



**A RETROSPECTIVE CHART REVIEW ON THE  
HOMOEOPATHIC MANAGEMENT OF CONCOMITANT  
AILMENTS OCCURRING IN HIV POSITIVE PATIENTS, AT A  
HOMOEOPATHIC COMMUNITY HEALTH CENTRE**

**BY  
AISHA KHAN**

Dissertation submitted in partial compliance with the requirements for the  
Master's Degree in Technology: Homoeopathy in the Faculty of Health  
Sciences Durban University of Technology Durban

**SUPERVISOR: DR M MAHARAJ**

**DATE: 15 FEBRUARY 2023**

## Declaration

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is entirely my own and not of any other person, unless explicitly acknowledged (including citation if published and unpublished sources).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

4 February 2024

-----

Aisha Khan

Date

## APPROVED FOR FINAL SUBMISSION

--

Dr M Maharaj (Supervisor)

----4 February 2024 -----

Date

## **Dedication and Acknowledgements**

This dissertation is dedicated to my stalwart, hero, best friend and husband, Mohammed Salim, and to my most beautiful children, Zahra, Yahya, Zakariyya and Yaseen. Without all their love, support and sacrifice, I would not have had the temerity to come this far. Also to my wonderful parents, whom I owe everything. May they always be blessed. To my beloved extended family and friends who I have woefully neglected and failed in this process, thank you for your patience, encouragement and belief in me.

I wish to express my sincere gratitude to all those who have assisted me to realise the completion of this dissertation and helped me through the rewarding journey of my studies. In particular, I would like to thank the following people:

- Dr Fatima Paruk for her faith in me that I could do this and motivating me to take this path.
- Dr Madhushwaree Maharaj, my dynamic supervisor, trusted mentor, passionate educator and valuable sounding board. I am truly indebted to her for her spirited guidance and inspiration in the field of homoeopathy and through this dissertation.
- Mohammed Randeree, for invaluable assisting with the inevitable IT related gremlins, education and guidance on expedient use of technology throughout this research process.
- Dr Yasmeen Thandar and Mohammed Kharwa for their much appreciated selfless assistance, indispensable direction and counsel through the completion of this dissertation.
- Dr Aanisah Coopoo and Dr Kyle Wulfsohn for their help, advice and support.
- To all my dear colleagues and friends who have journeyed through these years of determined learning together.
- To every lecturer and tutor for the knowledge and the enriching experience of learning this beautiful art and science.

# Abstract

## Background

Statistically, South Africa has the largest human immunodeficiency virus (HIV) epidemic worldwide and in 2018 reportedly had the highest number of HIV positive (HIV+) cases at 7.7 million. According to the Human Sciences Research Council (HSRC) (2018), HIV prevalence is highest in KwaZulu-Natal (KZN) and sub-provincially in eThekweni municipality of KZN (Shisana *et al.* 2014). The South African health care system is overwhelmed with its HIV treatment programme and faces the challenges of being under resourced and health care workers being overworked. Mainstream antiretrovirals (ARV) used in the management of HIV have clinically significant drug interactions with mainstream medical drugs used to treat concomitant disease, which then require monitoring and adjustment of doses due to reduced therapeutic outcome or adverse effects or contraindicating relevant drugs which increase in toxicity (SAMF 2020 and Schaleppi *et al.* 2020). Further consideration is the growing problem of antibiotic resistance amongst PLWH due to over prescription, whether clinically indicated or for prophylactic purpose for commonly seen HIV concomitant ailments.

Upon review of the literature, it was evident that there has been no published study undertaken to establish the trends in the homoeopathic management of HIV concomitant pathology at a community health centre in KZN. The aim of this study was to determine trends which could highlight the benefit of complementary homoeopathic treatment of HIV concomitant ailments within the South African health care context. In doing so, homoeopathy may then be considered on a larger scale as a contribution to the possible improvement of patient well-being, in terms of reduction of medical costs, and alleviation on strained health care human resources.

Thus, this study undertook a retrospective chart review for the period 2015 to 2016 of newly treated HIV+ patients at Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC). UNHCHC is a Durban University of Technology (DUT) satellite homoeopathic community health centre (HCHC) offering free homoeopathic



healthcare service. It is located in Warwick junction within the eThekweni municipality. The Centre shares premises with LifeLine which provides free HIV counselling, testing as well as HIV counselling skills training, thus placing UNHCHC in a prime position to treat referrals therefrom. This was therefore a suitable site for data collection for this study.

## **Aim of the study**

The aim of this study was to determine the homoeopathic management of concomitant ailments occurring in new patients that are HIV+, at a homoeopathic community health centre within the period 2015 to 2016.

The aim was guided by the following objectives:

- ascertain the demographics,
- the concomitant clinical conditions or ailments occurring in these HIV+ cases,
- the homoeopathic prescriptions for these ailments,
- and the guiding symptoms that supported the homoeopathic management.

The results of the study were analysed to establish whether any trends emerged by virtue of how commonly occurring the ailments and prescriptions were noted.

## **Methodology**

The methodology employed for this study was a retrospective chart review which entailed the gathering and subsequent organisation of pre-documented data, i.e., review of existing data. A total of 113 case files of HIV+ patients who had newly attended UNHCHC in the period between 2015 and 2016 were first identified, reviewed, and data collated using a standard rubric (Appendix E). Data on the demographics, concomitant conditions, homoeopathic posology, and case symptoms, was recorded to extract guiding symptoms for the homoeopathic prescription. The data obtained was organised and summarised through spreadsheet tabulation and descriptive statistics were presented through graphs using Microsoft Excel® (MS Excel). Further thematic analysis was conducted to infer, discuss and compare

patterns and trends in the description and treatment of HIV concomitant pathologies. The homoeopathic management employed based on the guiding symptoms was discussed by comparing the arising symptoms with existing homoeopathic materia medica. The study thus explored, analysed and described HIV concomitant pathology patterns, homoeopathic prescription trends, and comparative materia medica prescription verification, to ascertain the trends of homoeopathic management of the diverse HIV concomitant ailments seen at a community health centre facility such as UNHCHC.

## Results and conclusion

In this retrospective chart review the sample size was 113 HIV positive cases with 81% of the sample group being female, 19% male, 97% black African, and the largest age group was 30-34 years of age (21%). Slightly more participants were employed (44%) than unemployed (41%). The majority of participants were single (72%).

Of the 113 HIV positive cases reviewed, 124 concomitant conditions emerged in the dataset. The distribution of these conditions as per systemic categorisation was the respiratory system (22%), followed by, dermatological (20%) and gastrointestinal (16%). Overall, the most common ailments were influenza (15%), dermatitis (8%), headache (7%), urinary tract infection (UTI) (6%), leucorrhoea (4%) and herpes zoster (4%).

Analysis of the posology of homoeopathic medicine prescription revealed that overall *Bryonia alba* (11%) and *Natrum muriaticum* (7%), were most frequently prescribed for various concomitant ailments. The most frequently prescribed potency was 200CH. *Bryonia alba* was prescribed most frequently for the influenza cases (29%), while *Sulphur* was frequently prescribed for dermatitis (45%). *Cantharis versicatoria* was frequently prescribed for UTI (57%). Echinaforce® was the most commonly prescribed adjunctive herbal medicine (22%).

Thus, the aim and the objectives of this study were achieved.



# Table of Contents

|  |       |
|--|-------|
| Declaration .....  | ii    |
| Dedication and Acknowledgements .....                              | iii   |
| Abstract .....   | iv    |
| Table of Contents .....  | viii  |
| List of Tables .....   | xvi   |
| List of Figures .....  | xix   |
| List of Appendices .....   | xxii  |
| Definitions .....  | xxiii |
| Acronyms .....   | xxv   |
| Definition of symbols .....  | xxv   |
| CHAPTER 1: INTRODUCTION.....                                       | 1     |
| 1.1 HIV, its impact and treatment.....                             | 1     |
| 1.2 Introduction to the study .....                                | 2     |
| 1.3 Aims and objectives .....                                      | 4     |
| 1.3.1 Research problem .....                                       | 4     |
| 1.3.2 Aim .....  | 4     |
| 1.3.3 Objectives.....  | 4     |
| 1.4 Context.....   | 5     |
| 1.4.1 Ukuba Nesibindi Homoeopathic Community Health Centre .....   | 5     |
| 1.5 Rationale of the study.....                                    | 6     |
| 1.5.1 Motivation of the study .....                                | 6     |
| 1.5.2 Homoeopathy in primary health care.....                      | 7     |
| 1.5.3 Cost effectiveness and safety of homoeopathic treatment..... | 8     |
| 1.6 Delimitations.....   | 9     |
| 1.7 Conclusion.....  | 9     |
| CHAPTER 2: LITERATURE REVIEW.....                                  | 11    |
| 2.1 HIV epidemiology .....   | 11    |
| 2.2 The impact of HIV – economic, social, psychological .....      | 12    |
| 2.3 HIV infection and signs and symptoms .....                     | 13    |

|                                       |   |    |
|---------------------------------------|---|----|
| 2.4                                   | Concomitant ailments of HIV .....   | 14 |
| 2.5                                   | Allopathic treatment of HIV and its drawbacks.....  | 20 |
| 2.6                                   | Allopathic HIV concomitant treatment and ARV drug interaction .....                       | 21 |
| 2.7                                   | Allopathic antibiotic treatment for HIV concomitant ailments and its limitations<br>..... | 22 |
| 2.8                                   | Influenza vaccination effects in HIV+ persons .....                                       | 23 |
| 2.9                                   | HIV treatment in the public sector and its limitations .....                              | 24 |
| 2.10                                  | What is homoeopathy?.....   | 25 |
| 2.11                                  | Studies on homoeopathy and HIV .....  | 26 |
| 2.12                                  | Homoeopathic remedy prescriptions.....  | 28 |
| 2.13                                  | Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC).....                        | 31 |
| 2.14                                  | Retrospective chart review research methodology .....                                     | 32 |
| 2.15                                  | Conclusion.....   | 33 |
| CHAPTER 3: RESEARCH METHODOLOGY ..... |   | 34 |
| 3.1                                   | Introduction.....   | 34 |
| 3.2                                   | Objectives and achievement of objectives .....  | 34 |
| 3.3                                   | Research design .....   | 36 |
| 3.3.1                                 | Study design .....  | 36 |
| 3.3.2                                 | Study setting .....   | 37 |
| 3.3.3                                 | Study population .....  | 37 |
| 3.3.3.1                               | Inclusion criteria .....  | 37 |
| 3.3.3.2                               | Exclusion criteria .....  | 37 |
| 3.3.4                                 | Sample size and selection .....   | 38 |
| 3.4                                   | Ethical considerations and confidentiality, anonymity and POPI Act .....                  | 38 |
| 3.4.1                                 | Confidentiality .....   | 38 |
| 3.4.2                                 | Anonymity .....   | 39 |
| 3.4.3                                 | POPI Act.....   | 39 |
| 3.4.4                                 | Ethical considerations in the study .....   | 39 |
| 3.5                                   | The study procedure .....   | 41 |
| 3.6                                   | Data collection tool .....  | 43 |
| 3.7                                   | Covid-19 protocol .....   | 46 |
| 3.8                                   | Data analysis.....  | 46 |
| CHAPTER 4: RESULTS.....               |   | 48 |

