

An evaluation of the homoeopathic drug proving of *Gymnura natalensis* in light of a Doctrine of Signatures analysis and a comparison between the proving symptomatology and venom toxicology

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Mini-dissertation submitted in partial compliance with the requirements for the Master's Degree in Technology: Homoeopathy in the Department of Homoeopathy at the Durban University of Technology.

I hereby declare that this mini-dissertation represents my own work, both in concept and execution.

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Gymnura natalensis in light of a Doctrine of Signatures
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Thrishal Pather

**Dedicated to my family and friends
for your endless encouragement, guidance and support.**

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ABSTRACT

The aim of this study was to determine the effect of *Gymnura natalensis* 30CH on healthy volunteers, and to record the signs and symptoms produced, so that it may be prescribed to those requiring it according to the Law of Similars. The other aims of this study were to compare the proving symptoms of *Gymnura natalensis* 30CH to the toxicology of stingray venom and to analyze the remedy picture in terms of the Doctrine of Signatures.

It was hypothesised that the thirtieth centesimal potency of the remedy would produce clearly observable signs and symptoms in healthy volunteers (provers). It was further hypothesised that the above signs and symptoms would show a correlation to the toxicology of stingray venom and to the Doctrine of Signatures.

The homoeopathic proving of *Gymnura natalensis* took the form a double-blind, randomised, placebo-controlled trial. The selected proving potency was the thirtieth centesimal potency. A total population of 30 suitable and consenting volunteers participated in this trial. Twenty percent of this population was randomly administered a placebo-control substance.

The collection of data from the provers took the form of a journal which was kept by each prover in which their proving signs and symptoms were recorded over a period of five weeks after the administration of the remedy or placebo. On completion of the proving, each journal was assessed by the researcher to determine the suitability of the recorded symptoms for inclusion in the materia medica of *Gymnura natalensis*. These symptoms were then translated into the language of the materia medica and repertory and a remedy picture was then formulated. Data from case histories, physical examinations (Appendix D) and group discussions were also taken into account during the analysis of the proving the symptoms.

A concurrent proving study of *Gymnura natalensis*, conducted by Naidoo (2008), focused on comparing the symptoms of this remedy to those of other existing remedies that were derived from the sea.

A variety of mental, emotional and physical symptoms were extracted from the proving study of *Gymnura natalensis*. The main mental and emotional symptoms of the remedy included anxiety, irritability, depression, a feeling of disconnection, spaciness of the mind and dreams of events and incidents of the past. The characteristic physical symptoms obtained from the proving included headaches, a reduction of pre-menstrual symptoms, heart palpitations, skin eruptions on the back, low energy levels, tiredness and sleep abnormalities.

Symptoms that showed a correlation to the toxicological symptoms of stingray envenomation included frequent urination, muscular cramps, heart palpitations, laboured breathing, fever and copious night sweats. The symptoms that characterised the remedy in terms of the Doctrine of Signatures included anxiety, instinctive behaviour, the desire to be alone, feelings of disconnection, detachment and isolation and skin eruptions on the back.

The investigation confirmed the hypothesis that *Gymnura natalensis* would produce clearly observable signs and symptoms in healthy volunteers. The correlation of the proving symptoms to the toxicology of stingray venom and the Doctrine of Signatures provided a clarification of the remedy picture to assist in the understanding and prescription of this remedy.

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DEFINITION OF TERMS

PROVING

A proving is a homeopathic drug testing on healthy volunteers where symptoms that develop are recorded, compiled, and organised into materia medica and repertory formats (Rowe, 1998:158).

PROVER

A prover is a person who takes a homoeopathic remedy with the intention of proving it (Roy, 1994:146).

LAW OF SIMILARS

A medicine that can produce symptoms in a healthy person will cure the same symptoms in a sick person (Dannheisser and Edwards, 1998:14).

PLACEBO

Placebo is an inactive agent used for comparison with the substance or method to be tested in a controlled trial (Swayne, 1998:213).

VERUM

In the context of a homoeopathic drug proving, verum refers specifically to the substance that is administered to provers that is medicinally active in contrast to the medically inert placebo (Moore, 2006:XIV).

INDIGENOUS

Indigenous refers to a species that is native to a geographical area (Sikula, 2004).

PHARMACOPOEIA

A pharmacopoeia is the supreme authoritative book published by an authority or government of any country that deals with the rules and regulations of the standardisation of drug substances (Goel, 2002:469).

POTENTISATION

Potentisation is the process of serial dilution with succussion, including trituration or fluxion, which is used in the production of a homoeopathic remedy to develop the activity of that remedy (Swayne, 1998:214).

TRITURATION

Trituration is the process of grinding a substance that is insoluble in alcohol, with milk of sugar in a mortar and pestle for three hours (Rowe, 1998:158).

SUCCUSSION

Succussion is the action of vigorously shaking a solution of a medicine during its preparation between dilutions (Roy, 1994:147).

30TH CENTESIMAL POTENCY (30CH)

The thirtieth step in serial dilution with succussion, using a scale of one in one hundred, having a deconcentration of 1×10^{60} (Kerschbaumer, 2004).

MATERIA MEDICA

A materia medica is a collection of symptom pictures of homoeopathic remedies (Roy, 1994:146). These symptoms are derived from homoeopathic drug provings and are arranged by organ systems (Rowe, 1998:157).

REPERTORY

A repertory is an indexed arrangement of symptoms along with the remedies which are known to produce or cure those symptoms (Dannheisser and Edwards, 1998:139).

RUBRIC

“An individual entry in a repertory that describes a symptom” (Rowe, 1998:158).

DOCTRINE OF SIGNATURES

The Doctrine of Signatures refers to the inferring of the nature of the actions of a substance from its physical appearance and properties (Goel, 2002:465).

MIASM

A miasm is a predisposition toward chronic disease underlying the acute manifestations of illness and is transmissible from generation to generation (Vithoulkas, 1986:130).

TOXICOLOGY

Toxicology is the study of the toxic properties of poisonous substances (Swayne, 1998:217).

CHAPTER ONE

OVERVIEW

1.1 INTRODUCTION

The advancement of homoeopathy in the medical world has been remarkable since its foundations. Homoeopathic provings have contributed significantly to the wealth of information that is presently available within the scope of homoeopathic practice. A homoeopathic drug proving is defined as a systematic process of testing a substance on healthy human individuals for the purpose of elucidating symptoms that will reflect the therapeutic action of that substance (Vithoulkas, 1986:96).

Provings are of fundamental importance in the field of homoeopathic medicine (Riley, 1996:3). According to Dr Samuel Hahnemann (1755-1843), the founder of homoeopathy, in aphorism 108 of the *Organon of the Medical Art*, there is no other possible way to determine the effects of a medicinal substance on human beings but to administer that substance to healthy persons and observe and record the signs and symptoms that the substance produces in such persons (Hahnemann, 1996:144). Cook (1989:93) suggests that provings are the only way of identifying new homoeopathic remedies and as a result, the conduction of new provings will always form a major component of homoeopathic research.

Hahnemann suggests in aphorism 145 of the *Organon of the Medical Art*, that there is a need for a considerable supply of proven homoeopathic remedies to exist so that each of the many disease states in nature can be cured (Hahnemann, 1996:162). In addition to Hahnemann's ideal of having a remedy to treat every disease state, Sherr (1994:8) maintains that when a new remedy is properly proved, it will cure cases that previously could only be partially cured by existing remedies. According to Nagpaul (1987:77) another relevant reason for conducting a

homoeopathic proving is to obtain a complete knowledge of the therapeutic action of the remedy so that its uses can be readily distinguished from any other remedy.

Sherr (1994:49) states that there are various tools that one can employ for selecting a substance to be proven. Several substances derived from the animal kingdom, including those derived from the many existing fish species, would be useful if they are well proved as homoeopathic remedies (Sherr, 1994:49). On examination of the homoeopathic materia medica, it was found that “there is a scarcity of remedies from the sea” (Grimes, 2000:7). There are almost 600 living species of rays (Tricas, Deacon, Last, McCoske, Walker and Taylor, 1997:116). There are currently no existing homeopathic remedies derived from any ray or stingray species. This fact would be described by Sherr (1994:49) as a glaring gap in the homoeopathic medica medica. Sherr (1994:49) also states that some homoeopaths believe in the notion that a useful remedy should be a local one because nature will always provide an easily accessible cure for the patient requiring that remedy. South Africa possesses a vast range of indigenous substances which have not yet been homoeopathically proven. Such substances could possibly possess a substantial therapeutic value (Taylor, 2004:8).

Based on the ideas above, *Gymnura natalensis* is the species of stingray that has been selected for this proving, as it represents an aquatic animal that is endemic to the waters that extend from Namibia to southern Mozambique (Heemstra, 2004:85).

1.2 OBJECTIVES OF THE STUDY

The first objective of this study was to conduct a homoeopathic drug proving of *Gymnura natalensis* 30CH on healthy human provers in order to compile a therapeutic symptom complex based on symptoms produced by these provers during the drug proving. This symptom complex will then allow this remedy to be prescribed homoeopathically according to the Law of Similars.

Stingray stings are one of the most common diver and beach related injuries (Plantz, 2005). Human envenomations by stingrays result in a wide range of toxicological symptoms. Coulter (1981:45-46) suggests that during provings of potentized poisonous substances, the toxicological symptoms appear in a milder form. It therefore follows that if similarities exist between the proving and toxicological symptoms, then the remedy could be prescribed homoeopathically to treat patients who present with symptoms of a stingray sting. A comparison of the proving symptom picture and the toxicological symptom picture will expand and clarify the action of the remedy (Taylor, 2004:2).

Therefore, the second objective of this study was to investigate whether there is a correlation between the proving symptoms and the toxicological symptomatology from the action of the venom on human subjects. The toxicological symptomatology will be added to the proving symptoms to create a complete, well-rounded remedy picture (Sherr, 1994:88).

The Doctrine of Signatures refers to the concept of describing the nature of the actions of a substance in relation to the physical appearance and properties of that substance (Goel, 2002:465). The study of the Doctrine of Signatures helps to clarify and verify the therapeutic value of a remedy (Richardson-Boedler, 1999:172) and also enhances the process of learning and memorizing the remedy picture during the study of homoeopathy (Richardson-Boedler, 1999:173).

Therefore, the last objective of this study was to evaluate the proving symptomatology of *Gymnura natalensis* 30CH according to the Doctrine of Signatures in order to provide a more complete remedy picture which could assist homoeopaths to visualise and prescribe this remedy with more accuracy (Taylor, 2004:7).

1.3 THE HYPOTHESES

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

The second hypothesis was that the proving symptoms of *Gymnura natalensis* 30CH would resemble the stingray venom toxicology.

The third hypothesis was that the proving of *Gymnura natalensis* 30CH would produce symptoms that correlate to the Doctrine of Signatures of the organism.

1.4 THE DELIMITATIONS

This study did not:

- attempt to explain the mechanism of action of homoeopathically prepared *Gymnura natalensis* 30CH in its production of symptoms in healthy provers
- determine the effects of the proving substance in any potency other than the thirtieth centesimal potency
- seek to perform multicentre trials of the drug

1.5 THE ASSUMPTIONS

- The correct method of preparation of the remedy including trituration and potentization was used.
- The provers complied with all proving protocols and instructions for the duration of the proving.
- The provers took the remedy in the dosage, frequency and manner required.
- The provers observed themselves accurately and conscientiously for the effects of the remedy.

- The provers recorded all symptoms observed during the proving accurately and honestly.
- The provers did not significantly change their lifestyles or dietary habits prior to or during the proving.

CHAPTER TWO

REVIEW OF THE RELATED LITERATURE

2.1 PROVINGS

2.1.1 Introduction

During a homoeopathic drug proving, a natural substance, which is homoeopathically prepared, is administered to healthy volunteers and the symptoms produced in these volunteers are noted for therapeutic purposes. The above concept is one of the fundamental pillars upon which homoeopathic medicine is based (Walach, 1997:219; Sherr, 1994:7). It therefore stands to reason that one of the main areas of homoeopathic research is the extension of the homoeopathic Materia Medica by proving new drugs (Cook, 1989:93). As more new remedies are identified and established through the conduction of provings, the therapeutic armamentarium of homoeopathic medicine will be further expanded upon (Vithoulkas, 1986:143). The process of conducting homoeopathic provings provides an essential source of knowledge and understanding for homoeopaths which can be used to enhance the future practice of homoeopathy (ICCH, 1999:34).

2.1.2 History of Provings

Doctor Samuel Hahnemann (1755-1843), the founder of homoeopathy, was the first person to carry out systematic drug provings two hundred years ago (Riley, 1996:3). In his book, *A Treatise on Materia Medica*, Scottish chemist and physician, William Cullen (1710-1790), stated that quinine, which is a substance purified from the bark of the cinchona tree, was a good curative in the treatment of malaria. Hahnemann (1755-1843) decided to investigate this fact further. He took several doses of

quinine himself and started to develop the typical symptoms of malaria without actually having the disease. Each time Hahnemann took a dose of quinine, the symptoms reappeared and when he stopped taking the quinine, the symptoms disappeared (Lockie and Geddes, 1995).

Hahnemann then concluded that the substance Cinchona, when taken by a healthy person, will induce symptoms that are similar to the symptoms of malaria in a diseased person (Cook, 1989:6). After numerous experiments on himself and other healthy persons, Hahnemann was able to confirm his theory that a specific drug can produce certain symptoms in a healthy person and remove symptoms that resembled those same symptoms in a diseased person (Resch and Gutmann, 1987:18). This fundamental theory was termed by Hahnemann, *Similia Similibus Curentur* (“Like Cures Like”) or *The Law of Similars* (Vithoulkas, 1986:92). Hahnemann’s work was continued by his followers like Dr Constantine Hering (1800-1880), Dr Clemens Von Boeninghausen (1785-1864), Dr James Tyler Kent (1849-1916) and Dr John Henry Clarke (1853 – 1931), all of whom proved several remedies (Goel, 2002:363).

2.1.3 Proving Methodology

Although the provings of Hahnemann have yielded reliable symptoms, his methodology would not be considered reliable by the present standards for clinical trials (Wieland, 1997:229).

Provings have been carried out by several groups of people throughout the world. When examined carefully, these provings reveal great differences in the proving methodologies used and in the quality and usefulness of the material derived from such provings. Some provings have followed proper Hahnemannian routines while other provings have been carried out in a more ‘casual’ and ‘partial’ manner. Seminar provings, dream provings, meditation provings and personal provings are

examples of provings that fall more into the category of casual and partial experiments (ICCH, 1999:33).

Many of these provings lack the fine-tuning and close observation required throughout the process of a proper Hahnemannian proving (ICCH, 1999:33; Sherr 1994:9) and Sherr (1994:9), considers the quality of many of the 20th century provings to have gradually deteriorated since the time of Hahnemann and Kent.

There are several variations and controversies regarding several aspects of proving methodologies. Of these, the more important aspects include the use of the double-blind concept, placebo control, potency selection and prover-placebo population sizes.

The most serious flaw of earlier provings was the fact that they were uncontrolled studies and hence the reliability of such provings is questionable (Fisher, 1995:129). It was only in 1906 that the concept of a double-blind trial and placebo in a proving of Belladonna was introduced (Goel, 2002:364). Double-blind refers to the fact both the prover and the researcher are blinded to certain aspects of the investigation (Sherr, 1994:36). In the case of a proving, the prover is unaware of the identity of the proving substance and whether or not he or she is being administered the actual remedy or placebo substance. The researcher is blinded to which of the provers receive the actual remedy or the placebo substance.

The double-blind concept is meant to overcome bias on behalf of both the researcher and the prover. The use of placebo differentiates the effects of the remedy from the effects of the proving process itself (Sherr, 1994:36-37). The International Council for Classical Homoeopathy (ICCH) suggests that the use of a placebo group will make provers more attentive and more reliable (ICCH, 1999:34). Riley (1996:5) also states that the use of placebo control and double-blinding promotes a self critical attitude in both the provers and the investigator.

In aphorism 128 of the *Organon of the Medical Art*, Hahnemann recommends the use of the thirtieth centesimal potency when conducting provings (Hahnemann, 1996:154). From his experience with provings, Sherr concludes that there is no evidence to support the idea that higher potencies affect the mind while lower potencies affect the body (Sherr, 1994:27). Sherr also concluded from his proving of Hydrogen in which he used various proving potencies, that the most number of mental symptoms were produced by provers taking the 30CH potency (Sherr, 1994:27). Fuller Royal (1991:123) suggests that remedies should be proven in a range of potencies from the 3X to 60CH potencies. Wieland (1997:233) recommends the use of the 12CH or 30CH in provings.

Sherr suggests that a proving population of 15 to 20 provers will produce a full remedy picture and that provings with population sizes of 100 provers or more often inundates the repertory with several common symptoms and inflates the remedy out of proportion to other remedies (Sherr, 1994:45). The ICCH recommends a proving population size of 10 to 20 provers (ICCH, 1999:34). Vithoulkas (1986:152) recommends that a proving population size of 50 to 100 provers is ideal.

A small percentage of provers on placebo will ensure that not too many good provers are “wasted” during the proving process as good provers are difficult to recruit (Sherr, 1994:57). Sherr (1994:57) recommends a placebo group of 10% to 20% of the total prover population. The ICCH (1999:34) suggests a placebo percentage of 10 to 30%.

Riley (1997:227) emphasizes that the value and quality of homoeopathic drug provings will be improved if a consistent, systematic and scientific methodology is utilized when conducting provings.

