Amniotic fluid has an important role in protecting the foetus, cushioning it from external impact and stresses. It also allows symmetrical foetal growth and movement, preventing foetal parts from adhering together or to the amnion. Amniotic fluid has bacteriostatic properties and is also important in maintaining a constant body temperature (Coad and Dunstall, 2005: 187). Jauniaux and Gulbis (2000) stated that in the first half of gestation, before skin keratinisation takes place, fluid and electrolytes can diffuse freely across the skin.

Amniotic fluid provides a useful tool to monitor foetal development and wellbeing. A small amount of the fluid can be removed for measurements and testing. Amniotic fluid contains many maternal and foetal proteins and foetal cells which can be used for genetical testing (Coad and Dunstall, 2005:187).



Figure 1: Amniotic fluid

Source: [https:// www.healthreflect.com](https://www.healthreflect.com)

2.6.2 *UMBILICUS HUMANUS*

This remedy's proving was done in Greece, using the same enhanced proofing (proving) as amniotic fluid. (Assilem, 2009)

2.6.2.1 The essence of *Umbilicus humanus*

The umbilicus humanus is useful for birth trauma, preterm delivery, lack of mothering and lack of normal breastfeeding. Small, premature and underweight babies may benefit from this remedy or those with trauma while in the womb or at birth (Assilem, 2009)

2.6.2.2 The key themes of *Umbilicus humanus* (Assilem, 2009).

- They are unintentionally wounded.
- They are homesick, yet good to be alone.
- They feel like they are no longer themselves and often ask themselves “Who am I”? and they cannot recognize themselves in the mirror.
- They have dreams of being lost or being abandoned on a train.
- Theme of unveiling, shedding skin, dropping masks.
- There is a need to get back to their innocent potential after realising who they are.
- They feel like they are in the body of a stranger.
- They feel like they are an outsider.

- They see visions of angels with open wings & flying dragons

2.6.2.3 The anatomy and physiology of the *Umbilical cord*

Also known as the thread of life, *navel string*, *birth cord* or *funiculus umbilicalis*, which is derived from the Latin word used for rope or cord of the embryo.

The umbilical cord is a conduit between the developing embryo or fetus and the placenta. During prenatal development, the umbilical cord is physiologically and genetically part of the fetus and (in humans) normally contains two arteries (the umbilical arteries) and one vein (the umbilical vein), buried within Wharton's jelly. The umbilical vein supplies the fetus with oxygenated, nutrient-rich blood from the placenta. Conversely, the fetal heart pumps low oxygen-containing blood, nutrient-depleted blood through the umbilical arteries back to the placenta (Dudek and Fix, 1999: 87)

2.6.2.4 Physiology of the *Umbilical cord*

The umbilical cord enters the fetus via the abdomen, at the point which (after separation) will become the umbilicus (or navel). Within the fetus, the umbilical vein continues towards the transverse fissure of the liver, where it splits into two. One of these branches joins with the hepatic portal vein (connecting to its left branch), which carries blood into the liver. The second branch (known as the ductus venosus) bypasses the liver and flows into the inferior vena cava, which carries blood towards the heart. The two umbilical arteries branch from the internal iliac arteries and pass on either side of the urinary bladder into the umbilical cord, completing the circuit back to the placenta (Dudek and Fix, 1999:104).

In absence of external interventions, the umbilical cord occludes physiologically shortly after birth, explained both by swelling and collapse of Wharton's jelly in response to a reduction in temperature and by vasoconstriction of the blood vessels by smooth muscle contraction. In effect, a natural clamp is created, halting the flow of blood. In air, at 18 °C, this physiological clamping will take three minutes or less. In water birth, where the water temperature is close to body temperature, normal pulsation can be 5 minutes and longer (Dudek and Fix, 1999:103).

Closure of the umbilical artery by vaso-constriction consists of multiple constrictions which increase in number and degree with time. There are segments of dilations with trapped uncoagulated blood between the constrictions before complete occlusion. Both the partial constrictions and the ultimate closure are mainly produced by muscle cells of the outer circular layer (Dudek and Fix, 1999: 98). In contrast, the inner layer seems to serve mainly as a plastic tissue which can easily be shifted in an axial

direction and then folded into the narrowing lumen to complete the closure. The vasoconstrictive occlusion appears to be mainly mediated by serotonin and thromboxane A₂. The artery in cords of preterm infants contracts more to angiotensin II and arachidonic acid and is more sensitive to oxytocin than in term ones. In contrast to the contribution of Wharton's jelly, cooling causes only temporary vasoconstriction (Dudek and Fix, 1999:98).

Within the child, the umbilical vein and ductus venosus close up and degenerate into fibrous remnants known as the round ligament of the liver and the ligamentum venosum respectively. Part of each umbilical artery closes up (degenerating into what are known as the medial umbilical ligaments), while the remaining sections are retained as part of the circulatory system (Dudek and Fix, 1999:98).



Figure 2: Umbilical cord

Source: [https://www. babycheats.com](https://www.babycheats.com)

2.6.2.5 A case of *Aqua amniota humana* and *Umbilicus humanum*

*Feeling left out: a case of **Umbilical cord and Amniotic fluid***

by Assilem (2009)

Summary

B. was thirty-seven years old and her biggest problem was her deep feeling of being left out of so many things, and a huge sense of longing for something that was unknown to her; almost like being homesick but not having left home. She said she felt isolated from the world and herself. She felt she did not know herself very well, that she was a stranger, and that this world had not accepted her. Sometimes, she said she felt she did not deserve to be here but had a longing, a yearning for some unknown thing that made her feel depressed. Both her parents were dead, and when I asked if this feeling had come as a result of grief for them, she said, “No, I think I have always had it.”

*Prescription: **Umbilicus humanus** 30CH*

The signature of this remedy is one of being disconnected from source and self. Issues of identity, self-worth, belonging and not belonging, mistakes made. Homesickness, connections/disconnections, and things lost.

First follow-up: soon after the remedy, she had a very vivid dream. Fortunately, she was keeping a diary and has allowed me to use it here:

“I saw myself as an angel, dressed in red with a red and blue ribbon wrapped across my chest. I was a tiny angel. After my dream, I remembered the story of the Littlest Angel that my mother read to me when I was small. I always felt sad for him, as there were no other angels his age in heaven. The little angel gives the precious treasures he has brought with him to heaven from his earthly life to baby Jesus. Then, I wondered what he had to play with after that. Oh my God, what a sad story! I remembered that I saw my mother cry the last time she read it to me.”

Prescription: no remedy (In the proving there were many images of Angels!)

Second follow-up: a week or two after our appointment, my client had a visit with her mother’s sister. Another diary entry:

“I had never told any of my family about my feelings about myself, but I decided it was time I shared it. After talking to my aunt about what’s going on

with me, she told me that I had a twin brother who died when we were only three weeks old. I was shocked. I cannot believe it but it all makes sense. I am realizing how sad I must have been when he didn't survive, because we had shared our whole coming into being together. Finally, I know now what this deep well of loss is about; this empty space around me, only I couldn't name it. I think I can almost remember him and when I looked into the mirror, I thought it was him and not me, and that he is the one who lived and I was the one who died. I am weeping now as I write this. It feels as if the grief is so deep and so familiar, and now I have a name for it. It has always been there, surrounding me, and I am both sad and happy to know what it is about." I asked if her dream about the angel might have been about her brother, and tears came. She said so much is making sense to her. "I have been grieving for this all my life, but I didn't know what it was."

Prescription: Aqua Amniota Humana 30CH

I followed with amniotic fluid because it is the remedy that takes us back to the place where we were formed and flows with such deep grief. In the proofing, there was an obvious return to the womb, getting information from the fetal waters about how we were formed, gaining information while in formation. I have found that these two remedies often can follow one another. It is as if one can lead to the other. The Umbilical allowed her to open up enough to talk to her family. There, she found an answer. I could have waited but felt she needed fetal waters to ease the grief that was surrounding her.

Third follow-up: she had written:

"Now, I grieve for him, for me, and for my mother who died without release from her pain. Now, I can understand her distance from me. It is still painful but it all makes sense. I wish she had been able to talk to me about it when she was still here."

Prescription: no remedy

Fourth follow-up: many months later, she came for another appointment and looked so vibrant. She said sloughing off the guilt she carried for being a survivor had released some kind of magic energy in her and she felt as if she had had a brand new birth, and she wanted to share that with me.

2.6.3 PLACENTA HUMANA

This remedy is made from the human placenta. Welsh midwife, Gwillim (2009) conducted a proving of placenta, bringing this remedy into use. The German

homoeopathic team of (Eberle and Ritzler, 1995) also conducted a proving on *Placenta humana* in 1995 (Hans and Friedrich, 1999:57).

2.6.3.1 The essence of *Placenta humana*

This remedy is very useful in children with autism (Autism Spectrum Diagnosis - ASD). *Placenta humana* remedy is also very useful for birth trauma, preterm delivery, lack of mothering, and lack of breastfeeding (Biggs and Gwillim, 2009). There is a feeling of not being well nurtured in this remedy. The essence of this remedy is being disconnected from the source and self with issues of identity, self-worth, belonging and not belonging, past mistakes made, homesickness, connections, disconnections and things that have been lost (Biggs and Gwillim, 2009).

2.6.3.2 The key themes of *Placenta humana* (Biggs and Gwillim, 2009)

- They are full of other people's beliefs.
- They feel overwhelmed by the chaos that came with reincarnation.
- They start their new journey and write their own itinerary.
- They let go of other people's influence.
- They become more autonomous.
- They desire to be an individual with own potential.
- There is an acceptance of self, which allows own identity to emerge.
- There is a feeling of having another chance (a rebirth which brings a reawakening, self-acceptance and a renewal of their personal power).

2.6.3.3 The anatomy of Placenta

The placenta is formed when the uterus is invaded by the developing embryo and as the trophoblast forms the villous chorion, which develops from the primary chorion, secondary chorion to tertiary chorion (Dudek and Fix, 2005: 48).

Placenta Components: Decidua Basalis and Villous Chorion

The human placenta is hemo-monochorial and discoid-shaped. The maternal component of the placenta consists of the decidua basalis, which is derived from the endometrium of the uterus located between the blastocyst and the myometrium. The decidua basalis and decidua parietalis are shed as part of the after birth. The maternal surface of the placenta is characterised by 8 to 10 components called cotyledons, which are separated by the decidual (placental) septa. The maternal surface is dark red in colour and oozes blood owing to torn maternal blood vessels (Dudek and Fix, 2005: 48)

The foetal component of the placenta consists of tertiary chorionic villi derived from both the trophoblast and extra-embryonic mesoderm, which collectively become known as the villous chorion. The villous chorion develops most prolifically at the site of the decidua basalis. The villous chorion is in contrast to an area of no villus development known as smooth chorion (which is related to the decidua capsularis), the foetal surface of the placenta is characterized by the well-vascularised chorionic plate containing the chorionic (foetal) blood vessels. The foetal surface has a smooth, shiny, light blue or blue pink appearance (because the amnion covers the foetal surface), and five to eight large chorionic (foetal) blood vessels should be apparent (Dudek and Fix, 2005: 48).

2.6.3.4 Physiology of the placenta

The development of the placenta is critical for foetal survival because of the importance of the placenta in the maternal-foetal transfer. It has a wide range of functional activities including complex synthetic capabilities which are essential to the development of a normal term baby. The placenta flourishes in an immunologically foreign environment and has an important role in the immunological acceptance of the foetal allograft. Essentially the placenta acts as a vascular parasite, depending on maternal blood for oxygen and nutrients (Coad and Dunstall, 2005: 177).

The structure of the placenta is such that, although optimal diffusion gradients are established, the placental membrane separates maternal blood from foetal blood. A common misconception is that the placental membrane acts as a barrier. However, some substances can pass through the membrane and some of these substances can be harmful (Dudek and Fix, 2005: 48).

The functions of the Placenta are:

- **Respiration and nutrition** -it enables the foetus to take oxygen and nutrients from the maternal blood.
- **Excretion** - it serves as an excretory organ where carbon dioxide and other waste products such as urea and bilirubin pass from the foetal blood to the maternal blood.
- **Protection** - it forms a barrier against the transfer of infection to the foetus and is the place where antibodies are transferred. The liquid (amniotic fluid) also provides an environment of stable pressure and allows free foetal movement and protection from injury.
- **Secretion** - it secretes large amounts of hormones such as oestrogen and progesterone. The oestrogen prevents the pituitary gland from making Follicle

Stimulating Hormone (which stimulates the ripening of the follicles in the ovary). The progesterone ensures that the uterus grows at the same rate as the baby and also that the breasts are ready to produce milk as soon as the baby is born. The placenta serves the same function as the kidneys, lungs and intestines after birth (Dudek and Fix, 2005).

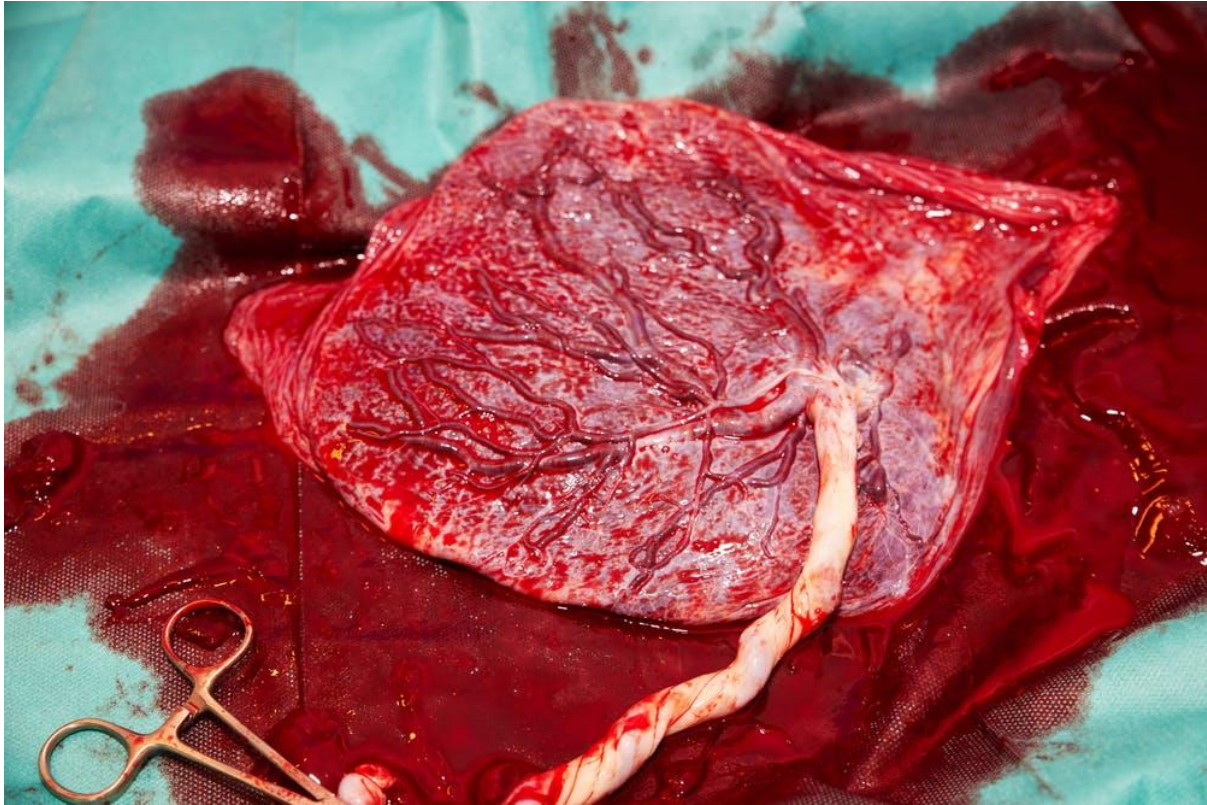


Figure 3: Placenta

Source: <https://www.theconversation.com>

2.6.2.5 A case of *Placenta humana* (Biggs and Gwillim, 2009).

Woman 32 years old: paraesthesia, fatigue, caring, looking after others

SUMMARY

Patient with paraesthesia. Lost a twin in late pregnancy. 11 years of intensive care tasks in her family of origin. Disease of her daughter with severe aggressive behaviour, sleep disorders and anxiety symptoms. The patient is a friendly, uncomplaining, naturally mild, helpful young woman.

DIAGNOSIS

The patient suffers from tingling in the forearms and lower limbs as if ants were crawling on them. Tired eyes.

BACKGROUND

At age 21, she had her first pregnancy with twins. One twin died in the seventh month of her pregnancy. After birth, the patient had to work immediately as a chambermaid, and in the evenings as waitress. At 25, the patient had another child and has continued to work hard. Her brother had a serious accident two years later with severe internal organ injuries: "His internal organs have literally exploded from the fall. One year later, at 28, she has built a house with her husband and also helped her father build a barn on the farm. A year later, her father had a heart attack. The next day her mother fell from a tree and she took charge of her parents' farm in addition to her own professional activities and her family obligations; moreover, she had to look after her granny, who needed care. Finally, her daughter got Hashimoto's thyroiditis which was overdosed, and so her daughter exhibited disturbed behaviour for months, with aggressive outbursts, beating, insomnia and anxiety. Then, the patient became ill herself: twice in a row, she suffered of attacks of deafness and then impaired vision: she saw air bubbles falling down. Following these illnesses, the patient developed the paraesthesia described above. In telling all this, the patient was lovable, friendly and mild.

ANALYSIS

*As though it was only natural, without moaning and groaning, the patient told about the last 11 years of hard work for a living and the sorrows about her brother, father, mother, and grandmother, as well as her frightfully sick daughter and the loss of a twin in late pregnancy. The patient is not care-worn. Her caring, helping nature and her desire to do this in a professional form as well, namely to become a geriatric nurse, and her tendency to physical exhaustion symptoms (hearing loss, visual impairment) brought us to the prescription of **Placenta humana 30CH***

2.6.4 VERNIX CASEOSA

This remedy is made with the sebum of ten different newborn babies.

2.6.4.1 Essence of *Vernix caseosa*

The essence of *Vernix caseosa* is insufficient separation of its own energy fields from the energy outside. It can easily happen that a person in that state crosses people in the street and picks up the sorrow of somebody who lost his mother, the hate of somebody who is divorcing, the anxiety of somebody who has to face a difficult situation, the hurry from somebody who is late and the nervousness of the

whole city. Entering the car from a two hours shopping trip that person feels completely exhausted, is irritable, shouts at the children, feels discontented, aggressive, unhappy, depressive and needs the rest of the day and a whole night's sleep to find herself again. In such a state, we are playing with a ball of energies coming from outside, mixed up with our own energy creating chaos inside (Smits, 2008). This can force us to be in an attitude of taking distance to protect ourselves and of staying home because we need the protection of our house as a second shield. We have to avoid watching TV, to listening to the radio, to reading the journal and have only superficial contacts with other people (Smits, 2008) . But this is only a plaster on a bleeding wound. Or we can be completely overwhelmed by all these outer energies, not knowing how to canalize them, not aware of what happens. Many of these patients are so vulnerable that they are continuously in a state of emotional imbalance (Smits, 2008).

Vernix caseosa therefore, can be of wonderful help at a certain moment in our life, when we have the feeling that we are overwhelmed and unable to defend ourselves. It enables us to build up a natural separation between our own energy and the outside energy. This is quite different from the protection that a *Natrum muriaticum* patient has built up to protect himself (Smits, 2008). He hides emotionally behind a wall, cannot feel his emotions anymore. *Vernix caseosa* enables us to stay in contact with the outer world on all levels without being overwhelmed by it and to feel what our own emotions are and what those of others, without mixing them up (Smits 2008).