|           |   |    |
|-----------|---|----|
| 4.1       | Introduction.....   | 48 |
| 4.2       | Overview of results.....  | 49 |
| 4.2.1     | Demographics .....  | 49 |
| 4.2.1.1   | Gender and race .....   | 50 |
| 4.2.1.2   | Age.....  | 51 |
| 4.2.1.3   | Employment status.....  | 52 |
| 4.2.1.4   | Marital status.....   | 52 |
| 4.2.2     | HIV treatment regimen (ARVs).....                                   | 53 |
| 4.2.2.1   | Distribution of ARVs .....  | 53 |
| 4.2.2.2   | ARV side effects reported in cases reviewed.....                    | 54 |
| 4.2.3     | Disease presentation.....   | 55 |
| 4.2.3.1   | Concomitant ailments distribution .....                             | 56 |
| 4.2.3.2   | Concomitant ailments as per systemic categorisation .....           | 61 |
| 4.2.3.2.1 | Respiratory system concomitant ailments .....                       | 62 |
| 4.2.3.2.2 | Dermatological system concomitant ailments.....                     | 63 |
| 4.2.3.2.3 | Gastrointestinal system concomitant ailments.....                   | 64 |
| 4.2.3.2.4 | Neurological system concomitant ailments.....                       | 65 |
| 4.2.3.2.5 | Urinary system concomitant ailments .....                           | 66 |
| 4.2.3.2.6 | Musculoskeletal system concomitant ailments .....                   | 67 |
| 4.2.3.2.7 | Female reproductive system concomitant ailments.....                | 68 |
| 4.2.3.2.8 | Other system concomitant ailments.....                              | 69 |
| 4.2.3.3   | Concomitant ailments distribution by gender and total sample.....   | 70 |
| 4.2.3.4   | Concomitant ailments description .....                              | 75 |
| 4.2.3.4.1 | Description of respiratory system concomitant ailments.....         | 76 |
| 4.2.3.4.2 | Description of dermatological system concomitant ailments .....     | 77 |
| 4.2.3.4.3 | Description of gastrointestinal system concomitant ailments .....   | 78 |
| 4.2.3.4.4 | Description of neurological system concomitant ailments.....        | 79 |
| 4.2.3.4.4 | Description of urinary system concomitant ailments.....             | 80 |
| 4.2.3.4.5 | Description of musculoskeletal system concomitant ailments .....    | 81 |
| 4.2.3.4.6 | Description of female reproductive system concomitant ailments..... | 82 |
| 4.2.3.4.7 | Description of mental concomitant ailments .....                    | 83 |
| 4.2.3.4.8 | Description of cardiovascular system concomitant ailments .....     | 83 |
| 4.2.3.4.9 | Description of endocrine system concomitant ailments.....           | 84 |

|            |   |     |
|------------|---|-----|
| 4.2.3.4.10 | Description of lymphatic system concomitant ailments .....          | 84  |
| 4.2.3.4.11 | Description of behaviour disorder system concomitant ailments ..... | 84  |
| 4.2.3.4.12 | Description of haematological system concomitant ailments .....     | 85  |
| 4.2.3.4.13 | Description of miscellaneous concomitant ailments .....             | 85  |
| 4.2.3.5    | Concomitant ailments modalities and sensations .....                | 86  |
| 4.2.3.6    | Mental and emotional symptoms .....                                 | 89  |
| 4.2.3.5.1  | Physical general symptoms .....                                     | 96  |
| 4.2.3.5.2  | General symptoms List 1 .....                                       | 96  |
| 4.2.3.5.3  | General symptoms List 2 .....                                       | 97  |
| 4.2.3.5.4  | Past medical history .....  | 98  |
| 4.2.3.6    | Particular symptoms .....   | 100 |
| 4.2.3.7    | Symptoms on physical examination .....                              | 100 |
| 4.2.3.8    | Keynote and/or guiding symptoms .....                               | 103 |
| 4.2.4      | Prescription details .....  | 131 |
| 4.2.4.1    | Homoeopathic medicine prescription .....                            | 131 |
| 4.2.4.1.1  | Remedy 1 frequency of prescription and posology .....               | 131 |
| 4.2.4.1.2  | Remedy 2 frequency of prescription and posology .....               | 137 |
| 4.2.4.1.3  | Remedy prescription for influenza unspecified .....                 | 141 |
| 4.2.4.1.4  | Remedy prescription for dermatitis unspecified .....                | 143 |
| 4.2.4.1.5  | Remedy prescription for UTI .....                                   | 144 |
| 4.2.4.1.6  | Remedy prescription for headache .....                              | 146 |
| 4.2.4.1.7  | Remedy prescription for herpes zoster .....                         | 147 |
| 4.2.4.1.8  | Remedy prescription for arthritis unspecified .....                 | 148 |
| 4.2.4.1.9  | Remedy prescription for anogenital warts .....                      | 149 |
| 4.2.4.1.10 | Remedy prescription for hypertension .....                          | 149 |
| 4.2.4.1.11 | Remedy prescription for TB related diagnoses .....                  | 150 |
| 4.2.4.1.12 | Remedy prescription for tonsillitis .....                           | 151 |
| 4.2.4.1.13 | Remedy prescription for eczema .....                                | 151 |
| 4.2.4.1.14 | Remedy prescription for anxiety disorder .....                      | 152 |
| 4.2.4.1.15 | Remedy prescription for cystitis related diagnoses .....            | 152 |
| 4.2.4.1.16 | Remedy prescription for constipation .....                          | 153 |
| 4.2.4.1.17 | Remedy prescription for dyspepsia diagnoses .....                   | 154 |
| 4.2.4.2    | Adjunctive medicine prescription .....                              | 154 |

|                            |  |     |
|----------------------------|--|-----|
| 4.2.4.2.1                  | Adjunctive medicines for influenza cases .....                         | 157 |
| 4.2.4.2.2                  | Adjunctive medicines for dermatitis unspecified cases.....             | 159 |
| 4.2.4.2.3                  | Adjunctive medicines for UTI cases.....                                | 161 |
| 4.2.4.2.4                  | Adjunctive medicines for leucorrhoea cases .....                       | 162 |
| 4.2.4.2.5                  | Adjunctive medicines for headache cases.....                           | 163 |
| 4.2.4.2.6                  | Adjunctive medicines for herpes zoster cases.....                      | 164 |
| 4.2.4.2.7                  | Adjunctive medicines for arthritis cases.....                          | 165 |
| 4.2.4.2.8                  | Adjunctive medicines for anogenital wart cases .....                   | 166 |
| 4.2.4.2.9                  | Adjunctive medicines for hypertension cases.....                       | 166 |
| 4.2.4.2.10                 | Adjunctive medicines for TB related cases .....                        | 167 |
| 4.2.4.2.11                 | Adjunctive medicines for cystitis cases.....                           | 168 |
| 4.2.4.2.12                 | Adjunctive medicines for tonsillitis cases.....                        | 169 |
| 4.2.4.2.13                 | Adjunctive medicines for dyspepsia cases .....                         | 170 |
| 4.2.4.2.14                 | Adjunctive medicines for eczema cases.....                             | 171 |
| 4.2.4.2.15                 | Adjunctive medicines for anxiety disorder cases .....                  | 172 |
| 4.2.4.2.16                 | Adjunctive medicines for constipation cases .....                      | 172 |
| CHAPTER 5: DISCUSSION..... |  | 173 |
| 5.1                        | Introduction.....  | 173 |
| 5.2                        | Overview .....   | 173 |
| 5.3                        | Demographics .....   | 175 |
| 5.3.1                      | Gender.....  | 175 |
| 5.3.2                      | Race .....   | 177 |
| 5.3.3                      | Age .....  | 178 |
| 5.3.4                      | Employment.....  | 179 |
| 5.3.5                      | Marital status .....   | 179 |
| 5.4                        | HIV treatment regimen .....  | 180 |
| 5.4.1                      | Distribution of ARVs .....   | 180 |
| 5.4.2                      | Side effects of ARVs.....  | 180 |
| 5.5                        | Disease presentation.....  | 181 |
| 5.5.1                      | First consultation and concomitant ailments (clinical diagnoses) ..... | 181 |
| 5.5.2                      | Concomitant ailments as per systemic categorisation.....               | 181 |
| 5.5.2.1                    | Respiratory system concomitant ailments.....                           | 183 |
| 5.5.2.2                    | Dermatological system concomitant ailments .....                       | 184 |



|           |   |     |
|-----------|---|-----|
| 5.5.2.3   | Gastrointestinal tract system concomitant ailments .....  | 184 |
| 5.5.2.4   | Neurological system concomitant ailments .....  | 185 |
| 5.5.2.5   | Urinary system concomitant ailments .....   | 185 |
| 5.5.2.6   | Musculoskeletal system concomitant ailments .....   | 186 |
| 5.5.2.7   | Female reproductive system concomitant ailments .....   | 186 |
| 5.5.2.8   | Other system concomitant ailments .....   | 187 |
| 5.5.3     | Concomitant ailment distribution by gender .....  | 187 |
| 5.5.4     | Concomitant ailments modalities and sensations.....   | 188 |
| 5.5.5     | Mental and emotional symptoms .....   | 190 |
| 5.5.6     | Physical general symptoms and past medical history .....  | 191 |
| 5.5.7     | Symptoms on physical examination .....  | 193 |
| 5.5.8     | Remedy prescriptions and keynote and guiding symptoms (comparison<br>of emerging symptoms versus materia medica)..... | 193 |
| 5.5.8.1   | Influenza.....  | 194 |
| 5.5.8.1.1 | <i>Bryonia alba</i> .....   | 194 |
| 5.5.8.1.2 | <i>Arsenicum album</i> .....  | 194 |
| 5.5.8.1.3 | <i>Stannum metallicum</i> .....   | 195 |
| 5.5.8.2   | Dermatitis .....  | 195 |
| 5.5.8.2.1 | <i>Sulphur</i> .....  | 195 |
| 5.5.8.2.2 | <i>Daphne mezereum</i> .....  | 196 |
| 5.5.8.2.3 | <i>Ignatia amara</i> .....  | 196 |
| 5.5.8.3   | UTI .....   | 197 |
| 5.5.8.3.1 | <i>Cantharis versicatoria</i> .....   | 197 |
| 5.5.8.4   | Leucorrhoea .....   | 198 |
| 5.5.8.4.1 | <i>Nitricum acidum</i> .....  | 198 |
| 5.5.8.5   | Headache.....   | 198 |
| 5.5.8.5.1 | <i>Atropa belladonna</i> .....  | 199 |
| 5.5.8.5.2 | <i>Bryonia alba</i> .....   | 199 |
| 5.5.8.6   | Herpes zoster .....   | 199 |
| 5.5.8.6.1 | <i>Rhus toxicodendron</i> .....   | 199 |
| 5.5.8.7   | TB related diagnoses .....  | 199 |
| 5.5.8.7.1 | <i>Stannum metallicum</i> .....   | 200 |
| 5.5.8.7.2 | <i>Arsenicum album</i> .....  | 200 |