2.2 THE PROVING SUBSTANCE



Figure 1 - *Gymnura natalensis* (Van der Elst, 1981:49)

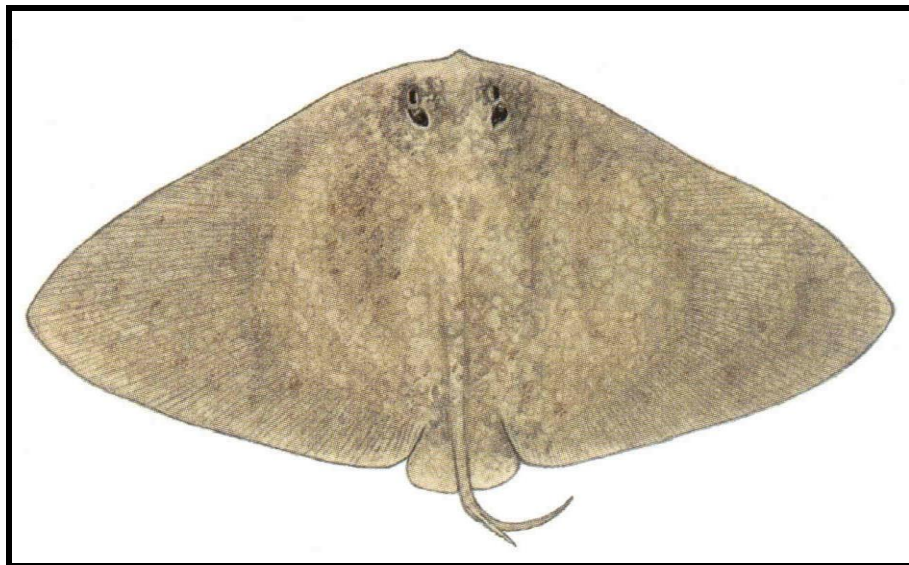


Figure 2 - *Gymnura natalensis* (Heemstra, 2004:85)

2.2.1 Classification

Kingdom – *Animalia* - animals

Phylum – *Chordata* – chordates

Subphylum – *Vertebrata* - vertebrates

Class – Chondrichthyes – cartilaginous fishes

Subclass – *Elasmobranchii* – shark-like fishes

Order – *Rajiformes* – skates and rays

Family – *Gymnuridae* – butterfly rays

Genus – *Gymnura*

Species – *natalensis*

Common names - Backwater Butterfly Ray, Diamond Ray

(Brands, 2007)

2.2.2 Appearance

Gymnura natalensis has a diamond shaped pectoral disc almost twice as wide as is long (King and Van der Elst, 2006:16). Its disc width can be up to 2.5m and the adult organism reaches at least 90kg in mass (Heemstra, 2006:85). The tail measures about half the length of the disc and juveniles usually have black and white bands on the tail (Heemstra, 2004:85). The tail is short and equipped with 1-2 sharp spines (King and Van der Elst, 2006:16). The spine measures up to 2.5cm in length and is usually placed in the middle or proximal third of the tail (Halstead, 1970:29). With regard to colour, it is green or brownish often with darker mottling on the dorsal surface and is white below the surface. Campagno (1989:110) states the organism can change the colour of its upper disc rapidly. The markings and colour of the disc match the organism's habitat (Heemstra, 2004:85). The mouth contains 68-93 rows of small, sharply defined teeth (Heemstra, 2004:85).

2.2.3 Habitat

Gymnura natalensis is usually found closely in-shores off sandy beaches (Campagno, 1989:110). The animal is a powerful predator that lives close to the bottom of estuaries and muddy, offshore banks to depths of 75m (King and Van der Elst, 2006:16). This species of stingray is endemic to the waters that extend from Namibia to southern Mozambique (Heemstra, 2004:85). The organism is found more commonly in Natal in summer (Cliff and Wilson, 1986:37). Solitary members of this species are usually found on the shallow and deeper sandbanks however shoals may be seen swimming together in midwater (Cliff and Wilson. 1986:37).

2.2.4 Diet

Gymnura natalensis feeds on flatfish, sardines, gurnards, crabs, mole crabs and polychaete worms (Campagno, 1989:110). Hard-shelled prey are easily crushed by the rows of small and sharp teeth (Cliff and Wilson, 1986:37). All rays are carnivorous (Tricas, *et al.* 1997:121).

2.2.5 Reproduction

Both sexes of *Gymnura natalensis* mature at a disc width of approximately 1.1m. The organism displays aplacental viviparous development and the females produce uterine milk to nourish their young. After a gestation period of a year, 5-10 young pups are born at a disc width of approximately 40cm (Heemstra, 2004:85). Copulation can appear violent and females may mate with several males in succession (Tricas, *et al.* 1997:124).

2.2.6 Sting Apparatus

The following diagram illustrates the basic anatomy of most stingrays and clearly shows the position of the venomous spine on the tail of the animal. Figure 4, on page 13, illustrates the internal anatomy of the spine.

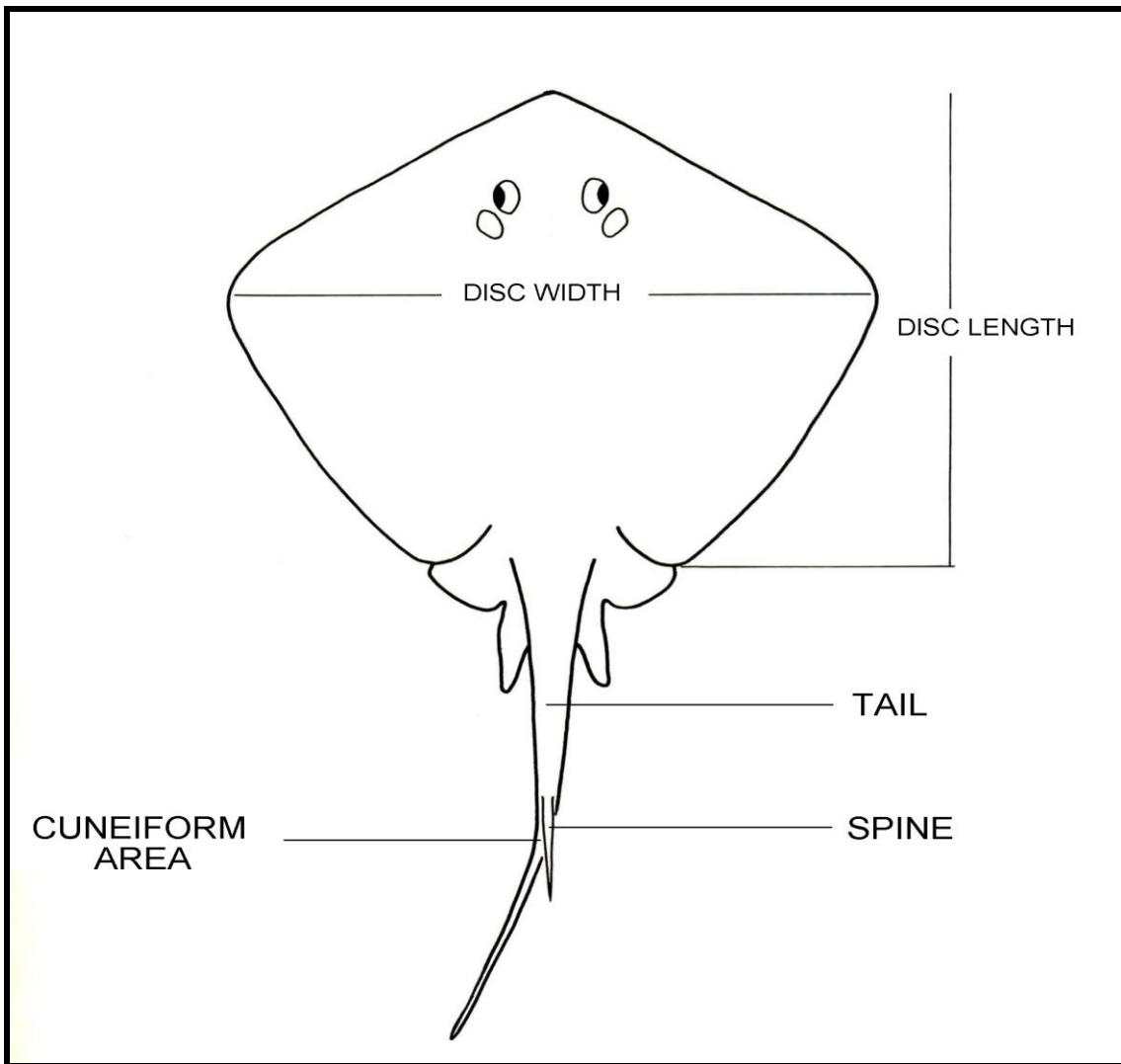


Figure 3 - Basic Stingray Anatomy (Wallace, 1967:5)

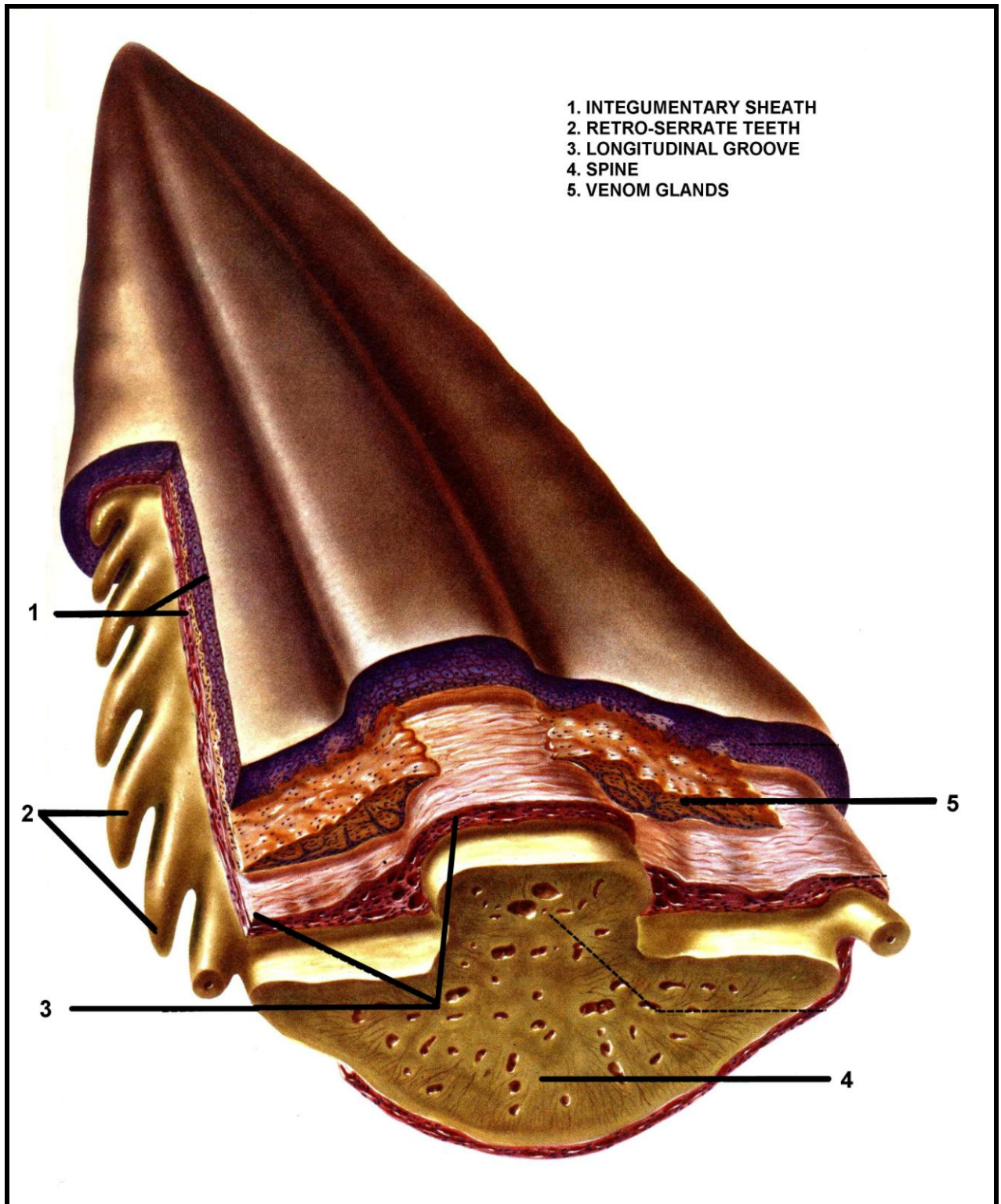


Figure 4 - Cross Section through Stingray Spine (Halstead, 1970:33)

The venom apparatus of a stingray consists of the caudal appendage (tail), the spine with bilateral retro-serrate margins which is enveloped by the integumentary sheath and venom glands and the cuneiform area of the integument with which the sting is in contact when at rest (Halstead, 1970:29). The stinging spine lies on top of the tail. It is a hard, flattened structure that tapers to a sharp point (Tricas, *et al.* 1997:126). The teeth of the spine are hidden under the integumentary sheath in an intact spine (Halstead, 1970:30). Medial to retro-serrate margins of the spine is the longitudinal groove. The venom glands are located in these grooves under the integumentary sheath (Halstead, 1970:30). Venom is produced in the venom glands and is delivered in two narrow grooves along the under surface of the sting (Tricas, *et al.* 1997:126). Toxicological studies indicate that venom is also secreted by the glandular cells of cuneiform integument (Halstead, 1970:32).

When an unwary wading victim accidentally treads on the dorsal surface of a stingray or a diver descends over this dorsal surface, “The stingray swings its tail upward and forward in a reflex action, either producing sword like lacerations or driving the spine into the limb or body of the victim” (Edmonds, 1995:71). The integumentary sheath over the serrated spine is ruptured and venom escapes into the perforated wound of the victim. Extraction of the spine by the victim results in further tissue damage to the victim due to the serrations of the spine (Edmonds, 1995:71). The retroserrate nature of the margins of the spine allows the spine to penetrate and lacerate the victim’s tissues with ease but also makes the spine difficult to remove from the victim (Halstead, 1970:59). Laceration of the victim’s tissues assists in the absorption and distribution of the toxic venom which produces a violent tissue reaction (Halstead, 1970:59).

2.2.7 Symptoms of Envenomation by a Stingray

Damage to a victim by the sting of a stingray can be caused either by the spine or from the venom of the spine, or both (Edmonds, 1995:71).

Clinical features:

➤ LOCAL:

- Pain is experienced immediately and increases over 1-2 hours and eases after 6-10 hours but may persist for a few days. The pain may be constant, pulsating or lancinating. The pain may be aggravated by secondary infection.
- Bleeding may be profuse and may relieve the pain. A mucoid secretion may follow.
- The area is swollen and pale, with a bluish rim. The swelling or oedema present in the vicinity of the wound may persist due to lymphatic obstruction that is believed to be caused by inflammation and damage to the lymphatics and supporting tissues (Halstead, 1970:62).
- There is local necrosis of fat and muscle with ulceration and/or secondary infection commonly occurring.
- Osteomyelitis in the underlying bone has been reported.
- Symptoms that can persist for weeks after an injury include a dull ache and swelling over the area of the sting.

(Edmonds, 1989:70)

➤ GENERAL:

- Anorexia
- Nausea
- Vomiting
- Diarrhoea
- Frequent urination
- Salivation
- Extension of pain to the area of lymphatic drainage
- Muscular cramps
- Tremors
- Paralysis in the affected limb and surrounding areas

- Fainting
- Palpitations
- Hypotension
- Heart rate irregularities and cessation of heart activities are possible.
- Difficulty in breathing
- Cough
- Pain on inspiration
- Fever during the night with copious sweating
- Nervousness
- Confusion
- Delirium
- Fatalities may occur immediately or within 2 weeks if the spine penetrates the pericardial, peritoneal or pleural cavities.

(Edmonds, 1989:70-71)

The venom glands of stingrays are not distinct and therefore, the extraction of the venom is difficult. A great portion of the venom's toxicity is lost by freeze drying. The above facts have hindered research into the effects of the venom of stingrays (Meier and White, 1995:137). Stingray venom is primarily cardiotoxic and cytotoxic. The venom is composed of the enzymes, 5-nucleotidase and phosphodiesterase and the neurotransmitter, serotonin. Serotonin causes smooth muscle contraction which is primarily responsible for the symptom of pain (Layton, 2006). The venom also contains a large water-soluble protein that is destroyed by heat. It is therefore suggested that a wound caused by a stingray sting be washed in hot water (about 50 degrees Celsius) until the pain subsides (Tricas, *et al.* 1997:126). The venom does not block neuromuscular transmission but is responsible for the cardiac and circulatory disturbances that may occur in the victim (Meier and White, 1995:137). Large doses of the venom causes vasoconstriction in blood vessels (Halstead, 1970:68). The venom affects the respiratory centers of the medulla in the brain causing symptoms of respiratory depression. The cardiovascular changes due to the venom, may also contribute to the respiratory depression (Halstead, 1970:68).

Stingray venom occasionally causes convulsive seizures which may be due to a direct effect of the venom on the central nervous system. However, the mechanism of the how the venom causes such seizures is unclear (Halstead, 1970:68). The enzymatic components of the venom causes both cellular and tissue death (Layton, 2006). The tissue necrosis found in the victim, in the area of the stingray injury, suggests that the venom possesses proteolytic properties (Halstead, 1970:63). The lethal dose for stingray venom has been calculated as 28mg dried crude venom per kilogram mice (Halstead, 1970:67).

2.3 TOXICOLOGY

“Toxicology is the study of the toxic properties of poisonous substances” (Swayne, 1998:217). According to Riley (1996:4), one can use information from toxicological studies to infer the possible indications of a homoeopathic remedy. Coulter (1981:45-46) suggests that during the provings of potentized poisonous substances, the toxicological symptoms appear in a milder form.

The toxicology of a venom along with the proving symptoms of a homoeopathic remedy prepared from that venom and the observations made from the clinical use of that remedy will establish the remedy in homoeopathic medicine (Bonnet, 2000:112). The above mentioned factors will not only establish a homoeopathic remedy but will also assist in the understanding and development of that remedy (Riley, 1997:225). Sherr (1994:88) states that the addition of the toxicological symptoms of a substance to the proving symptoms of that substance will result in the formation of a complete, well-rounded remedy picture.

The toxicological symptomatology of a stingray envenomation is described in detail in section 2.2.7 of this study.

2.4 DOCTRINE OF SIGNATURES

2.4.1 Overview

The Doctrine of Signatures can be described as the concept of finding similarities between a plant's appearance, structure and biological behaviour and the expression of disease symptoms in humans (Richardson-Boedler, 1999:172).

Dioscorides and Galen (Claudius Galenus 129-199 AD) were two ancient Greek writers who noted the correlation between a plant's appearance and human disease symptomatology. For example, the plant *Chelidonium majus* was considered a useful remedy for liver and gallbladder pathology due to its yellow-coloured, bile-like juice (Richardson-Boedler, 1999:173). Paracelsus (1493-1541) also subscribed to the idea that the external appearance of a plant gave an indication of the ailments that could be treated by the prescription of that plant in medicine (Lockie and Geddes, 1995:11).