2.6.3.2 The key themes of *Vernix caseosa* (Smits, 2008).:

- They feel unprotected and become hypersensitive to surroundings.
- They merge easily.
- They feel invaded.
- They feel threatened.
- They are overwhelmed by all outside energies.
- They have multiple allergies.
- They are paranoid.
- There is no sense of identity.
- They have type A personality (they are addictive and obsessive).
- They are passive and agoraphobic.
- They often have environmental illness such as Chronic Fatigue Syndrome.
- They are easily distracted.
- They are drowning in chaotic thoughts (busy brains) Imprison themselves.
- They have skin problems like eczema.

2.6.4.3 The anatomy of *Vernix caseosa*

Vernix caseosa is a white, cream cheese-like, superficial fatty substance that coats the foetal skin from the middle of gestation and subsequently decreases as gestation progresses. *Vernix caseosa* tends to accumulate at the sites of dense lanugo growth and is evident on the preterm baby on the face, ears and shoulders and in folds. At term, traces of vernix are present on the brow, ears and in the skin creases. *Vernix caseosa* is composed of sebaceous gland secretion and skin cells and is rich in triglycerides, cholesterol and fats (Rutter, 1996).

2.6.4.4 Physiology of the *Vernix caseosa*

The role of the *Vernix caseosa* is to protect the foetus from the amniotic fluid and prevent loss of water and electrolytes. It provides insulation for the skin and helps reduce friction at delivery. It also has antibacterial properties. The barrier properties of the stratum corneum of the skin increase with increased gestational age, especially after 24 weeks (Rutter, 1996).



Figure 4: *Vernix caseosa*

Source: <https://www.parenting.firstcry.com>

2.6.3.5 A case of **Vernix caseosa** by Smits (2008).

“Everything comes into me”

The patient is a twenty-year old Maori woman, mother of two children, who arrives with her own mother to the consultation. She bursts into tears as she talks: “Everything is too much for me. I am taking anti-depressants because I just can’t cope; I can’t manage my children or even the small daily things of running a household, so my mother has to do a lot for me. But this bothers me too – everything gets on my nerves. Not only that, every emotion, even the emotions of others, seems to come right into me. If I walk down the street or try to go shopping, I feel invaded by sounds, sights, smells, and other people’s stuff, their feelings. It is as though I have no skin. Nothing stays on the outside, I can’t protect myself.”

She is very expressive, going from tears to laughter easily, and constantly making a motion as though she is shielding herself. She has something very child-like, although she is a mother herself.

“I can’t deal with the children. When they cry, I feel their pain or their hurt, and it is too much for me. I just want to curl up in bed, pull the blankets over me and let everything pass. I have no motivation at all; it is really hard to get up in the morning and organise my day. My marriage is falling apart, too.

“If my mother has been visiting someone sick and then she comes to my place, I can feel what my mother has been through with her friend, and I can feel what her friend is going through during her illness. All those emotions just overwhelm me. I end up crying or shouting. These days, I am drowning myself in alcohol, and I am afraid that it could become a real problem. I just don’t want to feel so much, I can’t cope.”

Her mother speaks up for the first time: “When I was pregnant with her, I knew I had twins, and that one of them died. When my daughter was born, she cried in such a heart-wrenching way, I have hardly ever heard a baby cry like that. I knew that she was crying for her dead sister. She was born a bit early, but she still had no “coating” – she was red and wrinkled and irritable, crying inconsolably all the time.”

*Her mother had just given the hint for the remedy that would help her daughter: **Vernix caseosa**, the protective grease that coats babies in the*

womb. When I told her what I was planning to give her, she beamed: “Yes, that is just what I need, something to buffer me, protect me.”

Prescription: one dose of **Vernix caseosa** 200CH worked miracles. A month later, she returned smiling. “I am more in charge of my life now. I feel motivated to get up and go about my household tasks. It feels like I have a buffer, something that helps me to stay in my own centre instead of taking in everything that goes on. I have stopped drinking; I just don’t need it anymore. And I’ve stopped the anti-depressants – they weren’t helping me at all, just making me feel even sicker.”

One dose of the remedy was enough, although in some cases, several doses are necessary. She returned from time to time for consultations with her children, but felt no need for a consultation for herself, or a repeat of the remedy. Several months later, she showed up for herself again, but this time the picture was different. She no longer talked of “everything coming into her,” and she spoke in a more mature manner. Her next remedy was **Calcium muriaticum**, as she felt uncomfortable about what other people thought of her and her mothering skills. “I have always been worried about what people think of me and how I cope. But now, at least, it is just that one part that is bothering me, and not the whole of life overwhelming me. I think I am growing up.” Her mother confirmed this, saying that she no longer had to take over the household on a regular basis, as in the past. As is often the case, **Vernix caseosa** healed an essential aspect, and paved the way for the next remedy, a more “common” one, relating to the building of relationships, and no longer of problems of the intrauterine period.

2.6.5 LAC MATERNUM

Lac maternum is made from the milk of nine women, milk from three days (colostrum) to 10 months after parturition. The different potencies were *lege artis* (according to the law of the art. Denotes that a certain intervention is performed in a correct way) made by Dolisos Holland in the spring of 1994 (Hatherly, 2010).

2.5.1 Essence of *Lac maternum*

The basic problem in this remedy is a lack of incarnation from several deeper causes, such as anxiety in accepting the physical state, apprehension of the difficulty of our task during this incarnation, homesickness for the astral world, refusal of the child by its parents at the beginning of pregnancy or anxiety for the responsibilities of a new life, etc. This lack of incarnation causes a deep unawareness of the true

identity; the person is not centred and the energy is easily disturbed by the energy of other persons and of the surroundings. There is no real clarity of mind; thinking is muddled and defences against the outer world are lowered. All this becomes clear when the person has taken *Lac maternum* and becomes aware of the difference, e.g. realising that nobody respects him, that people abuse his kindness. He becomes increasingly aware of his own needs and of what he really wants for himself. This remedy helps the person to become aware of his own frontiers and makes it possible for him to cleanse his own energy from all that is 'not him'. In the beginning I thought that entering into the centre of the body was one part of the process brought about by *Lac maternum* and that becoming aware of one's energy and frontiers belonged to the next remedy that I was seeking, which proved to be *Vernix caseosa*, but in reality both incarnation and protection appeared to be part of the same process. Patients reported not only that the floating sensation, the dizziness, the muddled thinking, the fainting, the unreal feeling etc. were gone, but also that they became more conscious of their own needs, abler to say 'no' to other people and were no longer willing to be used as a drudge. So, we can say that the main disturbance that causes problems in this patient is a lack of incarnation in the physical body and that he is therefore unaware of the barriers between himself and the outer world (Hatherly, 2010).

2.6.5.2 The key themes of *Lac maternum* are: (Hatherly, 2010)

- They crave pressure, swaddling, and small places to feel safe and grounded.
- They had birth trauma.
- They have preterm delivery issues.
- They lack nurturing
- They were never breast fed or were interrupted during breastfeeding.
- They are always sad; there is lack of joy in their life.
- There are sudden changes in mood; there is laughing, alternating with weeping and joyfulness.
- They are irritable and quarrelsome with fits of weeping.
- They question the meaning of life.
- They have a chaotic inner feeling.

2.6.5.3 The anatomy and physiology of the human breast milk

The first stage which is called secretory differentiation (previously termed lactogenesis) commences during mid-pregnancy when the breast develops the capacity to synthesise unique milk constituents such as lactose and milk-specific proteins. At this stage, the stem cells within the breast develop into progenitor cells that in turn differentiate into lactocytes (Ramsay *et al.* 2005)

Due to high levels of progesterone in women, colostrum and milk secretion rate is low; on average about 30ml per day. Secretory differentiation occurs at about 20-25 weeks of gestation and closes during lactation. The maturation of secretory differentiation could be one of the factors limiting the successful development of lactation in preterm mothers (Ramsay *et al.* 2005).

The second stage, the secretory activation (previously termed lactogenesis II) occurs during the first three (3) days after birth. Secretory activation is characterised by the initiation of copious milk production and is arguably the most important phase of the lactation cycle. Secretory activation has to be tightly coupled with the time of birth so that the new born can make a seamless transition from the protective environment of the uterus and continuous nourishment from the umbilical vein to the intermittent provision of protection and nourishment from the mother's milk. Appropriate management of secretory activation is crucial for the successful development of optimal milk production (Ramsay *et al.* 2005).

Breast milk is arguably the ultimate functional food providing the infant with basic nutrition as well as a complex mixture of immuno-modulatory components, bioactive compounds and a vast array of hormones. Breastfed infants have been associated with enhanced cognitive development and protection against cardiovascular disease, obesity and type 1 and type 2 diabetes later in life. Appropriate trace element intake is essential for optimal growth and development and may play a role in some of the positive outcomes associated with breastfeeding (Ramsay *et al.* 2005).



Figure 5: Human breast milk

Source: <https://www.medela.com>

2.6.5.4 A case of *Lac maternum* by Hatherly (2010).

*The surrogate mother: a case of **Lac maternum***

2015 consultation: Maya the cat stayed in her basket for ten minutes and then came halfway out, looking around. She then emerged tentatively, slinking, and timid. She then went to her owner and stayed next to her for a few minutes before returning to her box. Then, she did the same again, jumped up, and stayed on the lady's lap for a while before returning to her box. She seemed to have a small body compared to her head.

History

She was brought home from the RSPCA in February 2013, aged eighteen months; she was tiny, hiding under a blanket. She settled well at her new home and quickly became confident and curious. On return from holidays, Maya welcomed the owners home without sulking but her coat had gone thin, especially her back, hind quarters, and abdomen. It remained that way. The owners did not see excessive licking or grooming but suspected she did this when on her own. Maya is an indoors cat, partly by her own choice, showing no interest in going out. If the door is left open, she stays inside and looks out the windows. She is very loving and enjoys cuddles: "She sits in my arms like a baby and latches onto me," says Sue, the owner. She often kneads when

on Sue. I ask Sue: Who are you to Maya? She replies: “The surrogate mother”. What is the most extraordinary thing about Maya? Sue’s partner replied: “The way she clings and attaches herself to Sue. She wants to be part of the human family – in fact she seems more human than feline. “She would be sympathetic we think, but we are never ill or sad. She is never vicious and is always sweet and forgiving. If a visitor arrives, she sits observing from the top of the piano. She notices animals on TV. She likes a lap as soon as we return, and occasionally with a visitor that she knows. If there are loud voices, she goes to another room.” She drinks normally but Sue describes her behaviour as 'secret drinking', as if she does not want to be seen. She has a picky appetite. Her favourite food is salmon, and she won't touch milk, butter or cheese. She eats paper.

Analysis

There is not a lot to go on. She is sweet and gentle, which could indicate many remedies. The aetiology was probably being left when the owners went on holiday and the neighbour came in and fed her. Again, this could indicate many remedies, but none of the usual possibilities like **Pulsatilla**, **Staphysagria**, **Natrium muriaticum**, **Ignatia** or **Carcinosinum** seemed right. So, what is unusual? Not a lot really! I listened to the owner’s words: 'latched on', 'clings', 'attaches' are all words we would use to describe an animal suckling. The owner said “surrogate mother”, and “lies like a baby”. She is affectionate and likes a lap. She will not touch any dairy products, which is certainly unusual for a cat. A Lac remedy would have to be considered. There is a rubric: “Generalities – food and drinks – paper desires”. This rubric originally only had **Lac caninum** but has been expanded to two remedies with the addition of **Lac felinum**, which makes me think that maybe any Lac could be in there. I decide to try a Lac – but which one? Maya does not seem like a predator or particularly like a prey animal. The owners say: “She wants to be part of the human family.” She has no wish to go outside into nature but likes the house.

Prescription: **Lac maternum 200CH**.

2.7 DEVELOPMENT OF GROUP ANALYSIS

In the 1990s, a new method of understanding homoeopathic remedies, called group analysis, was introduced (Sankaran, 2002). This method involves an understanding of remedies in terms of characteristics common to a group of related remedies (Leisegang, 2007). Remedies are grouped according to natural classifications, such

as mineral groups, for example the *Carbonicums*; plant families, for example *Graminae*, or animal groups, for example snake remedies. Due to the significant number of new remedies, the group analysis method provides a valuable tool to enable the homoeopath to refine the search to the correct group of remedies in which to find the patients simillimum (Wulfsohn, 2005).

Homoeopaths, namely Sankaran (2005c) and Scholten (1993), have been able to determine symptoms common to a group of remedies (grouped according to biological classification) and thus gain a greater understanding of the remedies in that group (Scholten, 1993). This enables them to predict, with some degree of accuracy, the characteristics of a poorly described remedy by applying the characteristics of the group of remedies to which it belongs, together with characteristics specific to that remedy (Scholten, 1993).

2.7.1 GROUP ANALYSIS ACCORDING TO HAHNEMANN

Hahnemann did a group analysis through the miasm theory. After Hahnemann discovered that well-chosen remedies were not working successfully when treating patients with chronic diseases, he studied their cases, searching for patterns. From the patterns, he then came up with the three miasms: psora, sycosis and syphilis (De Schepper, 2006). Hahnemann believed that miasms are passed on from generation to generation and they create a tendency to a particular group of diseases (De Schepper, 2006).

The psoric miasm is the miasm of lack and weakness, which creates a disposition to diseases in which there is atrophy, lack of and weakness. For example, weak nails, poor assimilation, timidity and lack of self-confidence. The sycotic miasm is the polar opposite, being the miasm of 'excess': disorders of overgrowth, exaggeration, restlessness and hyperproliferation. The third miasm, the syphilitic miasm, creates a tendency towards destruction and decay with deep-seated degenerative diseases, suppurating ulcers and structural deformities (De Schepper 2006: 362).

2.7.2 GROUP ANALYSIS ACCORDING TO FARRINGTON

Farrington (2002) lectured on how to study the material medica, mentioning how it is impossible to memorise all the details of the material medica. He then lectured on the importance of discovering "the genius of each drug, and the relationship which drugs bear to one another" (Farrington, 2002: 126). Farrington (2002) grouped remedies into the mineral, animal and plant kingdoms and further grouped nosodes in order to help homoeopaths to progress from the general to the particular (Farrington, 2002).

2.7.3 GROUP ANALYSIS ACCORDING TO SCHOLTEN

For many years, Scholten (1993) expressed his sadness about the gaps and the lack of system in the knowledge of homoeopathic remedies (Scholten, 1993). This led him to the investigation of groups of remedies which, although botanically or chemically related, at first sight hardly seemed to have any homoeopathic relationship with each other (Scholten, 1996). Scholten (1993) compared different mineral remedies, that is groups of remedies that contain the same element, and extracted common symptoms. For instance, *Natrum carbonicum*, *Natrum muriaticum*, *Natrum phosphoricum* and *Natrum sulphuricum* are minerals that contain the element sodium. The themes and characteristics that are common to the whole group are distilled out of the overall picture and subsequently applied to the lesser known or even unknown sodium salts (Scholten, 1996).

A few years later, Scholten (1996) went further and applied his theory to the entire periodic table by creating a materia medica of the elements (Scholten, 1996). His book, "*Homeopathy and the elements*" (Scholten, 1996) describes the outcome of a comparison of the elements, how they relate to each other and how compound salts modify the picture of a single element. Scholten (1996) was able to identify a pattern running through the entire periodic table by themes that are common to vertical rows/series, as well as horizontal columns/stages. The patterns are more general and the concepts broader than the ones described in his previous book, "*Homeopathy and the Minerals*" (Scholten, 1993). However, Scholten (1996) manages to show a definite evolution of a theme within each row with the idea of a rise and fall according to the progression of columns. In this way, he is able to forecast trends developing within each row and to predict themes and characteristics of lesser or unknown mineral remedies (Scholten, 1993).

Using the current scientific knowledge of the periodic table, Scholten (2005) introduced a new group of remedies, the 'lanthanides' to homoeopathy. The name lanthanides mean 'hidden', as many of them are found in other substances and are difficult to obtain (Scholten, 2005: 10). To Scholten (2005:10), this fact is already a key to their homoeopathic use. "A number of practitioners have had successful cures using these new concepts and substances to a point where it now forms an integral part of homoeopathic practice" (Scholten, 2005: 11). This new 'system' implies that remedies may be prescribed without prior proving, even though Scholten (1993) still believes that ultimately these remedies should be proved. Despite some dangers that come with the new 'method', group analysis allows for the extension of knowledge in a new way (Scholten, 2005).

2.7.4 GROUP ANALYSIS ACCORDING TO SANKARAN

Sankaran (1994) classified patients in terms of kingdoms (mineral, animal and plant) by differentiating the main features of each. He found that for the same patient, different homoeopaths would prescribe entirely different remedies. Initially, he explained this as differences in case taking methods, but even in seminars where he presented cases in front of the audience where all could observe the same case, there were at least twenty different suggestions for the required remedy (Sankaran, 1994). This meant that homoeopaths were still prescribing on symptoms; each would take some symptom or some idea and come up with some remedy. He felt that there had to be a method whereby all could arrive at a small group of closely related remedies, if not the same one (Sankaran, 1994).

While he was studying remedies, he wondered if there was any pattern of behaviour typical to remedies belonging to the same kingdom. A study of the symptoms of remedies of a particular kingdom revealed that there were indeed common symptoms amongst them (Sankaran, 2000). Sankaran (2000) has made it possible to identify a particular kingdom from which to select a remedy according to the case presentation. He found this useful, but still too broad, so the next step was to subdivide each kingdom into subkingdoms (Sankaran, 2000).

This proved easiest in the mineral kingdom, where there is a general difference between salts and metals. Scholten (2005) as stated above, explored the mineral kingdom in much greater depth. The classification of the animal kingdom was based on classes, like snakes, spiders and mammals. Sankaran's breakthrough, however, is with the plant kingdom and is published as an initial two-volume set, *An Insight into Plants* (Sankaran, 2002).

2.7.5 GROUP ANALYSIS ACCORDING TO MANGIALAVORI

Mangialavori (2010) tried to overcome the use of isolated symptoms as a basis for a prescription by defining the characteristics and fundamental themes that best express the dynamic psychosomatic system (Mangialavori, 2010). Mangialavori (2010) 's concept of "*homoeopathic families*" is not limited to the classification systems of botany, zoology or the periodic table, but is based on precise comparisons of fundamental themes and their nuance and has been verified through the extensive clinical application. By observing and studying his patients over many

years, Mangialavori (2010) recognized patterns that led him to the utility of defining themes that describe the complex reality of patients as well as the multiple expressions of remedies in the materia medica (Mangialavori, 2010).

In his book, *Praxis* (Mangialavori, 2010) states: “*If a proving is a map of the territory, a cured patient is the territory. When the patient is consulting, it is as if we are transported into that other world, replete with scents, textures, sights and sounds, rather than attempting to conjure such richness from thin lines on paper*” (Mangialavori 2010: 38). According to Mangialavori (2010), clinical cases of patients who have been successfully cured by a remedy should be analysed. The data from these analyses should be used in establishing homoeopathic families of remedies instead of establishing families on their chemical profile, taxonomy or morphology. Mangialavori (2010) says that we should use homeopathic criteria and should compare “*clinical symptoms, psychological structure and adaptive strategy, rather than mere physical structure, function and phylogeny*” (Mangialavori, 2010: 76).

The basis of Mangialavori (2010) ’s “*homoeopathic families*” stems from the observation of similarities between different substances. Some share physical characteristics, some contain the same poison, mineral or alkaloid; some might be members of the same biological family or some derive even from different biological families but have a similar cultural use (Mangialavori 2010). “Even though these remedies belong to unrelated botanical families like *Opium* to the *Papaveraceae* family, *Convolvulus duartinus* to the *Convolvulaceae* family, *Cannabis indica* to the *Cannabaceae* family or *Piper methysticum* to the *Piperaceae* family, they share the most fundamental themes with *Bufo rana*, a remedy from the animal kingdom” (Mangialavori 2010).