|            |   |     |
|------------|---|-----|
| 5.5.8.8    | Arthritis .....   | 200 |
| 5.5.8.8.1  | <i>Bryonia alba</i> .....   | 201 |
| 5.5.8.9    | Anogenital warts.....   | 201 |
| 5.5.8.9.1  | <i>Thuja occidentalis</i> .....                                   | 201 |
| 5.5.8.10   | Hypertension .....  | 202 |
| 5.5.8.10.1 | <i>Crataegus oxyacantha</i> .....                                 | 202 |
| 5.5.8.11   | Cystitis.....   | 202 |
| 5.5.8.11.1 | <i>Cantharis versicatoria</i> .....                               | 202 |
| 5.5.8.12   | Tonsillitis .....   | 203 |
| 5.5.8.12.1 | <i>Mercurius solubilis</i> .....                                  | 203 |
| 5.5.8.13   | Eczema .....  | 203 |
| 5.5.8.13.1 | <i>Sulphur</i> .....  | 203 |
| 5.5.8.13.2 | <i>Graphites</i> .....  | 203 |
| 5.5.8.14   | Anxiety disorder .....  | 204 |
| 5.5.8.14.1 | <i>Delphinium staphysagria</i> .....                              | 204 |
| 5.5.8.14.2 | <i>Natrum muriaticum</i> .....                                    | 204 |
| 5.5.8.15   | Constipation .....  | 204 |
| 5.5.8.15.1 | <i>Calcareo carbonicum</i> .....                                  | 205 |
| 5.5.8.16   | Dyspepsia .....   | 205 |
| 5.5.8.16.1 | <i>Calcareo carbonicum</i> .....                                  | 205 |
| 5.5.8.16.2 | <i>Arsenicum album</i> .....                                      | 205 |
| 5.6        | Prescription and posology details .....                           | 206 |
| 5.6.1      | Homoeopathic medicine prescription .....                          | 206 |
| 5.6.1.1    | Frequency of prescription.....                                    | 206 |
| 5.6.1.1.1  | Remedy 1 frequency of prescription .....                          | 206 |
| 5.6.1.1.2  | Remedy 2 frequency of prescription .....                          | 207 |
| 5.6.1.2    | Remedy posology .....   | 207 |
| 5.6.1.2.1  | Remedy potency .....  | 207 |
| 5.6.1.2.2  | Remedy medium.....  | 211 |
| 5.6.1.2.3  | Remedy mitte, dosage and frequency of dosage .....                | 212 |
| 5.6.2      | Adjunctive medicine prescription .....                            | 214 |
| 5.6.2.1    | Frequency of adjunctive medicine prescription .....               | 214 |
| 5.6.2.2    | Adjunctive prescriptions for the common concomitant ailments .... | 218 |

|   |     |
|---|-----|
| 5.6.2.2.1 Adjunctive prescriptions for influenza .....  | 218 |
| 5.6.2.2.2 Adjunctive prescriptions for dermatitis .....   | 218 |
| 5.6.2.2.3 Adjunctive prescriptions for UTI .....  | 218 |
| 5.7 Conclusion.....   | 219 |
| CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS.....   | 221 |
| 6.1 Conclusion.....   | 221 |
| 6.2 Limitations of this study .....   | 224 |
| 6.3 Recommendations .....   | 224 |
| 6.3.1 Recommendations for improvement in evaluating concomitant ailment<br>trends in people living with HIV at a homoeopathic community health<br>centre..... | 224 |
| 6.3.2 Recommendations for further study .....   | 224 |
| REFERENCES.....   | 226 |
| APPENDICES .....  | 243 |

## List of Tables

|   |     |
|---|-----|
| Table 4.1: Distribution of gender for each race .....   | 50  |
| Table 4.2: Distribution of employment status .....  | 52  |
| Table 4.3: Distribution of marital status .....   | 52  |
| Table 4.4: Distribution of ARVs .....   | 53  |
| Table 4.5: ARV side effects reported .....  | 54  |
| Table 4.6: Date of first consultation and concomitant ailment (clinical diagnosis) ....                           | 57  |
| Table 4.7: Distribution of other concomitant ailments (clinical diagnoses).....                                   | 69  |
| Table 4.8: Distribution of concomitant ailments (clinical diagnoses) for female and<br>male and total sample..... | 71  |
| Table 4.9: Common symptoms reported in gastrointestinal concomitant ailment<br>description.....                   | 78  |
| Table 4.10: Distribution of concomitant ailment modalities .....  | 87  |
| Table 4.11: Distribution of sensations .....  | 88  |
| Table 4.12: Distribution of mental symptoms .....   | 90  |
| Table 4.13: Delusions count.....  | 95  |
| Table 4.14: Keynote and guiding symptoms in the language of the materia medica<br>.....                           | 103 |
| Table 4.15: Frequency of Remedy 2 potency (Potency 2).....  | 138 |
| Table 4.16: Frequency of Remedy 2 medium (Medium 2).....  | 139 |
| Table 4.17: Frequency of Remedy 2 mitte (Mitte 2).....  | 139 |
| Table 4.18: Frequency of Remedy 2 dosage (Dosage 2) .....   | 140 |
| Table 4.19: Frequency of Remedy 2 dosage frequency (Frequency 2).....   | 140 |
| Table 4.20: Remedy prescription for influenza unspecified .....   | 141 |
| Table 4.21: Remedy prescription for dermatitis unspecified .....  | 143 |
| Table 4.22: Remedy prescription for UTI .....   | 144 |
| Table 4.23: Remedy prescription for leucorrhoea .....   | 145 |
| Table 4.24: Remedy prescription for headache .....  | 146 |
| Table 4.25: Remedy prescription for herpes zoster .....   | 147 |
| Table 4.26: Frequency of remedy prescription for herpes zoster.....   | 148 |
| Table 4.27: Remedy prescription for arthritis .....   | 148 |
| Table 4.28: Frequency of remedy prescription for arthritis.....   | 148 |

|   |     |
|---|-----|
| Table 4.29: Remedy prescription for anogenital warts .....                  | 149 |
| Table 4.30: Frequency of remedy prescription for anogenital warts .....     | 149 |
| Table 4.31: Remedy prescription for hypertension .....                      | 149 |
| Table 4.32: Frequency of remedy prescription for hypertension .....         | 149 |
| Table 4.33: Remedy prescription for TB .....                                | 150 |
| Table 4.34: Remedy prescription for tonsillitis .....                       | 151 |
| Table 4.35: Frequency of remedy prescription for tonsillitis .....          | 151 |
| Table 4.36: Remedy prescription for eczema .....                            | 151 |
| Table 4.37: Frequency of remedy prescription for eczema .....               | 152 |
| Table 4.38: Remedy prescription for anxiety disorder .....                  | 152 |
| Table 4.39: Frequency of remedy prescription for anxiety disorder .....     | 152 |
| Table 4.40: Remedy prescription for cystitis .....                          | 152 |
| Table 4.41: Frequency of remedy prescription for cystitis .....             | 153 |
| Table 4.42: Remedy prescription for constipation .....                      | 153 |
| Table 4.43: Frequency of remedy prescription for constipation .....         | 153 |
| Table 4.44: Remedy prescription for dyspepsia .....                         | 154 |
| Table 4.45: Frequency of remedy prescription for dyspepsia .....            | 154 |
| Table 4.46: Frequency of adjunctive medicine prescriptions .....            | 155 |
| Table 4.47: Adjunctive prescription for influenza .....                     | 157 |
| Table 4.48: Adjunctive prescription for dermatitis .....                    | 159 |
| Table 4.49: Adjunctive prescription for UTI .....                           | 161 |
| Table 4.50: Adjunctive prescription leucorrhoea .....                       | 162 |
| Table 4.51: Adjunctive prescription for headache .....                      | 163 |
| Table 4.52: Frequency of adjunctive prescription for headache .....         | 163 |
| Table 4.53: Adjunctive prescription for herpes zoster .....                 | 164 |
| Table 4.54: Frequency of adjunctive prescription for herpes zoster .....    | 164 |
| Table 4.55: Adjunctive prescription for arthritis .....                     | 165 |
| Table 4.56: Adjunctive prescription for anogenital warts .....              | 166 |
| Table 4.57: Frequency of adjunctive prescription for anogenital warts ..... | 166 |
| Table 4.58: Adjunctive prescription for hypertension .....                  | 166 |
| Table 4.59: Adjunctive prescription for TB related cases .....              | 167 |
| Table 4.60: Adjunctive prescription for cystitis .....                      | 168 |
| Table 4.61: Adjunctive prescription for tonsillitis .....                   | 169 |

|  |     |
|--|-----|
| Table 4.62: Adjunctive prescription for dyspepsia.....               | 170 |
| Table 4.63: Frequency of adjunctive prescription for dyspepsia ..... | 170 |
| Table 4.64: Adjunctive prescription for eczema .....                 | 171 |
| Table 4.65: Adjunctive prescription for anxiety disorder .....       | 172 |

## List of Figures

|  |    |
|--|----|
| Figure 2.1: Miliary TB on chest X-ray .....  | 16 |
| Figure 2.2: Herpes simplex infection .....   | 16 |
| Figure 2.3: a. Oesophageal candida infection, b. Oral candidiasis in an HIV+ person<br>.....                       | 17 |
| Figure 2.4: <i>Pneumocystis jiroveci</i> pneumonia chest X ray with bilateral, diffuse<br>granular opacities.....  | 18 |
| Figure 2.5: Aphthous ulcer .....   | 18 |
| Figure 2.6: a. Anal condylomata , b. Cutaneous warts .....   | 19 |
| Figure 2.7: a. Herpes zoster (shingles), b. Herpes zoster ophthalmicus in and HIV<br>infected woman.....           | 20 |
| Figure 3.1: The step-by-step process of data processing for the study .....  | 42 |
| Figure 4.1: Flow process of demographic data presentation .....  | 49 |
| Figure 4.2: Distribution of gender for each race .....   | 50 |
| Figure 4.3: Distribution of age range .....  | 51 |
| Figure 4.4: Distribution of ARV regimen.....   | 53 |
| Figure 4.5: ARV side effects reported in cases reviewed .....  | 55 |
| Figure 4.6: Step-by-step process of disease presentation analysis .....  | 56 |
| Figure 4.7: Step-by-step process of analysis of concomitant ailments as per organ<br>system categorisation .....   | 57 |
| Figure 4.8: Distribution of concomitant ailment (clinical diagnosis) as per systemic<br>categorisation.....        | 61 |
| Figure 4.9: Distribution of concomitant ailment (clinical diagnosis) for respiratory<br>system category.....       | 62 |
| Figure 4.10: Distribution of concomitant ailment (clinical diagnosis) for dermatological<br>system category.....   | 63 |
| Figure 4.11: Distribution of concomitant ailment (clinical diagnosis) for<br>gastrointestinal system category..... | 64 |
| Figure 4.12: Distribution of concomitant ailment (clinical diagnosis) for neurological<br>system category .....    | 65 |
| Figure 4.13: Distribution of concomitant ailment (clinical diagnosis) for urinary system<br>category .....         | 66 |

|   |     |
|---|-----|
| Figure 4.14: Distribution of concomitant ailment (clinical diagnosis) for musculoskeletal system category .....     | 67  |
| Figure 4.15: Distribution of concomitant ailment (clinical diagnosis) for female reproductive system category ..... | 68  |
| Figure 4.16: Distribution of other concomitant ailments (clinical diagnoses) .....                                  | 69  |
| Figure 4.17: Common symptoms reported in respiratory concomitant ailment description.....                           | 76  |
| Figure 4.18: Common symptoms reported in dermatological concomitant ailment description.....                        | 77  |
| Figure 4.19: Common symptoms reported in gastrointestinal concomitant ailment description.....                      | 78  |
| Figure 4.20: Common symptoms reported in neurological concomitant ailment description.....                          | 79  |
| Figure 4.21: Common symptoms reported in urinary concomitant ailment description .....                              | 80  |
| Figure 4.22: Common symptoms reported in musculoskeletal concomitant ailment description.....                       | 81  |
| Figure 4.23: Common symptoms reported in female reproductive system concomitant ailment description.....            | 82  |
| Figure 4.24: Distribution of emotions .....   | 93  |
| Figure 4.25: Distribution of dreams .....   | 94  |
| Figure 4.26: Distribution of fears .....  | 95  |
| Figure 4.27: General symptoms 1 (List 1).....   | 96  |
| Figure 4.28: General symptoms 2 (List 2).....   | 97  |
| Figure 4.29: Distribution of past medical history .....   | 99  |
| Figure 4.30: Physical examination findings .....  | 100 |
| Figure 4.31: Frequency of Remedy 1 prescription .....   | 132 |
| Figure 4.32: Frequency of Remedy 1 potency (Potency 1).....   | 133 |
| Figure 4.33: Frequency of Remedy 1 medium (Medium 1).....   | 134 |
| Figure 4.34: Frequency of Remedy 1 mitte (Mitte 1).....   | 135 |
| Figure 4.35: Frequency of Remedy 1 dosage (Dosage 1) .....  | 136 |
| Figure 4.36: Frequency of Remedy 1 dosage frequency (Frequency 1).....  | 137 |
| Figure 4.37: Frequency of Remedy 2 prescription .....   | 138 |