The concept of the Doctrine of Signatures was expanded to encompass medicines that are derived from animals as well as from mineral and chemical substances (Richardson-Boedler, 1999:173). The study of the Doctrine of Signatures helps to clarify and verify the therapeutic value of a remedy (Richardson-Boedler, 1999:172) and also enhances the process of learning and memorizing a remedy picture during the study of homoeopathy (Richardson-Boedler, 1999:173).

2.4.2 Characteristics of Stingrays

The ancestry of rays dates back to more than 150 million years ago (Tricas, *et al.* 1997:118). Ferguson and Cailliet (1990:10) refer to stingrays as peaceful animals. Edmonds (1995:70-71) describes stingrays as gentle, delicate and non-aggressive animals. Smaller stingrays tend to be shy and will depart if rapidly approached

(Tricas, *et al.* 1997:131) yet large stingrays are often inquisitive but cautious (Tricas, *et al.* 1997:132).

In terms of defence flight is preferred rather than attack (Ferguson and Cailliet, 1990:34). These creatures are highly instinctual and can be territorial and threaten intruders by quickly raising their tails like a scorpion in order to protect themselves (Tricas, *et al.* 1997:132). Edmonds (1995:70-71) states that stingrays are capable of protecting themselves against intruders. The venom apparatus is used more as a protective measure than a mechanism to incapacitate prey (Edmonds, 1995:59).

Rays have flat bodies that are often submerged in the sand or mud at the floor of the waters in which they are found. When submerged in the sand, they are hardly detectable (Edmonds, 1995:69). The ray's ability to avoid and ward off predators is vital to its survival. By lying concealed in the substrate at the bottom of the water, rays can make themselves undetectable to predators (Tricas, *et al.* 1997:126).

The movements of a stingray can be sudden and fast yet elegant as displayed by the gentle flapping of its wings (Edmonds, 1995:69). All rays ripple and glide with seemingly effortless grace. This powerful motion is made possible by the well developed disc and the tail (Tricas, *et al.* 1997:128). Rays can be pelagic and swim tirelessly and actively in midwater, or they can lie on or bury themselves in the substrate at the bottom of the water and only swim off the bottom to browse for food, reproduce or escape from predators (Tricas, *et al.* 1997:122). The structure of the ray facilitates a wide range of movement capabilities for the animal enabling it to dive, climb, turn, bank or stop. Low-speed, finely controlled movements, make rays incredibly maneuverable (Tricas, *et al.* 1997:129). Rays lack the swim bladder and large oily liver that help other bony fishes to maintain neutral buoyancy so unless they swim, they will sink to the bottom (Tricas, *et al.* 1997:129).

Stingrays can either be sociable or loners (presumably only socializing to mate (Tricas, *et al.* 1997:131). Solitary members of this species are usually found on the shallow and deeper sandbanks however shoals may be seen swimming together in midwater (Cliff and Wilson, 1986:37).

The sensory capabilities used for sight and smell, and the detection of vibration, touch, electrical and magnetic impulses are well developed and assist the organism in finding and gathering food and detecting predators, prey and other members of the same species (Tricas, *et al.* 1997:127). It has also been noted that the skin of rays is markedly sensitive to touch (Tricas, *et al.* 1997:130).

CHAPTER THREE

PROVING METHODOLOGY

3.1 THE EXPERIMENTAL DESIGN

The homoeopathic drug proving of *Gymnura natalensis* was conducted as a randomised, double blind, placebo controlled trial. Blinding was achieved in the following ways:

- The provers were not aware of the identity of the remedy he/she was proving.
- Neither the provers nor the researcher were aware of which provers belonged to the experimental group and which provers belonged to the placebo control group.

The proving methodology recommended by Dr Jeremy Sherr in his insightful publication *The Dynamics and Methodology of Homoeopathic Provings* (1994), was primarily used in the conduction of this proving. This study was conducted concurrently with another proving study of *Gymnura natalensis* by the researcher, Vanishree Naidoo, using the same proving methodology used in this study. While this study focussed on analysing the proving symptoms of *Gymnura natalensis* in light of the Doctrine of Signatures and the toxicological symptoms of stingray envenomation, the research of Naidoo (2008) was directed at comparing the proving symptom picture of *Gymnura natalensis* to that of other homoeopathic remedies derived from sea animals.

3.2 OUTLINE OF THE EXPERIMENTAL METHOD

- Posters (Appendix A) were displayed on various notice boards at the Durban University of Technology inviting people to participate in this proving.

- Provers were recruited from homoeopathic students, homoeopathic practitioners and members of the general public. People who were interested in becoming proving volunteers were given a *Proving Information Sheet* (Appendix F) and a *Suitability for Inclusion* form (Appendix B) and were asked to read through these documents carefully.
- If all the necessary inclusion criteria was met, the prover was requested to fill in Appendix B and return it to the researcher.
- All *Suitability for Inclusion* forms (Appendix B) were assessed by the researcher and based on their suitability for inclusion in the proving, provers were selected.
- Each prover was individually contacted and requested to attend an orientation group meeting. All provers and the researcher attended this meeting during which provers were informed of what was to be expected of them during the proving. The proving procedure was explained during this meeting (Sherr, 1994: 60) and questions or queries from provers, regarding the proving, were addressed during this meeting.
- Each prover was then contacted and a pre-proving consultation and physical examination was scheduled.
- During the pre-proving consultation each prover had a thorough case history taken by the researcher using the format of Appendix D. Each prover also underwent a physical examination by the researcher. An *Informed Consent* Form (Appendix C) was then signed by the prover and handed to the researcher.
- Once the consultation was complete, each prover was provided with:
 - their personal prover code,
 - a blank lined A5 book (the journal) and a pen for recording symptoms and

- an *Instructions to Provers* booklet (Appendix E) – provers were asked to study this booklet very carefully as it contained important instructions and guidelines for the recording of symptoms.
- Once all the pre-proving consultations were completed, provers were contacted and asked to start recording their normal and everyday symptoms in their journals on a certain date. This was important to establish a ‘baseline’ for each prover’s normal state of health and to get the provers accustomed to self observation and journal recording. This recording of symptoms continued for 7 days (ICCH, 1999:35, Sherr, 1994:60).
- During the 7-day pre-proving journal keeping period, the researcher contacted the provers and assessed the journal entries for the accuracy of symptom and time recording and compliance.
- At the end of the 7-day pre-proving period the provers collected their remedy powders from the researcher so that they could commence with the proving the next day. Distributing the powders at this point in the process decreased the likelihood of the powders being antidoted or misplaced by the provers.
- Each prover was asked to take their first powder dose and record the time of doing so along with any symptoms that may have occurred. This indicated the beginning of the proving. Sherr recommends that the provers take a maximum of 6 doses over 2 days (3 doses per day for 2 days) (Sherr, 1994:53). The moment that symptoms started occurring, the prover was asked to cease taking any further powder doses, unless the sensations experienced thus far were very mild in which case one more dose was taken (Sherr, 1994:61).
- The provers continued to record their symptoms every day over a period of 4 weeks.

- During the first week of the proving the researcher was in daily telephonic communication with each prover to discuss the symptoms (Taylor, 2004). For the remaining three weeks the researcher contacted the provers every second day in the second week, every third day in the third week and once in the fourth week (Taylor, 2004).
- After these four weeks a further one week post-proving observation period followed. Each prover was contacted at the end of this period and any further symptoms that may have occurred in this time were discussed.
- One follow-up consultation per prover was scheduled and conducted. The purpose of this follow-up consultation was to assess and note any physical or mental changes that provers may have experienced during the proving. The prover journals were collected from each prover during this follow-up consultation.
- After the completion of all follow-up consultations, a post proving group discussion meeting with the all provers and the researcher was scheduled and conducted.
- The proving was then un-blinded to the researcher and provers in terms of the verum and placebo population constitution and the provers were informed of the identity of the proving substance.
- The symptom extraction and collation processes then followed.
- The final data was then compiled into the materia medica and repertory formats for publication.

3.3 THE PROVING SUBSTANCE

3.3.1 Potency

The 30th centesimal potency was used in the proving of *Gymnura natalensis* based on the fact it is a common potency that is used by many of the established homoeopaths when conducting provings as discussed in section 2.1.3 of this study. The homoeopathic provings of *Naja mossambica* (Smal and Taylor, 2004), *Sutherlandia frutescens* (Kell, Webster, Low and Van der Hulst, 2002), *Bitis arietans arietans* (Wright, 1999) and *Chamaeleo dilepis dilepis* (Moore and Pistorius, 2007) are all examples of provings conducted at the Durban University of Technology that used the 30th centesimal potency of the proving remedy.

3.3.2 Collection, Preparation and Dispensing of Proving Remedy

The researcher was assisted by Simon Chater (BSc), a marine biologist at the South African Association for Marine Biological Research (SAAMBR), to obtain the specimen of *Gymnura natalensis* that was required for the manufacture of the proving remedy. Lippe (1999:43) suggests that remedies prepared from animals that are kept in unnatural environments will not possess the same medicinal power as those remedies derived from an animal in its wild natural environment. The proving remedy was manufactured from a fresh live specimen of *Gymnura natalensis* which was captured in the Umzumbe region along the south coast of Kwa-Zulu Natal. The animal was a 51kg male specimen with a disc width of 1.3m.

The specimen was properly identified by the marine biologist. The anatomical part of the animal that was required for the remedy manufacture included the poisonous spine located on the tail of the stingray. The spine was then carefully removed from the live animal by the marine biologist in such a way as to prevent any excessive

haemorrhaging and discomfort to the animal. All ethical conditions pertaining to this study complied with the standards set by SAAMBR.



Figure 5



Figure 6

Figures 5 & 6 – Spine Sample of *Gymnura natalensis*

One part of the fresh sample was accurately weighed out and added to 99 parts of inert lactose powder followed by trituration of this mixture, according to Method 6 of the German homoeopathic pharmacopoeia (GHP) (British Homeopathic Association, 1993). The sample was trituated to the 3rd centesimal potency and converted into liquid potency as per method 8a of the GHP (British Homeopathic Association, 1993). Serial dilution and succussion of the remedy was carried out until the sample reached the 30th centesimal potency. Neutral Saccharum lactis granules were impregnated at 1 percent using the 30CH liquid potency as per method 10 of the GHP (British Homeopathic Association, 1993). The 30CH granules of *Gymnura natalensis* (the verum granules) was then stored in the laminar flow room of the homoeopathic pharmaceutical laboratory at the Durban University of Technology. When the time arrived for the verum powders to be distributed to the provers, ten of the 30CH granules were added to each lactose powder sachet and 144 sachets were prepared for the 24 verum provers, each of whom received 6 sachets (Taylor, 2004:27).

The placebo powders were manufactured using the same method of preparation and measurement ratios used in the verum powder preparation above, except for the fact that the initial sample consisted only of inert lactose powder. In this way the pure effect of the proving substance was tested because the placebo was exposed to the same manufacturing process as the verum (Moore, 2007:36). A total of 36 placebo powder sachets were prepared for the 6 placebo provers, each of whom received 6 sachets (Taylor, 2004:27). The verum and placebo powders were indistinguishable from one another so that the provers and the researcher were both unaware of which provers received verum and which provers received placebo.

3.3.3 Dosage and Posology

After the pre-proving journal keeping period, each prover took their first proving powder. Each prover was instructed to take a **maximum** of 6 powder doses over 2 days (3 doses per day for 2 days) (Sherr, 1994:53). The powders were to be taken sublingually away from meals, drinks, smoking and teeth cleaning. The prover was instructed to immediately cease taking the medication when symptoms started to occur. Provers were allowed to take a further dose only if the symptoms that were experienced thus far were very mild (Sherr, 1994:61).

3.4 PROVING POPULATION

3.4.1 Total Population Size and Percentage Placebo

Sherr suggests that a proving population of 15 to 20 provers will produce a full remedy picture and that provings with population sizes of 100 provers or more often inundates the repertory with several common symptoms and inflates the remedy out of proportion to other remedies (Sherr, 1994:45). The researcher chose to use a

total population size of 30 provers and since six of these provers were on placebo, the number of provers that proved the actual remedy was closer to Sherr's recommendation of using 15 to 20 provers.

The International Council for Classical Homoeopathy (ICCH) suggests that the use of a placebo group makes provers more attentive and more reliable (ICCH, 1999:34). Since the total number of provers in this study is relatively small, using a small percentage-placebo group ensured that not too many good provers were "wasted" during the proving process especially since good provers are difficult to recruit (Sherr, 1994:57). Sherr (1994:57) recommends a placebo group of 10%-20% of the total prover population. The researcher used a placebo percentage of 20% in this proving which meant that 6 provers out of the 30 provers were administered placebo.

In aphorism 127 of the *Organon of the Medical Art*, Hahnemann recommends that both male and female provers are selected for provings in order to display gender related conditions (Hahnemann, 1996:154). Of the 24 verum provers, 8 were female and 16 were male, as shown in appendix H.

3.4.2 Inclusion and Exclusion Criteria

All prospective provers in this proving met with the following criteria:

Inclusion criteria:

Each prover:

- was between the ages of 18 and 60 years (Low, 2002:33).

- was in what is considered to be a general state of good health (Sherr, 1994:43, Wieland, 1997:233). A prover was considered to be in a general state of good health if he or she was not acutely or chronically ill.
- consumed stimulants (alcohol, coffee, tea, cigarettes) in moderation (Sherr, 1994:30). A prover consumed no more than (Wright, 1999:20):
 - Two measures of alcohol per day
 - Ten cigarettes per day
 - Three cups of coffee or tea per day
- was able to maintain his/her normal lifestyle and usual daily routine as much as possible and had no major lifestyle changes during the proving period. Any lifestyle changes should have taken place at least three weeks before the proving started (Sherr, 1994:30).
- agreed to follow all proving instructions (Sherr, 1994:30).

Exclusion criteria:

Prospective provers were excluded from participating in the proving if they:

- were on or in need of any medication: chemical, homoeopathic or other (Sherr, 1994:44).
- were on or have been on the birth control pill or on hormone replacement therapy in the 6 months prior to the proving (Sherr, 1994:44; Wieland, 1997:233; Wright, 1999:20).
- were pregnant or nursing (Sherr, 1994:44; Wieland, 1997:233).
- underwent surgery in the 6 weeks prior to the proving (Wright, 1999:20).
- planned to undergo any surgery for the duration of the proving period (Moore, 2007:38).
- used recreational drugs such as cannabis, LSD, MDMA, etc. (Sherr, 1994:44; Wright 1999:20).

3.4.3 Randomisation

Each prover was designated a prover code. Each code was written on small separate pieces of paper. All the pieces of paper were placed into a box and mixed. This box was then handed to an independent party (the research supervisor). The independent party randomly drew out 6 prover codes from the box. These 6 prover codes represented the placebo group and the remaining 24 prover codes became the experimental group. The independent party recorded this information about which prover was allocated placebo or verum, and kept this information confidential until after the proving was un-blinded.

Through the above measures, blinding was achieved since neither the researcher nor the provers knew which provers belonged to the placebo or experimental groups. The same independent party privately labelled the relevant remedy powders for both the experimental and placebo groups and used only the prover codes when labelling each set of powders. The researcher was then handed the powders to distribute to each prover according to their prover codes.

3.4.4 Monitoring of the Provers

During the first week of the proving the researcher was in daily telephonic communication with each prover to discuss the symptoms. For the remainder of the proving the researcher contacted the provers every second day in the second week, every third day in the third week and once in the fourth week (Taylor, 2004:31).

During the post-proving observation period each prover was contacted once at the end of this period to note and discuss any further symptoms that may have occurred in this period. One follow-up consultation per prover was scheduled and conducted. The purpose of this follow-up consultation was to assess and note any physical or

mental changes that provers may have experienced during the proving. The prover journals were collected from all provers during their follow-up consultation.

3.4.5 Data Recording by Provers

All provers were provided with a prover journal to record their symptoms over the entire proving process. Provers were asked to comply with the following guidelines for recording symptoms:

- Notes needed to have been made for each symptom and any concomitants, modalities, locality, times, sensation and duration (Sherr, 1994:60).
- Each symptom had to be written on a new line, leaving space for remarks (Sherr, 1994:60).
- Each day started on a new page, which was clearly marked with the day and date (Sherr, 1994:60).
- The notes were not to be verbose, and only definite facts were to be recorded (Sherr, 1994:62).
- The type of symptom had to have been classified according to the following categories (Sherr, 1994:62):
 - New symptom (NS)
 - Old symptom (OS)
 - Altered symptom (AS)
 - Recent symptom (RS)
 - Cured Symptom (CS)
- The above was to be noted using a red pen alongside the relevant symptom (Sherr, 1994:62).
- The time of occurrence of each symptom was to be recorded with each symptom (Sherr, 1994:73).

- It was also important to have noted the time elapsed from the beginning of proving until the occurrence of each symptom using the format of DD:HH:MM (Sherr, 1994:73), where,
 - DD represented the number of days since the proving began (the first day of the proving was day zero),
 - HH represented the number of hours and
 - MM represented the number of minutes.

Therefore, a symptom recorded at 03:11:30 occurred 3 days, 11 hours and 30 minutes since the proving began (Sherr, 1994:73). After 24 hours the minutes became unimportant and were to be represented by XX. After a few days, the hours become redundant and were to be marked by XX (Sherr, 1994:73).

A copy of these guidelines was pasted on the inside cover of each journal to assist provers in recording symptoms.

3.4.6 Group Discussion

After the completion of all follow-up consultations, a post-proving group discussion meeting between all provers and the researcher was scheduled and executed and all provers were urged to attend this meeting. This group meeting facilitated the following (Sherr, 1994:66):

- the amalgamation of the symptoms of all provers in order to obtain a complete remedy picture as if all the symptoms had occurred in one person
- the clarification of any issues during the proving and enabled the placebo and experimental groups to validate or discard doubtful symptoms
- the triggering of provers' memories for symptoms that they were unsure about
- the assistance to deal with any personal difficulties or issues that provers may have experienced during the proving

3.4.7 Ethical Considerations

The following ethical considerations were implemented in this study:

- All provers participated in the proving both freely and willingly.
- Before the proving, all provers were well informed, both verbally by the researcher and in writing by means of the *Prover Information Sheet* (Appendix F) and the *Instructions to Provers* booklet (Appendix E), about the risks and benefits of participating in this proving as well as the requirements from provers.
- All provers were free to withdraw from the proving at any point with no required explanation.
- Confidentiality was exercised throughout the study.
- All provers signed an *Informed Consent* form (Appendix C) before the proving commenced.
- Free homoeopathic consultation and treatment was offered to all proving subjects who developed symptoms that were intolerable to them during the proving.
- The methodology of this study was approved by the Ethics Committee at the Faculty of Health at the Durban University of Technology.