2.7.6 GROUP ANALYSIS RESEARCH AT THE DURBAN UNIVERSITY OF TECHNOLOGY (DUT)

In addition to the work on group analysis as mentioned above, Masters’ students at DUT have also employed the group analysis method as follows:

- Hull (2016) conducted a study on a group analysis evaluation of selected psychoactive plant remedies in terms of known materia medica. Hull (2016) examined the psychoactive plant remedies in depth and proposed that people needing these remedies are extremely sensitive and live with a deep sense of horror, terror or fright. Hull (2016) concluded that the prescription of homoeopathic doses of these drugs, where homoeopathically justified, could make a significant contribution to relief from such fears and pain, and

contribute to peace in our country, considering South Africa today, with its history of apartheid, and its current climate of crime, abuse and poverty.

- Phahamane (2014) completed a group analysis evaluation of the *Acidum* family and found this methodology to be consistent with the laws and principles of homoeopathy and that it is adequate to use with non-biological groups of remedies such as mineral *Acidums*.
- Chhiba (2013) applied Sankaran's methodology to the synthetic recreational drug isolate group. Chhiba (2013: 168) concluded that it is a systematic process, but "*it must be correctly and carefully applied to avoid producing misleading and false interpretation of information*". She also found the application of the group analysis approach to the synthetic recreational drug isolate group to be challenging due to the lack of comprehensive information on this group (Chhiba, 2013: 168)
- Kasiparsad (2012) conducted a group analysis of the *Salicaceae* plant family of homoeopathic remedies in terms of known materia medica. Kasiparsad (2012: 79) concluded that group analysis gives a homoeopath greater insight into remedies and will, with time, "*solve the complex puzzle plaguing all homoeopaths of 'which is the right remedy'*".
- Harkhu (2011) conducted a group analysis evaluation of class, *Aves* (birds) which has only recently been proved and which is poorly represented in the materia medica and repertory. Due to this she found the application of the group analysis method challenging and suggested that for group analysis to be applied correctly and successfully, sufficient data on the remedies needs to be available and accessible (Harkhu, 2011: 96). However, she still found this method to be both valid and valuable.
- Weston (2010) employed the group analysis method on the class, *Arachnida* and found that it can contribute to a better understanding of the ever-expanding information available today. However, Weston (2010: 154) did find it to be a complicated and at times misleading process and stresses the importance of familiarizing oneself with the nature of the substance before beginning the extraction process and interpretation of results.
- Vogel (2007) conducted a group analysis evaluation of the class, *Insecta* in terms of known materia medica. Vogel (2007: 127) found her project to be a success and believes that "*Sankaran's group analysis methodology is a valid approach to homoeopathy; it not only provides a deeper understanding of each particular biological group, but it can illuminate individual remedies within the group that are less well known*".

- Leisegang (2007) conducted a group analysis evaluation of the kingdom, *Fungi* and concluded that it promotes a deeper understanding of the nature of substances and will help move the profession closer to mainstream science.
- Wulfsohn (2005) analyzed the *Graminae* (grass) plant family of homoeopathic remedies and found Sankaran's method of group analysis could be successfully applied to unexplored plant families. Wulfsohn (2005: 79-81) also stated that it is important to use remedies that are well proven and documented and to be aware that "*most small remedies are unlikely to have adequate mental and emotional symptoms to determine a central theme/essence as done by Sankaran*".

2.7.7 CRITICISM ON GROUP ANALYSIS

A number of homoeopaths are against the group analysis method, regardless of its popularity. Their criticism lies in the perception that these ideas would limit the acceptance of homoeopathy into mainstream medical practice. According to Vithoukas (2000), the new concepts are based on imagination and magical thinking rather than on facts. Saine (2001) denounced the approach of homoeopaths, such as Rajan Sankaran as "*incompatible with Hahnemann's specific method of healing*" and dismisses it as "*speculative*". Vithoukas (2008) expressed similar sentiments to the effect that the new ideas of homoeopaths, such as Scholten and Sankaran are "*dangerous*" and without any factual basis.

Vithoukas (2008) further denounces Sankaran's "*sensation method*" by stating the following:

"Projecting the "sensations" of the patient is a slippery path for a homoeopath to take because these "projections" are not recorded in the materia medica, and every practitioner will be tempted to find another underlying "context" in the feelings of the patient. The fact is that we have to match the patient's symptoms to the remedy proving symptoms and for such a work we have both tools and rules" (Vithoukas, 2008).

Vithoukas (2008) also harshly criticises the more unorthodox methods of proving, such as meditation proving, dream provings and group proving. The experiences of provers in the group who have not been given the proving substance are taken as proving data, all of which are used by Shore et al. (2004).

Chandran (2012) finds group analysis "*totally unscientific and illogical*" and claims that it "*illustrates the pathetic level of scientific awareness that rules the propagators of the 'Sankaran method'*". He argues that this method "*has nothing in common with classical homoeopathy, where symptoms belonging to mentals, physical generals*

and particulars, with their qualifications such as causations, sensations, locations, modalities and concomitants decide the selection of simillimum” and that “Sankaran’s method will result in gravely disabled incapacitated homoeopathic practice, preventing homoeopaths from utilizing the unlimited potentials of our materia medica” (Chandra, 2012).

Winston (2004) believes that group and kingdom analysis are the ‘edges’ of homeopathy and entreats homeopaths to be fully grounded in the classical basics before venturing forth. Winston (2004) questioned the validity of incorporating new ideas, such as grouping remedies by kingdom into homoeopathy, indicating that these new ideas strayed from his definition of what homoeopathy comprises. However, Sankaran specifically states that this method by no means takes the place of the proper study and understanding of traditional materia medica repertory, but rather is a new idea built on the foundation of traditional homoeopathic learning and methods (Sankaran, 2002).

Despite the voices of criticism, many homoeopaths throughout the world have embraced the group analysis approach and are experiencing positive results. In a letter to *Homeopathy Today*, twenty-one prominent homoeopaths signed a letter in defence of the new developments by Shore, Sankaran, Herrick and several other homoeopaths who have developed methods of grouping according to biological classification (Morrison, 2001). These homoeopaths considered the new developments as adding to the tools available to homoeopaths, and instead of taking the place of traditional materia medica studies they are a refinement of the process. The need for evidence to validate or refute the new methods is evident from this controversy.

2.8 MIASMS

Miasm is derived from the Greek word meaning “*pollution or taint*” and was first explained by Hippocrates as a term to describe how infectious diseases can be transmitted by air, water and other sources. In the Middle Ages, it was described as an atmospheric influence which caused illnesses. Some practitioners suggested that a miasm is an unknown cause of the disease that pollutes a person and produces a permanent disease state (de Schepper, 2001: 355).

2.8.1 MIASMATIC CLASSIFICATION ACCORDING TO HAHNEMANN.

While treating his patients, Hahnemann began to question why seemingly well selected remedies failed to produce any true lasting recovery in chronic diseases, as his patients would relapse. To understand the true nature of chronic diseases, Hahnemann decided to study the patterns of disease of his patients and their

families. He referred to these patterns as miasms. Hahnemann considered a miasm as an obstacle to cure and it can lie in the background, behind all pathologies and bring forth a disease (O' Reilly, 1991: 25-30). If a miasm is not eradicated, it can persist throughout a person's life and can be transmitted from one generation to another (de Schepper, 2001).

At the time, syphilis was considered as the only miasm because the etiology was unknown and sycosis or 'figwart' disease was not considered a miasm because it was believed that a person can be cured by removing the condylomata. Despite this, Hahnemann delineated three miasms, namely the psoric, sycotic and syphilitic miasm (de Schepper, 2001: 355). Later, homoeopaths, like Compton Burnett added the tubercular miasm and the cancer miasm, while the AIDS miasm has been the latest miasm to be added to the existing theory of miasms (de Schepper, 2001).

Psora miasm. Psora is derived from the Hebrew word *tsorat*, meaning '*groove, defect, pollution or stigma*'. According to Hahnemann, psora is the oldest and most universal miasm and the primary manifestation of psora is expressed through the skin. It can be expressed through all kinds of eruptions, such as erysipelas and scabies or itch. Hahnemann believed that everyone has the psoric miasm as it was easily transmitted through scratching of the eruption. If the eruption was suppressed through allopathic treatment, the psoric miasm would be a latent susceptibility remaining in the person (de Schepper, 2001: 356-364).

Sycotic miasm - Hahnemann believed that if acute gonorrhoea is suppressed with allopathic treatment, it imposes the sycotic miasm on a person (de Schepper, 2001: 377). Sycosis is derived from the Greek word '*sykon*', meaning fig, as a person with a sycotic miasm can produce condylomata that resemble the shape of a fig (Owen, 2007: 224). If untreated, the sycotic fig wart can produce secondary ailments, affecting the whole individual (O'Reilly 1991: 150), unlike the psoric skin eruptions which can naturally disappear (de Schepper 2001: 378).

Syphilitic miasm - Hahnemann found that the syphilitic miasm was created by suppressing syphilis and passing it onto resulting generations. The miasm can also occur through a primary infection suppressed with antibiotic treatment. The suppression can affect vital organs and the mind with an inclination to destruction, which is a predominant characteristic of syphilis (de Schepper, 2001: 398-400).

2.8.2 MIASMATIC CLASSIFICATION ACCORDING TO SANKARAN (2005: 268-280).

Sankaran (2005) incorporates ten miasms in his method of group analysis, each with its own characteristic mode of reaction. The miasm is the perception of the sensation as experienced by the patient. Many patients may share the same type of sensation, for example “*shocked*”, but not all will perceive and react to that sensation in the same manner. Some may start and feel frightened at the sudden shock, others may consider the shocked feeling as a permanent stress, thus, there are many ways to perceive the sensation of “*shocked*”. This reaction, which must be found as a direct reaction to or perception of the vital sensation, determines the miasm (Sankaran, 2005c). Sankaran describes the mode of reaction of each miasm in detail, but a few keynotes of each can be described here (Sankaran, 2005: 268-280):

Acute Miasm: The sensation is experienced as temporary, sudden, dangerous and life-threatening. As the situation is temporary there is hope of recovery. The reaction is usually a reflex or instinctive one, either panic (escape to safety or fight the situation) or a feeling of helplessness (Sankaran, 2005: 268-280).

Psoric Miasm: The sensation is felt as a permanent stress, which often results in anxiety. There is a feeling of struggle and effort with some hope of recovery. There is an element of self-doubt and stress (Sankaran, 2005: 268-280).

Sycotic Miasm: The sensation is perceived as permanent and fixed, something that cannot be overcome but is not destructive. Therefore, the reaction is one of acceptance and hiding or covering up. The incapacity is there, so it must be hidden and compensated for in some way. There is a feeling of guilt and disguised weakness (Sankaran, 2005: 268-280).

Syphilitic Miasm: The sensation is deep, destructive and permanent. The situation is perceived as hopeless and destructive. The reaction is usually desperate and extreme, often violent or drastic. There is an associated feeling of complete isolation and hopelessness (Sankaran, 2005: 268-280).

Typhoid Miasm: This is described as being between the acute and psoric miasms. There is a perception of a sudden and temporary situation (as in the acute miasm) but it requires more sustained effort (as in Psora). Thus, the situation is like a crisis, intense but temporary, requiring a period of sustained effort (Sankaran, 2005: 268-280).

Malarial Miasm: This is described as being between the acute and sycotic miasms. The sensation is felt as fixed and permanent (as in Sycosis) but there is also a perception of intermittent attacks, which are more sudden and acute (as in acute miasm). This results in a perception of being persecuted or hindered (Sankaran, 2005: 268-280).

Ringworm Miasm: This is described as being between the psoric and sycotic miasms. The sensation is considered fixed and permanent (as in Sycosis) yet there is hope of recovery (as in Psora). Therefore, the reaction is of intermittent acceptance followed by hope and struggle, in a constant cycle (Sankaran, 2005: 268-280).

Cancer Miasm: This is described as having the fixed nature of Sycosis combined with the destructive nature of syphilis. The sensation is perceived as chaos which must be controlled by a superhuman effort (Sankaran, 2005: 268-280).

Tubercular Miasm: This miasm also lies between the sycotic and syphilitic miasms. The characteristics of this miasm are more desperate and oppressive than in the cancer miasm. There is a reaction of hectic activity to escape oppression, but without much hope (Sankaran, 2005: 268-280).

Leprosy Miasm: There is a sense of destruction, desperation and hopelessness in this miasm (as in syphilis) combined with the desperation and intensity found in the tubercular miasm. The resultant characteristic reactions are of desperation, despair and complete isolation. There is a strong sense of being shunned and isolated which may be projected outwardly or perceived inwardly (Sankaran, 2005: 268-280).

2.9 SANKARAN'S CONCEPT OF VITAL SENSATIONS

In Aphorism 210, Hahnemann stated that the patient's emotional state should be considered as one of the most exceptional symptoms when treating a patient: *"In all cases of disease to be cured, the patient's emotional state should be noted as one of the most preeminent symptoms"* (O'Reilly, 2010: 196).

In aphorism 211 Sankaran wrote: *"this preeminent importance of the emotional state holds good to such an extent that the patient's emotional state often tips the scales in the selection of the homoeopathic remedy"* (O'Reilly, 2010: 196).

These words form the basis of Sankaran's ideas. He believes that if one looks at the mental state of a person, and not merely at their symptoms, then the simillimum will be reached. Sankaran states, *"Each remedy has a peculiar state of mind which is characteristic to it. Each remedy produces a state. Each patient has a state of mind. If you compare symptoms, you will be lost in the jungle. If you understand the state, you will find that there is only one remedy which produces that state"* (Sankaran, 1991: 42).

A patient's chief complaint is always an expression of the vital sensation within that person. If this complaint is followed, the underlying sensation will be seen in all that

the patient says and does: the language used, hand gestures, feelings, emotions, dreams, hobbies, interests, fears and even physical disorders (Sankaran, 1991: 43). For example, Sankaran (1991) describes a female patient who comes to him with severe menstrual pain. She describes this pain as a “recoil”, saying “*it is like when you pull something flexible and it recoils – like how it hits you on a recoil*” (Sankaran, 1991).

On further discussion, Sankaran notes how she is sensitive to being pushed and jostled in crowds and how her instinctive impulse (although she does not do it) is to push and pull back, like recoil (Sankaran, 1991: 43). He notes that the words she most often uses, her body language and various aspects of her life all express this underlying sensation of pulling and pushing. Hence, this is her vital sensation and it needs to be matched by a remedy which shares this same sensation (Sankaran, 2006: 9).

Individuals express this vital sensation differently through the ways in which they either react to the sensation or compensate for it. For example, the vital sensation of “being stuck” can be expressed as an individual’s need to be constantly on the move (a compensation); or as a feeling of immobility (a passive reaction); or as a desire to run (an active reaction) (Sankaran, 1991: 4).

In describing the vital sensation, Sankaran (2006: 6) says, “*the body and the mind can then be seen as an expression of that level (sensation), and that language actually is not even the language of a human being. It’s a language that is coming from a source that is different from a human being: a plant, a mineral or an animal. If we focus on this language, we can hear the source itself*” (Sankaran, 1991).

2.10 REPERTORY

The development of the repertory in 1833 has proved to be the most reliable and accurate tool at the disposal of the homoeopathic practitioner, helping to identify the correct remedy in each individual case (Gaier, 1991). When a homoeopathic remedy symptom is brought into the repertory it must be translated into a repertory rubric. The translation of this unique symptom into a repertory rubric involves a generalisation, thus allowing more remedies into the rubric which have similar symptoms. Within a given rubric, one can compare between all the remedies with a similar symptom. The repertory narrows down the number of possible curative remedies via a process of generalisation, comparison and differentiation (Gaier, 1991).

2.11 HOMOEOPATHIC SOFTWARE (Radar and Encyclopedia

Homoeopathica)

The group analysis approach to homoeopathy is reflected in the development of homoeopathic computer software such as MacRepertory, Hompath and Radar Opus 10 (Archibel, 2005). Using the software has made the extraction process easier (Wulfsohn, 2005). "Radar" is a repertory analysis software package that has been developed by Archibel (2005) and is widely circulated to homoeopaths around the globe. Radar Opus 10 assists the professional in finding appropriate symptoms for each case via the world's most popular repertories, incorporating approaches to case analysis and remedy studies used by contemporary master homoeopaths (Wulfsohn, 2005).

"*Encyclopedia Homoeopathica*" is a homoeopathic Materia Medica software package also developed by Archibel (2005). It contains thousands of pages of Materia Medica, homoeopathic journals and homoeopathic philosophy literature, including the original writings of Hahnemann, to the classic writings of Kent, Allen and Herring, the more modern works of Vithoukas and Shore, to the most recent published works by renowned homoeopaths, such as Sankaran(1991) and Vermeulen, to name but a few. The unique link between Radar Opus 10 and Encyclopedia Homoeopathica (Archibel, 2005) adds depth to the fundamental task of comparing repertorization and materia medica. Therefore, through this technological advancement, the practitioner and student can quickly and easily access and make use of the entire homoeopathic heritage for more precise prescriptions, for studying and for research purposes (Sankaran, 1991).

CHAPTER THREE: RESEARCH DESIGN

3.1 INTRODUCTION

The aim of this study is to conduct a thematic group analysis of selected gestational and postpartum matridonal remedies.

The initial step was to review the selected gestational and postpartum matridonal remedies used in homoeopathy and those that can be found in homoeopathic literature. The selected matridonal remedies in homoeopathic literature were obtained from www.provings.info as there was no available information in other literature or computer programs like Radar 10 or Encyclopaedia Homoeopathica (Archibel, 2005).

3.2 SAMPLE SELECTION

Due to the insufficient provings and clinical information of the matridonal remedies in the materia medica, the researcher did a manual selection of the matridonal remedies to be used for purposes of this research, matridonal remedies which were well proven, well presented in the material medica and had enough information to conduct the research were selected. The matridonal remedies selected were not only from rubrics listed in computerized programs and repertories, also those in books, case studies, journal and homoeopathic material medica. Remedies were chosen according to the following criteria:

- The remedy is derived from the human products of pregnancy.
- The homoeopathic significance of each matridonal remedy in terms of their representation in the various materia medica and the repertories.
- The availability of the provings of the matridonal remedies
- The matridonal remedies that are commonly prescribed based on evidence from published cases.

The researcher utilised these criteria because the thematic analysis method is mainly focused on characteristic, well-defined features which are poorly represented in the 'smaller' remedies (Sankaran, 2005).

The selected remedies are:

- *Lac maternum* (postpartum)
- *Aqua amniota humana* (gestation)
- *Vernix caseosa* (gestation)
- *Umbilicus humanus* (gestation)

- *Placenta humana* (gestation)

3.3 DATA PROCESSING

Data sources like various materia medica, provings, journals, case studies computer repertories such as Radar Opus 10 (Archibel, 2005) and rubrics were used to review the literature and to extract the information required to conduct the research. The selected remedies were subjected to manual extraction. Only remedies that satisfied the selection criteria were used to extract the themes of the selected remedies.

3.4 TO REVIEW, EXTRACT AND COMPARE THE MATERIA MEDICA OF THE SELECTED MATRIDONAL REMEDIES. DATA PROCESSING.

Tables and rubrics were used to set out data in a systemic manner for comparison, where the significant data was organised into thematic sub-divisions. The materia medica of the selected matridonal remedies were recorded and compared with each sub-division of the materia medica interrogated. Common themes from the selected matridonal remedies were extracted, recorded and compared. The sensations that emerged were determined and compared. Ten (10) characteristic rubrics of each remedy were extracted and thereafter repertorised. The top three (3) similar remedies to the selected matridonal remedies were then compared to each other.

3.5 EXTRACT COMMON CHARACTERISTIC SENSATION AND THEMES AMONGST THE SELECTED MATRIDONAL REMEDIES.

3.5.1 Determination of vital sensations

Sankaran (2004: 141) observed that sensations are expressed as a reaction that is always equal and opposite to the sensation. 'He discovered that sensations can be active or passive, for example, if the sensation is "suffocated" the active reaction will be "*unable to breathe*", the passive reaction will be *unable to breathe*, while the compensation will be the person who uses accessory muscles to breathe' (Sankaran, 2004).