|   |     |
|---|-----|
| Figure 4.38: Frequency of remedy prescription for influenza .....           | 142 |
| Figure 4.39: Frequency of remedy prescription for dermatitis.....           | 143 |
| Figure 4.40: Frequency of remedy prescription for UTI .....                 | 144 |
| Figure 4.41: Frequency of remedy prescription for leucorrhoea .....         | 145 |
| Figure 4.42: Frequency of remedy prescription for headache .....            | 146 |
| Figure 4.43: Frequency of remedy prescription for TB.....                   | 150 |
| Figure 4.44: Frequency of adjunctive prescription for influenza.....        | 158 |
| Figure 4.45: Frequency of adjunctive prescription for dermatitis .....      | 160 |
| Figure 4.46: Frequency of adjunctive prescription for UTI .....             | 162 |
| Figure 4.47: Frequency of adjunctive prescription for arthritis .....       | 165 |
| Figure 4.48: Frequency of adjunctive prescription for hypertension .....    | 167 |
| Figure 4.49: Frequency of adjunctive prescription for TB .....              | 168 |
| Figure 4.50: Frequency of adjunctive prescription for cystitis .....        | 169 |
| Figure 4.51: Frequency of adjunctive prescription for tonsillitis .....     | 170 |
| Figure 4.52: Frequency of adjunctive prescription for eczema .....          | 171 |
| Figure 4.53: Frequency of adjunctive prescription for anxiety disorder..... | 172 |

## **List of Appendices**

|  |     |
|--|-----|
| APPENDIX A: GATEKEEPER LETTER DR HALL .....                | 243 |
| APPENDIX B: GATEKEEPER LETTER DR HARRIPERSHAD.....         | 244 |
| APPENDIX C: GATEKEEPER LETTER DR COUCHMAN .....            | 245 |
| APPENDIX D: GATEKEEPER LETTER DR DHANAPLAN .....           | 246 |
| APPENDIX E: RUBRIC FOR RECORDING DATA.....                 | 247 |
| APPENDIX F: CONSENT FORM – ENGLISH .....                   | 248 |
| APPENDIX G: CONSENT FORM – ISIZULU .....                   | 249 |
| APPENDIX H: TABLE OF CONCOMITANT AILMENTS DESCRIPTION..... | 250 |
| APPENDIX I: TABLE OF MODALITIES AND SENSATIONS .....       | 259 |
| APPENDIX J: TABLE OF MENTAL AND EMOTIONAL SYMPTOMS.....    | 266 |
| APPENDIX K: TABLE OF PHYSICAL GENERAL SYMPTOMS.....        | 273 |
| APPENDIX L: TABLE OF PARTICULAR SYMPTOMS .....             | 280 |
| APPENDIX M: TABLE OF FINDINGS ON PHYSICAL EXAMINATION..... | 290 |
| APPENDIX N: TABLE OF REMEDY 1 POSOLOGY .....               | 294 |
| APPENDIX O: TABLE OF REMEDY 2 POSOLOGY .....               | 298 |
| APPENDIX P: TABLE OF ADJUNCTIVE PRESCRIPTIONS .....        | 299 |
| APPENDIX Q: EDITING CERTIFICATE .....                      | 309 |

## Definitions

### **Adjunctive:**

A prepared medicinal substance used as an accompanying therapeutic (Merriam-Webster 2022b).

### **Ailment:**

An ailment is a sickness or a health complication (Collins 2022a).

### **Concomitant:**

A concomitant is a symptom that occurs with another at the same time, is an accessory, or is an associated symptom of the main symptom i.e. it is something that naturally occurs with another phenomenon (Medline Plus 2021).

### **Materia medica:**

Materia medica is Latin for “materials of medicine”. It refers to specific literature sources that have collated, verified and documented symptom pictures and indications of homoeopathic medicines in the practice of homoeopathy. It serves as an essential reference in homoeopathic prescription (Ullman 2017).

### **Miasm:**

A miasm is a predisposition or an underlying inherent tendency to disease that can be acquired genetically or environmentally (outside influences, maintaining causes or diseases). It can be predictor of how an individual responds to disease (Vithoulkas 2004).

### **Mitte:**

The pharmacological term that translates as “send” and refers to the amount of medicine that is prescribed (Resourcepharm 2022).

### **Pilule:**

A pilule is a small round sucrose pill typically manufactured from cane sugar. They are used for the impregnation of homoeopathic medication and are then dispensed to the

patient according to Dr Ameesha Manga of Fusion Homoeopathics (2024, pers. comm. 30 January). It may be available as a lactose (sugar of milk) pilule (Helios Homoeopathy 2022).

**Posology:**

This is the area of pharmacology that deals with prescribing the dosage of medicine i.e. it is the prescription details of a medicine (Collins 2022b).

**Potency:**

Potency refers to the “strength” of a homoeopathic medicine. The level to which, or the amount of times which, the crude source of the medicine is successively diluted and energised by means of succussion (agitation) in accordance with the guidelines set out in homoeopathic pharmacopoeia (Master 2001; Leckridge 1997).

**Remedy:**

A medicine used to relieve or treat diseases or other spiritual, physical, and mental disorders (Merriam-Webster 2022a). It can be a medicine used to rehabilitate the body to its normal functioning by having an immune stimulatory effect. It is a word used more in reference to homoeopathic medication as they are not usually referred to as “drugs” (Leckridge 1997).

**Succussion:**

A homoeopathic medication or remedy is vigorously shaken or agitated and struck against a solid surface after being adequately diluted. This is done to dynamise a homoeopathic remedy to higher energy level, i.e., to increase its potency (Leckridge 1997).

## Acronyms

| ACRONYM | FULL NAME   |
|---------|---|
| HIV     | Human immunodeficiency virus                            |
| HIV+    | Human immunodeficiency virus positive                   |
| ARV     | Anti-retroviral   |
| PLWH    | People living with HIV                                  |
| UNHCHC  | Ukuba Nesbindi Homoeopathic Community Healthcare Centre |
| DUT     | Durban University of Technology                         |
| UTI     | Urinary tract infection                                 |

## Definition of symbols

> - Better for

< - Worse for

# CHAPTER 1: INTRODUCTION

## 1.1 HIV, its impact and treatment

The human immunodeficiency virus (HIV) infection first came to light in the 1980s in California and New York in the United States of America (Talluri, Prabhala and Prabhala 2015). The advent of the HIV pandemic has had profound adverse social and economic effects, impacting directly and/or indirectly on individuals, families and communities worldwide. Psychological and emotional impacts place a further strain. Lower income populations bear more of the impact of the outcomes of the disease, leaving a legacy of orphans in these vulnerable groups (Abdool Karim, Abdool Karim and Baxter 2008). While the South African health care system already is just barely able to cope with meeting the health services demanded of it (Abdool Karim, Abdool Karim and Baxter 2008), South Africa at one time had the fastest rising HIV infection rate in the world, causing an extra burden to the health care system (Gouws and Abdool Karim 2008).

Mainstream treatment of HIV with antiretroviral drugs (ART) has seen some challenges in that it is relatively expensive leading to inconsistent availability, and ART side effects which lead to patient non-compliance and possible drug resistance (Stallick 1996; Standish, Calabrese and Galantino 2002). Furthermore, HIV infection presents with several concomitant ailments that require medical management placing additional financial strain and demands in the provision of health care expertise on an already under-resourced and overworked South African health care system (Wilson and Fairall 2008). In the face of these challenges, complementary modalities such as homoeopathy can be a useful in HIV infection management as an alternative in HIV+ persons who are drug resistant and need to exercise drug interruption, or as an adjunctive in those on mainstream ART medicine (Ullman 2003). Homoeopathic treatment has no reported side effect profile and is cost effective. Studies have shown that HIV infected individuals treated homoeopathically for HIV infection had shown improvement in their concomitant symptoms, their immune function (Ullman 2003), and in their emotional well-being that could not be addressed with conventional HIV

drugs that were being taken concurrently (Braun, Braun and Mabuza 2016). Homoeopathy as an adjunctive modality in the treatment of concomitant HIV ailments bears further consideration as drug-drug interactions exist between ARV drugs and allopathic drugs used in treatment of some concomitant ailments, resulting in reduced efficacy of a specific ARV or allopathic drug or even adverse reactions and toxicity (SAMF 2020 and Schlaeppli *et al.* 2020).

Further consideration is that the integration of homoeopathy with mainstream medicine practice has been gaining interest amongst physicians (Bellavite 2015). Homoeopathic medicine is based on nanopharmacy with ultra-dilution achieving ultramolecular remedy doses that operate on an energetic level different to conventional medicine. It aims to bring about wellness through improved immune function (Ullman 2003). Based on this action that is different to mainstream medicine's pharmacodynamic and pharmacokinetic mode of action, there are no nullifying effects on homoeopathic medicines used concurrently with allopathic drugs. Thus, homoeopathy has value as an integrative modality. With the development of more complex diseases, individualisation of cases (as practiced in homoeopathy where patients are treated as a whole) and a multifaceted approach may be necessary as single conventional medical practice may not be considered sufficient by some physicians (Bellavite 2015).

## **1.2 Introduction to the study**

However, as far as is known, there has been no study undertaken to review or establish the trends in HIV concomitant pathology and homoeopathic prescription related to this at a community health centre in KwaZulu-Natal (KZN). The aim of this study was to determine possible trends which could highlight the benefit of complementary homoeopathic treatment of HIV concomitant ailments within the South African health care system. In doing so, homoeopathy can be applied on a larger scale to share in the challenges of managing patient well-being, cost constraints, drug resistance and strained health care personnel availability, thereby assisting in alleviating these existing burdens. This becomes significant in the context of South

Africa in which much of the population is marginalised and health care is not easily accessible or is poorly resourced.

This study was a retrospective chart review and audit for the period 2015 to 2016 of all newly treated HIV positive (HIV+) patients that met the inclusion criteria at Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC) in the eThekweni municipality. This 2015-2016 period is the consecutive two-year period that represented the busiest time for UNHCHC since its inception in 2004 to 2020 with the greatest number of cases seen, as indicated by patient number statistics provided through communication with former UNHCHC head clinician, Dr Ngobese-Ngubane (2021, e-mail comm. 29 March).

There were 1458 new cases for this period according to Dr Ngobese-Ngubane (2017, pers. comm. 3 August). These new cases were checked to ascertain their HIV+ status. In the previous 2010 study by Smillie at UNHCHC, HIV/AIDS accounted for 6% of the total diagnoses of cases considered in the time frame of that study (Smillie 2010). A sample size of 100 was deemed adequate for the integrity and purposes of this descriptive study after consultation with statistician, Professor Glenda Matthews (2022, e-mail comm. 5 April). Thus, 113 cases that met the inclusion criteria were reviewed and used as the conservative sample size for this study.