3.5 EXTRACTION PROCESS

Symptoms were extracted from each prover's journal and formatted into materia medica and repertory languages. Symptoms were carefully assessed before being selected or rejected (Sherr, 1994:67).

3.5.1 Inclusion and Exclusion Criteria for Symptoms

The following criteria was used to determine whether a symptom was included or rejected as a proving symptom:

Inclusion criteria:

- New symptoms, unfamiliar to the prover (ICCH, 1999:36).
- Usual or current symptoms that were intensified to a marked degree (ICCH, 1999:36).
- Current symptoms that have been modified or altered (with clear description of current and modified components) (ICCH, 1999:36).
- Old symptoms that have not occurred for at least one year (note the time of their last appearance) (ICCH, 1999:36).
- Present symptoms that have disappeared during the proving (cured symptom) (ICCH, 1999:36).
- The time of day at which the symptom occurred was only included if there was a repetition of such times in one or more provers (ICCH, 1999:36).
- If a symptom was in doubt, it was included in brackets. If another prover experienced the same symptom it was validated, otherwise it was excluded (ICCH, 1999:36).
- Modalities (something which made a symptom better or worse) (Riley, 1997:227).
- Concomitants (something that occurred in conjunction with a symptom) (Riley, 1997:227).

- Timing of the symptom (periodicity, specificity of timing) (Riley, 1997:227).
- Localisation (sides, extension) (Riley, 1997:227).
- Unique descriptions of a symptom (descriptive adjectives) (Riley, 1997:227).
- Intensity and frequency of the symptom (Sherr, 1994:72).
- A symptom that occurred after taking the medication on at least two occasions during the homoeopathic drug proving (Riley, 1994:227).
- A symptom experienced when the proving started and which disappeared or was significantly ameliorated after the administration of the proving medication, was classified as a cured symptom (Riley, 1997:227).
- All symptoms that occurred in more than one subject (Riley, 1997:227).
- If the prover was under the general influence of the remedy then all new symptoms, including any sufferings, accidents and changes of health, were regarded as proving symptoms (Sherr, 1994:70).

Exclusion criteria:

- Symptoms were not be included if they have occurred in recent history (in one year or less) (Sherr, 1994:70).
- Symptoms that were usual or current for the prover should be excluded (Sherr, 1994:70).
- If there was any serious doubt as to the validity of the symptom it should be excluded (Sherr, 1994:70).
- A symptom which may have been produced by a change in life or an exciting cause should be excluded (ICCH, 1999:36).

3.5.2 Collation and Editing of Data

This was the process of amalgamating all the information obtained from all provers and grouping it together as if it were one person's composition (ICCH, 1999, 36). All information from the extraction process above was grouped together according to

which part of the body they belonged to (ICCH, 1999:36). For example, all the mind symptoms were grouped together and furthermore, more specific symptoms within the mind section were grouped together from all provers. For example, all 'mind, anxiety' symptoms were grouped together.

During editing it was important that the proving was easily comprehensible and logical. The language of the provers was maintained but cumbersome sentences and unnecessary details were omitted (Sherr, 1994:77). Identical and similar symptoms from different provers appeared separately and consecutively under the various headings relating to an area of the body, for example, mind, generals, abdomen, etc. (Sherr, 1994:77).

Prover's reports were written in the first person and symptoms were recorded in plain, clear and grammatically correct English. Simple language and the basic expressions of the prover must be retained in the prover's own words. Contemporary terminology that may not be understood in the future should be avoided (Sherr, 1994:67).

In terms of chronology, the times at which a symptom was experienced by a prover was recorded by the researcher using the format of "DD:HH:MM" as explained in section 3.4.5 (Sherr, 1994:73).

3.6 REPORTING THE DATA

3.6.1 Repertory

The aim of the repertory stage was to accurately and truthfully interpret and convert the proving information into repertory language (ICCH, 1999:36). The symptoms reported by provers were placed appropriately into corresponding existing rubrics. Clear symptoms, which did not appear in existing rubrics, resulted in the creation of

new rubrics (ICCH, 1999:36). The repertory that was used for this purpose is the *Synthesis Repertorium Homeopathicum Syntheticum* (edition 8.1).

The symptoms must be graded according to the level of importance within that rubric based on how it was experienced during the proving. This grading can be done either according to symptom intensity or symptom frequency, which is based on the number of provers that experienced that symptom. For this study the symptoms were graded according to frequency. This was the method used by Kent and described by Sherr as being less subjective than grading by intensity (Sherr, 1994:85).

The grading of symptoms was calculated by the researcher based on the grading system in the *Synthesis Repertorium Homeopathicum Syntheticum* (version 8.1) (Schroyens, 2001). A symptom was graded as 1 if it was experienced in less than 20% of the members of the experimental group population (verum provers). A grade 2 symptom was experienced by 21-40% of the verum provers. A grade 3 symptom was experienced by 41-65% of the verum provers. If more than 65% of the verum provers experienced the same symptom, that symptom was graded as 4.

3.6.2 Materia Medica

The symptoms obtained from the proving are presented in a typical materia medica format in chapter four of this study and correspond to the sections found in the *Synthesis Repertorium Homeopathicum Syntheticum* (edition 8.1) repertory as shown below:

<ul style="list-style-type: none">• Mind• Vertigo• Head	<ul style="list-style-type: none">• Kidneys• Prostate• Urethra
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<ul style="list-style-type: none"> • Eye • Vision • Ear • Hearing • Nose • Face • Mouth • Teeth • Throat • External throat • Stomach • Abdomen • Rectum • Stool • Bladder 	<ul style="list-style-type: none"> • Urine • Male Genitalia/Sex • Female Genitalia/Sex • Larynx Respiration • Cough • Expectoration • Chest • Back • Extremities • Sleep • Dreams • Chill • Fever • Skin • Generals
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3.7 TOXICOLOGY

Toxicological symptoms from a typical stingray envenomation are discussed in section 2.2.7 of this study. These symptoms were added to the proving symptoms to provide a clearer remedy picture of *Gymnura natalensis* (Sherr, 1994:88). Similarities between the toxicological symptoms and the proving symptoms are discussed in section 5.3 of this study.

3.8 DOCTRINE OF SIGNATURES

The general nature and behaviour of stingrays has been elaborated on in section 2.4.1 of this study. Physical and/or behavioural symptoms, that were noted by provers during the proving of *Gymnura natalensis*, that correlated to the nature and behaviour of stingrays in their natural environment, are discussed in section 5.4 of this study.

CHAPTER FOUR

THE RESULTS

4.1 INTRODUCTION

The symptoms that were extracted from the homoeopathic drug proving of *Gymnura natalensis* are presented in this chapter using both the materia medica and repertory formats. All of the symptoms that are presented in this chapter are derived only from the provers that belonged to the experimental group during the proving. Both the materia medica symptoms and rubrics are categorised according to the sections of the body as they appear in the *Synthesis Repertorium Homeopathicum Syntheticum* repertory (Schroyens, 2001).

4.2 MATERIA MEDICA

4.2.1 Prover Lists

Listed below are the details all the verum provers that participated in the proving of *Gymnura natalensis*. The following table provides information regarding the age, sex, prover codes and whether or not the prover was a homoeopath/student of homoeopathy. Non-homoeopaths are indicated by an N, and homoeopaths or students of homoeopathy are indicated by a H.

Table 1 - Details of Verum Provers

PROVER CODE	AGE	GENDER	HOMOEOPATH or NON-HOMOEOPATH
3	32	F	H
4	29	M	H
5	25	M	N
6	23	F	H
7	35	F	H
9	29	M	N
10	25	F	N
11	31	M	H
13	29	M	H
14	30	M	H
15	42	F	N
16	23	M	N
17	25	M	H
18	28	F	H
19	21	M	N
20	21	M	N
21	25	M	N
22	28	F	H
24	25	F	H
26	32	M	N
27	29	M	N
28	26	M	N
29	25	M	N
30	40	M	N

Graphical representation of the age and gender distribution of provers along with the ratio of homoeopaths to non-homoeopaths, is shown in appendices G, H and I respectively.

4.2.2 Key

Example:

Symptom

Prover code, sex, days:hours:minutes

Each symptom is stated on a new line. Directly below each symptom, the prover code, prover sex and the number of days, hours and minutes that have elapsed since the first remedy powder was taken, is stated. After 24 hours, the minutes are regarded as unimportant and are denoted by XX. After a few days, the hours are denoted by XX. Where the prover was unsure of the day or time of the symptom, it is denoted as XX:XX:XX (Sherr, 1994:73). In some instances, symptom modalities are represented in using the symbols > (better for) and < (worse for).

4.2.3 The Materia Medica symptoms of *Gymnura natalensis*

4.2.3.1 MIND

ANXIETY

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

Mind feels a bit scattered

03F 00:05:20

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

03F 00:06:30

Still feel uneasy as if I have no self confidence

03F 00:09:30

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

03F 01:14:XX

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

05M 02:23:XX

I feel nervous or anxious for no reason

09M 08:XX:XX

Felt anxious all day for no reason

11M 03:XX:XX

Slightly anxious

13M 08:12:XX

Slightly anxious about restricted breathing

13M 10:00:XX

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

22F 01:07:45

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

22F 01:22:45

CHEERFUL

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

03F 10:07:XX

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

06F 09:XX:XX

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

06F 14:XX:XX

DIFFICULT CONCENTRATION

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

07F 01:03:30

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

18F 02:03:00

CONCENTRATION BETTER AT NIGHT

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

18F 06:11:XX

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

18F 07:XX:XX

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

18F 10:14:XX

DEPRESSION

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

03F 02:00:XX

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

16M 07:00:XX

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

17M 00:12:30

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

17M 00:19:XX

Heavy sad feeling of a deep depression

17M 01:21:XX

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

17M 01:06:XX

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

22F 20:XX:XX

DESIRE TO BE ALONE

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

16M 07:00:XX

I want to be alone

17M 01:06:XX

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

17M 11:XX:XX

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

22F 20:XX:XX

DISCONNECTED, DETACHED, ISOLATED

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

16M 07:00:XX

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

17M 00:12:30

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

22F 20:XX:XX

DISSATISFACTION

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

11M 00:XX:XX

Feeling irritable and dissatisfied

11M 01:XX:XX

Feeling of dissatisfaction and oversensitivity

11M 02:XX:XX

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

11M 03:XX:XX

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

11M 05:XX:XX

DYSLEXIA

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

04M 06:01:XX

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

04M 07:01:XX

IMPROVED CONCENTRATION

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

03F 15:XX:XX

Mind – increased energy levels

05M 00:05:00

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

09M 01:02:10

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

18F 06:11:XX

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

18F 10:14:XX

IRRITABILITY

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

03F 01:02:XX

Increased irritability in the morning

05M 01:03:XX

Feel very moody and irritable

06F 18:XX:XX

Feeling irritable and dissatisfied

11M 01:XX:XX

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

11M 02:XX:XX

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

13M 02:XX:XX

Slightly irritable at times

13M 04:XX:XX

Irritable, energy levels slightly low

13M 06:XX:XX

Irritable and frustrated

13M 09:XX:XX

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

17M 04:XX:XX

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

17M 05:XX:XX

Extremely moody and snappy with partner and family members

17M 08:XX:XX

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

28M 07:XX:XX

LACK OF SELF CONFIDENCE

Still feel uneasy as if I have no self confidence

03F 00:09:30

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

03F 01:14:XX

PARANOIA

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

03F 00:06:30

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

03F 20:XX:XX

PROSTRATION

My body and mind feel extremely tired and lazy

14M 00:05:10

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

17M 01:04:15

My mind and body is in a state of deadness and exhaustion

17M 01:04:15

SPACED OUT FEELING

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

06F 09:XX:XX

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

07F 01:03:30

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

16M 01:08:30

I still feel high like I smoked some weed

16M 02:07:XX

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

Feels like I'm on a drug

16M 03:03:XX

Still feeling spaced out and I need to close my eyes

16M 03:05:XX

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

18F 02:03:00

CHANGING MOODS

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

03F 01:02:XX

Feel very moody and irritable

06F 18:XX:XX

Extremely moody and snappy with partner and family members
17M 08:XX:XX

My pre-menstrual mood swings have decreased
24F 06:XX:XX

DESIRE TO TALK SOFTLY

Desire to talk very softly
06F 09:XX:XX

4.2.3.2 VERTIGO

Feel a bit light-headed
07F 01:06:35

A slight light-headed feeling, dizzy spell and slight pain at the back of head towards the top – almost a stitch
09M 00:05:30

Feel very dizzy and unstable on my feet – I have never experienced this before
16M 02:11:00

I noticed vertigo whilst walking. My eyes became blurred for a few seconds and I felt as if my head was revolving in circles. Vertigo was ameliorated by sitting down as well as closing my eyes
17M 00:05:30

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

17M 00:08:45

I'm having a rather unusual pulsing headache in front of my forehead. Whenever this happens I feel dizzy

19M 01:11:50

I also feel very light headed – almost drunk

22F 03:03:XX

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

26M 00:00:10

4.2.3.3 HEAD

PAIN

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

04M 03:04:XX

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

05M 00:05:00

Moderate sub-occipital headache. Dull headache

05M 01:03:XX

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

06F 01:XX:XX

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

06F 02:XX:XX

Slight frontal headache – constant ache and pressing sensation

06F 14:XX:XX

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

09M 00:05:30

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

09M 00:15:30

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

13M 06:02:XX

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

14M 01:05:XX

Headache – same as the one experienced yesterday

14M 03:07:XX

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

14M 05:06:XX

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

16M 05:01:XX

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

17M 07:XX:XX

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

18F 01:08:30

I'm having a rather unusual pulsing headache in front of my forehead. Whenever this happens I feel dizzy

19M 01:11:50

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

22F 03:03:XX

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

24F 03:XX:XX

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

26M 00:01:15

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

28M 01:09:25

- **Time of Head Pain**

Afternoon

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

04M 03:04:XX

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

05M 00:05:00

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

09M 00:05:30

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

14M 01:05:XX

Headache – same as the one experienced yesterday

14M 03:07:XX

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

14M 05:06:XX

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

18F 01:08:30

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

28M 01:09:25

- **Location of Head Pain**

Occipital/Sub-occipital

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

04M 03:04:XX

Moderate sub-occipital headache

05M 01:03:XX

Headache in occiput - travelling up towards the forehead

06F 01:XX:XX

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

09M 00:05:30

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

09M 00:15:30

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

16M 05:01:XX

Frontal

Slight frontal headache

06F 14:XX:XX

I'm having a rather unusual pulsing headache in front of my forehead

19M 01:11:50

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

22F 03:03:XX

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

26M 00:01:15

Temple

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

13M 06:02:XX

Headache – pain is throbbing in both temples

14M 01:05:XX

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

22F 03:03:XX

Top

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

05M 00:05:00

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

09M 00:05:30

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

16M 05:01:XX

Right Sided

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

16M 05:01:XX

The pain was more right sided

24F 03:XX:XX

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

26M 00:01:15

Under cranium

I can feel the pain directly below my skull

16M 05:01:XX

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

18F 01:08:30

- **Sensation of Head Pain**

Throbbing

Pain is throbbing in nature and resolves after 20 minutes

04M 03:04:XX

Headache – pain is throbbing in both temples

14M 01:05:XX

It is a throbbing pain

16M 05:01:XX

The pain was more right sided and was throbbing

24F 03:XX:XX

Dull

Moderate, dull headache

05M 00:05:00

Dull headache

05M 01:03:XX

Dull aching steady pain

06F 01:XX:XX

Pulsating

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

09M 00:15:30

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

18F 01:08:30

I'm having a rather unusual pulsing headache in front of my forehead

19M 01:11:50

Pressing

Slight frontal headache – constant ache and pressing sensation

06F 14:XX:XX

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

13M 06:02:XX

Pounding

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

17M 07:XX:XX

Pounding headache experienced in the middle of my head

28M 01:09:25

- **Modalities of Head Pain**

Pain pressure ameliorates

Pain improves when I press my temples

14M 01:05:XX

The pain is better for pressure and closing eyes

22F 03:03:XX

SENSATION OF EMPTINESS/LIGHTNESS

Feel a bit light-headed

07F 01:06:35

A slight light-headed feeling and dizzy spell

09M 00:05:30

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

18F 00:09:00

I also feel very light-headed – almost drunk

22F 03:03:XX

HEAVINESS

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

11M 00:XX:XX

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

13M 04:04:00

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

16M 00:06:00

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

22F 03:03:XX

4.2.3.4 EYES

A sensation of heat in my eyes accompanies my headache

22F 03:03:XX

DESIRE TO CLOSE EYES

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

07F 03:10:00

Still feeling spaced out and I need to close my eyes

16M 03:05:XX

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

18F 00:05:00

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

18F 00:09:00

PAIN

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

06F 02:XX:XX

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

09M 08:XX:XX

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

22F 01:22:45

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

30M 00:21:15

HEAVINESS

I have a feeling of fullness and heaviness around my eyes

11M 00:XX:XX

My eyes feel heavy – actually my eyeballs

14M 00:10:00

My eyelids feel heavy and I want to close them

16M 05:07:XX

SENSATION OF SHARPNESS

Sharp sensation – behind my right eye

03F 00:22:20

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

22F 01:22:45

SENSATION OF PRESSURE

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

13M 04:04:00

Still slight pressure sensation behind both eyes

13M 04:06:XX

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

13M 04:06:30

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

13M 06:02:XX

Slight pressure behind both eyes

13M 07:XX:XX

REDNESS

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

06F 02:XX:XX

Eyes are still red but not sore

06F 04:XX:XX

Eyes still red, tired but not sore

06F 05:XX:XX

Eyes still red but no amelioration or aggravation

06F 25:XX:XX

My eyes are reddish

19M 27:XX:XX

GRITTY

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

07F 03:10:00

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

30M 00:21:15

4.2.3.5 VISION

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

17M 00:05:30

4.2.3.6 FACE

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

07F 03:09:XX

4.2.3.7 MOUTH

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

22F 03:03:XX

4.2.3.8 THROAT

PAIN

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

18F 04:23:XX

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

18F 06:23:XX

TICKLING

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

13M 12:02:XX

Slight cough in the evening due to tickling sensation in throat

13M 23:XX:XX

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

17M 01:13:XX

4.2.3.9 STOMACH

DECREASED APPETITE

My appetite has decreased and I feel quite full after eating

03F 02:05:XX

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

22F 07:XX:XX

No appetite

22F 08:XX:XX

INCREASED APPETITE

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

03F 15:XX:XX

Increased appetite today for salty things

03F 11:09:XX

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

09M 00:05:30

Increased appetite that persisted the entire day

09M 05:XX:XX

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

21M 01:XX:XX

INCREASED THIRST

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

03F 02:05:XX

I feel very thirsty again

03F 05:02:XX

I feel very thirsty. I drank two litres of water

07F 19:11:XX

Increase in thirst for cold water

09M 00:05:30

Feeling unusually thirsty for cold water

16M 04:02:XX

Felt very thirsty

24F 01:06:50

Woke up feeling extremely thirsty

24F 01:23:30

BLOATING BEFORE MENSES REDUCED

Decreased bloating before menses

24F 06:XX:XX

4.2.3.10 ABDOMEN

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

22F 01:22:45

4.2.3.11 RECTUM

I am constipated – ball sensation in the rectum

06F 25:XX:XX

4.2.3.12 STOOL

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

20M 09:10:XX

4.2.3.13 BLADDER

BURNING ON URINATION

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

03F 20:XX:XX

Burning on starting to urinate

06F 04:XX:XX

Burning urination

06F 04:XX:XX

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

06F 09:XX:XX

Still burning on urination – waking up to wee

06F 17:XX:XX

FREQUENT URINATION

Increased urinary frequency

05M 00:05:00

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

07F 00:13:XX

Have been to the loo to urinate 3 times in the last 25 minutes. This is very irritating but not a problem