The selected rubrics were analyzed for common sensations. All data were analyzed in terms of Sankaran's model of Vital Sensation (Sankaran, 2004). If the sensation was represented by a rubric that was present in at least two (2) of the selected remedies, it was considered to be common. Sensations from mental symptoms, general symptoms and symptoms particular to various parts of the body were included (Sankaran, 2004).

3.5.2 Determination of the reactions to the common sensations of the group

After the extraction of the common sensations, the reactions to the sensations were analysed and categorised into three (3) different reactions towards the sensations, which are active, passive and compensatory (Sankaran, 2005b). Sankaran's model of the Vital Sensation and reactions to sensations, is detailed and described in Chapter two.

3.6 TO COMPARE THE REMEDIES OF REPERTORIAL SIMILARITY TO THE SELECTED MATRIDONAL REMEDIES.

3.6.1 Determination of the rubrics

A computer repertory search was done using Radar Opus 10 (Archibel, 2005) to list all the rubrics containing the selected gestational and postpartum matridonal remedies. From these matridonal remedies, where rubrics were available, restrictions were set to exclude rubrics that contain more than 50 remedies; smaller rubrics were used because rubrics that contain a large number of remedies are of a broad nature and therefore contain little of the characteristic nature to be determined by the method (Sankaran, 2002).

In order to evaluate their relative significance, the rubrics were arranged in order of those containing the least remedies to those with the most remedies. The rubrics containing the least remedies were considered the most significant as these tend to contain the characteristic nature of remedies while rubrics containing many remedies tend to be broader in nature (Vogel, 2007: 36).

3.6.2 Determination of repertorial similarity

Six (6) characteristic symptoms of each matridonal remedy were selected that were considered to form the essence of each remedy, the minimum characteristic syndrome (Candagabe, 1997). This is said to be comprised of five to ten symptoms that are fundamental to the dynamic of the remedy (Candagabe, 1997). The symptoms that comprise the minimum characteristic syndrome were repertorised and the top three remedies were considered for comparison (Candagabe, 1997). The symptoms were repertorised, using the software program Radar Opus 10 (Archibel, 2005) and the remedies that were numerically the highest and covered the most symptoms were regarded as being the minimum characteristic syndrome. These remedies were compared to each matridonal remedy respectively. Thereafter, the researcher reviewed the material medica and highlighted the similarities and differences that exist for each remedy (Candagabe, 1997).

3.7 TO COMPARE THE THEMATIC ANALYSIS OF THE SELECTED MATRIDONAL REMEDIES WITH EXISTING GROUP ANALYSIS DATA.

3.7.1 Determination of themes of the group

A theme is “a *subject or topic on which a person speaks, writes or thinks*” (Allen, 1992: 1265) and in group analysis, the theme is the common characteristic sensation that pervades all the remedies in that group. The sensations that were identified for the selected remedies were used to formulate the basic themes of the selected matridonal remedies. Miasmatic classification of these remedies was used to support these themes and results are discussed in Chapter 5.

3.7.2 Determination of the miasms

The selected matridonal remedies were individually studied and classified according to Sankaran’s (2005c) extended miasmatic model as follows:

- Sankaran’s miasmatic key words were identified and tabulated.
- For each remedy, a miasmatic keyword search of Radar Opus 10 (Archibel, 2005) was performed and the remedy’s possible miasm determined.
- Literature sources on the homoeopathic materia medica, provings and rubrics were consulted for these key words.
- Each remedy’s miasm was finally determined, depending on the predominance of the keywords of a particular miasm in the literature of the remedy.

CHAPTER 4: RESULTS AND DISCUSSIONS

4.1 THE REVIEW, EXTRACTION AND COMPARISON OF THE MATERIA MEDICA OF THE SELECTED MATRIDONAL REMEDIES.

There are very few matridonal remedies that are documented in the materia medica and the repertories. All matridonal remedies are considered as small remedies because they are not well documented.

When one considers the significance of these remedies, Assilem (2009) stated that the knowledge these remedies reveal to us is our story as human animal, our evolution, our genesis, our struggle to incarnate and the possibility of a reconnection with our purpose. It is surprising that they are not well documented and are not commonly used, yet they are the most important remedies for human development (Assilem, 2009).

Listed below are the symptoms of the selected gestational and postpartum matridonal remedies sourced from the following texts:

- Boericke, W. *Pocket manual of homoeopathic materia medica*, 2013
- Hatherly, P. *The lacs: a materia medica repertory*, 2010
- Grayston, L. *Working with the matridonal remedies of the human family*, 2013.

Table 1: The symptoms of the selected gestational and postpartum matridonal remedies.

| | <i>Aqua amniota humana</i> (Grayston, 2013) | <i>Lac maternum</i> (Hatherly, 2010) | <i>Placenta humana</i> (Boericke, 2013) | <i>Vernix caseosa</i> (Boericke, 2013) | <i>Umbilicus humanum</i> (Grayston, 2013) |
|-------------|--|--|---|--|---|
| Mind | Grief. A feeling of letting go of other people's influence. They are autonomous. Increased mind activity. Irritability. Restlessness during sleep. Tends to overwork, industrious. mania for work. Nervousness | Antagonism with self. mind torn between attending to the needs of partner and those of her child. Discontented with himself. Detached, indifferent. Unsympathetic, Empathic, benevolent. Reverence. Averse company. Delusion. alone in the world. Forsaken feeling. Lonely. despairing. Weeping, tearful mood afternoon; 5 pm. Best for post-natal depression. | Friendly. Desire for nice things. Peaceful, patient, content, accepting. Attentive to and caring for children. Strong desire for society and amusement alternating with the desire to be alone. Concentration difficult but conscientious in small things. Confuse thoughts, forgetful bewildered, imprecise speech. Sunken and lost in thought. Memories of childhood. Anxious | Unprotected, vulnerable, hypersensitive, dependent, needy and compulsive. Passive. Feels attacked by everything, threatened by those around. Fear and apprehension, agoraphobia. Feeling of permeability. Cannot get to grips with the world; chronic fatigue. No feeling of herself, melts and loses herself in the energy of others mental chaos, severe | Feeling homesick yet ok to be alone. Confusion of identity. Feels abandoned. Dreams of being lost/ being abandoned on a train. Feel in the body of a stranger. Visions of angels with open wings & flying dragons |

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| | | <p>Delusion that he is worthless.</p> <p>Delusion face is distorted.</p> <p>Lack of self-confidence.</p> <p>Changeable moods.</p> <p>Irresolute.</p> <p>Concentration difficult. Have benumbed senses.</p> <p>Irritability.</p> <p>Cursing.</p> <p>Delusion there's something wrong he has done. They are impulsive.</p> | <p>premonition.</p> <p>Feelings of guilt.</p> <p>Concerned about what others think of them, want to be liked.</p> <p>Impressionable . Anxious about the family, health and the future.</p> <p>Feeling as if everybody is watching them.</p> <p>Claustrophobia , fear of narrow spaces or rooms, fear of crowds. Fear of failure. Feel abandoned, isolated and misunderstood.</p> <p>Feel disregarded and ignored.</p> <p>Irritable and intolerant.</p> <p>Overtaxed by responsibility and decisions.</p> <p>Reproach themselves and others.</p> <p>Despair and frustration</p> | <p>problems of concentration , cannot focus, distracted by minor details.</p> <p>Becomes too strongly bound in the affairs of other people.</p> <p>Is vulnerable that she compensates by going to the other extreme: numbness, passivity and insensitivity.</p> <p>Cut off from her own feelings; too overtaxed to remain in contact. No feeling of identity; separate, cannot bond.</p> <p>Autistic state.</p> <p>Overburdened by too much stimulus, cannot remain in touch.</p> | |
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| | | | about the lack of strength to do things properly. Despair about mistakes they have made emotional and tearful mood but cannot cry. Sobbing. Sad and melancholy preference for burgundy red. | Drowns in feeling, sucks things up like a sponge with no boundaries | |
| Vertigo | | Vertigo when bending forehead, between 11:30 am and noon. Sensation as if floating immediately on waking from waist up; like a hot air balloon. As if intoxicated. | | | |
| Head | One-sided headaches. Pains in sides of head. | Hair greasy; need to wash daily. Itching scalp. Eruptions in occiput. Constriction as if band or hoop. | Feeling of cold. Itchy head. Headache on right, stabbing: <noises, >warm drinks. Sensation of pressure, aching, | Head pain in sides | Headache on right. |

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| | | <p>Constriction in forehead and temples.</p> <p>Constriction during menses.</p> <p>Headache as if comes in waves;</p> <p>mental confusion, with head not clear as if had too many drinks but not a hangover.</p> <p>Frontal headache;</p> <p>bursting pain in temple; 11 am.</p> | <p>throbbing.</p> <p>Pressure pulls down.</p> | | |
| Eyes | | <p>As if bloodshot.</p> <p>Coldness; cold air blew as if blew in.</p> <p>Tired sensation;</p> <p>desire to close eyes.</p> <p>Severe aching in eyelids when waking.</p> <p>Heaviness of eyelids.</p> <p>Opening eyelids is</p> | <p>Sore, red-rimmed, copious watering.</p> <p>Heavy and painful, overstrained, swollen.</p> <p>photosensitivity . inflammation of eyelids.</p> <p>Blurred, hazy vision, must blink.</p> <p>Increased powers of vision, more</p> | | |

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| | | <p>difficult. Itching; pains as if from the sand. Burning pain on the right eye. Lachrymation in wind. Swelling in the right eye itch sensitivity of skin and bone in one spot around the socket.</p> | <p>sensitive.</p> | | |
| Ear | | <p>Hot sensation; hot. Ringing noises. Aching pain on the left ear. Stitching pain in the deaf ear. Drawing pulling, shooting, pain on the right. sudden sharp pain on the right ear.</p> | <p>Heat in the ear, painful, itching with buzzing and bloody discharge, encrusted. Sensitive hearing, noises experienced as irritating. Buzzing with pulsating blood flow. Noise when resting, as if underwater, with distorted hearing.</p> | | |
| Nose | | <p>Red discoloration of the tip. Coryza with clear side</p> | <p>Copious clear, watery discharge, on right. Pain on the bridge of</p> | | |

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| | | discharge. Thick, white, viscid, tough coryza. | the nose. Sensitive sense of smell. | | |
| Mouth | | Aphthae cracks at the corners of the mouth. Bleeding of gums. Sore pain at the tip of the tongue. Sore pain at the right side of the tongue. Tongue has a feeling (during sore throat) of being pulled back with a sloppiness in swallowing. Liquids leak out of mouth or into larynx causing choking. Paralysis of speech, a sort of slurring together. Centre of tongue is coated edges are clear. Dryness of mouth. Burning of upper palate. Stitching pain in lip. Apthous ulcer on the inside of upper lip' with a yellow point. Offensive | Dry, bad taste, metallic taste, rotten; bad breath. Herpes, lip red and swollen, dry, peeling, purulent with yellow crust and scab. Palate sore and numb. Tongue coated, furry and raw. | | Twitching of lips on the right hand side. |

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| | | <p>odour/ foul breath. Profuse salivation when waking in the morning. Salty tasting sputum.</p> | | | |
| Neck and Throat | | <p>Redness of throat. Dryness in throat pit at night. Tickling sensation that excites cough. Irritation of throat. Post nasal discharge. Mucous tenacious. Congestion. Feeling of constriction. Sensation of chocking. Sensation of fullnes. Pain extending to ears. Burning pain worse when swallowing and better when drinking hot drinks. Sore pain</p> | <p>Mucus with coughing and clearing the throat. Dry throat, red, hot, and swollen :< morning,> cold food. Neck sensitive to pressure</p> | | |

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| | | <p>when waking followed by sneezing and coryza.</p> <p>Stitching pain in the morning.</p> <p>Sore and coryza.</p> <p>Stitching pain in the morning.</p> <p>Sore throat when coughing.</p> <p>Sore throat in the evening.</p> <p>Prickling pain worse at night.</p> <p>Swelling of left cervical.</p> <p>Small red painful eruption on neck. Pain sensation as if strained, worse lying on side and worse lying on back. Pain on right side of neck when waking with difficulty turning to look over right</p> | | | |
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| | | <p>shoulder. Stiffness and cracking noise when moving neck. Itching right side of the neck , posteriorly.</p> | | | |
| Stomach | | <p>Increased appetite at 4 pm, craving for cream cake or donut, carbohydrates and sweets. Appetite diminished with heaviness in stomach, worse with eructation. Sensation of emptiness from drinking tea. thirsty for large quantities of water. Nausea worse with the smell and sight of food better when eating and in motion. Nausea with</p> | <p>Poor appetite. Much air, deep and loud belching. Nausea and stomach cramps. Stomach acidity, wine aggravates. Desire for chocolate. Increased thirst.</p> | | flatulence |

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| | | <p>eructation. Nausea with headache. Nausea with vertigo. Distension as if full of air. Constant eructation. Intermittent hiccoughs at day time, worse with drinking cold water and eating. Vomiting during headache. Vomiting yellow undigested food. Vomiting at midnight 2.30 am. Vomiting on waking from a dream of strangulation. Heartburn, better when eating. Burning pain.</p> | | | |
| Abdomen | Pain in abdomen. Distended abdomen. | Distended abdomen. Flatulence. Gaseous | Soft and distended. Stomach noises and | Flatulence. Distended Abdomen | Abdominal distention. |

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| | | <p>distension; sense of extreme uneasiness with tension in abdomen. Sense of constriction on left inguinal region with dull aching pain. Pain in the right hypogastrium. Pain in inguinal and umbilical regions. Sore pain during menses, worse with pressure. Pain worse with laughing. Pain before stool. Pain in the morning. Cutting pain from the right to the left. Drawing pain. Sensation as if intestines we being pulled from the side. Itching</p> | <p>distention. Shooting pain from right to left</p> | | |
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| | | eruptions. | | | |
| Rectum | | Initial part of stool requires straining as if there were more to come. Irregular stools; every second day. Hard stool, difficult to pass. Rectum tears while passing stool. Severe constipation. Frequent stools during menses. Severe diarrhea in the morning. Sudden urge of stool. Forcible diarrhea immense burning in rectum with sense of collapse. Burning pain. Tenesmus pain before stool. | Constipation, constant urge to defecate. Watery diarrhea, loud, explosive. Sharp, shooting pain, as if from a sword inside. Very painful, dry stool. Smell of garlic or onions | | |
| Female | Menstrual disorder. | Increased sex drive. | Discharge. Increased | | |

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| | | <p>Leucorrhea: transparent;ropy; stringy; tenacious; cream-like after menses. Sharp pain in ovary on ovulation. Ovulation associated with a dragging heavy feeling. An ovular cycle. Dark red menses with clots. Blood is dark brown nearly black during menses. Copious stool during menses. Protracted. Menses early with no forewarning. Sadness during menses. Down bearing pain in uterus during menses. Stitching pain in breast as if</p> | <p>libido. Strong feeling of pregnancy. Menses late, very strong bleeding. Pain in the ovaries during ovulation.</p> | | |
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| | | <p>milk is coming, accompanied by an overwhelming sense of sadness. Swelling of breast with soreness before menses. Breast lump after weaning.</p> | | | |
| Chest | | <p>Chest pain from sneezing. Sharp stitching chest pain in the morning. Constricting pain under left breast when waking, moving to the base of the right lung with pain extending to trachea. Swelling axilla. Dry cough. Severe barking cough; non-productive</p> | <p>Feeling of constriction and tightness. Narrow band round the chest, extending to the throat. Lungs tight and painful when breathing. Superficial and restricted breathing. Asthma. Hyperventilation. Feeling of a knot in the chest. Breast swollen, nipples sensitive and prickling, as if milk were</p> | | |

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| | | husky voice with metallic taste. Cough in the morning. | flowing in. left nipple itchy itchy cheesy discharge. | | |
| Heart | | Heart palpitations while lying. Cramps in heart. 'Crampy' pain around heart muscles, extending to the back. Sticking pain between ribs in the heart region, worse lying down and better with pressing ribs. | Palpitations and accelerated pulse. | | Palpitations in the morning |
| Back | | Pain in lumbar region. Burning sensation in the scapula region. Drawing pain in the sacral region before and during menses. Sharp thoracic pain. Dull pain | Dull pain between the shoulder blades. Piercing pain in the right shoulder. Neck painful and stiff. Dull back ache in right lumbar region. | | |

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| | | worse with continuous sitting and better with stretching shoulder forward. | | | |
| Extremities | | Cramps of upper extremities. Dropes things before menses. Stiffness of muscles of upper arm; extending to breast. Elbow pain. Numbness of the right hand side. Heat in palms. Severe pain in hand from light touch. Aching in the wrists. Itching eruption of right forearm. Itching dry eczematous on both hands. Unsteadiness of right hip. Stiffness of right hip with | Legs painful, heavy and stiff, twitching. feet painful and cold. Numbness and feeling of needles in arms, hands and feet. | | Right sided tingling of hands and legs |

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| | | <p>weakness. Cramps of lower extremities. Tiredness of lower extremities. Weakness of lower extremities with severe pain worse when sitting. Sciatica of right lower limbs extending downwards. Leg pains worse at night better in motion. White pustules in the inner thigh. Left knee pain. Severe pain of left popliteal fossa. Stiff knees that feel lame worse when walking and better sitting. Twitching of right knee.</p> | | | |
| Sleep | Disturbed | Deep | Interrupted not | | |

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| | <p>sleep. Restless during sleep. Tossing about in the bed.</p> | <p>sleeping. Calm sleep. Wake up early 4 am and sleep again after. Waking refreshed. Sleep is disturbed midnight after 3am, waking anxious. Sleep unrefreshing. Late falling to sleep. Sleeplessness all night tossing and turning. Sleeplessness due to activity of mind. Malicious dreams. Many vivid dreams.</p> | <p>refreshing. Difficulty waking in the morning. Sleeping and desire to doze during the day. Dreams of children; pregnancy and babies.</p> | | |
| Perspiration | <p>Perspiration diminished. Hot and sweaty in the morning.</p> | <p>Feeling of heat, increased sweat. Strong smell, increased sweating before menses.</p> | | | |
| Skin | | <p>Rashes and</p> | <p>Dry, flaky and</p> | <p>Feeling of</p> | |

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| | | eruptions worse before menses. Goose bumps on right leg. Red itching macular eruptions on abdomen. Violent itching in groins. Itching of left knee at 6am. Molluscum contagiosum . Herpes in lips of children. | itchy. Fingernails are strong and grow rapidly. Wounds heal slowly. | roughness under the skin. Skin is too thin, needs a second skin. Eczema in children | |
| Generalities and modalities | | Desires chocolate, cream, pudding, oat cakes and oatmeal porridge. | >fresh air. Feelings of coldness, desire for warmth. Desires chocolate and cream | Allergies and environment illness; reacts sensitively to environmental pollution and contamination. | Painful scars and scar tissue. Desires ice cream |

4.2 THE EXTRACTION OF COMMON CHARACTERISTIC SENSATIONS AND THEMES AMONGST THE SELECTED MATRIDONAL REMEDIES

Some of the matridonal remedies are relatively recent additions to the materia medica. As a result, few matridonal remedies are represented well in terms of available proving information and materia medica. Although there has been much interest in this group in the last few years, many of the other matridonal provings have not yet been introduced into the materia medica contained in popular homoeopathic software such as Radar 10 (Archibel, 2005). As a result, the traditionally used method of conducting a thematic analysis by computer searches through the materia medica in software data bases had to be slightly adjusted, to allow for manual searches through available homoeopathic literature on selected matridonal remedies in order to extract a fair representation of the 'scant' selected gestational and post-natal matridonal remedies.

Rubrics of *Aqua amniota humana*, *Placenta humana* and *Lac maternum* were obtained from Synthesis 9.1 (Schroyens, 2004) and Radar 10 (Archibel, 2005). In Table 2 below, the selected gestational and post-natal matridonal remedies represented in the available literature are listed, showing the number of searchable rubrics found on Radar 10.