The concomitant ailments that were seen in these cases, the subsequent homoeopathic remedies prescribed for them, the guiding symptoms for the aforementioned prescriptions and the participants' demographic data were recorded. The data collected was analysed to determine concomitant pathology trends as well as the prescription trends making this a study with a descriptive design. The trends that emerged from the study can serve not only as a guide but also to highlight homoeopathy as a possible adjunctive modality in the clinical management of HIV concomitants and can thereby help strengthen the South African health care system.

Keywords: HIV, concomitants, pathology trends, homoeopathic prescription, community clinic, retrospective chart review



## **1.3 Aims and objectives**

### **1.3.1 Research problem**

HIV prevalence in South Africa is relatively high and particularly in KZN, placing a heavy burden on the health care system. While there is some literature on the use of homoeopathic medicines in HIV management, as far as it is known, there are no thematic analyses on the homoeopathic approach and remedies used for concomitant symptoms of HIV. This study will contribute to this sparse area of literature and possibly aid further research and allow for the understanding of homoeopathy in the management of HIV concomitant ailments.

### **1.3.2 Aim**

The aim of this study was to determine the homoeopathic management of concomitant ailments occurring in new patients that are HIV positive (HIV+), at a homoeopathic community health centre in the period 2015 to 2016.

### **1.3.3 Objectives**

1. To record the number of cases and demographics of new patients that were HIV+ patients and that were homoeopathically treated for their concomitant ailments at a community clinic within the period 2015 to 2016.
2. To identify the concomitant clinical conditions and the pathology trend that emerges from the homoeopathic management of concomitant ailments occurring in new patients that are HIV+, at a community clinic within the period 2015 to 2016.
3. To identify the guiding symptoms that were considered in the formulation of the prescription of the homoeopathic remedy that was prescribed in each case in which a concomitant ailment occurring in a new patient that was HIV+ and

homoeopathically managed at a community clinic within the period 2015 to 2016.

4. To record the homoeopathic remedy, posology thereof and describe the prescription trends in the homoeopathic management of concomitant ailments occurring in new patients that were HIV+, at a community clinic within the period 2015 to 2016.

## **1.4 Context**

The HIV epidemic is one that still poses a challenge which begs the need for adjunctive measures as evidenced in an observational study by Bastyr University in the mid 1990s. This study involved a cohort of HIV infected subjects that made use of complementary and alternative medicine (CAM) (Standish, Calabrese and Galantino 2002) of which 9% were treated by homoeopaths (Standish 2002). In another study by Bastyr University, various licensed practitioners with experience in the treatment of HIV (including medical doctors, herbalists and acupuncturists) claimed effective management of HIV symptoms by means of complementary health care practices and achieved improved quality of life, raised CD4 counts and prolonged survival (Standish, Calabrese and Galantino 2002).

In a 2013 systematic review it was seen that the stigma associated with HIV infection resulted in reduced patient compliance in maintaining conventional HIV treatment regimen (Katz *et al.* 2013). This underlines the need for homoeopathic management in HIV infected patients. Some research on homoeopathic management in HIV infected patients has revealed benefits, such as in the study by Braun, Braun and Mabuza (2016) that saw HIV symptom improvement and alleviation of ART side effects.

### **1.4.1 Ukuba Nesibindi Homoeopathic Community Health Centre**

The UNHCHC was the setting selected for this study. It is a Durban University of Technology (DUT) satellite homoeopathic community health centre offering free

homoeopathic healthcare service. It is located in Warwick junction within the eThekweni municipality (Dube 2015).

A unique collaboration exists between UNHCHC and LifeLine which operates within the same premises. LifeLine provides free HIV counselling, testing as well as HIV counselling skills training, thus placing UNHCHC in a prime position to treat referrals therefrom. In a clinical audit of UNHCHC cases revealed that a substantial percentage of the patients were unemployed (41% of the total) and 23% pensioners, children and students (Smillie 2010). The cost of health care can be a strain for these demographic groups, making the health care service provided at UNHCHC more valuable. The patient demographic for this period also showed that the majority of the patients at UNHCHC were black African (80%) (Smillie 2010). An epidemiological survey conducted on HIV prevalence in South Africa by the Human Sciences Research Council (HSRC) found that HIV prevalence is highest not only amongst the black African population, but is also the highest in KZN and sub-provincially in eThekweni municipality of KZN (Shisana *et al.* 2014). This further motivated the study setting at UNHCHC specifically.

## **1.5 Rationale of the study**

### **1.5.1 Motivation of the study**

By formalising the data collected on the concomitant ailments of HIV infections, the patterns of pathology, and the homoeopathic prescriptions thereof, the important role that homoeopathy can play within the public health sector in the adjunctive care of HIV concomitants can be highlighted. This can contribute to the ongoing efforts to integrate homoeopathic management of HIV infected individuals as a complementary modality in the primary health care setting. Also, as far as it is known, there have been no other retrospective studies conducted locally to describe the homoeopathic management of concomitant symptoms in HIV+ patients in a community health centre such as UNHCHC. Also, the findings would validate the feasibility of such a community health care facility. The trends or patterns in prescription can serve as a possible guide when clinically prescribing homoeopathic medicines for concomitant ailments in HIV+ cases.

### **1.5.2 Homoeopathy in primary health care**

In South Africa, homoeopathic practice is regulated by the Allied Health Professions Council of South Africa (AHPCSA) and is currently prevalent in the South African private sector and in some university administered public homoeopathic community health centres. Officially, there is no provision for the inclusion of homoeopathy in the South African public or primary health care system.

However, there are other countries in which homoeopathy is funded publicly such as Ireland, Denmark, Luxemborg, Poland (Watson 2014), India, Pakistan, Italy, Germany, Switzerland, United Kingdom and France. In France, 43.5% of the medical practitioners make homoeopathic prescriptions together with conventional medication (Relton et al. 2017). Germany, Switzerland, United Kingdom, Mexico, Sri Lanka, Brazil and Portugal have integrated homoeopathy into their national healthcare (Lombaerts and Vanthuyne 2018; Manchanda 2016). In India, homoeopathy not only enjoys equal legal status to allopathic medicine, it is the primary care service for many patients (Manchanda 2016).

In Belgium, homoeopathic practice has become regulated since 2014 and subsequent government legislation has led to short formal training in selected homoeopathic practice as outlined by a 2014 study in Scotland (Lombaerts and Vanthuyne 2018).

In the United States of America, there has been a shift toward integrating conventional medicine with complementary and alternate modalities as seen in the rise of integrated care clinics for HIV/AIDS function in the major cities (Standish 2002). By merging healthcare, already strained resources are utilised more effectively.

The World Health Organisation (WHO) endorses people-centred health services that empower the “user” (patient) in health care management decisions, thereby allowing for more compassionate and holistic treatment offered by healthcare professionals (World Health Organisation [WHO] 2016). Thus, the holistic approach of homoeopathy has the advantage of being in line with this vision. The WHO has also supported and

encouraged the integration of CAM in national health care particularly at the primary level (Manchanda 2016).

### **1.5.3 Cost effectiveness and safety of homoeopathic treatment**

There has been a worldwide increase in cost of health care (Manchanda 2016). Homoeopathic treatment offers cost effective and clinically beneficial medical care as seen in the Swiss government's rigorous evaluation on the validity of homoeopathy within health care (Bornhoft and Matthiesen, 2011, cited in Watson 2014). A retrospective observational study which was conducted in a hospital in Italy between 1998 and 2003 indicated that homoeopathic management of patients is cheaper than conventional medical treatment for the equivalent conditions. The cost implications for conventional medication were significantly lower for those patients that were also concurrently treated homoeopathically (Rossi *et al.* 2009).

In UK economist Christopher Smallwood's study in 2005, it was reported that homoeopathic medicines are cheaper, and that by increasing homoeopathic management in the public health care system, over 100 million pounds could be saved on UK public healthcare (Smallwood 2005 cited in Ng Yu-Hin 2011).

In a decade long analysis study conducted in New Delhi in India, it was found that homoeopathic treatment cost was about a quarter that of conventional allopathic treatment, despite the 58% increase in patient numbers visiting homoeopathic primary health facilities during the same study period (Manchanda 2016). The reduced cost implications of homoeopathic treatment are additionally supported in a 2018 study which cited several other studies as to the cost effectiveness of homoeopathic remedies and consultations in comparison to mainstream medicine (Lombaerts and Vanthuyne 2018). By merging homoeopathy as a complementary modality to mainstream conventional medicine, already strained resources can be utilised more effectively.

Homoeopathic medicines are also safe to use. There have been no reported incidents of ill side effects to homoeopathic remedies since 1938 (Lennihan 2004 cited in

Zimmerman 2012). A systematic review on the safety of homoeopathic remedies revealed that they are not harmful (NCCAM cited in Zimmerman 2012), as they are highly diluted (but potentised energetically) to contain an infinitesimal quantity of the original material. This makes them gentle and safe (Zimmerman 2012).

## **1.6 Delimitations**

This study was limited to only new HIV+ patients for the period 2015 to 2016 at Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC) in the eThekweni municipality. The sample size for this study was therefore determined by the total number of new HIV+ cases at UNHCHC in this period. It was found that there were 632 new cases in 2015 and 826 new cases in the year 2016 at UNHCHC. Thus, there was a total of 1458 new cases for this period.

## **1.7 Conclusion**

The prescription trends that can serve as a basis for future guidance in clinically prescribing homoeopathic medicines for concomitant ailments in HIV+ cases can motivate for the integration of homoeopathic complementary medicine in primary health care. The integration of homoeopathy into the public health care system in South Africa and for that matter in any country can be beneficial due to user/patient satisfaction, cost effectiveness and safe use. Importantly patients are empowered with more choice and the opportunity to make informed decisions on managing their health. Further to that, long-term vision of integration policies or legislations put into place should ensure and encourage harmonious coordination between conventional allopathic medicine and homoeopathic medicine, with the joint aim of providing the most beneficial health care to the patient so that the two modalities should complement each other by bridging the gap in their respective limitations.

This would allow for patients to make informed choices, reduce public health care expenditure with the cost efficient implications of homoeopathic treatment, sharing of resources in a cost effective way, efficient two-way transition in the event of referrals between allopathic and homoeopathic practitioners, coordinated and collaborative

efforts between these two disciplines to align to patient needs, and provision of the best possible health care to the patient.

## CHAPTER 2: LITERATURE REVIEW

The purpose of this literature review was to look at key concepts related to the to it. Electronic databases and books were searched for information on the prevalence of HIV infection in South Africa, the economic and workforce burden placed on the South African healthcare system, what is known with regards to its mainstream treatment and concomitant ailments, studies on whether adjunctive treatment such as homoeopathic management of HIV cases are effective and whether there are any studies to review possible patterns that may exist in the concomitant ailments and homoeopathic remedy prescriptions thereof. The principles of homoeopathic treatment and the UNHCHC study setting are also reviewed, and the methodology of retrospective chart reviews discussed.

### 2.1 HIV epidemiology

HIV infection in South Africa is of great concern as South Africa had the fastest growing HIV infection epidemic in the world at one time (Gouws and Abdool Karim 2008).

According to UNAIDS statistics, the world HIV population in 2016 was estimated at 36.7 million (UNAIDS 2017), of which 19% were in South Africa, according to epidemiological results from Stats SA. Current Stats SA results report that approximately 12.6% of the South African population in 2017 were said to be HIV infected. Of this 20% were females in their reproductive years (Stats SA 2017a).