07F 02:11:00

I'm urinating more than usually

28M 02:02:55

4.2.3.14 URINE

BURNING ON URINATION

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

03F 20:XX:XX

Burning on starting to urinate

06F 04:XX:XX

Burning urination

06F 04:XX:XX

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

06F 09:XX:XX

Still burning on urination – waking up to wee

06F 17:XX:XX

4.2.3.15 FEMALE GENITALIA/SEX

REDUCTION IN PREMENSTRUAL SYMPTOMS

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

03F 05:02:XX

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

07F 14:11:XX

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

10F 05:XX:XX

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

10F 06:XX:XX

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

18F 12:XX:XX

My pre-menstrual symptoms have reduced
24F 06:XX:XX

MENSES SHORTENED DURATION

My menstruation is usually 5 days long. I just realized that this time it only lasted for 2 days – extremely unusual/rare for me!
22F 03:XX:XX

DISCHARGE

Noticed a slight blood-stained leucorrhoea. This is very unusual as I don't normally experience any discharge. Discharge was thick, creamy and brownish
07F 01:XX:XX

4.2.3.16 RESPIRATION

DIFFICULT BREATHING

I feel like I can't breathe all that well
03F 03:00:XX

Feel like there's a weight on my chest preventing me from breathing
06F 23:XX:XX

Feel as though I can't get enough air into my lungs. Feel better for taking deep breaths/yawning
13M 08:12:XX

Breathing still restricted – slightly anxious about that

13M 10:XX:XX

Breathing still restricted

13M 11:XX:XX

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

This symptom is worse at night and while lying down

13M 12:02:XX

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

13M 19:XX:XX

4.2.3.17 COUGH

COUGH DUE TO TICKLING SENSATION IN THROAT

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

13M 12:XX:XX

Slight cough in the evening due to tickling sensation in throat

13M 23:XX:XX

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

17M 01:13:XX

4.2.3.18 CHEST

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

19M 00:14:30

PALPITATIONS

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

03F 00:05:20

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

03F 20:XX:XX

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

07F 00:04:45

My heart rate does speed up so that it is noticeable

07F 00:10:00

Another hot flush – also accompanied by heart palpitations

07F 01:06:35

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

09M 14:XX:XX

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

22F 01:22:45

REDUCTION IN BREAST TENDERNESS BEFORE MENSTRUATION

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

03F 05:02:XX

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

07F 14:11:XX

No breast enlargement and tenderness before my period

18F 12:XX:XX

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

24F 06:XX:XX

4.2.3.19 BACK

Burning sensation throughout the back. The burning sensation runs along the spine

17M 12:XX:XX

PAIN

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

06F 02:XX:XX

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

06F 14:XX:XX

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

06F 17:XX:XX

Neck is sore where occiput joins neck – aching pain

06F 18:XX:XX

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

18F 06:05:XX

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

28M 00:12:16

- **Location**

Lower Back

Back pain in the lower lumbar region

06F 14:XX:XX

Stitching pain longitudinally from scapula to posterior superior iliac spine

06F 17:XX:XX

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

18F 06:05:XX

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

28M 00:12:16

- **Sensation**

Aching

Aching pain

06F 02:XX:XX

Neck is sore where occiput joins neck – aching pain

06F 18:XX:XX

Stitching

Stitching pain longitudinally from scapula to posterior superior iliac spine

06F 17:XX:XX

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

18F 06:05:XX

ERUPTIONS

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

09M 10:XX:XX

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

22F 10:XX:XX

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

22F 23:XX:XX

- **Sensation**

Sand-like

It feels coarse like grains of sand

09M 10:XX:XX

It feels as though my back is covered with sand

22F 10:XX:XX

4.2.3.20 EXTREMITIES

Slightly itchy and burning skin on buttocks

13M 01:13:XX

CRAMPS

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

03F 14:06:XX

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

03F 16:XX:XX

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

20M 02:08:42

PAIN

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

17M 00:08:35

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

18F 06:05:XX

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

20M 02:08:42

Leg muscles feel very sore

24F 01:06:50

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

24F 02:01:15

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

24F 02:07:XX

PRICKLING/TINGLING

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

24F 01:06:50

Prickling sensation in right hand

24F 01:07:50

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

Worse for lying down

24F 01:06:30

HEAVINESS

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

17M 00:08:35

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

17M 00:08:45

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

19M 27:XX:XX

4.2.3.21 SLEEP

SENSATIONS ON WAKING FROM DREAMS

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

07F 23:XX:XX

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

10F 09:XX:XX

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

18F 04:XX:XX

I was really scared when I woke up

18F 08:XX:XX

DESIRE TO SLEEP/SLEEPINESS

I want to go to bed early

03F 00:09:30

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

07F 08:10:00

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

14M 00:10:00

I have to sleep now

14M 01:10:10

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

16M 03:03:XX

Feeling very sleepy – need to lie down

16M 05:07:XX

Strong desire to sleep

17M 11:XX:XX

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

18F 00:05:00

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

18F 00:09:30

Overcome by sudden tiredness - very sleepy and yawning a lot

18F 01:04:00

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

19M 27:XX:XX

DEEP SLEEP

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

03F 02:19:XX

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

18F 01:XX:XX

DIFFICULT TO FALL ASLEEP/SLEEPLESSNESS

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

07F 00:12:00

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

07F 19:XX:XX

Was so tired yet no sleep till 12:30pm

17M 01:07:00

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

18F 05:13:XX

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

18F 06:11:XX

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

18F 06:14:XX

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

18F 07:XX:XX

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

18F 10:14:XX

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

22F 01:22:45

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

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

07F 00:12:00

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

18F 06:11:XX

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

18F 06:14:XX

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

18F 07:XX:XX

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

18F 10:14:XX

DISTURBED/INTERRUPTED SLEEP

Woke up intermittently last night

03F 02:XX:XX

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

03F 09:22:XX

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

03F 15:XX:XX

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

05M 02:23:XX

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

06F 17:XX:XX

Still burning on urination – waking up to wee

06F 17:XX:XX

Woke up to urinate again

07F 02:18:XX

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

09M 02:XX:XX

My sleep is disturbed due to profuse sweating

13M 09:03:XX

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

18F 04:XX:XX

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

18F 08:XX:XX

- **Sleep Disturbed by restlessness**

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

03F 09:22:XX

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

03F 15:XX:XX

Restless sleep, keep waking up from dreams, noises and if my partner turns over.

Usually I'm not a light sleeper – I could sleep through an earthquake

06F 17:XX:XX

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

09M 02:XX:XX

- **Sleep disturbed by dreams**

Restless sleep, keep waking up from dreams, noises and if my partner turns over.

Usually I'm not a light sleeper – I could sleep through an earthquake

06F 17:XX:XX

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

18F 04:XX:XX

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

18F 08:XX:XX

- **Sleep disturbed by urination**

Still burning on urination – waking up to wee

06F 17:XX:XX

Woke up to urinate

07F 02:18:XX

RESTLESSNESS

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

03F 09:22:XX

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

03F 15:XX:XX

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

06F 17:XX:XX

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

07F 00:12:00

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

09M 02:XX:XX

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

10F 09:XX:XX

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

18F 06:11:XX

4.2.3.22 DREAMS

UNREMEMBERED DREAMS

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

03F 01:XX:XX

I slept well, did dream but can't remember

03F 03:XX:XX

I did dream but I can't remember though

03F 14:02:XX

Dreamt but could not remember when I woke up

03F 17:XX:XX

Can't remember my dreams

05M 04:XX:XX

Dreams – still can't remember them

06F 17:XX:XX

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

06F 22:XX:XX

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

10F 02:XX:XX

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

10F 09:XX:XX

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

14M 14:XX:XX

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

18F 00:XX:XX

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

18F 05:XX:XX

DREAMS OF THE PAST

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

03F 10:XX:XX

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

05M 01:XX:XX

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

14M 09:XX:XX

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

14M 10:XX:XX

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

18F 02:XX:XX

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

18F 10:XX:XX

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

22F 01:XX:XX

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

24F 04:XX:XX

Recurring dream last night about people from my past

24F 14:XX:XX

OLD FRIENDS, ACQUAINTANCES

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

14M 10:XX:XX

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

18F 02:XX:XX

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

18F 10:XX:XX

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

22F 01:XX:XX

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

24F 04:XX:XX

Recurring dream last night about people from my past

24F 14:XX:XX

VIVID DREAMS

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

03F 10:XX:XX

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

18F 02:XX:XX

DREAMS OF UNREALISTIC OR FANTASTIC SCENARIOS

All the furniture was moving around by itself without me even touching them. Whatever I thought of, would happen. I kept on changing the colour of the walls just using my mind. I was moving through the flat without stepping anywhere – I thought of the kitchen and then I was there

03F 00:XX:XX

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

03F 10:XX:XX

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

The dream ended at that point

14M 10:XX:XX

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

14M 11:XX:XX

DREAMING FREQUENTLY

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

10F 02:XX:XX

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

14M 14:XX:XX

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

18F 00:XX:XX

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

18F 05:XX:XX

DREAMS OF SWIMMING

I dreamt of being at a beach resort. I started to splash in the water and swim, enjoying the refreshing waters. The sound of the waves filled me with great satisfaction and exuberance. I remember playing happily in the sand. I was burying little religious ornaments in the sand and asking my partner to find them

17M 01:XX:XX

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

18F 01:XX:XX

DREAMS OF IMPENDING DANGER

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

07F 23:XX:XX

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

10F 09:XX:XX

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

18F 04:XX:XX

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

18F 08:XX:XX

4.2.3.23 FEVER

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

07F 00:04:45

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

13M 09:03:XX

4.2.3.24 PERSPIRATION

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

13M 09:03:XX

Sleep disturbed due to profuse sweating

13M 09:XX:XX

Still profuse sweating during sleep

13M 10:XX:XX

4.2.3.25 SKIN

HEAT

Slightly itchy and burning skin on buttocks

13M 01:13:XX

Skin feels hot to touch

17M 01:06:00

4.2.3.26 GENERALS

LASSITUDE

My energy is very poor

03F 00:09:30

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

03F 01:02:XX

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

03F 03:00:XX

Energy levels slightly low

13M 06:XX:XX

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

13M 09:02:XX

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

14M 00:05:10

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

14M 14:07:XX

Feeling lethargic with no desire to do any work or activity

17M 11:XX:XX

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

18F 07:02:XX

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

18F 10:00:XX

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

26M 00:00:10

TIREDNESS

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

07F 03:10:00

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

07F 08:10:00

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

14M 00:05:10

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

14M 00:10:00

Feeling exhausted again – have to sleep now

14M 01:10:10

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

16M 01:08:30

I am feeling lethargic and exhausted. My mind and body is in a state of deadness and exhaustion. I'm normally active and alert at night however this remedy is

depleting my spirited energy. I want to combat this exhaustion but don't know the way out

17M 01:04:15

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

18F 00:05:00

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

18F 00:08:00

Overcome by sudden tiredness - very sleepy and yawning a lot

18F 01:04:00

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

18F 07:02:XX

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

18F 10:00:XX

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

26M 00:00:10

INCREASED ENERGY

I feel lively and energetic

03F 05:02:XX

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

14M 00:22:00

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

FLUCTUATIONS IN BODY TEMPERATURE

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

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

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

WARMTH/HEAT

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

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

HEAT FLUSHES

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

07F 00:10:00

Have just had another hot flush, was working at the computer and suddenly felt heated and flushed

07F 01:00:00

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

07F 01:05:30

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

07F 01:06:05

Had another hot flush but not as strong as before

07F 03:02:XX

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

07F 03:08:XX

Had a hot flush

07F 06:08:XX

FOOD AND DRINKS

Increased appetite today for salty foods

03F 11:07:XX

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

07F 03:10:00

Ate some sushi again

07F 19:11:XX

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

14M 01:05:XX

- **Desire for cold water**

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

03F 02:05:XX

Still craving cold water

03F 15:XX:XX

Increase in thirst for cold water

09M 00:05:30

Feeling unusually thirsty for cold water

16M 04:02:XX

AGGRAVATION ON WAKING

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

18F 04:23:XX

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

18F 06:23:XX

Woke up feeling extremely thirsty

24F 01:23:30

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

30M 00:21:15

PRICKLING SENSATION

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

13M 12:02:XX

Slight cough in the evening due to tickling sensation in throat

13M 23:XX:XX

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

17M 01:13:XX

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

18F 04:23:XX

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

18F 06:23:XX

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

19M 00:14:30

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

24F 01:06:50

Prickling sensation in right hand

24F 01:07:50

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

Worse for lying down

24F 01:06:30

HEAVINESS

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

11M 00:XX:XX

I have a feeling of fullness and heaviness around my eyes

11M 00:XX:XX

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

13M 04:04:00

My eyes feel heavy – actually my eyeballs

14M 00:10:00

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

16M 00:06:00

My eyelids feel heavy and I want to close them

16M 05:07:XX

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

17M 00:08:35

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

17M 00:08:45

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

19M 27:XX:XX

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

22F 03:03:XX

4.2.3.27 TOXICOLOGY

Refer to section 2.2.7 of this study for the toxicological data.

4.3 REPERTORY

4.3.1 Key

The rubrics from the proving of *Gymnura natalensis* are presented as follows:

CHAPTER – RUBRIC – subrubric – grading – page number

Most of the rubrics are derived from the existing rubrics in the *Synthesis Repertorium Homeopathicum Syntheticum* edition 8.1 (Schroyens, 2001). The page numbers refer to where these rubrics can be found in the above mentioned repertory. All new rubrics will be underlined and denoted using the letter N. Grade 4 rubrics are typed in **CAPITAL LETTERS** using **BOLD TYPE**. Grade 3 rubrics are typed in **lower case** using **bold type**. Grade 2 rubrics are typed in *italics*. Grade 1 rubrics are presented in plain type.