Table 2: Indication of the selected gestational and postpartum matridonal rubrics representation

| REMEDIES | NUMBER OF RUBRICS |
|--------------------------|---|
| <i>Amniota humana</i> | 35 |
| <i>Placenta humana</i> | 2533 |
| <i>Lac maternum</i> | 2216 |
| <i>Vernix caseosa</i> | No rubrics available in the repertories |
| <i>Umbilicus humanus</i> | Remedy not available |

A comparative extraction of all rubrics, containing at least one of the selected matridonal remedies was performed, limiting the results to rubrics containing 50 or fewer remedies in total, to ensure that rubrics represented characteristic features of the remedies. Both the Synthesis and Complete Repertories from Radar (Archibel, 2005) were used in order to maximise the available data. Duplicated rubrics were removed. The limit was set at 50 in order to exclude less significant rubrics, but still

provide sufficient data, considering the poor representation of selected gestational and postpartum remedies in general. Previous studies at Durban University of Technology used the restriction of 50 remedies with successful analysis (Weston 2010)

Table 3: The sensation rubrics derived from the selected matridonal remedies

| Sensation rubric | <i>Aqua amniota humana</i> | <i>Lac maternum</i> | <i>Placenta humana</i> | <i>Umbilicus humanus</i> | <i>Vernix Caseosa</i> |
|--|-----------------------------------|----------------------------|-------------------------------|---------------------------------|------------------------------|
| MIND-GRIEF | X | X | X | X | X |
| MIND- Delusions- appreciated , she is not | X | X | X | - | - |
| MIND- INDUSTRIOUS | X | X | X | X | X |
| MIND- Delusions- alone | X | X | X | X | - |
| MIND-CONCETRATION-mind | X | X | X | X | X |
| MIND - CONFUSION of mind | X | X | X | X | X |
| MIND – DELUSIONS- separatedWorld, from the – he is separated | X | X | X | X | X |
| MIND – DETACHED | X | - | X | X | X |
| MIND - INDIFFERENCE, apathy | X | X | X | X | X |
| MIND – IRRITABILITY | X | X | X | X | X |
| MIND - MEMORY - weakness of memory | X | - | X | - | - |
| MIND – RESTLESSNESS | X | X | X | X | X |
| MIND; COMPANY; aOpus to | X | - | X | - | - |
| MIND; CHILDLESS, ailments from being | X | X | X | - | - |
| HEAD; PAIN, headache | X | X | X | X | X |
| head; PAIN, headache; dull; forehead; afternoon; amel. | - | X | - | - | - |
| head; PULSATION; temples; vomiting, with | - | X | X | X | - |
| stomach; EMPTINESS, weak feeling; tea agg. | - | X | X | - | - |
| back; STIFFNESS; dorsal region; scapulae; under, extending to; upper limbs | X | X | - | - | - |

| | | | | | |
|--|---|---|---|---|---|
| extremities; TWITCHING; knees; sitting; amel | - | X | X | X | X |
| head; PULSATION; vertex; evening | X | X | X | X | X |
| head; PAIN, headache; pressing; forehead; eyes; behind; bathing, washing, warm, hot, amel. | - | X | X | - | - |
| head; PAIN, headache; pulsating, throbbing; noon; night, until | - | X | X | X | - |
| head; HEAVINESS; ascending, on | - | X | X | X | - |
| nose; OBSTRUCTION, stopped sensation; morning; agg.; rising; on | - | X | X | - | - |
| chest; PAIN; dull; sternum; under | - | X | X | - | - |
| EARS; PAIN; aching | - | - | X | - | - |
| mouth; APHTHAE; stitching | - | X | X | X | - |
| THROAT; PAIN; swallowing; when not | - | - | X | - | - |
| throat; PAIN; burning, smarting; drinks; amel.; warm | - | X | X | X | X |
| CHEST; PAIN; exertion, from | X | X | X | X | X |
| ABDOMEN; PAIN | X | X | X | X | X |
| abdomen; PAIN; cutting; sides; right; left, to | | | | | |
| ABDOMEN; DISTENDED | X | X | X | X | X |
| back; CRACKING; cervical region; turning head, on | - | X | X | - | X |
| extremities; STIFFNESS; hips; right | - | X | X | - | - |
| extremities; TWITCHING; muscles | - | X | X | - | X |
| SLEEP; RESTLESS | - | X | - | - | - |
| vertigo; INTOXICATED feeling | - | X | - | - | - |
| face; NUMBNESS, insensibility; right | | | | | |
| face; TINGLING, prickling; lips | | | | | |
| GENERALITIES; WEAKNESS; overwork, from | X | X | X | X | - |
| GENERALITIES; HEAT; flushes of; alternating with; chills | - | - | X | - | - |

Each of the sensations extracted from the above table was defined using Collins Dictionary (2006). Many of the sensations which appeared were synonymous with each other and were taken as one sensation or theme (emptiness), and in this way duplication of a single concept in the search was eliminated. Synonyms are fully defined according to Collins Thesaurus (2006).

Table 4: Summary of confirmed sensations

| REMEDIES | COMMON SENSATION | WORDS USED/ SCANNED | SYNONYM SENSATION |
|--|-------------------------|----------------------------|---|
| head; PULSATION; temples; vomiting, with | Pulsation | Pulsation | Vibration Palpitation Throbbing Thumping pounding |
| stomach; EMPTINESS, weak feeling; tea agg. | Emptiness | Emptiness | Desolation Vacuum Void Blankness Gap Bareness |
| extremities; TWITCHING; knees; sitting; amel | Twitching | Twitching | Spasm Jerk Flutter Tremble |
| head; PAIN, headache; pressing; forehead; eyes; behind; bathing, washing, warm, hot, amel. | Pressing | Pressing | Pressure Acute Critical |
| head; HEAVINESS; ascending, on | Heaviness | Heaviness | Burden Denseness Thickness Density Mass |
| nose; OBSTRUCTION, stopped sensation; morning; agg.; rising; on | Stopped | Obstruction | Blocked Interrupted Hindered Congested |

| | | | |
|--|-------------|-------------|--|
| | | | Inhibited |
| chest; PAIN; dull; sternum; under | Dull | Dull | Low Shallow Insensate Simple Slow |
| mouth; APHTHAE; stitching | Stitching | Stitching | Fastening Sewing Pocking |
| throat; PAIN; burning, smarting; drinks; amel.; warm | Burning | Burning | Flaming Hot Fiery Gleaming Scorching |
| abdomen; PAIN; cutting; sides; right; left, to | Cutting | Cutting | Acerbic Biting Piercing Incisive Penetrating |
| back; CRACKING; cervical region; turning head, on | Cracking | Cracking | |
| extremities; STIFFNESS; hips; right | Stiffness | Stiffness | Rigidity Rigor Tension Constraint Firmness |
| extremities; TWITCHING; muscles | Twitching | Twitching | Jerk Flutter Tremble |
| vertigo; INTOXICATED feeling | Intoxicated | Intoxicated | Drunken Sloppy Tipsy |

| | | | |
|---|----------|----------|--|
| face; NUMBNESS, insensibility; right | Numbness | Numbness | Deadness Dullness Stupor Paralysis Insensibility |
| face; TINGLING, prickling; lips | Tingling | Tingling | Creep Itchy Prickle Tickle Sting |

Further synonyms for each of the extracted sensations were listed using a Collins Thesaurus (2006). Thereafter, each of the sensations and the relevant synonyms were subjected to a keyword search of the literature to confirm their validity. If a sensation and its synonyms were found in the literature search they were considered to be valid.

The most common sensations, verified by this method and common themes that were extracted are listed below:

Table 5: The common themes and characteristic sensations of the selected gestational matrilidnal remedies.

| COMMON SENSATION | COMMON THEMES |
|------------------|-------------------------|
| Pulsation | Grief |
| Emptiness | Fear |
| Twitching | Impatient |
| Pressing | Empathy |
| Throbbing | Vulnerable |
| Heaviness | Confusion |
| Obstruction | Difficult concentration |
| Dull | Restlessness |
| Stitching | Irritability |
| Burning | Delusion alone |
| Cutting | Detachment |
| Cracking | Feeling forsaken |

| | |
|--|-------------------|
| Stiffness Intoxicated Numbness Tingling Isolated | Alone Forsaken |
|--|-------------------|

The extraction process generated several sensations and themes that appeared common amongst the selected remedies. Sensations and themes were included if they were found in at least two of the selected remedies. The different sensations and themes that represent the gestational and postpartum matridonal remedies are listed in Archibel (2005). From this rubric list, only those rubrics that contained at least two (2) of the selected remedies were chosen for the extraction process and analysis of the common sensation. Thereafter, the rubrics were scanned for words representing sensations. Each sensation was subjected to a literature search to test its validity.

Table: 6 Proposed sensations/themes and reactions of the selected matridonal remedies

| Sensation | Passive Reaction | Active Reaction | Compensation |
|--|---|--|---|
| Twitching Pressing Throbbing Heaviness Obstruction Stitching Intoxicated Tingling | Dullness Emptiness Heaviness Stiffness Numbness | Throbbing Pulsation Cutting Burning Cracking | Overwork Isolate Detachment Obstruction (they compensate by isolating themselves through overworking, obstruction and detaching themselves) |

4.3 THE COMPARISON OF THE REMEDIES OF REPERTORIAL SIMILARITY TO THE SELECTED GESTATIONAL AND POSTPARTUM MATRIDONAL REMEDIES.

The repertorisation of the six rubrics chosen to represent each selected matridonal remedy produced the following remedies present in the highest number of rubrics and yielding the highest numerical value. The rubrics below were chosen to represent the essence of the remedy.

4.3.1 *Aqua amniotica humana*

The following selected rubrics are repertorised in repertory sheet no.1

mind; INDUSTRIOUS, mania for work

mind; IRRITABILITY

head; SIDES, internal

sleep; DISTURBED

generalities; NIGHT, nine pm. - five am.; agg.

abdomen; PAIN

4.3.1.1 Table 7: Repertorisation of selected rubrics of *Aqua amniotica humana*

| Remedies | Acon | Aur | Lach | Nux-v | Sep |
|--|----------|----------|----------|----------|----------|
| Total number of rubrics | 6 | 6 | 6 | 6 | 6 |
| Rubrics | 6 | 6 | 5 | 5 | 5 |
| mind; INDUSTRIOUS, mania for work | 3 | 4 | 4 | 4 | 4 |
| mind; IRRITABILITY | 3 | 3 | 2 | 3 | 2 |
| head; SIDES, internal | 3 | 1 | 1 | 1 | 1 |
| sleep; DISTURBED | 4 | 3 | 3 | 3 | 3 |
| generalities; NIGHT, nine pm. - five am.; agg. | 4 | 2 | - | - | - |
| abdomen; PAIN | 4 | 1 | 1 | 3 | 3 |

The top five remedies that emerged were *Aconite*, *Aurum metallicum*, *Lachesis*, *Nux vomica*, *Sepia*

- *Aconite* had six common rubrics with the chosen rubrics of *Aqua amniota humana*:

mind; INDUSTRIOUS, mania for work

mind; IRRITABILITY

head; SIDES, internal

sleep; DISTURBED

generalities; NIGHT, nine pm. - five am.; agg.

abdomen; PAIN

- *Aurum metallicum* had six common rubrics with the chosen rubrics of *Aqua amniota humana*:

mind; INDUSTRIOUS, mania for work

mind; IRRITABILITY

head; SIDES, internal

sleep; DISTURBED

generalities; NIGHT, nine pm. - five am.; agg.

abdomen; PAIN

- *Lachesis* had five common rubrics with the chosen rubrics of *Aqua amniota humana*:

mind; INDUSTRIOUS, mania for work

mind; IRRITABILITY

head; SIDES, internal

sleep; DISTURBED

abdomen; PAIN

- *Nux vomica* had five common rubrics with the chosen rubrics of *Aqua amniota humana*:

mind; INDUSTRIOUS, mania for work

mind; IRRITABILITY

head; SIDES, internal

sleep; DISTURBED

abdomen; PAIN

- *Sepia* had five common rubrics with the chosen rubrics of *Aqua amniota humana*:

mind; INDUSTRIOUS, mania for work

mind; IRRITABILITY

head; SIDES, internal

sleep; DISTURBED

abdomen; PAIN

4.3.2 *Lac maternum*

The following selected rubrics are repertorised in repertory sheet no.2

mind; UNFEELING, hard-hearted

mind; NURSING; ailments from, agg

extremities; SPOTS; elbows

chest; WAKING, on

generalities; UNCLEANLINESS agg

generalities; ENERGY, lots of; morning

4.3.2.1 Table 8: Repertorisation of selected rubrics of *Lac maternum*

| Remedies | Anac | Lac-c | Phos | Sep | Sulph |
|-----------------------------------|----------|----------|----------|----------|----------|
| Total number of rubrics | 6 | 6 | 6 | 6 | 6 |
| Rubrics | 2 | 6 | 4 | 5 | 4 |
| mind; UNFEELING, hard-hearted | - | 1 | 1 | 3 | - |
| mind; NURSING; ailments from, agg | - | 1 | 1 | 3 | 1 |
| extremities; SPOTS; elbows | 1 | 1 | - | 3 | 3 |
| generalities; DRYNESS; joints | 1 | 1 | 1 | 3 | 2 |
| generalities; UNCLEANLINESS agg | | 1 | 1 | - | 1 |
| chill; MIDNIGHT; after; four am. | - | 1 | - | 1 | - |

The top five remedies that emerged were *Anacardium*, *Lac caninum*, *Phosphorus*, *Sepia* and *Sulphur*:

- *Anacardium* had two common rubrics with the chosen rubrics of *Lac maternum*:

extremities; SPOTS; elbows

generalities; DRYNESS; joints

- *Lac caninum* had six common rubrics with the chosen rubrics of *Lac maternum*:

mind; UNFEELING, hard-hearted

mind; NURSING; ailments from, agg

extremities; SPOTS; elbows

chest; WAKING, on

generalities; UNCLEANLINESS agg

generalities; ENERGY, lots of; morning

- *Phosphorus* had four common rubrics with the chosen rubrics of *Lac maternum*:

mind; UNFEELING, hard-hearted

mind; NURSING; ailments from, agg

chest; WAKING, on

generalities; UNCLEANLINESS agg

- *Sepia* had five common rubrics with the chosen rubrics of *Lac maternum*:

mind; UNFEELING, hard-hearted

mind; NURSING; ailments from, agg

extremities; SPOTS; elbows

generalities; DRYNESS; joints

chill; MIDNIGHT; after; four am

- *Sulphur* had four common rubrics with the chosen rubrics of *Lac maternum*:

mind; NURSING; ailments from, agg

extremities; SPOTS; elbows

chest; WAKING, on

generalities; UNCLEANLINESS agg

4.3.3 *Placenta humanum*

The following rubrics are repertorised in repertory sheet number 3:

mind; LAUGHING; sudden, paroxysmal

mind; WEEPING, tearful mood; excitement, emotional, agg.

taste; OFFENSIVE; putrid, foul

teeth; CHATTERING

generalities; FAINTNESS, fainting; pain, from

generalities; PAIN; twisting

4.3.3.1 Table 9: Repertorisation of selected rubrics of *Placenta humanum*:

| Remedies | <i>Bell</i> | <i>Lyc</i> | <i>Nat- m</i> | <i>Phos</i> | <i>Sep</i> |
|--|--------------------|-------------------|--------------------------|--------------------|-------------------|
| Total number of rubrics | 6 | 6 | 6 | 6 | 6 |
| Number of rubrics | 6 | 5 | 6 | 6 | 5 |
| mind; LAUGHING; sudden, paroxysmal | 3 | 1 | 3 | 3 | 3 |
| mind; WEEPING, tearful mood; excitement, emotional, agg. | 4 | 3 | 3 | 2 | 3 |
| taste; OFFENSIVE; putrid, foul | 4 | 3 | 3 | 3 | 3 |
| teeth; CHATTERING | 1 | - | 3 | 1 | - |
| generalities; FAINTNESS, fainting; pain, from | 1 | 1 | 1 | 2 | 3 |
| generalities; PAIN; twisting | 3 | 2 | 3 | 3 | 2 |

The top five remedies that emerged were *Belladonna*, *Lycopodium*, *Natrium muriaticum*, *Phosphorus* and *Sepia*.

- *Belladonna* had six common rubrics with the chosen rubrics of *Placenta humana*:

mind; LAUGHING; sudden, paroxysmal

mind; WEEPING, tearful mood; excitement, emotional, agg.

taste; OFFENSIVE; putrid, foul

teeth; CHATTERING

generalities; FAINTNESS, fainting; pain, from

generalities; PAIN; twisting

- *Lycopodium* had five common rubrics with the chosen rubrics of *Placenta humana*:

mind; LAUGHING; sudden, paroxysmal

mind; WEEPING, tearful mood; excitement, emotional, agg.

taste; OFFENSIVE; putrid, foul

generalities; FAINTNESS, fainting; pain, from

generalities; PAIN; twisting

- *Natrium mariuticum* had six common rubrics with the chosen rubrics of *Placenta*:

mind; LAUGHING; sudden, paroxysmal

mind; WEEPING, tearful mood; excitement, emotional, agg.

taste; OFFENSIVE; putrid, foul

teeth; CHATTERING

generalities; FAINTNESS, fainting; pain, from

generalities; PAIN; twisting

- *Phosphorus* had six common rubrics with the chosen rubrics of *Placenta humana*:

mind; LAUGHING; sudden, paroxysmal

mind; WEEPING, tearful mood; excitement, emotional, agg.

taste; OFFENSIVE; putrid, foul

teeth; CHATTERING

generalities; FAINTNESS, fainting; pain, from

generalities; PAIN; twisting

- *Sepia* had five common rubrics with the chosen rubrics of *Placenta humana*.

mind; LAUGHING; sudden, paroxysmal

mind; WEEPING, tearful mood; excitement, emotional, agg.

taste; OFFENSIVE; putrid, foul

generalities; FAINTNESS, fainting; pain, from

generalities; PAIN; twisting

4.3.4 Umbilicus humanus

The following rubrics are repertorised in repertory sheet number 4:

Mind; COMPANY; desire for; alone agg.; alone

Mind; CONFUSION; identity, as to his

Face; TWITCHING; lips

Abdomen; DISTENSION

Skin; CICATRICES, painful

Cheat; PALPITATION, morning

4.3.4.1 Table 10: Repertorisation of selected rubrics of *Umbilicus humanus*

| Remedy | <i>Alum</i> | <i>Ars</i> | <i>Kali-c</i> | <i>Sep</i> | <i>Sil</i> |
|--|--------------------|-------------------|----------------------|-------------------|-------------------|
| Total number of rubrics | 6 | 6 | 6 | 6 | 6 |
| Number of rubrics | 4 | 3 | 6 | 5 | 5 |
| Mind; COMPANY; desire for; alone agg.; alone | 3 | 3 | 2 | 1 | 1 |
| Mind; CONFUSION; identity, as to his | 3 | - | 1 | 1 | 1 |
| Face; TWITCHING; lips | - | 1 | 1 | 1 | 1 |
| Abdomen; DISTENSION | 2 | 3 | 1 | 2 | 2 |
| Skin; CICATRICES, painful | - | - | 1 | - | 3 |
| Cheat; PALPITATION, morning | 1 | - | 1 | 1 | - |

The top five remedies that emerged were *Alumen*, *Arsenicum album*, *Kali carbonicum*, *Sepia* and *Silica*.