A survey on National HIV Prevalence and Incidence in South Africa that was conducted in 2012 by the Human Sciences Research Council (Shisana *et al.* 2014) found great variation in HIV prevalence by province, with KZN having the highest HIV prevalence at 16.9% with eThekweni, KZN ranked the highest within KZN. Prevalence by race, was significantly largest amongst black Africans followed by coloureds, Indians and whites (Shisana *et al.* 2014). The authors observe that despite the prevalence of HIV in South Africa having stabilised over recent years, it is still high.



The significance of this epidemiological data is that the South African health care system is quite burdened in treating the high number of HIV+ cases, with KZN bearing a substantial proportion of it.

## **2.2 The impact of HIV – economic, social, psychological**

The impact of the HIV/AIDS pandemic has been significant, particularly to the social and economic core of sub-Saharan Africa in which a substantial proportion of the world HIV+ population resides. HIV ailments have financial implications for the family unit due to increased health care costs and reduced income due to either death or inability to work due to HIV illness. On a larger scale, this impacts on the country's economy due to increased financial burden on the public health care system and a compromised, ailing, inconsistent workforce (Quirk and Sherr 2015).

HIV has far reaching consequences beyond just the sufferers thereof. Sherr *et al.* (2014) conducted a literature review on the short-term impact on children of HIV infected parents and noted that studies conducted in several countries reveal the corrosive social, economic, and psychological effects of HIV. Children of HIV+ individuals are directly impacted whether by linear transmission of the virus from the parent/parents to them, or by being orphaned by the dreaded disease or by poor mental, emotional, physical, and financial parental care that inadequately meets the basic needs such as protection, healthcare and nutrition. Such circumstances increase the risk of poverty, increased exposure to violence and abuse, poor education, and risk of inappropriate sexual and adolescent behaviour. Also, not only do HIV+ parents need to manage the physical drain of the disease, but they also need to bear the shock, shame, and stigma of being diagnosed as HIV+ – this mental adjustment may diminish their mental capacity to provide adequate parenting. The authors found that children of HIV infected parents were more likely not to attend school regularly or complete their education as some seek to care for their parents or work to support their family. It was seen that there was a multi-fold risk of exposure to violence or abuse in homes in which there was HIV infection.

Psychologically, the HIV epidemic is one which has been seen to bring with it doom, suffering and the scythe of death, invoking dreaded fear and feelings of loss of hope, despair, powerlessness, and damnation. This can be further weighed down by shame, the attached stigma and social isolation. These can powerfully impact on the HIV patient psyche and serve to have a negative effect on an HIV+ patient's health and can be an obstruction to cure (Stallick 1996).

### **2.3 HIV infection and signs and symptoms**

Laboratories in the United States and France were the first to isolate the HIV virus. Immune cells of the infected individual are targeted and destroyed by the virus, thereby sabotaging their ability to protect the body against opportunistic pathogens as well as cancer. Particularly, immune cells called CD4 T cells are the prime cells under attack (Wcislo and Szarlej-Wcislo 2015). The CD4 T cells are also called helper T cells and they an extremely importance role in the body's immune system responses (Talluri, Prabhala and Prabhala 2015). Infection by the HIV virus is ongoing so incrementally undermines the immune system (Root-Bernstein and Merrill 2002) leaving the body in an extremely vulnerable position against serious infections (Talluri, Prabhala and Prabhala 2015). The CD4 T lymphocyte is routinely tested for in HIV+ patients as a measure of how their immune system is fairing (Stallick 1996).

There are three main modes through which the HIV virus is transmitted – sexual contact, passing from mother to child (breastfeeding and transplacental in pregnancy) and through body fluid exchange (Singh and Watson 2015). Other routes include that of contaminated hypodermic needles and blood transfusion (Talluri, Prabhala and Prabhala 2015).

Signs and symptoms during early infection (called primary infection) are non-specific and present as an acute infection. Symptoms include sore throat, aching muscles, malaise and fatigue generally seen in viral infections, thus making it difficult to identify the HIV virus on symptoms alone (Singh and Watson 2015).

The initial infection stage is followed by an asymptomatic, clinically latent phase in which 30% of HIV infected individuals have generalised lymph enlargement (Longmore *et al.* 2014). The subsequent chronic HIV infection begins with more marked constitutional symptoms of fever (Colvin 2008), weight loss, gastrointestinal complications including chronic diarrhoea (Longmore *et al.* 2014; Singh and Watson 2015; Colvin 2008), night sweats, respiratory conditions and bacterial and fungal such as oral candidiasis and other viral or parasitic opportunistic infections (OIs) (Longmore *et al.* 2014; Singh and Watson 2015). Common opportunistic can be seriously life threatening to those infected with HIV (Talluri, Prabhala and Prabhala 2015). Late-stage HIV infection leads to Acquired Immune Deficiency Syndrome (AIDS).

## **2.4 Concomitant ailments of HIV**

According to Medline Plus Medical Dictionary, “Concomitant” is defined as something or describes something that occurs with another at the same time, is an accessory or is an associated symptom secondary to the main symptom i.e. it is something that naturally occurs with another phenomenon (Medline Plus 2021). Concomitant ailments to HIV infection refer to those that can occur in an HIV+ individual.

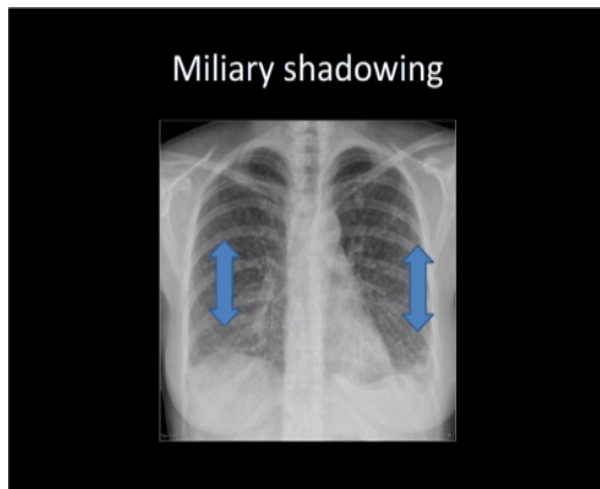
There are several concomitant ailments associated with the main symptoms of HIV infection. The management of these also place further demands on South African health care resources.

Research indicates that there is a higher rate of concomitants in HIV infected individuals than those that are uninfected, placing greater stress on their well-being and health (Wilson *et al.* 2010). In a study at a large Durban hospital in the late 1990s, it was found that the percentage with these concomitant conditions among HIV-positive patients compared to those uninfected, was significantly higher. Similar results to this were obtained in another study in a large Soweto hospital’s HIV clinic (Colvin 2008). The higher rates have further financial implications on the public health care system as these conditions may require hospitalisation.

The most common co-infections include TB, herpes, gonorrhoea, and hepatitis C as well as pneumonia from pneumococcal infection. Pneumococcal pneumonia is a pulmonary infection caused by the bacteria, *Streptococcus pneumoniae*, which is endogenously found in 20% of adult pharyngeal flora. The unchecked proliferation of this bacteria in the immunocompromised results in its pathology. Symptoms displayed include pyrexia, rigours, pleural chest pain and a productive mucopurulent cough. Radiographic evidence reveals lobar consolidation resulting from the infection (Kumar *et al.* 2007).

TB occurs much more commonly in HIV+ individuals than the non-infected population and propels the momentum of the HIV infection (Stallick 1996). According to the Joint United Nations Programme on HIV/AIDS' (UNAIDS) statistics, about 33% of deaths related to AIDS are due to TB and is the leading cause of death amongst the HIV infected. Approximately 11% of the global TB population was HIV+ in 2015 (UNAIDS 2017).

TB is a bacterial infection that typically affects the lungs, the causative pathogen being *Mycobacterium tuberculosis*. TB with HIV coinfection has no typical radiographic imaging to characterise it, but has an acute onset with an incidence rate of 2.5 times greater than in those that don't have HIV. It manifests as primary TB in people living with HIV (PLWH) with systemic symptoms that include fever, night sweats, chills, weight loss, weakness. Respiratory system affections include cough, sputum or expectoration, shortness of breath and chest pain (Centers for Disease Control and Prevention [CDC] 2011; Li 2014). In the context of lower CD4 T cell counts, TB presents with more extrapulmonary involvement as the bacilli infection is disseminated and can further progress to miliary TB (Li 2014). Figure 2.1 shows miliary TB features on chest X-ray (Raina *et al.* 2013).



**Figure 2.1: Miliary TB on chest X-ray**  
Source: Raina *et al.* (2013)

Herpes simplex infection is a common infection by Herpes simplex virus type 1 (HSV1) or type 2 (HSV2) that manifests as single or multiple vesicular sores with clear fluid around the oral mucosa (lips and mouth), nasal openings, or the genitals. Painful ulcers develop after the vesicles rupture. The virus remains dormant within nerve ganglia and re-manifests at times of compromised immunity, fever, trauma or respiratory tract infection (Kumar *et al.* 2007). Figure 2.2 shows herpes simplex infection in an HIV+ child.



**Figure 2.2: Herpes simplex infection**  
Source: US Department of Veteran's Affairs (2018)

In the new millennium, it was seen that fungal infections and diarrhoea all associated to HIV were becoming more prevalent (Colvin 2008). Of the gastrointestinal affections seen in PLWH, diarrhoea presents as the most common clinical symptom. It is most

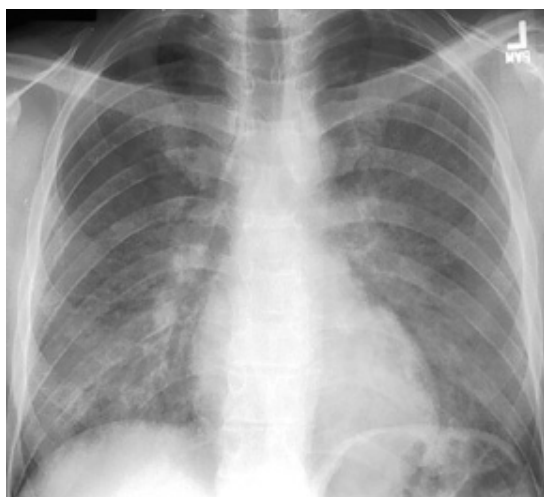
frequently due to *Candida* infection which also is the main cause of chronic diarrhoea in PLWH. Other implicated infectious agents include bacteria, viruses and parasites (Awoyeni *et al.* 2017).

With immunocompromised levels in HIV infection, opportunistic infections occur quite frequently. Fungal infections account for many of these, particularly of the oral cavity, oesophagus, mucosa, and vagina, mainly due to *Candida albicans* (Awoyeni *et al.* 2017). Oral fungal infections commonly seen include thrush (which can be one of the first signs of HIV), angular stomatitis and hairy leukoplakia (Pour, Salari and Almani 2018). Oral cavity and oesophageal candidiasis presents with an adherent grey white, plaquelike coating of fungal growth (psuedomembrane) that appear dirty with an inflamed, red base below it that can bleed on removal of plaques. Vaginal candidiasis has features of intense pruritis and curdlike discharges (Kumar *et al.* 2007). Figure 2.3 show how these pathologies can present. In more advanced HIV infection, it can be fatal (Limper *et al.* 2017).



**Figure 2.3: a. Oesophageal candida infection, b. Oral candidiasis in an HIV+ person**  
Source: US Department of Veteran's Affairs (2018)

Pneumocystosis (or pneumocystic pneumonia) is the most common fungal infection affecting the respiratory system, and is caused by *Pneumocystis jirovecii* (Limper *et al.* 2017). Chest imaging of the lungs reveal infiltrates around hilar lymph nodes bilaterally as seen in Figure 2.4. Symptoms include dry cough, fever and dyspnoea in most cases, frequently with hypoxia (Kumar *et al.* 2007).