4.3.2 Rubrics for *Gymnura natalensis*

4.3.2.1 **MIND**

MIND – ALERT	1	9
MIND – ALONE; being – desire to be alone	1	9
MIND – ANXIETY – anticipation; from	1	18
MIND – ANXIETY – beside oneself from anxiety; being	1	18
MIND – ANXIETY – causeless	1	19
MIND – ANXIETY – excitement; from	1	21
MIND – ANXIETY – hurry with	1	22
<i>MIND – ANXIETY</i>	2	16
MIND – AVERSION – persons; all to	1	28

MIND – CHEERFUL – morning; waking on	1	35
MIND – COMPANY – aversion to	1	38
MIND – CONCENTRATION – active	1	41
MIND – CONCENTRATION – difficult	1	41
MIND – CONCENTRATION – difficult – attention, cannot fix	1	41
MIND – CONFIDENCE – want of self-confidence	1	43
MIND – DESPAIR	1	101
MIND – DETACHED – sensation of being	1	103
MIND – DISCONTENTED	1	104
MIND – DOUBTFUL – himself	1	107
MIND – DULLNESS – intoxicated; as if	1	110
MIND – DULLNESS	1	108
MIND – DYSLEXIA	1	112
MIND – FORSAKEN – isolation; sensation of	1	140
MIND – IRRITABILITY – easily	1	167
MIND – IRRITABILITY – morning	1	165
<i>MIND – IRRITABILITY – trifles, from</i>	2	169
<i>MIND – IRRITABILITY</i>	2	165
MIND – MISTAKES – writing, in	1	191
MIND – MOOD – alternating	1	193
MIND – MOOD – changeable	1	193
MIND – PROSTRATION of mind	1	203
MIND – RESTLESSNESS – bed in	1	213
MIND – RESTLESSNESS	1	213
MIND – SADNESS – extreme	1	221
MIND – SADNESS – gloomy	1	221
MIND – SADNESS	1	217
MIND – SPACED OUT feeling	1	234
MIND – SPEECH – low, soft voice	1	235
MIND – STUPEFACTION	1	240
MIND – THOUGHTS – rush, flow of – sleeplessness from	1	251

MIND – WEEPING – despair, from	1	265
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4.3.2.2 VERTIGO

VERTIGO – ACCOMPANIED by – head – pain in head	1	273
VERTIGO – ACCOMPANIED by – vision – blurred	1	272
VERTIGO – CLOSING eyes, on – ameliorates	1	274
VERTIGO – INTOXICATED, as if	1	277
VERTIGO – SITTING – ameliorates	1	281
VERTIGO – TURNING; as if – head is turning round; sensation as if	1	283
<i>VERTIGO – VERTIGO</i>	2	271
VERTIGO – WALKING – while	1	284

4.3.2.3 HEAD

HEAD – EMPTY, hollow sensation – 18	1	293
HEAD – HEAVINESS	1	305
HEAD – HEAVINESS – bending head – forward, on	1	306
HEAD – HEAVINESS – Forehead	1	308
HEAD – HEAVINESS – Temples	1	309
HEAD – LIGHTNESS; sensation of	1	312
HEAD – PAIN	3	315
<i>HEAD – PAIN – afternoon</i>	1	317
HEAD – PAIN – bursting – eating – after	1	365
HEAD – PAIN – bursting – Forehead	1	366
HEAD – PAIN – bursting – Temples	1	366
HEAD – PAIN – closing eyes – amel.	1	322
HEAD – PAIN – dull	1	372
HEAD – PAIN – dull – afternoon	1	373

HEAD – PAIN – dull – Occiput	1	373
HEAD – PAIN – dull – Vertex	1	374
HEAD – PAIN – extending to – Eyes	1	338
HEAD – PAIN – extending to – Forehead	1	338
<i>HEAD – PAIN – Forehead</i>	2	339
HEAD – PAIN – Forehead – Eyes – Behind	1	347
HEAD – PAIN – Forehead – right side	1	339
HEAD – PAIN – Forehead – pulsating	1	342
HEAD – PAIN – motion – agg.	1	329
<i>HEAD – PAIN – Occiput</i>	2	347
HEAD – PAIN – Occiput – afternoon	1	348
HEAD – PAIN – Occiput – extending to – Eyes – left	1	351
HEAD – PAIN – Occiput – extending to – Forehead	1	351
HEAD – PAIN – Occiput – pulsating	1	350
HEAD – PAIN – Occiput – right	1	348
HEAD – PAIN – odors – strong – from	1	330
HEAD – PAIN – pressing	1	377
HEAD – PAIN – pressing – Forehead	1	381
HEAD – PAIN – pressing – Forehead – Eyes – Behind	1	383
HEAD – PAIN – pressing – Temples	1	387
HEAD – PAIN – pressure – amel.	1	331
<i>HEAD – PAIN – pulsating</i>	2	390
HEAD – PAIN – Sides	1	352
HEAD – PAIN – Sides – left	1	353
HEAD – PAIN – Sides – pulsating	1	354
HEAD – PAIN – Sides – pulsating – left side	1	354
HEAD – PAIN – Sides – right	1	353
HEAD – PAIN – stitching – Occiput	1	400
HEAD – PAIN – Temples	1	355
HEAD – PAIN – Temples – eating, after	1	356
HEAD – PAIN – Temples – pressure – amel.	1	357

HEAD – PAIN – Temples – pulsating – pressure, amel.	1	357
HEAD – PAIN – Vertex – afternoon	1	358
HEAD – PULSATING	1	413

4.3.2.4 EYE

EYE – CLOSING the eyes – desire to	1	427
EYE – CLOSING the eyes – involuntary	1	427
EYE – DISCOLOURATION – red	1	429
EYE – FULLNESS, sensation of	1	433
EYE – HEAVINESS	1	434
EYE – OPENING the eyelids – difficult – keep the eyes open; hard to	1	443
EYE – PAIN – right	1	444
EYE – PAIN – sand, as from – morning	1	455
EYE – PAIN – sand, as from – right	1	455
EYE – PAIN – sore – morning - waking on	1	456
EYE – PAIN – sore – right	1	456
EYE – PAIN – sore	1	456
EYE – PAIN – pulsating	1	447
EYE – PAIN	1	444
EYE – WARMTH – sensation of	1	469

4.3.2.5 VISION

VISION – BLURRED – accompanied by – vertigo	1	471
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4.3.2.6 FACE

FACE – DISCOLORATION – red	1	574
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4.3.2.7 THROAT

THROAT – DRYNESS	1	702
THROAT – FOREIGN body; sensation of a	1	704
THROAT – INFLAMMATION – painful	1	707
THROAT – INFLAMMATION – waking, on	1	707
THROAT – PAIN – swallowing	1	714
THROAT – PAIN – Tonsils – left	1	715
THROAT – PRICKLY	1	722
THROAT – TICKLING – night	1	727
THROAT – TICKLING	1	727

4.3.2.8 STOMACH

STOMACH – APPETITE – diminished	1	737
STOMACH – APPETITE – easy satiety	1	738
STOMACH – APPETITE – increased	1	738
STOMACH – THIRST – extreme – waking on	1	799
<i>STOMACH – THIRST – extreme</i>	2	797
STOMACH – THIRST – water; drinking – cold	1	799
STOMACH – THIRST – water; drinking	1	799
STOMACH – THIRST	1	797

4.3.2.9 ABDOMEN

ABDOMEN – PAIN – sharp 1 873

4.3.2.10 RECTUM

RECTUM – BALL in rectum; sensation of a 1 893

RECTUM – CONSTIPATION 1 894

4.3.2.11 STOOL

STOOL – THIN – eating; after 1 940

4.3.2.12 BLADDER

BLADDER – PAIN – burning – urination – during 1 945

BLADDER – URINATION – frequent 1 956

4.3.2.13 URINE

URINE – BURNING 1 984

4.3.2.14 FEMALE GENITALIA/SEX

FEMALE – LEUKORRHOEA – bloody 1 1037

FEMALE – LEUKORRHOEA – brown 1 1037

FEMALE – LEUKORRHOEA – cream-like	1	1038
FEMALE – LEUKORRHOEA – thick	1	1041
FEMALE – MENSES – short, too – two days	1	1053

4.3.2.15 RESPIRATION

RESPIRATION – ANXIOUS	1	1095
RESPIRATION – DEEP – amel.	1	1100
RESPIRATION – DIFFICULT	1	1100
RESPIRATION – DIFFICULT – breathing – deep – amel.	1	1102
RESPIRATION – DIFFICULT – inspiration	1	1104
RESPIRATION – DIFFICULT – lying – while	1	1105
RESPIRATION – DIFFICULT – night	1	1101
RESPIRATION – DIFFICULT – yawning amel.	1	1108

4.3.2.16 COUGH

COUGH – COUGH in general	1	1115
COUGH – DAYTIME – amel.	1	1115
COUGH – DRY	1	1123
COUGH – NIGHT	1	1117
COUGH – TICKLING – Throat; in	1	1144

4.3.2.17 CHEST

CHEST – CONSCIOUS of heart's action	1	1163
CHEST – OPPRESSION – respiration – difficult; with	1	1181

CHEST – PALPITATION – anxiety – with	1	1219
CHEST – PALPITATION of heart	1	1218

4.3.2.18 BACK

BACK – ERUPTIONS	1	1234
<u>BACK – ERUPTIONS – sand-like</u>	1	N
BACK – ERUPTIONS – pimples	1	1235
BACK – ERUPTIONS – pustules – painful	1	1236
BACK – ERUPTIONS – red	1	1236
BACK – HEAT – Spine	1	1238
BACK – PAIN	1	1241
BACK – PAIN – aching – Dorsal region – Scapulae – Between	1	1262
BACK – PAIN – Cervical region – extending to – Occiput	1	1249
BACK – PAIN – cutting – Lumbar region – rising from sitting	1	1269
BACK – PAIN – descends	1	1242
BACK – PAIN – Dorsal region – Scapulae – Between	1	1252
BACK – PAIN – dull – Lumbar region	1	1274
BACK – PAIN – Lumbar region	1	1253
BACK – PAIN – Lumbar region – extending to – Glutei muscles and thighs	1	1257
BACK – PAIN – Lumbar region – rising – seat; from a	1	1255
BACK – PAIN – Lumbar region – walking – while	1	1256
BACK – PAIN – Lumbar region – right	1	1253
BACK – PAIN – rising – sitting; from	1	1244
BACK – PAIN – walking – while	1	1246
BACK – PAIN – stitching – Dorsal region – Scapulae – right – extending to – back; down	1	1284
BACK – TIGHT feeling	1	1296

4.3.2.19 EXTEMITIES

EXTREMITIES – CRAMPS – Leg – Calf – extending to; Heel	1	1323
EXTREMITIES – CRAMPS	1	1319
EXTREMITIES – CRAMPS – Foot – left	1	1324
EXTREMITIES – CRAMPS – Leg	1	1322
EXTREMITIES – CRAMPS – Leg – Calf – motion – amel.	1	1323
EXTREMITIES – CRAMPS – Leg – Calf – stretching; when – amel.	1	1323
EXTREMITIES – CRAMPS – Lower limbs	1	1321
EXTREMITIES – HEAVINESS – Lower limbs	1	1358
EXTREMITIES – HEAVINESS – Shoulder	1	1358
EXTREMITIES – ITCHING – Lower limbs – burning	1	1368
EXTREMITIES – ITCHING – Lower limbs – Hip - Gluteal region	1	1368
<i>EXTREMITIES – PAIN</i>	2	1388
EXTREMITIES – PAIN – cramping – Foot - left	1	1438
EXTREMITIES – PAIN – cutting – Leg – Calf	1	1439
EXTREMITIES – PAIN – Leg – Calf – right	1	1419
EXTREMITIES – PAIN – sore – Lower limbs	1	1468
EXTREMITIES – PAIN – sore – Upper arm – motion, on	1	1467
EXTREMITIES – TINGLING - Foot – lying in bed, while	1	1540
EXTREMITIES – TINGLING – Foot	1	1539
EXTREMITIES – TINGLING – Hand	1	1538

4.3.2.20 SLEEP

SLEEP – ANXIOUS	1	1563
SLEEP – DEEP	1	1564
<i>SLEEP – DISTURBED</i>	2	1565
SLEEP – DISTURBED – anxiety, from	1	1565

SLEEP – DISTURBED – dreams, by	1	1565
SLEEP – DISTURBED – heat, by	1	1566
SLEEP – DISTURBED – noise, by the slightest	1	1566
SLEEP – DISTURBED – perspiration, by	1	1566
SLEEP – FALLING ASLEEP – difficult	1	1569
SLEEP – FALLING ASLEEP – difficult – thoughts; from a rush of	1	1569
<i>SLEEP – INTERRUPTED</i>	2	1571
SLEEP – INTERRUPTED – micturition, by; desire for	1	1571
SLEEP – INTERRUPTED – restlessness, by	1	1571
SLEEP – LIGHT	1	1571
SLEEP – NEED OF SLEEP – great	1	1571
<i>SLEEP – RESTLESS</i>	2	1574
<i>SLEEP - SLEEPINESS</i>	2	1577
SLEEP - SLEEPINESS – evening	1	1579
SLEEP - SLEEPINESS – overpowering	1	1582
SLEEP – SLEEPLESSNESS	3	1584
SLEEP – SLEEPLESSNESS – anxiety, from	1	1588
SLEEP – SLEEPLESSNESS – dreams, from	1	1589
SLEEP – SLEEPLESSNESS – noise, from slight	1	1591
SLEEP – SLEEPLESSNESS – palpitation, from	1	1592
SLEEP – SLEEPLESSNESS – perspiration – from	1	1592
SLEEP – SLEEPLESSNESS – restlessness, from	1	1593
SLEEP – SLEEPLESSNESS – sleepiness – with	1	1593
SLEEP – SLEEPLESSNESS – thoughts – activity of thoughts; from	1	1594
SLEEP – SLEEPLESSNESS – urinate; with urging to	1	1594
SLEEP – SLEEPLESSNESS – weariness – in spite of weariness	1	1595
SLEEP – WAKING – dreams, by	1	1597
SLEEP – WAKING – easy	1	1598
SLEEP – WAKING – noise - slight noise, from	1	1599
SLEEP – WAKING – urinate; with desire to	1	1601
SLEEP – YAWNING – frequent	1	1603

4.3.2.21 DREAMS

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

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

4.3.2.22 FEVER

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

4.3.2.23 PERSPIRATION

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

4.3.2.24 SKIN

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

4.3.2.25 GENERALS

GENERALS – ENERGY – excess of energy	1	1773
GENERALS – FOOD & DRINK – cold drinks, cold water – desire	1	1785
GENERALS – FOOD & DRINK – cold food – agg.	1	1786
GENERALS – FOOD & DRINK – fish – desire	1	1789
GENERALS – FOOD & DRINK – salt – desire	1	1796
GENERALS – HEAT – flushes of	1	1804
GENERALS – HEAT – flushes of – palpitation, with	1	1805
GENERALS – HEAT – sensation of	1	1806
<i>GENERALS – HEAVINESS – Internally</i>	2	1807
<i>GENERALS – LASSITUDE</i>	2	1817
GENERALS – LASSITUDE – lie down, must	1	1818
<i>GENERALS – PRICKLING – Internally</i>	2	1855
GENERALS – SLEEP – after sleep – morning on waking agg.	1	1872
GENERALS – TEMPERATURE – changes of	1	1880
<i>GENERALS – WEAKNESS</i>	2	1895
<i>GENERALS – WEARINESS</i>	2	1905

CHAPTER FIVE

DISCUSSION OF THE PROVING RESULTS

5.1 INTRODUCTION

The proving symptoms that were obtained from all the provers belonging to the experimental group of this study will be discussed as one unit, as if all the proving symptoms belonged to one individual (Sherr, 1994:32). This concept allows the homoeopathic remedy picture to become clearer and more comprehensive.

The first hypothesis of this study was that *Gymnura natalensis* in the 30CH potency would produce clearly observable signs and symptoms in healthy proving volunteers. This hypothesis was clearly confirmed by the number of symptoms that were obtained from the proving.

The materia medica symptoms of *Gymnura natalensis* 30CH were converted into a total of 298 repertory rubrics as shown in section 4.3.2 of this study. This total includes one new rubric that has been created in the *Back* chapter of the repertory. This new rubric is shown in section 4.3.2.18 of this study. The total number of rubrics obtained in each section of the repertory is shown in the table below and by means of a graph in appendix J.

Table 2 – Total Number of Rubrics in each Repertory Section

Mind	41	Rectum	2	Extremities	20
Vertigo	8	Stool	1	Sleep	35
Head	48	Bladder	2	Dreams	36
Eye	15	Urine	1	Fever	2

Vision	1	Female	5	Perspiration	5
Face	1	Respiration	8	Skin	2
Throat	9	Cough	5	Generals	16
Stomach	8	Chest	4		
Abdomen	1	Back	22		

5.2 THE SYMPTOMS OF *Gymnura natalensis*

5.2.1 MIND

A wide variety of symptoms were experienced by the provers in the mental and emotional spheres. Thirty percent of the provers experienced the symptom of irritability. Some described the irritability as a snappish feeling (17M 04:XX:XX; 17M 08:XX:XX) while others described the irritability as having low tolerance levels (13M 02:XX:XX; 28M, 07:XX:XX) and feeling frustrated (13M 09:XX:XX). One prover felt irritated at the untidiness of other people (11M 02:XX:XX). Irritability was also accompanied by a feeling of dissatisfaction (11M 00:XX:XX; 11M 01:XX:XX; 11M 02:XX:XX).

Several provers expressed an increase in anxiousness. One prover described the anxiety as a feeling of an increased sensitivity to her environment making her self-doubtful and paranoid about her own actions and words (03F 00:06:30; 03F 01:14:XX; 03F 00:09:30). The anxiety resulted in sleep disturbances in some instances (05M 02:23XX; 22F 01:22:45). Some provers stated that they had no reason for feeling anxious (09M 08:XX:XX; 11M 03:XX:XX), while other provers attributed their anxiety to accompanying physical complaints such as heart palpitations (03F 00:05:20) and restricted breathing (13M 10:00:XX). One prover described the anxiety as being located and felt in the chest (22F 01:07:45).

Depression was also experienced and described as deep (17M 00:19:XX; 17M 01:06:XX) and heavy (17M 01:21:XX). There was also a sense of gloom and pessimism accompanying the depression (03F 02:00:XX; 22F 20:XX:XX; 17M 00:12:30). A feeling of worthlessness was also experienced with the depression (17M 00:19:XX). Two provers felt the desire to cry with the feeling of depression (17M 00:12:30; 22F 20:XX:XX).

Provers also felt the desire to be alone and isolated (17M 01:06:XX; 17M 11:XX:XX; 22F 20:XX:XX). There was also a feeling of not wanting to associate with anyone (16M 07:00:XX; 17M 11:XX:XX). A feeling of disconnection, detachment and isolation often accompanied the depression and the desire to be alone (16M 07:00:XX; 17M 00:12:30; 22F 20:XX:XX).

A feeling of being spaced out was also experienced and was described as being in a dream (06F 09:XX:XX) or being on a drug (16M 02:07:XX; 16M 03:03:XX). Due to the spaced out feeling there was a difficulty to stay focussed and concentration levels decreased (18F 02:03:00; 07F 01:03:30).

Prostration of the mind was described by two provers (14M 00:00:10; 17M 01:04:15) and one of these provers described the prostration as a 'state of deadness and exhaustion' (17M 01:04:15). A peculiar symptom of dyslexia was experienced by one prover to quite a noticeable extent (04M 06:01:XX; 04M 07:01:XX).

In contrast to the decreased concentration, some provers also experienced an improvement in concentration. This improved concentration resulted in an increased work productivity (03F 15:XX:XX; 18F 10:14; 18F 07:XX:XX) and alertness (09M 00:05:00). Improved concentration was noted to be better at night which was a very unusual symptom for the prover who experienced it (18F 06:11:XX; 18F 10:14:XX).

On analysis of most of the symptoms mentioned thus far, there seems to be an evident polarity in the mental symptomatology. On the one hand there were

symptoms of depression, detachment and isolation whereas symptoms of playfulness (03F 10:07:XX) and cheerfulness (06F 09:XX:XX; 06F 14:XX:XX) were also experienced. There were also symptoms of decreased concentration, mind prostration and spaciness in contrast to the symptom of increased concentration. One prover even mentioned a changeability of moods (03F 01:02:XX) while another prover stated that her pre-menstrual mood swings have decreased quite markedly (24F 06:XX:XX).