- *Alumen* had four common rubrics with the chosen rubrics of *Umbilicus humanus*:

Mind; COMPANY; desire for; alone agg.; alone

Mind; CONFUSION; identity, as to his

Abdomen; DISTENSION

Cheat; PALPITATION, morning

- *Arsenicum* had three common rubrics with the chosen rubrics of *Umbilicus humanus*:

Mind; COMPANY; desire for; alone agg.; alone

Face; TWITCHING; lips

Abdomen; DISTENSION

- *Kali carbonicum* had six common rubrics with the chosen rubrics of *Umbilicus humanus*:

Mind; COMPANY; desire for; alone agg.; alone

Mind; CONFUSION; identity, as to his

Face; TWITCHING; lips

Abdomen; DISTENTION

Skin; CICATRICES, painful

Cheat; PALPITATION, morning

- *Sepia* had five common rubrics with the chosen rubrics of *Umbilicus humanus*:

Mind; COMPANY; desire for; alone agg.; alone

Mind; CONFUSION; identity, as to his

Face; TWITCHING; lips

Abdomen; DISTENTION

Cheat; PALPITATION, morning

- *Silica* had five common rubrics with the chosen rubrics of *Umbilicus humanus*:

Mind; COMPANY; desire for; alone agg.; alone

Mind; CONFUSION; identity, as to his

Face; TWITCHING; lips

Abdomen; DISTENTION

Skin; CICATRICES, painful

4.3.5 *Vernix caseosa*

The following rubrics are repertorised in repertory sheet number 5:

Mind; FEAR; crowds in

Mind; THOUGHTS; compelling

Skin; ROUGH

Abdomen; DISTENTION

Head; PAIN; temple

Generals; Allergic constitution

4.3.5.1 Table 11: Repertorisation of selected rubrics of *Vernix caseosa*:

| Rubrics | <i>Calc</i> | <i>Phos</i> | <i>Puls</i> | <i>Sep</i> | <i>Spong</i> |
|---------------------------------|-------------|-------------|-------------|------------|--------------|
| Total number of rubrics | 6 | 6 | 6 | 6 | 6 |
| Number of rubrics | | | | | |
| Mind; FEAR; crowds in | 1 | 1 | 1 | 1 | 1 |
| Mind; THOUGHTS; compelling | 1 | 1 | 1 | - | - |
| Skin; ROUGH | 3 | 1 | - | 3 | 1 |
| Abdomen; DISTENTION | 3 | 3 | 2 | 2 | 1 |
| Head; PAIN; temporal | 3 | 3 | 2 | 2 | 1 |
| Generals; Allergic constitution | 1 | 1 | 1 | - | - |

The top five remedies that emerged were *Calcarea carbonica*, *Phosphorus*, *Pulsatilla*, *Sepia* and *Spongia*:

- *Calcarea carbonica* had six common rubrics with the chosen rubrics of *Vernix caseosa*:

Mind; FEAR; crowds in

Mind; THOUGHTS; compelling

Skin; ROUGH

Abdomen; DISTENTION

Head; PAIN; temple

Generals; Allergic constitution

- *Phosphorus* had six common rubrics with the chosen rubrics of *Vernix caseosa*:

Mind; FEAR; crowds in

Mind; THOUGHTS; compelling

Skin; ROUGH

Abdomen; DISTENTION

Head; PAIN; template

Generals; Allergic constitution

- *Pulsatilla* had five common rubrics with the chosen rubrics of *Vernix caseosa*:

Mind; FEAR; crowds in

Mind; THOUGHTS; compelling

Abdomen; DISTENTION

Head; PAIN; template

Generals; Allergic constitution

- *Sepia* had six common rubrics with the chosen rubrics of *Vernix caseosa*:

Mind; FEAR; crowds in

Skin; ROUGH

Abdomen; DISTENTION

Head; PAIN; template

- *Spongia* had six common rubrics with the chosen rubrics of *Vernix caseosa*:

Mind; FEAR; crowds in

Skin; ROUGH

Abdomen; DISTENTION

Head; PAIN; template

From the repertories of all the matridonal remedies, *Sepia officinalis* is the only remedy that is common.

4.4 THE COMPARISON OF THE THEMATIC ANALYSIS OF THE SELECTED MATRIDONAL REMEDIES.

Listed below are the themes of the selected gestational and postpartum matridonal remedies.

Table 12: The themes of the selected gestational and postpartum matridonal remedies

| <i>Placenta</i> (Biggs and Gwillim 2009) | <i>Vernix caseosa</i> (Assilem, 2009) | <i>Aqua qmniotica humana</i> (Assilem, 2009) | <i>Lac maternum</i> (Hatherly, 2010) | <i>Umbilicus humanus</i> (Assilem, 2009) |
|---|---|---|--|--|
| Full of other people's beliefs | Unprotected- hypersensitive to surroundings - Feels full of the wrong ingredients- - Merge easily | Deep underlying feelings of grief. | Lack Humanity Lack Empathy Numb to everything | Unintentional wounding- Perceiving deep painful issues to be resolved and then resolving Feeling homesick yet ok to be alone |
| Feeling overwhelmed by the chaos that came with reincarnation | Assaulted- Feels invaded- Porosity- Feels threatened – Feels Bombarded | Where there has been recent grief or trauma in mother during patient's gestation. | Dissatisfied Isolated | No longer myself - Who am I? Can't recognize me in mirror |
| A theme of clearing of lifetime of junk | Overwhelmed by all outside energies- Multiple allergies – Paranoia - No Sense of Self- No sense of identity | Where there is a sibling close in age to patient. | Feel in wrong body – lack of awareness of where body ends Space cadet Wasted my life- Want to wake up – I Keep floating away Keep waiting for Life to happen – Don't know where I begin or end I need to become more human – I don't think I am the person I should be. | Dreams of being lost/ being abandoned on a train |
| Starting new journey and writing their own itinerary | Addictive and obsessive - Mental chaos- Passive and agoraphobic Environmental Illness - Chronic Fatigue Syndrome | Where there has been the death of a twin. | Facing up to life is not easy- I wish I could be more grown up. Every path I take comes to an end. | The theme of unveiling, shedding skin, dropping masks Wants to let go of manufactures images - Many images of snakes |

| | | | | |
|---|---|--|--|--|
| | | | | and shedding skin |
| A feeling of letting go of other people's influence | Easily distracted- Too overwhelmed to stay connected- Drowning in chaotic thoughts Busy brains Imprison themselves - Unable to connect with others | Self-recognition Knowing things that had not been taught Heightened Senses (a common matridonal symptom). Breath issues | If only I could start over again Don't know who I am. I feel like an alien. These are the words of adult patients and provers, Children with autism will not have this awareness. | Back to roots - Childlike wonder awakened- A need to get back to my innocent potential |
| Becoming more autonomous | Skin- Eczema and many skin problem- Feels raw beneath the skin Bring feelings of a new or second skin | | Hypersensitivity/ allergic reaction to EVERYTHING food, noise, feelings of others Sensations of invasion - Hyper alert and hyper-aware leading for the need to withdraw. | A sense of own identity. I am walking toward myself |
| Desire to be an individual with own potential | | | Very vulnerable and insecure | Feel in the body of a stranger Feel like an outsider |
| Curing chronic symptoms that have become entrenched | | | No self-protective filters as if their skin was too thin or they had one at all | Knowing own desires- Journey from victim to empowerment Visions of angels with open wings & flying dragons |
| A feeling of starting again in own footsteps Acceptance of self – allowing own identity to emerge Feeling of having another chance – a rebirth. | | Time distortion | No boundary between them and the rest of the world so they have to shut down Sense of being assaulted - feeling a victim Loss of sense of identity – Very guarded protective and extremely porous. | |
| Brings a reawakening, self-acceptance and a renewal of their personal power. | | | | |

The themes of the selected gestational and postpartum matridonal remedies were compared, thereafter common themes were deduced.

Listed below are the common themes of the selected gestational and postpartum matridonal remedies which emerged from the comparison.

1. Anxiety

The matridonal remedies share anxiety about the future and about the unknown.

The following examples, demonstrate the common theme of anxiety in the selected gestational and postpartum matridonal remedies:

a) *Aqua amniota humana*

No evidence for this theme in the available literature

b) *Lac maternum, Radar (Archibel, 2005)*

mind; ANXIETY; company; agg

mind; ANXIETY; food, about

c) *Placenta, Radar (Archibel, 2005)*

mind; ANXIETY; conscience, of; forgetfulness, with

mind; ANXIETY; noise, from

mind; ANXIETY; work; manual; during

mind; ANXIETY; health, about; relatives, of

mind; ANXIETY; time is set, when a

mind; ANXIETY; respiration; accelerated, with

mind; ANXIETY; children, about his

mind; ANXIETY; dark, in

mind; ANXIETY; alone, while

d) *Vernix caseosa*

Boericke, W. 2013. Pocket manual of homoeopathic materia medica- Anxiety about others, becomes too strongly bound up in the affairs of other people.

e) *Umbilicus humanus*

No evidence for this theme in the available literature.

2. Indifference

There are feelings of indifference, apathy, detachment, isolation, separation from the world/people etc. on the mental level. These feelings can manifest on

a physical level as symptoms of numbness, analgesia, anaesthesia and coldness.

The following examples, demonstrate the common theme of indifference in the selected gestational and postpartum matridonal remedies:

a) *Aqua amniota humana*

No evidence for this theme in the available literature

b) *Lac maternum*, Radar (Archibel, 2005)

mind; INDIFFERENCE, apathy; suffering, to
mind; INDIFFERENCE, apathy; duties, to
mind; INDIFFERENCE, apathy; children, to her

c) *Placenta*, Radar (Archibel, 2005)

mind; INDIFFERENCE, apathy; disappointment agg.
mind; INDIFFERENCE, apathy; children, to her.

d) *Vernix casesa*

Boericke, W. 2013. Pocket manual of homoeopathic materia medica -
they have indifference

e) *Umbilicus humanus*

No evidence for this theme in the available literature

3. Concentration

Difficulty in concentration is a major manifestation on the selected matridonal remedies, on the mental level. The difficulty in concentration of the selected matridonal remedies is experienced mostly by children and it is experienced when driving. This theme is also expressed by an inability to multi-task.

The following examples demonstrate the common theme of confusion in the selected gestational and postpartum matridonal remedies:

a) *Aqua amniota humana*

No evidence for this theme in the available literature

b) *Lac maternum*, Radar (Archibel, 2005)

mind; CONCENTRATION; difficult; evening; amel.
mind; CONCENTRATION; difficult; pain, from; lower limbs, in
mind; CONCENTRATION; difficult; children, in

c) *Placenta*, Radar (Archibel, 2005)

mind; CONCENTRATION; difficult; one subject, on

mind; CONCENTRATION; difficult; driving, while

d) Vernix caseosa

Boericke, W. 2013. Pocket manual of homoeopathic materia medica - mental chaos, severe problems of concentration, cannot focus, distracted by minor details.

e) Umbilicus humanus

No evidence for this theme in the available literature

4. Irritability

In the matridonal remedies there is evidence of irritability which also presents as uncontrollable emotions which are often not positive emotions. The selected matridonal remedies can be prescribed to patients who are sad, sensitive. They also present with instability and unpredictability of behavior and moods, especially towards their family members, friends or even pets. They become tearful and weary.

The following examples demonstrate the common irritability of anxiety in the selected gestational and postpartum matridonal remedies:

a) Aqua amniota humana, Radar (Archibel, 2005)

mind; IRRITABILITY

b) Lac maternum, Radar (Archibel, 2005)

mind; IRRITABILITY; family, to her
mind; IRRITABILITY; children, towards

c) Placenta, Radar (Archibel, 2005)

mind; IRRITABILITY; dogs, towards
mind; WEEPING, tearful mood; weariness, weakness, with
mind; IRRITABILITY; alone; when
mind; IRRITABILITY; children, towards; own
mind; IRRITABILITY; disturbance, from slightest
mind; IRRITABILITY; husband, towards
mind; IRRITABILITY; children, towards

d) Vernix caseosa

No evidence for this theme in the available literature

e) Umbilicus humanus

No evidence for this theme in the available literature

5. Restlessness

A marked increase in physical activity seen through restlessness, involuntary motions, increased reflexes, twitching or a marked decrease in it, seen through weakness.

The following examples demonstrate the common theme of restlessness in the selected gestational and postpartum matridonal remedies:

- a) ***Aqua amniota humana*, Radar (Archibel, 2005)**
mind; RESTLESSNESS, nervousness
mind; INDUSTRIOUS, mania for work
mind; TOSSING about
- b) ***Lac maternum*, Radar (Archibel, 2005)**
extremities; RESTLESSNESS; feet; two pm
- c) ***Placenta*, Radar (Archibel, 2005)**
abdomen; RESTLESSNESS; eating; after
nose; RESTLESSNESS about
- d) ***Vernix caseosa***
No evidence for this theme in the available literature
- e) ***Umbilicus humanus* (Grayston, 2013)**
Restless extremities

6. Irritability

Instability and unpredictability of behavior and moods.

The following examples, demonstrate the common theme of irritability in the selected gestational and postpartum matridonal remedies:

- f) ***Aqua amniota humana*, Radar (Archibel, 2005)**
mind; IRRITABILITY
- g) ***Lac maternum*, Radar (Archibel, 2005)**
mind; IRRITABILITY; family, to her
mind; IRRITABILITY; children, towards

h) *Placenta, Radar (Archibel, 2005)*

mind; IRRITABILITY; dogs, towards
mind; WEEPING, tearful mood; weariness, weakness, with
mind; IRRITABILITY; alone; when
mind; IRRITABILITY; children, towards; own
mind; IRRITABILITY; disturbance, from slightest
mind; IRRITABILITY; husband, towards
mind; IRRITABILITY; children, towards

i) *Vernix casesa*

No evidence for this theme in the available literature

j) *Umbilicus humanus*

No evidence for this theme in the available literature

7. Delirium

Presents with hallucinations, visions, fancies, many dreams or a sense of intoxication.

The following examples demonstrate the common theme of dreams and delusions in the selected gestational and postpartum matridonal remedies:

Dreams

a) *Aqua amniota humana (Archibel, 2005)*

No evidence for this theme in the available literature. This may be due to sleeplessness and the tossing and turning at night as proven by the following rubrics:

mind; TOSSING about
mind; BED; agg.
sleep; DISTURBED

b) *Lac maternum, Radar (Archibel, 2005)*

mind; DREAMS; child, children; babies; coldness, saved from
mind; DREAMS; relatives
mind; DREAMS; men, man
mind; DREAMS; shooting

mind; DREAMS; fish
mind; DREAMS; death, of; relatives
mind; DREAMS; women
mind; DREAMS; nakedness, about
mind; DREAMS; driving a; car
mind; DREAMS; escape, of
mind; DREAMS; parties, of pleasure
mind; DREAMS; death, of; family, in
mind; DREAMS; snakes; surrounded by, trying to escape
mind; DREAMS; family, own; family planning
mind; DREAMS; studies, of
mind; DREAMS; mice
mind; DREAMS; rats
mind; DREAMS; arm
mind; DREAMS; animals, of; wild
mind; DREAMS; forsaken, forsaking
mind; DREAMS; examinations
mind; DREAMS; shopping
mind; DREAMS; birth, of
mind; DREAMS; late, being
mind; DREAMS; fleeing, of
mind; DREAMS; child, children; babies; nursing
mind; DREAMS; killing; animals
mind; DREAMS; animals, of; spotted
mind; DREAMS; journey, travelling; train, by
mind; DREAMS; destination; searching her
mind; DREAMS; animals, of; young
mind; DREAMS; crocodiles, alligators
mind; DREAMS; death, of; family, in; son

mind; DREAMS; breast feeding
mind; DREAMS; eating
mind; DREAMS; arm; covered with vesicles
mind; DREAMS; animals, of; pursued by
mind; DREAMS; cousin, of
mind; DREAMS; police, of
mind; DREAMS; obstacles, of
mind; DREAMS; train, tram
mind; DREAMS; cliff, standing on a
mind; DREAMS; frogs
mind; DREAMS; forsaken, forsaking; friends, by
a) *Placenta, Radar (Archibel, 2005)*
mind; DREAMS; driving a; car
mind; DREAMS; water; sea, ocean, of
mind; DREAMS; father, of
mind; DREAMS; walking, of
mind; DREAMS; death, of; family, in
mind; DREAMS; pregnant, of being
mind; DREAMS; rats
mind; DREAMS; arrested, caught, of being
mind; DREAMS; death, of; family, in; parents, of
mind; DREAMS; people, of; naked
mind; DREAMS; penis
mind; DREAMS; bicycle, bicycling, of
mind; DREAMS; sisters, of
mind; DREAMS; arrested, caught, of being; imprisonment
mind; DREAMS; rooms, of
mind; DREAMS; beach, of
mind; DREAMS; witches
mind; DREAMS; bears

mind; DREAMS; prostitution, of
mind; DREAMS; separating from people
mind; DREAMS; death, of; family, in; parents, of; father, of
mind; DREAMS; talking; someone; with
mind; DREAMS; lewd, lascivious, voluptuous; perverse
mind; DREAMS; cage, of
mind; DREAMS; people, of; black
mind; DREAMS; child, children; playing
mind; DREAMS; violence; sexual
mind; DREAMS; sheep
mind; DREAMS; places; narrow
mind; DREAMS; walking, of; ruins, among
mind; DREAMS; cats, felines; wild
mind; DREAMS; water; people; bathing; public, in
mind; DREAMS; helicopters
mind; DREAMS; water; people; bathing; swimming pool of hotel, in, naked
mind; DREAMS; picture frames
mind; DREAMS; driving a; car; up steep
mind; DREAMS; women; mammae, with big
mind; DREAMS; people, of; aboriginals
mind; DREAMS; house, houses; water, on

b) Vernix caseosa

No evidence for this theme in the available literature

c) Umbilicus humanus, (Grayston, 2013)

Dreams of being lost/ being abandoned on a train.

Some of the more common delusions include the following:

d) Aqua amniota humana Radar (Archibel, 2005)

No evidence for this theme in the available literature

a) Lac maternum, Radar (Archibel, 2005)

mind; DELUSIONS, imaginations; ugly, is; pregnancy, in
mind; DELUSIONS, imaginations; dream, as from
mind; DELUSIONS, imaginations; neglected; he is, she is
mind; DELUSIONS, imaginations; rats, mice, insects, etc.
mind; DELUSIONS, imaginations; mice, sees
mind; DELUSIONS, imaginations; friend, beloved one; affection of, has
lost the

b) *Placenta, Radar (Archibel, 2005)*

mind; DELUSIONS, imaginations; water
mind; DELUSIONS, imaginations; allright, everything is
mind; DELUSIONS, imaginations; control over organisation, losing
mind; DELUSIONS, imaginations; beautiful, wonderful; atmosphere, in
mind; DELUSIONS, imaginations; lighter, is
mind; DELUSIONS, imaginations; expanding; she is
mind; DELUSIONS, imaginations; water; under water, he is
mind; DELUSIONS, imaginations; body, body parts; fat, is
mind; DELUSIONS, imaginations; strong, he is
mind; DELUSIONS, imaginations; beautiful, wonderful
mind; DELUSIONS, imaginations; watched, that she is being
mind; DELUSIONS, imaginations; influence, is under a powerful
mind; DELUSIONS, imaginations; ugly, is
mind; DELUSIONS, imaginations; lighter than air
mind; DELUSIONS, imaginations; dark, of
mind; DELUSIONS, imaginations; weight; has no
mind; DELUSIONS, imaginations; narrow, everything is too
mind; DELUSIONS, imaginations; fat, she becomes

c) *Vernix casesa*

No evidence for this theme in the available literature

d) *Umbilicus humanus (Grayston, 2013)*

See visions of angels with open wings & flying dragons

8. Confusion

Mental confusion expressed as forgetfulness, nonsensical speech, poor comprehension, the feeling that everything is strange or unreal are the common symptoms that present in patients.

The following examples demonstrate the common theme of confusion in the selected gestational and postpartum matridonal remedies:

a) *Aqua amniota humana*

No evidence for this theme in the available literature

b) *Lac maternum*, Radar (Archibel 2005)

mind; CONCENTRATION; difficult; evening; amel.

c) *Placenta*, Radar (Archibel, 2005)

mind; CONFUSION of mind; driving, while.

d) *Vernix caseosa*

Boericke, W. 2013. *Pocket manual of homoeopathic materia medica* -
No feeling of herself, melts and loses herself in the energy of others
mental chaos, severe problems of concentration, cannot focus,
distracted by minor details.

e) *Umbilicus humanus* (Grayston, 2013)

Confusion of identity

9. Connection/ detachment

Matrional remedies keep us connected to self and the universe whilst developing in preparation for life as a unique individual.