**Figure 2.4: *Pneumocystis jiroveci* pneumonia chest X ray with bilateral, diffuse granular opacities**

Source: US Department of Veteran's Affairs (2018)

In a 2008 review, an average of 60% of HIV infected individuals also suffered with anaemia. A compromised immune system in an HIV infected person can also lead to susceptibility to cancers such as Kaposi's sarcoma, lymphoma or cervical cancer (Wilson *et al.* 2010).

Other oral pathology concomitants seen include mouth ulcers or abscesses, gum disease and hairy leukoplakia (Stallick 1996). Mouth (aphthous) ulcers of the oral cavity are painful, small, round erosions of the superficial mucosa that are shallow with a red rim and can exude a grey white fluid (Kumar *et al.* 2007). Figure 2.5 shows an aphthous ulcer.



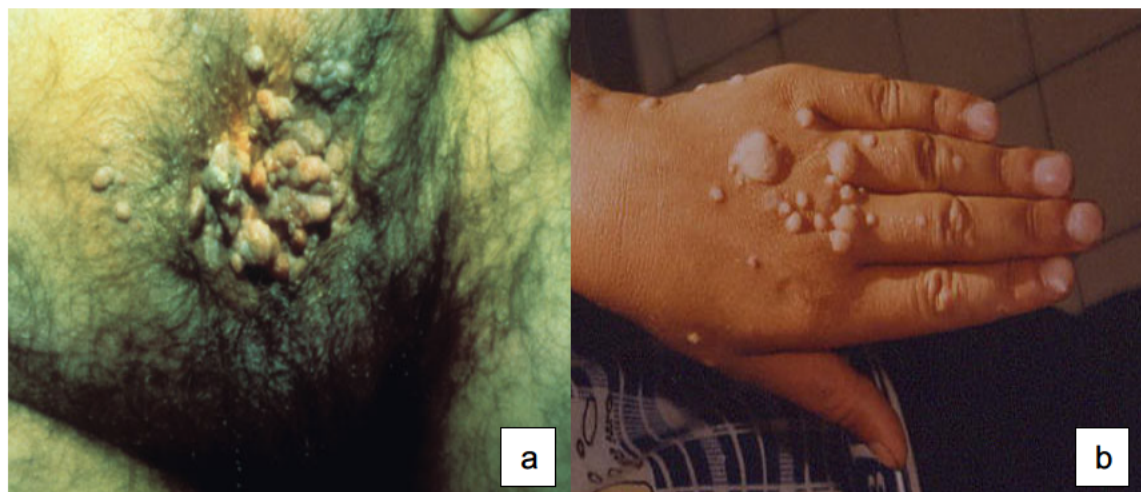
**Figure 2.5: Aphthous ulcer**

Source: US Department of Veteran's Affairs (2018)



Oral and gastrointestinal pathologies lead to poor nutrition and related deficiencies in the former and malabsorption in the latter causing further weight loss and wasting in an HIV patient (“HIV wasting syndrome”). Small intestine disease is also seen in HIV infected patients (HIV enteropathy) (Bhaijee *et al.* 2011).

Some skin pathologies concomitant to HIV include warts, shingles, ringworm, psoriasis and seborrheic dermatitis (Stallick 1996). Warts or verrucae are proliferative growths of skin that range from small to large and from flat, smooth to papular, rough, scaly lesions. They are caused by human papillomavirus (HPV). They occur anywhere but most commonly on the hands. Warts of the genital area (venereal warts or *Condyloma acuminatum*) occur on the perianal region or on male or female genitalia (Kumar *et al.* 2007). Figure 2.6a shows anogenital wart and Figure 2.6b shows severe cutaneous warts in a boy with HIV infection.



**Figure 2.6: a. Anal condylomata , b. Cutaneous warts**  
Source: US Department of Veteran’s Affairs (2018)

Shingles resulting from the herpes zoster virus (the *Varicella zoster* virus of chicken pox), lays dormant in the dorsal root ganglion. It frequently reactivates due to the weakened immune system of those with HIV and presents as a skin eruption of blisters as seen in Figure 2.7a occurring with burning, itching, intensely painful sensations along the dermatome (the area that is innervated by the infected nerve) (National Institute for Mental Health 2019). Figure 2.7b shows the unilateral infection of the trigeminal nerve by the herpes zoster virus in an HIV infected individual, which is more



specifically termed herpes zoster ophthalmicus (US Department of Veteran's Affairs 2018).



**Figure 2.7: a. Herpes zoster (shingles), b. Herpes zoster ophthalmicus in and HIV infected woman**

Source: US Department of Veteran's Affairs (2018)

This severity in the various conditions concomitant to the HIV infection requires the development of treatment to counter the virus' mode of action leading to the current allopathic treatment of HIV which also has a few drawbacks.

## **2.5 Allopathic treatment of HIV and its drawbacks**

Antiretroviral drugs (ART) were developed to manage HIV infection and act by suppressing viral replication, thus reducing the viral load (Singh and Watson 2015).

HIV infection is allopathically managed by ART such as zidovudine (AZT) (one of the first antiretroviral drugs developed in the fight against HIV aimed at limiting HIV) (Singh and Watson 2015). Highly active antiretroviral therapy (HAART) was a subsequent progression from ART and is a treatment that combines three antiretroviral drugs. HAART is reported to increase CD4 counts in those infected with the HIV virus. This treatment became available in public hospitals in South Africa in 2004 for HIV/AIDS patients (Maharaj 2015). In 2013, the WHO recommended ART for those with CD4 count of less than  $500\text{mm}^3$  (Quirk and Sherr 2015).

While these drugs are expensive, they are somewhat less so now than when they were first introduced and are now more readily available. Unfortunately, they can cause side effects such as nausea, depression, fatigue, and pain leading to drug resistance because patients interrupt treatment or non-compliance because of these side effects (Stallick 1996; Maharaj 2015). Drug resistance to any one of the HAART antiretroviral drugs is said to occur in 78% of those on the treatment while 27% have resistance to HAART drugs altogether (Brewitt *et al.* 2002).

There are several toxic effects related to the blood and liver as well as myopathy and neuropathy (Stallick 1996), and gastrointestinal conditions and anaemia are said to occur with drugs such as AZT (Standish, Calabrese and Galantino 2002). Other undesirable diseases and side effects that can result, include insulin resistance, kidney diseases, organ fat accumulation, liver disease, loss of muscle and bone mass (Singh and Watson 2015; Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine [ASHM] 2018). As a result, alternate modalities such as supplementation and homoeopathic treatment are sought by many of these individuals (Maharaj 2015).

For the majority of HIV infected South Africans, HIV treatment is available in the public health care sector. However, it is a sector that has limitations.

## **2.6 Allopathic HIV concomitant treatment and ARV drug interaction**

Amongst the ARV drug options, interactions with other drugs as well between various ARV drugs themselves exist. These drug-drug interactions (DDI) include increased, decreased or delayed drug absorption or drug metabolism leading to increased or decreased plasma concentrations of either drugs. This can lead to reduced efficacy of the lower concentrated medicine, undesirable increased action of a more concentrated drug or adverse reactions such as toxicity (SAMF 2020).

According to a study in Tanzania by Schlaeppi *et al.* (2020) on the prevalence of DDI in HIV+ persons on various ARV combinations (different regimen combinations of

tenofovir, lamivudine, efavirenz, lopinavir, ritonavir, atazanavir or nevirapine) and a co-medication, 33% presented with “clinically significant drug interactions”, requiring adjustments or strict monitoring of dose, 18% with weakly significant DDI, and <1% with the most significant DDI that would warrant contraindications. This study further revealed clinically significant DDI with analgesics, antibiotics, anticonvulsants, antifungals, antihelmintics, antihistamines, antivirals, cardiovascular drugs, steroids, psychiatric drugs and to a small extent, gastrointestinal agents (Schlaeppli *et al.* 2020) as well as Metformin for diabetes mellitus, Warfarin anticoagulant, antacids, calcium and iron supplements, sedatives, oral contraceptives, statins and antiarrhythmias (for there are contraindications) (SAMF 2020). Of the most clinically significant DDI, the TB drug, Rifampicin was the most prevalent. TB was also the most common concomitant illness of HIV in this study. ARV that interact with Rimpacin are required to be doubled in dose (Schlaeppli *et al.* 2020). These drugs that present with adverse reactions on interaction with ARV, reflect a broad group of mainstream drugs that are allopathically prescribed for the various concomitant ailments seen in PLWH.

Antibiotics which have drug-drug interaction with selected ARV such as Ritonavir include macrolides e.g. erythromycin used in treatment of pneumonia, or for skin infections such as impetigo or sexually transmitted diseases such as syphilis, chlamydia and gonorrhoea; conditions which can occur more frequently in PLWH as concomitant ailments. Co-trimoxazole antibiotic DDI with the ARV drug, Zidovudine increases the ARV toxicity (SAMF 2020).

## **2.7 Allopathic antibiotic treatment for HIV concomitant ailments and its limitations**

In a study by Faiela and Sevene (2022) on antibiotic prescription patterns for HIV+ persons, there was an increase in prevalence of antibiotic prescription in the treatment or prophylaxis of opportunistic conditions. It was reported that there was particular antibiotic overuse (primarily of penicillin based antibiotics) for upper respiratory tract infections such as colds and influenza which are of viral aetiology and for which antibiotics are not indicated. This raised the concern for bacterial resistance. A study in Cambodia reported 96.2% of HIV+ persons having resistance to amoxicillin, a first

choice penicillin drug for respiratory conditions especially for those in vulnerable and immunocompromised groups such as PLWH.

Another example is that high levels of resistance to the sulphonamide antibiotic, co-trimoxazole, were reported in several studies in Mozambique (Faiela and Sevene 2022). Co-trimoxazole is the treatment of choice for *Pneumocystis jiroveci* pneumonia prophylaxis, toxoplasmosis, HIV infected Tuberculosis and the diarrhoea of parasitic *Isospora belli* infection amongst HIV+ patients. The problems of drug resistance and drug interactions with other drugs used to treat concomitant HIV ailments such as influenza, TB, diarrhoea, and pneumonia become significant. Thus, homoeopathic medicines, which do not pose such drawbacks of resistance or drug interactions, are beneficial options.

## **2.8 Influenza vaccination effects in HIV+ persons**

Influenza is a known HIV concomitant ailment (also the most frequently found concomitant condition in this study). Mainstream HIV management encourages regular administration of the influenza vaccine (SAMF 2020). According to an analysis of 20 studies by Ceravolo *et al.* (2013) on the adverse effects of influenza vaccination administered to HIV+ individuals, there is no definitive link in “serious adverse events” post vaccination, and mild to moderate systemic effects such as headache, fatigue, and pyrexia were reported to be short-lived as were the local inflammatory effects at vaccination site.

However, opposing results were reported in studies on the effect of influenza vaccination on HIV-RNA (HIV-ribonucleic acid) replication and CD4+ count. Several studies have found an increase in viral load and decreased CD4+ count post influenza vaccination, while some opposing reports suggested these effects to be temporary and self-limiting or having no effect at all on these parameters, the latter also concluded by Ceravolo *et al.* (2013). With several studies reporting opposing conclusions, the use of influenza vaccine in HIV+ persons may be controversial. The polarity in results though suggests that the preventive measure for influenza may not be effective as intended. However, it should be noted that the antigenicity of the

influenza virus changes as they are formulated annually. Thus, the effects of the vaccine may remain controversial. Therefore, the homoeopathic treatment of influenza as an HIV concomitant (most frequently reported in this study), highlights its value in mitigating these vaccine side effects.