5.2.2 VERTIGO

Vertigo was experienced by seven provers and described in various ways. A sensation of losing one's balance (17M 00:08:45) or being unstable on one's feet (16M 02:11:00) was reported with the vertigo. The symptom of headache also accompanied vertigo (09M 00:05:30; 19M 01:11:50). Three provers described the vertigo as a feeling of 'light headedness' (07F 01:06:35; 22F 03:03:XX; 26M 00:00:10). Vertigo was also experienced while walking and accompanied by blurred vision (17M 00:05:30) and felt as if the head was revolving in circles (17M 00:05:30).

5.2.3 HEAD

Headache/ head pain presented as a grade three symptom as it was experienced by 14 provers (58% of the total proving population). Several different types of headaches were described in terms of the location, sensation and modalities of the pain. The most prominent locations were the occipital/sub-occipital, frontal and forehead areas. The pain experienced by three provers started at the back of the head and radiated to the front (04M 03:04:XX; 06F 01:XX:XX; 09M 00:15:30). The most common sensation of pain was that of a throbbing or pulsating nature. Afternoon headaches were reported in 6 provers.

A sensation of emptiness in the head (18F 00:09:00) and light headedness (07F 01:06:35; 09M 00:05:30; 18F 00:09:00; 22F 03:03:XX) was reported. In contrast to the previous symptom, a sensation of heaviness in the head was also reported (11M 00:XX:XX; 13M 04:04:00; 16M 00:06:00; 22F 03:03:XX). The two symptoms also reflect a polarity as was noted in the mind symptoms discussed in 5.3.1 above.

5.2.4 EYES

The desire to close the eyes, especially with the sensations of tiredness and spaciness (16M 03:05:XX; 18F 00:05:00; 18F 00:09:00), was experienced. Pain experienced in the eyes was described as soreness or throbbing (09M 08:XX:XX). This pain occurred in the right eye in two provers (09M 08:XX:XX; 30M 00:21:15). There were sensations of heaviness in the eyeballs, around the eyes and in the eyelids. There was also a sensation of sharpness felt in the eyes, especially behind the right eye (03F 00:22:20). Prover 13 experienced a marked sensation of pressure behind both eyes (13M 04:04:00). Redness of the eye was also reported. Two provers experienced a gritty like feeling in the eye (07F 03:10:00; 30M 00:21:15).

5.2.5 THROAT

A tickling sensation was experienced in the throat and was accompanied by a cough in response to the tickling. Prover 17 describes this tickling as if something dry and pokey was lodged in his throat causing the tickling sensation (17M 01:13:XX).

5.2.6 STOMACH

An increased appetite was reported in three provers while decreased appetites were experienced in two provers. These two symptoms reflect the polarity that was discussed earlier. Thirst was increased, especially for cold water (03F 02:05:XX; 09M 00:05:30; 16M 04:02:XX). It was also noted that pre-menstrual bloating was decreased (24F 06:XX:XX).

5.2.7 BLADDER

Burning on urination was noted (03F 20:XX:XX; 06F 04:XX:XX). Prover 06 stated that the burning urination persisted despite drinking lots of water and not holding the urge to urinate (06F 09:XX:XX). Frequent urination was experienced. Prover 07 described the urge to urinate eight times in one hour (07F 00:13:XX).

5.2.8 URINE

Burning on urination was discussed in section 5.2.7

5.2.9 FEMALE GENITALIA/SEX

A prominent feature was noted in five of the eight female provers. There was a reduction or absence of some or all of their usual pre-menstrual symptoms, including breast tenderness, bloating, mood swing, ovulation pain and water retention. Prover 22 stated that her menstruation period decreased from five to two days, which was very unusual for her (22F 03:XX:XX).

5.2.10 RESPIRATION

A difficulty in breathing was experienced. In one prover this symptom was described as a weight on the chest preventing normal breathing (06F 23:XX:XX). Another prover describes the inspiratory phase of respiration as being restricted and preventing enough air from entering the lungs (13M 08:12:XX; 13M 12:02:XX).

5.2.11 COUGH

Coughing was experienced and reported to have been caused by a tickling sensation in the throat (13M 12:XX:XX; 17M 01:13:XX).

5.2.12 CHEST

Heart palpitations were experienced in four provers. Anxiety accompanied the palpitations as described by two provers (03F 00:05:20; 22F 01:22:45). A reduction in pre-menstrual breast tenderness was noted in three provers. One prover experienced a very unusual symptom of pain which was described as nails or pins pressing on to the heart (19M 00:14:30).

5.2.13 BACK

Back pain was experienced, particularly lower back pain of a stitching nature. In one prover the onset of the pain occurred during rising after sitting for long periods and the pain radiated to the right thigh (18F 06:05:XX).

Back eruptions, described as tiny pimples that felt like grains of sand on the back, were experienced by two provers (09M 10:XX:XX; 22F 10:XX:XX).

5.2.14 EXTREMITIES

Cramps were experienced in the lower limbs in the calves and left foot. Leg muscles were reported as being sore and tired (24F 02:01:15). There was also pain in the muscles of the right upper limb (24F 02:07:XX). A prickling and tingling sensation was experienced in the hands and left foot. The shoulders and the limbs were described as feeling heavy.

5.2.15 SLEEP

Provers described waking up from dreams with different sensations such as a feeling of panic, fear and a daunting feeling. Thirty percent of the provers described a feeling of tiredness or exhaustion that resulted in a strong desire to sleep. Two provers described having very deep sleep. At the other end of the spectrum were provers who found it difficult to fall asleep, especially because their minds and thoughts were very active. Several provers also complained of disturbed or interrupted sleep. The sleep was disturbed mostly by restlessness and disturbing dreams.

5.2.16 DREAMS

Several provers remembered having dreams during their sleep but the content of these dreams was not remembered by these provers. However, some of these provers did remember the feelings that were associated with their dreams. Prover 06 recalled having a pleasant dream (06F 22:XX:XX) while prover 10 recalled having uneasy dreams and waking up with a daunting feeling (10F 09:XX:XX).

Twenty five percent of the provers described having dreams about old friends, acquaintances or events from their past or childhood. In many cases, these people

or events were not thought of in several years, if at all, prior to the dream. Two provers noted having vivid dreams and three provers described having frequent dreams.

Another theme in the dreams of a few provers included the nature of the content of the dream being very unrealistic or fantastic. Prover 14 described a dream in which he was 26 years old and still going to high school. Prover 03 recalled decorating her house using only her mind (03F 00:XX:XX). Two provers had pleasant experiences in their dreams about swimming and three provers had dreams about impending danger.

5.2.17 FEVER

One prover noticed a slightly raised body temperature (07F 00:04:45) and another prover noted that his body temperature fluctuated between hot and cold (13M 09:03:XX).

5.2.18 PERSPIRATION

Prover 13 described having profuse perspiration that wet his clothes and blankets (13M 09:03:XX).

5.2.19 SKIN

The skin was described as being hot to the touch (17M 01:06:00) or burning (13M 01:13:XX).

5.2.20 GENERALS

Several provers have reported that their energy levels have dropped to below normal levels and a feeling of laziness was experienced. Many provers complained of tiredness and exhaustion. Prover 07 described the sensation of the body not responding to the brain due to exhaustion (07F 03:10:00). There was a desire to sleep by many provers and to close the eyes due to tiredness (14M 00:10:00; 18F 00:05:00). On the contrary, three provers felt energetic (03F 05:02:XX; 14M 00:22:00; 22F 01:07:45).

A sensation of heat was experienced either as hot flushes, skin that was hot to the touch or having a raised body temperature. Fluctuations in body temperature between heat and cold were also experienced. One prover felt and dressed warmly when it was hot and vice versa (03F 18:XX:XX).

In terms of food and drink cravings, a desire for salty foods, sushi (raw fish) and cold water was experienced.

A general sensation of prickling and heaviness was experienced in many provers in different parts of the body.

5.2.21 POLARITY OF SYMPTOMS

A polarity of symptoms was noted in six of the materia medica/repertory sections of this remedy. This polarity is summarized in the table below:

Table 3 – Polarity of Symptoms of *Gymnura natalensis*

MATERIA MEDICA/ REPERTORY SECTION	POLARITY 1	POLARITY 2
MIND	Cheerfulness Increased Concentration	Depression and Despair Decreased Concentration
HEAD	Sensation of Light-headedness and Emptiness	Sensation of Heaviness
STOMACH	Increased Appetite	Decreased Appetite
SLEEP	Deep Sleep	Disturbed Sleep
DREAMS	Pleasant Dreams	Uneasy Dreams
GENERALS	Increased Energy Feeling hot	Decreased Energy Feeling cold

5.3 TOXICOLOGY

The second hypothesis of this study was that the proving symptoms of *Gymnura natalensis* 30CH would resemble that of stingray venom toxicology. This hypothesis was met to a certain extent in terms of the fact that a few symptoms of stingray venom toxicology correlated to certain symptoms obtained from the proving of *Gymnura natalensis* 30CH. However, the majority of the proving symptoms that are relevant to this aspect of the study were only experienced in a small number of provers. The toxicological symptoms of stingray venom are discussed in detail in section 2.2.7 of this study. The relevant toxicological symptoms are listed below. A brief description of the relevant proving symptom/s will be discussed under each toxicological symptom.

- **FREQUENT URINATION**

An increase in urinary frequency was noted in provers 05, 07 and 28. Prover 07 experienced the urge to urinate eight times in a period of one hour despite the minimal consumption of fluid (07F 00:13:XX).

- **MUSCULAR CRAMPS**

Muscular cramps were experienced in two locations. One prover felt cramps in the calf area and described the pain as a pulling pain which was ameliorated by movement and stretching the calf muscles (03F 14:06:XX). Prover 20 experienced cramps in the left foot and described the pain as occurring in bouts of two minutes in between a period of decreased pain which lasted about 1 minute.

- **HEART PALPITATIONS**

This symptom was experienced in four provers. Two provers describe the duration of the palpitations to be about 5 minutes long (03F 00:05:20; 22F 01:22:45), while another prover describes the duration of the palpitations to be 1-2 minutes long (09M 14:XX:XX). Symptoms that accompanied the palpitations include hot flushes (07F 00:10:00) and sense of anticipation and excitement (22F 01:22:45).

- **DIFFICULT BREATHING**

Difficult breathing was experienced by three provers. Prover 06 describes the sensation of a weight on her chest prevents her from breathing (06F 23:XX:XX). Prover 13 states that he could not get enough air into his lungs and that his breathing inspiration felt restricted (13M 12:02:XX). This symptom was described as being worse at night and better when deep breaths were taken (13M 19:XX:XX).

- **FEVER DURING THE NIGHT WITH COPIOUS SWEATING**

One prover reported a fluctuation in body temperature between hot and cold (13M 09:03:XX) while another prover noticed only a slight rise in body temperature (07F 00:04:45). Prover 13 experienced profuse, cold sweating on the back and chest during sleep, which left his clothes and blanket wet.

5.4 DOCTRINE OF SIGNATURES

The third hypothesis of this study was that the proving of *Gymnura natalensis* 30CH would produce symptoms that correlate to the Doctrine of Signatures of the stingrays. As shown in the symptom discussion below, this hypothesis was confirmed.

Edmonds (1995:70-71) states that stingrays are capable of protecting themselves against intruders. However, due to their non-aggressive behaviour, they defend themselves by flight rather than attack (Ferguson and Cailliet, 1990:34). To enable the quick detection of a potential threat in their environment, these creatures are highly instinctual (Tricas, *et al.* 1997:132). Stingrays have well developed sensory capabilities for detecting predators (Tricas, *et al.* 1997:127). This instinctive quality was represented by prover 03, who stated that she felt very sensitive to her environment which made her feel anxious and doubtful about everything (03F 00:06:30). Anxiety was a prominent mental symptom of this proving and there were provers who reported this symptom without knowing or being able to express why the anxiety was present. An increased sensitivity to their environment could have been a possible explanation for the anxiety.

Stingrays are described more as solitary animals and are presumed to be sociable only during the mating season (Tricas, *et al.* 1997:131). This characteristic is clearly expressed in the proving by the desire of certain provers to be left alone. Prover 22 wanted to be left alone but also felt very isolated, disconnected and detached (22F 20:XX:XX) as a result of being alone.

Rays have flat bodies that are often submerged in the sand or mud at the floor of the waters in which they are found. When submerged in the sand, they are hardly detectable (Edmonds, 1995:69). In being submerged in the sand, the dorsal surface of the ray is covered in sand or mud. Two provers developed back eruptions which

were composed of many tiny pimples. Both provers described this symptom as though their backs were covered by grains of sand (09M 10:XX:XX; 22F 10:XX:XX). This characteristic symptom led to the creation of the new rubric, **BACK – ERUPTIONS – sand-like**. This notion of being covered in sand was also evident in the dream of one prover who described burying objects underneath the sand at the beach (17M 01:XX:XX).

Two provers experienced a gritty like feeling in the eye (07F 03:10:00; 30M 00:21:15). This symptom could be likened to the idea of the stingray lying under the sand or substrate at the bottom of the water. When submerged in the sand, the eyes of the ray, along with the rest of the body, are in close proximity to or covered by the sandy substrate.

As shown in section 5.2.21 of this study, the symptom picture of *Gymnura natalensis* shows a polarity on many levels. Rays also display a polarity in their nature. These animals can either be social or solitary. They can be gentle and non-aggressive yet capable of defending themselves adequately by using their venomous spines to threaten and sting intruders. They can swim tirelessly and actively in midwater, or they can lie on or bury themselves in the substrate at the bottom of the water and only swim off the bottom to browse for food, reproduce or escape from predators (Tricas, *et al.* 1997:122). Smaller stingrays tend to be shy and will depart if rapidly approached (Tricas, *et al.* 1997:131) yet large stingrays are often inquisitive (Tricas, *et al.* 1997:132).

Rays are powerful yet elegant swimmers and glide through the water with effortless grace (Tricas, *et al.* 1997:128). Two provers had pleasant dreams about swimming. The correlation to swimming is an obvious one, considering that rays are marine animals. One of these provers cannot swim in reality but in the dream, she found herself swimming on her own and managing fine without any assistance.

5.5 REMEDY ABBREVIATION

The abbreviation of the homoeopathic remedy *Gymnura natalensis* is **Gymnu-n.**

This abbreviation was derived at using the guidelines provided by Schroyens (2001:39) at the back of the *Synthesis Repertorium Homeopathicum Syntheticum* repertory.

5.6 ESSENCE OF THE REMEDY

As shown in section 5.2.21 of this study, the symptoms of *Gymnura natalensis*, exhibit a polarity that pervades the mental, emotional and physical spheres. At the centre of this polarity lies the main central theme of changeability or adaptability. On the mental level, the symptoms range from pictures of playfulness and cheerfulness to ones of anxiety, paranoia and irritability. This range is then further expanded upon by the symptoms of depression, mental spaciness and feelings of disconnection and isolation. Prover 03 stated that her moods became unstable during the proving while prover 24, who normally experienced pre-menstrual mood swings before the proving, stated that these mood swings were greatly reduced as a result of the proving remedy. The above two provers expressed the essence of mood changeability during the proving from both causative and curative effects of the remedy respectively. The polarity of physical symptoms is summarized in section 5.2.21 of this study. However, the essence of changeability on a physical level is clearly exhibited by two provers, who both described an oscillation or fluctuation between hot and cold body temperatures which was experienced within each of them during the proving.

5.7 POSSIBLE CLINICAL INDICATIONS OF *Gymnura natalensis*

Based on the proving symptoms and the homoeopathic *Law of Similars*, *Gymnura natalensis* could possibly be prescribed for the following symptoms:

- Pre-menstrual syndrome
- Headaches - mainly indicated for pain of a throbbing nature that starts in the occipital region and radiates towards the front of the head
- Back acne
- Insomnia
- Fatigue
- Depression

CHAPTER SIX

RECOMMENDATIONS AND CONCLUSIONS

6.1 RECOMMENDATIONS:

6.1.1 Further Provings of *Gymnura natalensis*

It would be beneficial to conduct subsequent provings of *Gymnura natalensis* to clarify, confirm and elaborate on the remedy symptom picture that has thus far been introduced by this study. Validation of any new homoeopathic remedy in this regard will encourage the remedy to become properly incorporated into the homoeopathic materia medica and repertories. Once this is achieved, the clinical use of the remedy will become properly established. In this way, the healing potential of the remedy will be of great value to those who may require it.

6.1.2 New Provings of other Ray Species

There are almost 600 living species of rays in the sea (Tricas, *et al.* 1997:116), yet no homoeopathic provings have been conducted on any members of the ray family up until this proving. In this regard, a large portion of the therapeutic potential that could be derived from such provings is being overlooked. It is therefore recommended that more homoeopathic provings should be conducted using other ray species or other sea animals in general.

6.1.3 Proving Potency

Sherr (1994:27) has conducted homoeopathic provings using various potencies of the same remedy, all of which produced valuable symptoms. In order to obtain the

full spectrum of proving symptoms of this remedy, it is recommended that various potencies of *Gymnura natalensis* should be proved. It is also recommended that C4 trituration provings of *Gymnura natalensis* should be conducted to further expand upon the existing remedy picture.

6.1.4 Proving Population

The composition of the proving population used in this study is shown in appendix I. It was found that in general, the symptoms that were reported by the non-homoeopathic prover group lacked the depth of explanation that was required. This factor deprived the proving of valuable symptoms that could have been obtained by using more provers with a homoeopathic background. It is therefore recommended that homoeopaths/homoeopathic students should constitute at least two thirds of the total proving population.

6.2 CONCLUSIONS

The homoeopathic drug proving of *Gymnura natalensis*, conducted as a double-blind, randomised and placebo controlled study, produced a wide range of symptoms. The main symptoms belonging to the mental and emotional spheres of this remedy include anxiety, irritability, depression, disconnection, spaced-out sensations and dreams of events and incidents of the past. The characteristic physical symptoms include headaches, a reduction of pre-menstrual symptoms, heart palpitations, skin eruptions on the back, low energy levels, tiredness, sleepiness and sleep disturbances.

The future establishment of this remedy in homoeopathic medicine now lies in the success of its clinical use in healing the sick.