The following examples demonstrate the common theme of confusion in the selected gestational and postpartum matrional remedies:

e) *Aqua amniota humana*

No evidence for this theme in the available literature

f) *Lac maternum*, Radar (Archibel, 2005)

mind; DETACHED; ego, from

g) *Placenta*, Radar (Archibel, 2005)

mind; DETACHED; ego, from

h) *Vernix caseosa*

Boericke, W. 2013. *Pocket manual of homoeopathic materia medica* . -
Cut off from her own feelings; too overtaxed to remain in contact.
No feeling of identity; separate, cannot bond.

i) *Umbilicus humanus* (Grayston, 2013)

When the umbilical cord is cut after birth, the baby can be seen to
flinch, this shock is reflected in the remedy picture.

10. Sleeplessness

This theme is linked with the theme of restlessness where the patients have increased activity physically, mentally and emotionally resulting in difficulty falling asleep or disturbed sleep.

The following examples demonstrate the common theme of sleeplessness in the selected gestational and postpartum matridonal remedies:

a) *Aqua amniota humana*, Radar (Archibel, 2005)

mind; SLEEP; during
generalities; SLEEP; during
sleep; RESTLESS
mind; SLEEP; during

b) *Lac maternum*, Radar (Archibel, 2005)

sleep; DISTURBED; midnight; after; three am
sleep; SLEEPLESSNESS; children, in
sleep; SLEEPINESS; reading; agg

c) *Placenta*, Radar (Archibel, 2005)

sleep; SLEEPLESSNESS; children, in

d) *Vernix caseosa*

No evidence for this theme in the available literature

e) *Umbulicus humana*

No evidence for this theme in the available literature

11. Side headache

A side headache is a dominant physical symptom of the selected matridonal remedies. The headache can be one sided, either on the right- side of the head or on the left side of the head. It also can be experienced on both sides of the head internally.

The following examples demonstrate the common theme of side headache in the selected gestational and postpartum matridonal remedies:

a) *Aqua amniota humana*

head; PAIN, headache; one-sided
head; INTERNAL; one-sided
head; SIDES, internal
head; PAIN, headache

- b) *Lac maternum*, Radar (Archibel, 2005)**
head; PAIN, headache; dull; motion; amel.; quick, rapid
head; PULSATION; temples; vomiting, with
head; PAIN, headache; pulsating, throbbing; temples; vomiting, with
- c) *Placenta humanum*, Radar (Archibel, 2005)**
head; PAIN, headache; cutting, darting, stabbing; sides; right
head; PAIN, headache; cutting, darting, stabbing; sides
- d) *Vernix caseosa*, Radar (Archibel, 2005)**
Head pain in sides
- e) *Umbilicus humanum*, (Grayston, 2013)**
Headache on right side

12. Distended abdomen

The following examples demonstrate the common theme of distended abdomen in the selected gestational and postpartum matridonal remedies:

- a) *Aqua amniota humana*, Radar (Archibel, 2005)**
abdomen; DISTENDED
- b) *Lac maternum*, Radar (Archibel, 2005)**
abdomen; DISTENDED
abdomen; LAUGHING agg.
- c) *Placenta*, Radar (Archibel, 2005)**
abdomen; DISTENDED
- d) *Vernix caseosa* (assilem, 2009)**
Distended abdomen
- e) *Umbilicus humanum*, (Grayston, 2013)**
Distended Abdomen

THE COMMON THEMES OF THE MATRIDONAL REMEDIES (Assilem 2009).

Assilem documented the themes of the selected matridental remedies as a journey to self-recognition as demonstrated below in the flow chart:

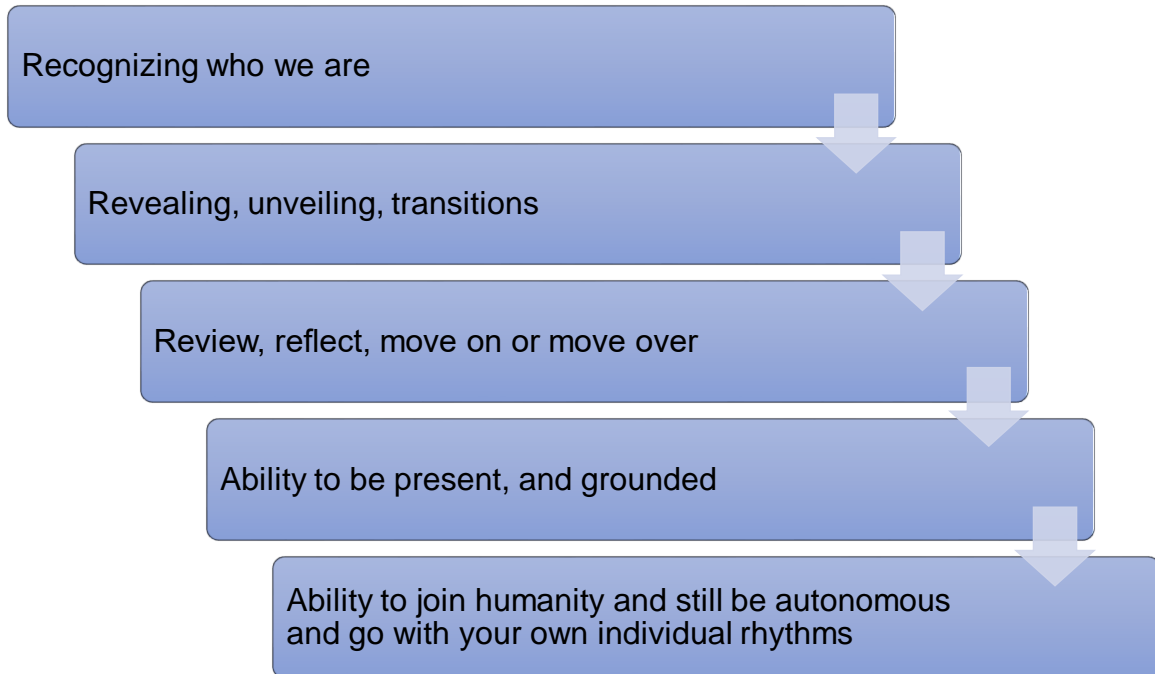


Figure 6: The common themes of the matridental remedies.

THE COMMON THEMES OF THE MATRIDONAL REMEDIES (Grayston, 2013)

Grayston (2013) stated that these themes translate directly in her practice in a myriad of ways as human beings embark upon the human journey:

- relationship to remind us of source and creation
- connection, with self and universe and disconnection
- journey to self-recognition
- takes you back to where you lost yourself
- life, death, beginnings, endings, cycles
- transition and rites of passage
- to review, reflect, move on or move over
- generational or ancestral themes
- ancient or unknown grief
- distortion of time and timelessness
- helps to ground and bring you to the present
- infertility, complicated births and premature births

- induction
- re-establish natural rhythms
- heightened senses
- numbness (either physical or mental / emotional) or tingling

MIASMATIC CLASSIFICATION

The five selected matridonal remedies were classified into specific miasms, based on Sankaran's miasmatic model (Sankaran, 2005). Sankaran (2005c) describes the vital sensation as "*what the patient feels*" whilst the "*intensity, pace and depth of this sensation, how it is coped with*" is the miasm. The classification of miasmatic classification of the selected matridonal remedies was determined by searching through the materia medica for miasmatic keywords as described in Sankaran's Schema (2005). The remedy was categorised as a particular miasm if the materia medica showed a clear predominance of the themes associated with that miasm.

Table 13: Miasmatic classification of the selected matridonal remedies.

| Remedy | Miasm |
|--------------------|--------------------------|
| Aqua amniota human | Cancer/Cancerinic |
| Lac maternum | Cancer/Cancerinic |
| Placenta humana | Psora/ Psoric Sycotic |
| Umbilicus humanus | Psora/Psoric |
| Vernix caseosa | Psora/Psoric |

Aqua amniota humana

The researcher viewed the *Aqua amniotic humana* of the Cancerinic/Cancer miasm because it presents with the following symptoms:

mind; INDUSTRIOUS, mania for work.

mind; ACTIVITY

mind; TOSSING about

mind; PSYCHOLOGICAL themes; compulsions, responsibility; increased

mind; PSYCHOLOGICAL themes; work, productivity, money, social status

sleep; RESTLESS

mind; PSYCHOLOGICAL themes; compulsions, responsibility; increased

mind; RESTLESSNESS, nervousness

Lac maternum

The researcher viewed the *Lac maternum* of the Cancerinic/Cancer miasm because it presents with the following symptoms:

mind; THOUGHTS; persistent; work, about

mind; HURRY, haste; driving, while, wants to overtake all others

mind; IMPULSES, morbid; harm loved ones, to

mind; HURRY, haste; driving, while, wants to overtake all others

mind; QUICK to act; waking, on.

mind; QUICK to act; morning

mind; IRRITABILITY; mother, towards

mind; DELUSIONS, imaginations; enemy; everyone is an

mind; FEAR; cancer, of; mammae, of

sleep; SLEEPLESSNESS; night; children, in

clinical; CANCEROUS affections; hereditary

mind; CONFLICT between higher consciousness and worldly existence

mind; ANXIETY; business, about

Placenta humana

The researcher viewed the *Placenta humana* of the Psoric miasm because it presents with the following symptoms:

extremities; CRACKING; joints; fingers; first, thumb

extremities; ERUPTIONS; scurfy; hands

mind; DREAMS; beach, of

mind; DREAMS; beach, of

mind; ESCAPE, desire to; society, mankind, from

extremities; ITCHING; spots; lower limbs

mind; TIMIDITY; public, about appearing in; talk, to

mind; FREEDOM; remarkable, in doing what he had to do

mind; CONCENTRATION; difficult; driving, while

face; CRACKS, fissures; lips; upper

mind; DELUSIONS, imaginations; ugly, is

skin; ITCHING; rubbing; agg.

generalities; WEAKNESS; overwork, from

generalities; HEAT; flushes of; alternating with; chills

The Sycotic miasm is also predominant in this remedy. These symptoms below indicate and belong to the Sycotic miasm:

mind; DREAMS; separating from people

extremities; GROW, growth; rapid, nails

mind; CONCENTRATION; difficult; driving, while

back; TUMORS; cervical region

male; MASTURBATION disposition; excessive

Umbilicus humanus

The researcher viewed the *Umbilicus humanus* of the Psoric miasm because it presents with the following symptoms:

Feeling homesick yet ok to be alone.

Confusion of identity.

Dreams of being lost/ being abandoned on a train Feel in the body of a stranger.

Visions of angels with open wings & flying dragons

Vernix caseosa

The researcher viewed the Vernix caseosa of the Psoric miasm because it presents with the following symptoms:

It feels unprotected, vulnerable, hypersensitive, dependent, needy and compulsive.

Passive. Feels attacked by everything, threatened by those around.

Fear and apprehension, agoraphobia.

Feeling of permeability.

Cannot get to grips with the world; chronic fatigue.

Severe problems of concentration, cannot focus, distracted by minor details.

Drowns in feeling sucks things up like a sponge with no boundaries

CHAPTER 5: THEMATIC ANALYSIS OF THE SELECTED MATRIDONAL REMEDIES

5.1 Introduction

The researcher comprehensively extracted the symptomatology, common characteristic sensations and themes of the selected matridonal remedies by, employing manual keyword searches and original provings to compare the materia medica of the selected matridonal remedies which, are inadequately portrayed in the materia medica, repertory and computer software such as Radar 10 and Encyclopaedia Homoeopathica (Archibel, 2005).

The researcher successfully studied the selected matridonal remedies individually and classified them according to Sankaran's (2005c) model to compare the thematic analysis of the remedies with the existing group analysis data (Sankaran, 2005).

This chapter, the common themes, the polar opposites that emerged in the selected matridonal remedies, the proposed vital sensations and reactions and the clinical applications of the selected gestational and postpartum matridonal remedies will be discussed.

5.2 Humanum family themes of the matridonal remedies

According to Sankaran (2004), remedies in the same kingdom have certain common key characteristics and themes. The selected gestational and postpartum matridonal remedies analyzed in this study, revealed the themes that are outlined below. The researcher observed that these themes are similar to the symptoms produced by the patients, in the cases documented, for whom the matridonal remedies were prescribed. This takes us back to the Law of Similars which is detailed in Chapter two.

5.3 SPECIFIC CHARACTERISTICS OF THE SELECTED MATRIDONAL REMEDIES

On the basis of the thematic analysis process, the researcher has determined and proposed specific themes found in the selected gestational and postpartum matridonal remedies, as presented below.

1. Anxiety

Anxiety is a common theme in these selected matridonal remedies. The anxiety is noticeable mainly as a mental symptom but is also evident at a physical level and can be felt in different areas of the body.

In *Placenta humana*, the main feeling of anxiety is about loved ones, anxiety about the future and about the unknown. The anxiety is presented in these remedies as fear of the dark, and of being alone. They are also worried about their children and the health of their relatives. The matridonal remedies are often forgetful and it is documented in the materia medica that the forgetfulness increases their stress.

This theme is also presented by *Lac maternum* and *Placenta* in a very peculiar symptom which is anxiety for food. They have anxiety about the future, about the unknown, and what is to come in these changing times. The anxiety theme is presented in three remedies, namely *Lac maternum* which has anxiety for company, while *Placenta Humana* has anxiety when they are alone while *Vernix caseosa* has anxiety about others and become too strongly bound up in the affairs of other people.

When indicated, *Aqua amniota humana*, for example, can assist in these transitions and can re-establish a sense of self and make sense of self in relation to everything else, such as creation, life, and the universe. *Vernix caseosa* can ground themselves and give a strong sense of boundaries and *Umbilicus humanus* can meet with any shock, take us on the journey of dropping manufactured images, a falling away of old strategies and begin to connect with our essential natural self.

2. Confusion and concentration

The selected gestational and postpartum matridonal remedies contain rubrics that demonstrate difficulty in concentration, especially when driving. Mental confusion is expressed as forgetfulness, nonsensical speech, poor comprehension, the feeling that everything is strange or unreal and a lack of clarity.

The matridonal remedies have confused identity. These remedies have absurd and ludicrous delusions, insanity, irrationality, delirium, confused memory, inability to answer, instability or vanishing of thoughts, answering incorrectly and speech that is delirious, confusion about identity. This theme also covers other themes such as concentration. These remedies have difficulty in concentration because they are confused. Difficulty in concentration is a major manifestation of the selected matridonal remedies, on the mental level. The difficulty in concentration of the selected matridonal remedies is experienced mostly by children and it is also experienced when driving. This theme is also expressed by an inability to multi-task.

Lac maternum has difficulty concentrating which gets better in the evening. *Placenta humana* gets confused while driving. Both *Vernix caseosa* and the *Umbilicus humanus* are confused about their identity. *Vernix caseosa* does not feel herself; she feels as though she is melting and loses herself in the energy brought about by the

mental chaos of others. They have severe problems of concentration; they cannot focus and they are easily distracted by minor details.

3. Irritability

In the matridonal remedies, there is evidence of irritability which also presents as uncontrollable emotions which are often not positive emotions. The selected matridonal remedies can be prescribed to patients who are sad, or sensitive. They also display an instability with unpredictable behaviour and moods, especially towards their family members, friends or even pets. These remedies become tearful and weary.

Aqua amniota humana, *Lac maternum* and *Placenta humana*.

The *Aqua amniota humana* generally gets irritated. Both *Lac maternum* and *Placenta humanum* gets irritated with children who are not hers and with her own children as well. *Lac maternum* gets irritated with her family. The *Placenta humana* gets irritated with her husband and dogs. She is also irritable when she is alone. *Placenta humana* gets irritated with the slightest disturbance.

4. Restlessness

The theme of restlessness is presented in the materia medica as increased activity which is displayed as an active reaction and is evident in involuntary movements, tremors, heightened reflexes, increased sensitivity, increased mental clarity, mood swings. Together with anxiety, restlessness appears to be a common theme in the selected matridonal remedies. The restlessness is also manifested at a mental and deeper physical level. Approximately a third of pregnant women have a condition called restless leg syndrome (RLS). People who have restless leg syndrome describe it as an "itchy," "pulling," "burning," "creepy-crawly" feeling that gives them an overwhelming urge to move their legs. Once they do move their legs, the feeling often subsides. But by then the sensation has already woken them up. Therefore, this results in sleeplessness.

Both *Lac maternum* and *Umbilicus Humanus* present with restlessness in the extremities, but the *Lac maternum* present with restless feet at 2pm. *Aqua amniota humana* is nervous and restless. This remedy is mentally restless which results in their tossing instead of resting. In *Placenta humana*, the patients experience abdominal restlessness after eating. Their nose is restless.

5. Indifference

There are feelings of indifference, apathy, detachment, isolation, separation from the world/people etc. on the mental level. These feelings can manifest on a physical level as symptoms of numbness, analgesia, anaesthesia and coldness.

This theme of indifference is presented in the following three remedies: *Lac maternum* and *Placenta humana* present with apathy to her children; *Lac maternum* lacks interest in their suffering and in their duty, *Placenta humana* presents with

apathy towards life in general; this symptom is aggravated by disappointment. *Vernix caseosa* is indifferent towards life.

7. Connection/Detachment

The theme of detachment or separation is present in the mental and physical spheres, both as generalised feeling of detachment and as a feeling of parts of the body being separate, divided or detached. On the physical level, there is a sensation of cutting or separating.

The remedy *Umbilicus humanus* is made from the umbilical cord which serves as a line of communication between the mother and the child. The cutting of the cord between mother and baby is a symbolic act of separation or detachment. Mentally and emotionally, there is a noticeable symptom of being cut off from her own feelings; too overtaxed to remain in contact and to bond with others, there is a sense of detachment from others; she sometimes feels that she has to isolate herself from others. There is also a predominant delusion of parts being separated. Feelings of being neglected, the feeling of isolation and detachment can lead to induction, which can be seen in the selected matrional remedies as a reaction or compensation for this central theme of separation.

Lac maternum and *Placenta humana* are detached from their ego. *Vernix Caseosa* presents with a symptom of being cut off from her own feelings because she feels too overtaxed to remain in contact. She has no feeling of identity, feels separated and cannot bond. When the umbilical cord is cut after birth, the baby can be seen to flinch; this shock is reflected in the *Umbilicus Humanus* picture.

8. Delusions and Dreams

Delusions are a major manifestation in the matrional remedies. The delusions or hallucinations can be expressed through the various sensory areas. Visual distortions can include seeing distorted faces and seeing angels. There is an outsized number of delusions and dreams in the matrional remedies. Many delusions and imaginations deal with opinion of themselves or parts of themselves as separated or detached. There are many delusions of body parts being enlarged and distorted.

Paranoid delusions and dreams are also common. Horrific dreams are very common in the selected gestational and postpartum remedies, such as dreams of the dead and in danger. Dreams of pursuit, being trapped, being forsaken being threatened, family members, nudity or sexual dreams and of examination are common. These themes of pursuit are also common to many animal remedies. There is also a strong theme of dreams of animals. Dreams of babies, breastfeeding and giving birth are also common and may be associated with the nature of matrional remedies.

Aqua amniota humana has no evidence for this theme in the available literature but symptoms of sleeplessness, tossing and turning at night and going to sleep with an active mind. *Lac maternum* dreams of her family members or dreams of herself starting her own family. The patient sees themselves saving babies from the cold in

the dream. Dreaming of animals is very common to the *Lac maternum* and *Placenta Humanum* remedies.

Lac maternum dreams of themselves trying to run away from snakes. The patient also sees a fish, dogs, frogs, mice, rats and an alligator or crocodile in the dream. *Lac maternum* dreams of wild animals and young animals. The patient also sees themselves being pursued by animals or killing an animal in a dream. The patient dreams of men and women. The patient dreams of her studies and examination. The patient dreams of trains and sees themselves driving and shopping in a dream. *Lac maternum* sees themselves travelling by a train in the dream. The patient searches for her destiny in a dream. The patient sees themselves being forsaken by friends in a dream. The patient also sees themselves giving birth, breastfeeding and nursing a baby in the dream. The patient sees themselves fleeing, eating, and standing on a cliff in a dream. The patient sees her arm covered with vesicles in a dream. The patient dreams that The patient is naked.

Placenta humana has dreams of naked people, penis and breast. *The patient* has lewd, lascivious, voluptuous, pervasive dreams. The patient dreams of prostitution and sexual violence. The patient sees themselves pregnant in a dream. *Placenta humana* also dreams of animals such as cats, rats, The patientep and bears. The patient also dreams of driving a car just like *Lac maternum* but up a steep hill. The patient sees themselves riding a bicycle and travelling in a plane.

The patient also dreams of her family members, even the ones who are late. The patient sees themselves talking to someone in a dream. *Placenta Humanum* dreams of the beach and water from the ocean. The patient dreams of houses on water, of rooms, of people bathing in a hotel room, of people swimming in a pool naked. The patient sees witches and black people in her dreams. The patient dreams of themselves in narrow places. The patient sees helicopters and picture frames in her dreams. *Placenta humana* separates themselves from people in a dream.

Umbilicus humanum dreams of being lost or being abandoned on a train.

These three remedies also present the theme of delusions. The *Lac maternum* sees rats and mice. *Lac maternum* has a delusion of being pregnant. The patient feels as though friends have lost affection for her. The patient has a delusion that The patient is coming from a dream. Like *Placenta humana*, *Lac maternum* has a delusion that The patient is ugly. *Placenta humana* feels The patient is expanding. The patient also has delusions that The patient is under a powerful influence and that The patient is very strong and wonderful. The patient has a delusion that The patient has no weight and that The patient is lighter than air. The patient sees everything as narrow and that The patient is under water. The patient feels as if The patient is being watched. *Umbilicus humanum* has visions of angels with open wings & flying dragons.

9. Distended abdomen

This physical theme is seen in all the selected matridonal remedies which also display the nature of a pregnant woman. As the foetus grows, the abdomen distends.

This theme is presented by all the selected gestational and postpartum remedies. The symptom of a distended abdomen is aggravated by laughing in *Lac maternum*.

10. Side headache

A side headache is a dominant physical symptom of the selected matridonal remedies. The headache can be one-sided, either on the right side of the head or on the left side of the head. It also can be experienced on both sides of the head internally. Migraine headaches are a common type of headache in pregnancy. These painful, throbbing headaches are usually felt on one side of the head and result from expansion of the blood vessels in the brain.

This symptom or theme is presented by all the selected remedies. In *Aqua amniota humanum*, the side headache is experienced in either side and is internal. *Lac maternum* presents with a pulsating, throbbing headache on the temples that is ameliorated by a quick or rapid movement. *Placenta humanum* presents with a darting, cutting, stabbing headache either on both sides or on the right side of the head and is worse with vomiting. *Vernix caseosa* experiences the headache on both sides of the head whereas *Umbilicus humanum* experiences the headache on the right side only.

11. Sleeplessness

This theme is linked with the theme of restlessness where the patients have increased activity physically, mentally and emotionally resulting in difficulty falling asleep or disturbed sleep. Although studies show that women start waking up during the night at the onset of pregnancy, Mindell and Jacobson's study on '*Sleep Disturbances During Pregnancy*' show that by the end of pregnancy 97.3% of the women were waking at night - an average of 3.11 times each night. Two thirds of the women who woke up at night, awoke five or more nights per week. Waking up multiple times may interrupt the necessary sleep cycles (National Sleep Foundation 2019).

This theme is presented by three remedies in the literature. The mind of *Aqua amniota humana* is active, thus resulting in the remedy having difficulty falling asleep. *Lac maternum* and *Placenta* present with sleeplessness in children. *Lac maternum*'s sleep is disturbed at midnight, especially at 3 a.m and has difficulty of getting to sleep after reading.

5.4 Polarities depicted in the themes of the selected matrional remedies.

The analysis of the data revealed that prominent polarities existed within the selected matrional remedies. The birthing themes of separation and connectedness were observed in the material medica of the matrional remedies.

This polarity of connection and separation was seen in relation to the mother, to nature, to food and to love. There are the feelings of being abandoned, isolated and alone. There is also the grief-stricken sense that reinforces feelings of loneliness and separation. The feelings of separation and being alone leads to the creation of the feeling of being ungrounded, due to being abandoned. This creates a sense of insecurity. There is also the feeling of detachment, with the feeling of being forsaken and neglected. The theme of connection is seen with the intention to adapt to the uncomfortable insecurity created by separation from a loving, nurturing, embracing mother principle. Consequently, they react by starting over and connecting to their beliefs and purpose. There is also the sense of misplaced security created by the addiction to dysfunctional relationships and to food. There is a feeling of increased sensitivity and activity as is seen by the various sensations seen in the symptomatology versus numbness and being passive in acute situations.

The matrional remedies experience separation or detachment mentally and physically. On the physical level, the sensation of cutting or separating is presented by the remedy *Umbilicus humanus*, cutting of the umbilical cord between the mother and the baby is a symbolic act of separation or detachment. In a mental sphere *Lac maternum* and *Placenta* are detached from their ego. *Vernix caseosa* presents with a symptom of being cut off from her own feelings because she feels too overtaxed to remain in contact.

Vernix caseosa presents with a feeling of a sense of self as an individual, distinct, yet part of everything else. Amniotic fluid keeps us contained and connected to self, whilst developing in preparation for life as a unique individual. *Lac maternum* seeks for the love, nurturing and connection to the mother.

5.5 Proposed vital sensations and reactions using the idea outlined by Sankaran (2005)

Sensation can be expressed in four different ways: as a vital sensation itself, as a passive reaction, as an active reaction, or as compensation (Sankaran 2005b:22). In the selected matrional remedies, a variety of sensations was extracted from the literature, namely pulsation, emptiness, twitching, pressing, throbbing, heaviness, obstruction, dullness, stitching, burning, cutting, cracking, stiffness, intoxicated, numbness, tingling and isolation.

Of the emerged sensations, the researcher proposes the vital sensation of the matrional remedies as isolation, numbness, dullness, emptiness, stiffness was noticed on mental, physical and general levels. The passive reaction to these

sensations appears to be obstruction, intoxication, dullness, heaviness, stiffness and numbness. The active reaction can be described by the sensations of throbbing, pulsation, cutting, burning and cracking. The compensatory reaction to the vital sensation is being comfortable with or working on the adaptation to isolation. This is described by isolating themselves through working harder and detaching themselves. In this way, they are 'constructively' isolated and therefore reserve no place for the feeling of emptiness and isolation. However, this sometimes leads to exhaustion and emotional depletion.

These sensations were noticed on the mental, physical and general levels and are presented by the selected matridonal remedies as displayed in the sensation rubrics in Chapter 4. The **cutting** sensation is seen in the headache symptoms of *Placenta humanum*, where they experience a cutting, darting headache on temples. *Lac maternum* and *Placenta humanum* presents with **dull** pain under the sternum and there is also an empty sensation in the stomach which is aggravated by tea in *Lac maternum*.

The **pulsation** sensation is presented by *Lac maternum* with a **pulsating, throbbing** headache on the temples. *Placenta humanum* presents with a **pressing** headache behind the eyes and is relieved by bathing with warm water. *Lac maternum*, and *Placenta humanum* present with vertigo which feels as though they are **intoxicated**. *Placenta humanum*, *Vernix caseosa* and *Umbilicus humanum* present with lower back **stiffness** and **twitching** extremities. *Lac maternum* presents with **stiffness** at the lower level of the scapula. In *Umbilicus humanum* there is stiffness of lower extremities. In *Placenta humanum* and *Lac maternum* there is facial **numbness** and tingling. *Umbilicus humanum* presents with **tingling** of lips on the right side. In *Umbilicus humanum*, the cutting of the umbilical cord between the mother and the baby is a symbolic act of **isolation**. In a mental sphere, *Lac maternum* and *Placenta* are **isolated** from their ego. *Vernix caseosa* presents with a symptom of being cut off from her own feelings because she feels too overtaxed to remain in contact.

5.6 Clinical Applications

The “*Matridonal Remedies*” are an underutilized subset of homoeopathic sarcodes (remedies made from human tissue). The researcher found these remedies to be very useful for children, particularly those on the autism spectrum. These remedies can also be used in mental disorders such as anxiety, manic depression, delusions, drug abuse, (ADHD) attention-deficit/hyperactivity disorder and paranoid states. In documented cases, the matridonals have been found to help with chronic fatigue syndrome, childhood disorders, such as autism and Down syndrome, narcolepsy, sleeplessness and other sleeping related disorders. These sarcodes can also be used in birth trauma such as ectopic pregnancy and after delivering a baby through caesarean section. The matridonal remedies are not only useful in the physical level, but also play a huge role in the mental sphere, which is the reason they are clinically applied in pre-natal and post-natal depression. Various disorders with addiction as a feature, and patients with dysfunctional relationships, with misplaced nurturing and attachment may also benefit from this group of remedies.

The significance of these matridonal remedies is presented by each of the selected remedies. All the selected matridonal remedies, especially *Aqua amniota humana* present with communication difficulties and hyperactivity which is seen physically and mentally. The symptoms of *Aqua amniota humana* signify that this remedy can be used to treat attention-deficit/hyperactivity disorder, autism and other mental disorders related to mental hyperactivity and difficulties with communication. The selected matridonal remedies present with breast cancer, birth disorders and fear of breast cancer in the material medica. Anxiety and sleeplessness are some of the common themes that emerged during the analysis process which is presented by all the matridonal remedies. Therefore, these remedies can be useful for insomnia, narcolepsy, pre-natal and post-natal depression. *Vernix caseosa* present with bruises, sores and wounds. This symptom signifies that this remedy can be used after a baby has been delivered through caesarean section.

CHAPTER 6 CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The researcher aimed to conduct a thematic group analysis of selected gestational and postpartum matridonal remedies. The objectives of the study were:

- To review, extract and compare the materia medica of the selected matridonal remedies.
- To extract common characteristic sensations and themes amongst the selected matridonal remedies.
- To compare the remedies of repertorial similarity to the selected matridonal remedies.
- To compare the thematic analysis of the selected matridonal remedies with existing group analysis data

These objectives have been achieved as discussed below:

The researcher employed manual keyword searches and original provings to review, extract symptoms, extract common characteristic sensations and themes amongst the selected matridonal remedies and to compare the materia medica of the selected matridonal remedies because the selected matridonal remedies are inadequately portrayed in the materia medica, repertory and computer software such as Radar 10 and Encyclopaedia Homoeopathica.

The researcher successfully extracted and compared the remedies of repertorial similarity to the selected matridonal remedies by doing a computer repertory search using Radar Opus 10 (Archibel, 2005) to list all the rubrics containing the selected gestational and postpartum matridonal remedies. From the remedies where rubrics were available, smaller rubrics were used because they portrayed the picture closest to selected remedy (Sankaran, 2002).

The selected matridonal remedies were individually studied and classified according to Sankaran's (2005c) model, to successfully compare the thematic analysis of the selected matridonal remedies with existing group analysis data. The sensations that were identified for the selected remedies and used to formulate the basic themes of the selected matridonal remedies and miasmatic classification of these remedies were used to support these themes.

6.2 Limitations of the study

Applying thematic analysis to the selected matridonal remedies was challenging. The matridonal remedies are newly proved and are inadequately presented in the materia medica, repertory and computer software such as Radar Opus 10 and Encyclopaedia Homoeopathica (Archibel, 2005). Manual keyword searches and provings were employed to make this study a success. However, original provings for some of the remedies were obtained and therefore, the information was accurate. The matridonal remedies, as a group, generally provided fewer physical, mental and emotional symptoms because of insufficient information. This made it difficult to outline certain similarities or main themes of the selected gestational and postpartum matridonal remedies. The results from this thematic analysis would have been enhanced if more literature was readily available.

Considering the poor representation of the matridonal remedies in the materia medica and repertory at present, this study was intended to analyse the themes of the selected matridonal remedies. Extraction of the data was done through the computer software from Radar Opus 10 and Encyclopaedia Homoeopathica (Archibel 2005), as well as utilising the resources of original proving data to conduct manual keyword searches to augment the scanty information available in the software. The analysis was conducted according to the methods described by Sankaran (2002).

The researcher found that the thematic group analysis is a compelling and applicable methodology. However, only five matridonal remedies were selected for this study, which is a major limitation. The researcher recommends all proven matridonal remedies should be analysed to develop an accurate picture of the matridonal remedies.

6.3 Evaluation of the group analysis approach

The fundamental questions are:

- Does thematic group analysis really make sense to the people who are not familiar with the principles of homoeopathy
- Is the thematic analysis approach valid

The researcher is certain that the thematic analysis methodology is a valid method for homoeopathy. This method does not only provide a deeper understanding of each particular group of remedies, but also enhances individual remedies that are not well known within the group. The thematic group analysis facilitates the study of remedies, ultimately leading to more accurate prescriptions by the practitioner in a short period of time.

However, restraint is required when applying the thematic group analysis methodology to a particular group. If done carelessly and incorrectly, inaccurate results will lead to false interpretation of symptomatology and more importantly, an inaccurate vital sensation or essence. Therefore, it is very important that the source materials, which include original unedited in-depth case material, are valid and of a good quality so that the vital sensations and themes can be accurately portrayed. The publishing of literature should be regulated to avoid creating an inaccurate picture of the remedy which may result in faulty prescription.

The results of this study have confirmed the applicability of the thematic analysis of the selected gestational and postpartum matridonal remedies. More thematic group analysis research needs to be conducted due to the vast number of remedies documented in our constantly updated materia medica. The group themes will improve and enhance understanding of these remedies. This methodology also correlates the similarities between the remedy picture and the actual source material as it exists in nature, leading to easier understanding and consequently more confident remedy selection.

The group analysis method also supplements our use of the repertory and materia medica in a more traditional sense. The researcher believes that if practitioners are well educated in the materia medica, they will be able to use the thematic group analysis results to help them quickly determine a remedy in situations where they cannot take a full constitutional case.

This research will be of great value in primary health care homoeopathic clinics in South Africa, in private practice and wherever homoeopaths are required to work under pressure, especially when they have minimum time with a patient and need to prescribe clinically rather than constitutionally.

6.3 Recommendations for Further Research

- More clinical provings and healed-patients' case studies need to be conducted and analysed, not only on the selected gestational and post-natal matridonal remedies but also on the matridonal remedies as a whole. This is significant for the confirmation of the suggestions outlined in this dissertation. Broader concepts can then be analysed from a perspective of vital sensation and reactions.
- The information obtained from the clinical provings also needs to be added to the existing materia medica, computer software and other data bases to enable homoeopaths and students to familiarise themselves with the matridonal remedies and to utilise them in practice and conduct further study.

- The connection among many natural substances that belong to the same family has not been addressed. Studies on thematic group analysis need to be conducted on all biological and non-biological families interpreted in the homoeopathic literature.
- The matrional remedies have a number of unexplored areas for research. Group analysis could be performed on sub-groups of matrional remedies, to explore themes within sub-groups. For example, conducting a study on the group analysis or comparison or thematic analysis of the animal matrional remedies and hormonal matrional remedies would be a valuable source of information.
- The researcher recommends the thematic group analysis approach as she believes it can be a significant educational tool, helping students memorise the essence of the variety of remedies they need to learn.
- The researcher believes that research of this nature is important and needs to be explored further in order to justify its incorporation into homoeopathic literature, or ultimately be rejected as fanciful with ungrounded theories. A parallel can be drawn here with String Theory and M-Theory of modern physics, where much effort and money is being invested into developing the so-called Theory of Everything (T.O.E) (Greene, 1999).

6.4 Final thoughts

The matrional remedies have been compelling and informative to explore. These remedies are as old as we are and have been responsible for our evolutionary journey from our very beginnings. There is much we can learn from them. The knowledge these remedies bring to us is about our story as human animals, our evolution, our genesis, our struggle to incarnate and the possibility of a reconnection with our purpose (Assilem, 2009). Thanks to modern technology, we can now confirm with data and further explore the things that we could only imagine.

In the poem below, Assilem impressively designates the selected gestational and postpartum matrional remedies:

THE MOTHER FROM WHOM ALL GIFTS COME

She is the Creatrix. Life is the matrix on which She weaves Her patterns

Hers is the womb from which all things come. All that She has created is of Her, as the child is of its mother's substance, and this means that the whole of creation is divine, and divinely connected. The female egg, even before it merges with a sperm, generates an electrical field that becomes the shaping energy of the embryo as it develops into an independent being. This is the Universal Mother energy manifest, the all-containing crucible, the shaping force, and the materializing substance. Our own mother is the child of The Mother. We and our mother are two beings evolving in and from the same body, the same rhythms, the same dreams, in this truly sacred journey.

We are born knowing The

songs our Mothers sang

Her melodies of joy

Her medleys of sorrow

We know this music

Within our cells

Seeding our fibers

Passing through us

To those who will come again

The Universal Mother is both organic and magic. She imparts HerSelf into Her creations. She is time, yet She is timeless. She is infinite as well as intimate; She can whisper in our ear but Her voice is also the cosmic wind that turns the planets and organizes the galaxies. She is the power of attraction that holds the stars together. Her cells are our cells and our cells are Hers. She is all these things. Yet She is not remote, as we can hear her voice enchanting us as she hums Her lullabies, and we feel Her hand reassuring us as she rocks of our cradle. She is both comforting and capacious, filling us with contentment but demanding grace from our lives. Her arms are longed for when we feel abandoned. Her wisdom sought when we feel bewildered. She is not separate, but her voice and her divinity can be lost to our awareness. These remedies seem to let us to hear Her calling again as she tells us we are She, and She is we. She cries that we are unique and holy. She tells us that we have a sacred reason to be here and she provides us with a Guardian Angel to help us remember our way. (Asselim, 2009)

These remedies are indeed Gifts from The Mother.

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Appendix A

KEYWORDS USED TO DESCRIBE SANKARAN'S MIASMATIC MODEL (2005:7):

| Acute | Typhoid | Malaria | Ringworm | Sycotic | Cancer | Tubercular | Leprosy | Syphilis |
|--------------|----------------|----------------|-----------------|----------------|---------------|-------------------|----------------|-----------------|
| Acute | Sub-acute | Paroxysmal | Trying | Fixed | Control | Hectic | Isolation | Destruction |
| Sudden | Crisis | Periodicity | Giving Up | weakness | Self-control | Trapped | Mutilation | Homicide |
| Violent | Intense | Stuck | Irritation | Guilt | Perfection | Closed in | Disgust | Suicide |
| Panic | Sinking | Persecution | Discomfort | Hide | Fastidious | Suffocation | Dirty | Total |
| Danger | Recover | Unfortunate | Accepting | Secretive | Chaos | Intense | Intense | Impossible |
| Reflex | Intense | Hindered | alternating | Avoidance | Order | activity | oppression | Despair |
| action | short effort | Obstructed | with trying | Accepting | Superhuman | Change | Despair | Devastation |
| Escape | Emergency | Unfortunate | Accepting | Giving-up | Beyond | Freedom | Bites himself | Psychosis |
| Helpn | Impatience | Harassed | alternating | Warts | one's | Defiant | Outcast | Ulcers |
| Insanityless | Collapse | Intermittent | with effort | Tumors | capacity | Oppression | Loathing | |
| Terror | Demanding | | Herpetic | Gonorrhea | Great | Desire to | Sadism | |
| Fright | Critical | | Acne | | expectation | change | Intense | |
| Instinctive | Typhoid | | Ringworm | | | Tuberculosis | hopelessness | |
| Reaction | | | | | | | Hunted | |