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NEW HOMOEOPATHIC RESEARCH 2007

Research students at the Department of Homoeopathy
are conducting a study on a unique and fascinating
substance that has
NEVER BEEN INVESTIGATED BEFORE.

If you are:

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

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

For further enquiries, please contact:

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

Vanishree Naidoo - 082 220 0118, vanishree45@gmail.com

Homoeopathic Day Clinic – (031) 204 2041 / 2513



APPENDIX B:

SUITABILITY FOR INCLUSION FOR THE PROVING

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

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

PLEASE CIRCLE THE APPROPRIATE ANSWER:

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

(Adapted from Wright, 1999)

APPENDIX C:

INFORMED CONSENT FORM

(To be completed in duplicate by the prover)

TITLE OF RESEARCH PROJECT:

An evaluation of the homoeopathic drug proving of --- 30CH in light of a Doctrine of Signatures analysis and a comparison between the proving symptomatology and venom toxicology.

NAME OF SUPERVISORS: Dr M. Maharaj, M.Tech (Hom)(TN)
Dr D. F. Naude, M.Tech (Hom)(TN)

NAME OF RESEARCH STUDENT: Thrishal Pather

DATE: _____

PLEASE CIRCLE THE APPROPRIATE ANSWER:

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

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

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

APPENDIX D:

CASE HISTORY FOR PROVERS:

Date: _____

Prover Code: _____

Surname: _____

First Name: _____

Sex: _____

Age: _____

Date of Birth: _____

Marital Status: _____

Number of Children: _____

Occupation: _____

Contact Details:

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

PAST SURGICAL HISTORY

FAMILY HISTORY

DRUG HISTORY – SUPPLEMENTS, MEDICATION

VACCINATION HISTORY

ALLERGIES _____

TONSILS _____

GASTRO-INTESTINAL TRACT:

- APPETITE

- FOOD:

- DESIRE _____
- AVERSION _____
- AGGRAVATIONS _____

- SMOKING _____
- ALCOHOL _____
- RECREATIONAL DRUGS _____
- BOWEL MOVEMENTS _____
- STOOL _____

- NAUSEA

- HEARTBURN

- **THIRST**

GENERALS:

- **SLEEP & DREAMS**

- **TIME MODALITIES**

- **PERSPIRATION**

- **ENERGY/METABOLISM**

- **WEATHER MODALITIES**

FEMALE:

- **MENSES**

- **MENARCHE**

- **CYCLE**

- **PERIOD**

- **COMPLAINTS**

- **LEUKORRHEA**

- **PREGNANCY**

- **MISCARRIAGES**

- **LABOUR**

- **GENITALIA**

- **SEXUALLY TRANSMITTED DISEASES**

MALE:

- **PROSTATE**

- **GENITALIA**

- **SEXUAL LIBIDO**

- **SEXUALLY TRANSMITTED DISEASES**

URINE

CYSTITIS

PARTICULAR SYMPTOMS:

- **HEAD**

- **EYES**

- **EAR**

- **NOSE**

- **THROAT**

- **CHEST**

- **HEART**

- **MUSCULOSKELETAL**

- **SKIN**

- **WARTS**

- **NAILS**

- **TEETH**

- **HAIR**

- **RECTUM/ANUS**

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

PHYSICAL EXAM:

- **VITALS:**

- ☐ **BLOOD PRESSURE**_____
- ☐ **TEMPERATURE**_____
- ☐ **WEIGHT AND HEIGHT**_____
- ☐ **PULSE**_____
- ☐ **RESPIRATORY RATE**_____
- ☐ **JAUNDICE**_____
- ☐ **CYANOSIS**_____
- ☐ **ANAEMIA**_____
- ☐ **LYMPHADENOPATHY**_____
- ☐ **DEHYDRATION**_____
- ☐ **OEDEMA**_____

- **SPECIFIC SYSTEM EXAMINATION**

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

Name of Researcher: _____

Signature: _____

Name of Supervisor/Clinician: _____

Signature: _____

(Adapted from Low, 2002; Taylor, 2004)

APPENDIX E:

INSTRUCTIONS TO PROVERS

Dear Prover

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

Risks and benefits:

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

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

Before the Proving:

Please ensure that you have:

- The correct journal
- Read and understood these instructions
- Had a case history taken and a physical examination performed
- Signed the informed consent form
- Attended the orientation meeting.

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

Beginning the Proving:

Record your symptoms daily in the journal for 1 week prior to taking the remedy, after having been contacted by the supervisor and asked to commence. This will help you get into the habit of observing and recording your symptoms, as well as bringing you into contact with your **normal** state.

This is an important step which will form a baseline for you as an individual prover.

Taking the Remedy:

Begin taking the remedy on the day that you and the supervisor have agreed upon. Please record the time that you take each dose. Time keeping is an important element of the proving. The remedy should be taken on an empty stomach and with a clean mouth (i.e. free of toothpaste, food, drink, etc.). Dissolve the powder under the tongue. Neither food nor drink should be taken for half an hour before and after each dose.

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

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

By proving symptoms I mean:

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

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

Lifestyle during the Proving:

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

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

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

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

Confidentiality:

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

Contact with your Supervisor:

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

Recording of Symptoms:

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

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

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

The following information with regard to symptoms is important:

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

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

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

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

Reports from friends and relatives can be particularly enlightening. Please include these if possible. At the end of the proving, please make a general summary of the proving. Note how the proving affected you in general. How has this experience affected your health? Would you do another proving?

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

- **(RS) Recent symptom** - i.e. a symptom that you are suffering from now, or have been suffering from in the last year.
- **(NS) New symptom.**
- **(OS) Old symptom** - state when the symptom occurred previously.
- **(AS) Alteration in a present or old symptom** - e.g. used to be on the left side now on the right side.

- **(US) An unusual symptom for you.**

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

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

THANK YOU FOR PARTICIPATING IN THIS PROVING.

Proving Supervisor: Thrishal Pather (Research Student)
Contact Details: *Telephone:* (031) 706 4613 or 083 677 0333
Email: thrishalp@gmail.com

(Adapted from Sherr, 1994; Wright, 1999)

APPENDIX F:

PROVING INFORMATION SHEET

What is a proving?

A homoeopathic drug proving is a study in which people who are in a relatively good state of health (i.e. not acutely or chronically ill), take a homoeopathically prepared substance in order to observe and record any symptoms that are elicited. These symptoms are then said to form the drug picture for that substance and can be used as a basis for prescription, according to the Law of Similars, when a patient displays a similar symptom picture.

Why participate in a proving?

Provings are vitally important to homoeopathy as they represent the only truly accurate manner in which to ascertain the action of homoeopathic drugs. The founder of homeopathy, Dr Samuel Hahnemann (1755-1843), suggests in the Organon that all homoeopaths should participate in provings because they allow one to gain a practical and experiential understanding of homoeopathic medicines. Hahnemann feels that the process of having to accurately record all symptoms that are experienced during a proving can only serve to increase the physician's powers of observation - what he considered to be the physician's greatest and most important tool. Any prover, whether a homoeopath or not, can gain a greater understanding of himself/herself by recording the symptoms that he/she experiences during a proving.

Are there any health risks in participating in a proving?

Homoeopathic drug provings are safe and pose no threat to one's health as the substance used in the proving is administered in a diluted and potentised homoeopathic form. Provings have been conducted for as long as homoeopathy has existed and it has been seen in all provings that symptoms that are experienced during the proving are generally mild and exist only temporarily. In addition to this, all provers are continuously monitored by the researcher throughout the proving process. If a prover experiences any symptoms of discomfort at any point during the proving, these symptoms will immediately be treated homoeopathically by the researcher at no cost.

What is expected of provers?

In order to participate in this proving, one needs to meet certain criteria which are outlined as follows:

- Must be between the ages of 18 and 60 years
- Must be willing and able to comply with the daily keeping of a journal in which symptoms are recorded
- Must be in a relatively good state of health (i.e. not acutely or chronically ill)

- Must be in what is considered, for yourself, to be a general state of good health
- Must be willing to follow the proper procedures for the duration of the proving
- Must be able to maintain your normal lifestyle and usual daily routine as closely as possible and have no major lifestyle changes planned during the proving period. Any lifestyle changes should take place at least three weeks before commencing with the proving.
- Must not be in need of any medication: chemical, homoeopathic or other
- Must not be pregnant or nursing
- Must not have been on the birth control pill or hormone replacement therapy in the previous 6 months
- Must not have had surgery in the previous 6 weeks
- Must not have any surgical or medical procedures planned for the duration of the proving period
- Must not use any recreational drugs such as cannabis, LSD or MDMA
- Any consumption of stimulants (alcohol, coffee, tea, cigarettes) must be in moderation.

A total of 30 volunteers will be selected to participate in this proving. These volunteers/provers will then be randomly selected and assigned to 2 groups. One group (80% of the total number of provers) will be given the proving substance and the other group (20% of the total number of provers) will receive placebo. This will be done in such a manner that neither the provers nor the researchers will know which provers belong to which group, and none of the provers will know what the proving substance is.

Recording of symptoms

Provers will need to record their 'everyday' or 'normal' symptoms for a period of 1 week to establish a baseline of health. You will then be required to take the given substance (or placebo) over two days. The symptoms that you may experience during and after this time need to be accurately recorded in your proving journal. During the entire proving time the researcher will be in close contact with you to monitor your symptoms. This will be done under the supervision of the Research Supervisor.

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

- You will contact the researcher to say that you would like to participate in the proving. You will be provided with and asked to fill in a *Suitability for Inclusion* form. This form must be returned to the researcher along with any queries that you may have regarding the proving. These queries will be addressed and should you be selected for participation in the proving, you will be contacted and provided with a date for the pre-proving orientation meeting.
- The pre-proving orientation meeting will be held between all the provers and researcher. This will serve as an informative session where any questions about the proving will be answered and a complete breakdown of the proving process will be provided.
- At the end of this group meeting you will be asked to sign the *Informed Consent* form. You will be contacted by the researcher to schedule a 1½ hour pre-proving consultation and physical examination.

- At the consultation you will be given your prover code, journal, medication and an *Instructions to Provers* booklet. You will then be contacted regarding a starting date for the proving.
- Once the proving has been completed a date will be scheduled with each prover for a ½ hour post-proving follow up consultation. Proving journals will be returned to the researcher at this consultation.
- A post proving group meeting will then be held between all provers and researcher to compare individual experiences during the proving.

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

Confidentiality

Please be aware that **confidentiality will be maintained throughout the proving**. On completion of the proving any identifiable data will be removed and destroyed. Proving symptoms that are recorded will be published using only the prover code.

Contact details

If you have any questions, require any information or would like to participate in the proving, please don't hesitate to contact the researcher.

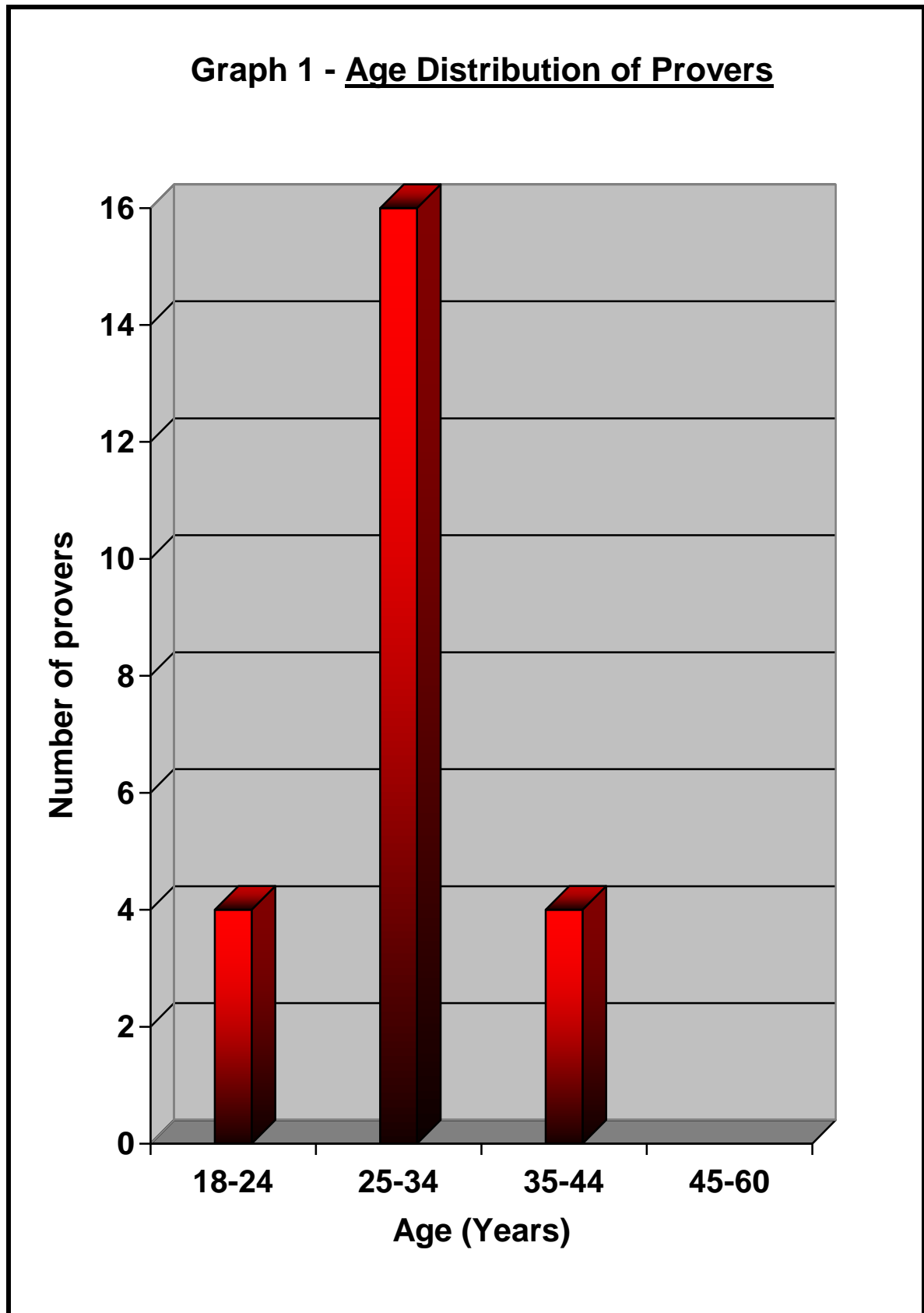
Thank you for your co-operation.

Researcher:	Thrishal Pather	Vanishree Naidoo
• Phone:	083 677 0333 (031) 706 4613	0822200118 (031) 9027912
• Email:	thrishalp@gmail.com	vanishree45@gmail.com

Research Supervisors:	Dr M. Maharaj (031) 204 2041	Dr D. F. Naude (031) 204 2041
• Phone		

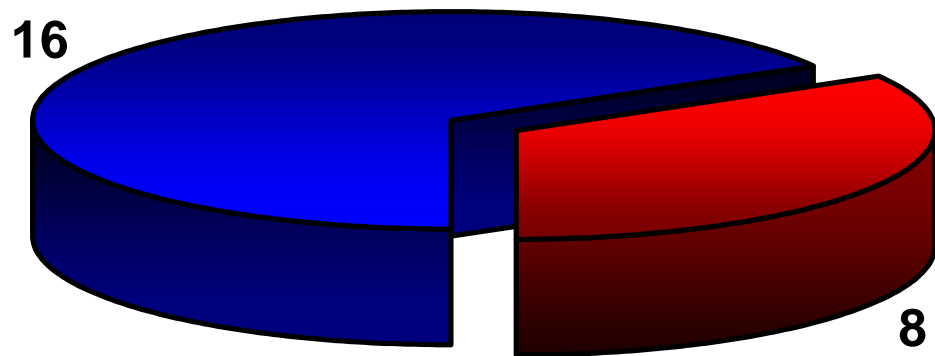
(Adapted from Smal and Taylor, 2004)

APPENDIX G:



APPENDIX H:

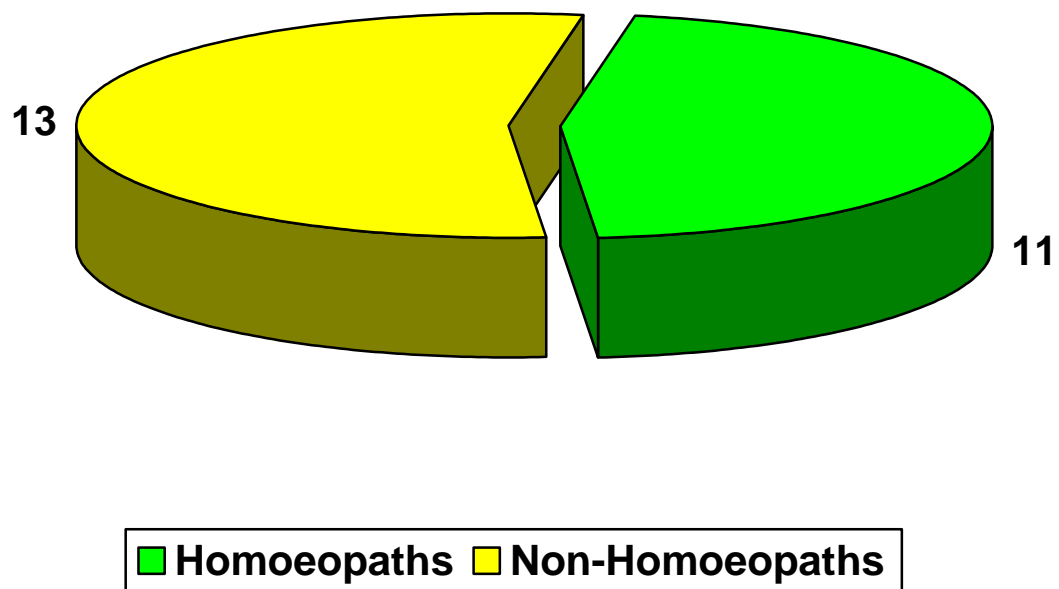
Graph 2 - Gender Distribution of Provers



■ Male ■ Female

APPENDIX I:

**Graph 3 - Homoeopaths vs
Non-Homoeopaths**



APPENDIX J:

Graph 4 - Total Number of Rubrics per Repertory Section