## **2.9 HIV treatment in the public sector and its limitations**

The South African health system initially responded very slowly to the HIV epidemic and the 1980s and 1990s saw few advances in addressing HIV treatment in the public sector, although the need was recognised, and the government set up the AIDS Unit – a subsidiary body to the National Department of Health tasked to address AIDS related strategies. The focus on HIV and AIDS gained momentum post-apartheid and by 2003, public health care offered ART drugs for free. However, the priority to rebuild the South African nation for the first democratic government meant that adequate attention was diverted from developing improved HIV management. While significant strides have been made since then, the public health care system is woefully under resourced to cope with the HIV epidemic (Abdool Karim, Abdool Karim and Baxter 2008).

The primary health care system requires appropriate infrastructure to effectively tackle the HIV epidemic. However, the financial support required is inadequate and there is a lack of enough qualified health care staff (doctors, nurses, and pharmacists) and facilities, particularly in the treatment of fungal infections and TB. The dearth of qualified medical professionals means that public hospital staff are overworked and fatigued. Poor funding and resources also mean an unfavourable working environment for medical staff as well as poor conditions and inadequate treatment for patients. Clinics in the rural areas are also very far from each other, and HIV clinics are primarily situated in major large regional hospitals, making access for the economically disadvantaged to adequate healthcare all the more difficult. ART drugs are not within easy access to many HIV+ patients and those that are, may face challenges in adhering to the ART treatment regimen due to factors such as inconsistent drug availability, poverty, gender and stigma that may disrupt this protocol. It is estimated that the public health sector is strained with the overwhelming burden of needing to

provide medical service to over 80% of the South African population (Wilson and Fairall 2008).

These challenges faced by the South African health care system points to the need for adjunctive modalities to support the strained resources and the difficulties of mainstream ART and HAART treatment in HIV+ cases. Homoeopathy is a complementary health care system that can assist in that supportive role.

## **2.10 What is homoeopathy?**

Homoeopathy is a modality that seeks to treat disease in totality i.e. on a mental, emotional and physical level (Brewitt *et al.* 2002).

The German physician, Dr Samuel Hahnemann, founded Homoeopathy over 200 years ago, in which he brought to light the concept of treating 'like with like' in his Law of Similars (Sankaran 1991). It suggests that if a substance in high concentration is administered to a healthy individual and produces harmful effects, then the infinitesimal but dynamised homoeopathically prepared dose can be effective against the same harmful effects in a diseased individual (Brewitt *et al.* 2002). It is a principle first suggested by Hippocrates who said "*Similia Similibus Curentur*" meaning that like is cured by like (Sankaran 1991). Thus the Greek meaning of Homoeopathy of "like" (homoeo-) and "suffering" (pathos) (Swayne 1998).

A fundamental aspect of homoeopathy is the development of what is known as the materia medica in which symptoms produced in healthy individuals by a remedy is "proven" i.e., symptoms specific to each remedy are recorded in this reference data base. This serves as a reference source to match a patient's symptomatology to the most fitting remedy profile. Potentisation of the remedies is a homoeopathic principle in which remedies are prepared by successively dilution then dynamised through a process called succussion which energetically imprints the curative code and property of a substance while removing its material quality (Sankaran 1991). This is with a view to allow cure through gentle means (another Homoeopathic doctrine propagated by Samuel Hahnemann) (De Schepper 2006). This imprinted energy during treatment

through homoeopathic medicine aims to resonate with the body's own power of healing and strengthen it against disease. It is the disturbance in this healing power within (called the "vital force") that makes the body more susceptible to disease (Sankaran 1991). This vital force is described by Hahnemann as the energy that resides within to animate the body and which responds to the disease-causing energetic force of pathogens (De Schepper 2006).

A homoeopathic consultation is largely patient centred and entails providing the caring but professional conditions for patients to elucidate on their medical history, their emotional, physical, and mental status and personality type as well. This allows the practitioner to draw an overall picture of the patient (Sankaran 1991). Homoeopathic medicines are then selected based not only on the patient's physical symptoms, but on the complete patient profile by matching to homoeopathic medicines that fit the profile on all those levels. Thus, prescribing becomes more individualised (Swayne 1998).

## **2.11 Studies on homoeopathy and HIV**

While no information on the trends of the concomitant ailments and subsequent homoeopathic prescriptions was found, some studies revealed positive improvements with the use of homoeopathic remedies in the management of HIV+ cases and highlight the complementary role it can play.

Two studies found that there was a statistically significant increase in CD4 counts in HIV/AIDS patients which demonstrated improved immunological effects in HIV infected individuals on homoeopathic treatment (Ullman 2003; Quirk and Sherr 2015).

Brewitt *et al.* (2002) conducted an extensive double blinded, placebo-controlled clinical trial spanning eight cities in the United States of America. The authors investigated homoeopathic doses of growth factor which were administered to groups of HIV infected and AIDS sufferers. An increase in naïve lymphocytes (CD45 immune cells that show resistance to the HIV virus) was seen in those on the homoeopathic test remedy compared to the placebo group in this study. The significance of the increase

in CD4 cells is that the same effect is normally only seen after prolonged use of HAART. It was also seen that the homoeopathic test remedy elicited the body to promote cell to cell communication between immune cells thus facilitating cell renewal and repair – therapeutic features that are absent in antiviral drugs (Ullman 2003).

Rastogi *et al.* (Standish 2002) conducted their study in India and found decreased HIV viral load, increased functioning of lymphocytes and increased lymphocyte counts leading to overall improvement in immunity, metabolism, quality of life and neurological benefits.

Numerous studies in homoeopathic treatment of influenza, including double-blinded trials by independent investigators, have been conducted. The results of these studies indicated significant improvement in the test subjects being treated with a homoeopathic remedy in contrast to the placebo group. It is suggested that the homoeopathic effect modulates the immune system rather than influence the mechanisms of the virus directly i.e. it reinforces a weakened immune system when necessary and tempers an overactive immune system when that occurs. These findings in the influenza studies is relevant in relation to HIV as well, because of the positive immunological effects of homoeopathic medicine observed in those studies (Ullman 2003).

In an audit study conducted in East Africa by Quirk and Sherr in 2014, the accepted complementary role of homoeopathy by conventional medical practice in management of HIV is highlighted, particularly in Tanzania. An organisation called “Homoeopathy for Health in Africa” has spearheaded a homoeopathic treatment initiative for HIV/AIDS sufferers who are on ART medication with a view to alleviate adverse effects of the drugs and thus assisting in improved patient compliance and reduced subsequent drug resistance. Drug resistance can occur with treatment interruption and can lead to potential subsequent failure of the treatment. Adjunctive homoeopathic treatment in patients improved energy levels and overall health, aiding those individuals to better care and provide for their families. Patients had reported reduced vomiting, reduced symptoms of peripheral neuropathy, alleviation of skin symptoms



such as ulcers, Karposi's sarcoma and fungal infections. A significant increase in CD4 count was also noted (Quirk and Sherr 2015).

A retrospective study conducted in Swaziland clinics observed homoeopathic treatment of HIV+ patients, some of whom were on ART. The results indicated mental and physical symptom improvement in an average of 66% of the patients by their return visit. The homoeopathic treatment help to relieve trauma and grief (emotions often encountered in HIV but not addressed by conventional ART medicine), and relieve ART side effects such as peripheral neuropathy (Braun, Braun and Mabuza 2016).

Complementary homoeopathic management can also be of benefit in the emotional sphere and help with the powerful emotions such as terror, doom, hopelessness, guilt etc. that accompany a disease like HIV, and can function as maintaining factors of adverse health. Homoeopathic remedies that address these deeper levels can be used to alleviate these emotions which mainstream ART cannot treat (Stallick 1996).

However, homoeopathy in South Africa is currently limited to the private sector and several homoeopathic satellite health care centres that serve lower socio-economic communities including the one selected for this study, namely, Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC).

## **2.12 Homoeopathic remedy prescriptions**

Common homoeopathic remedies employed for some of the following HIV concomitant ailments are:

- **TB**

*Stannum metallicum* is indicated as a clinical remedy for TB (Moiloa 2000). It is a mineral remedy made from tin and its main sphere of action is the chest, mucous membranes and lungs (Vermeulen 2002). According to Boericke (2021), it acts on the respiratory system and displays extreme weakness in the chest in chronic broncho-

pulmonary affections. Cough is one of its leading symptoms, with profuse tracheal mucous, easy and much expectoration that has sweet or salty taste (Phatak 2015).

- **Pneumonia**

*Phosphorus* is frequently prescribed for pneumonia (Moilola 2000). Cough symptoms are dry, wheezy, “tickling”, hard and painful which can lead to exhaustion or vomiting. Pneumonia is typically left sided and there may be a rattling in the chest that feels pressured and full. There may be frothy sputum that is rusty with a salty, sweet or sour taste (Phatak 2015).

- **Herpes**

According to Bhatt and Vijaykumar (2022), *Natrum muriaticum* is one of the homoeopathic medicines used in the management of herpes simplex. It is a mineral remedy made from common table salt and affects mucous glands. Vesicles of herpes infection occur around the lips, at the hair margins, in the mouth and tongue (Phatak 2015). These burn on touch. Lips can be dry and cracked with ulcers (Bhatt and Vijaykumar 2022).

- **Oral candidiasis (thrush)**

*Borax veneta* is a homoeopathic remedy for oral thrush (Phatak 2015). It is produced from borate of sodium and has affinity for the mucous membranes and mouth. The white patches of fungal growth typical of thrush are seen in the mouth (Vermeulen 2002). There is inflammation and easy bleeding of the gums and a fear of downward motion are noted (Boericke 2021).

- **Mouth (aphthous) ulcers**

*Mercurius solubilis* is made from soluble black oxide (Vermeulen 2002). It targets the glands such as the salivary and mucous glands. It is characterised by violent and destructive features such as ulcerations of mucous membranes, foul odour, and foul

and acrid secretions (Phatak 2015). Other characteristics that indicate it for mouth ulcer prescription include thick saliva and a thick, yellowish white coated tongue (Jouanny 1991).

- **Diarrhoea**

*Arsenicum album* is a clinically known homoeopathic remedy for diarrhoea (Moilola 2000). It is prepared from Arsenic trioxide and acts on every tissue and organ, thus having a very broad sphere of action in a variety of conditions (Boericke 2021). Key features that accompany the ailment are anxiety, much restlessness and burning pains “like fire” that are relieved by warmth. The diarrhoea is foul, burning, can be small or like rice water and can be accompanied with emesis (Phatak 2015).

- **Warts**

*Thuja occidentalis* is the most frequently indicated homoeopathic medicine for warts (Jouanny 1991). It is a plant remedy made from the coniferous *Arbor vitae* or white cedar tree (Vermeulen 2002). Dr Samuel Hahnemann had proposed it to be the antidote remedy to homeopathic miasm sycosis (the “genetic” predisposition to conditions characterised by excess on all levels). It has a very strong role in the development of warty excrescences and condylomata which chiefly represent the sycotic predisposition suggested by Dr Hahnemann (Boericke 2021). Warts that indicate its prescription, typically appear cauliflower like, can be moist and bleed easily (Moilola 2000).

- **Herpes zoster (shingles)**

This neurotropic viral infection is often managed in a more advanced stage with *Rhus toxicodendron* (Jouanny 1991). It is a plant remedy made from the poison ivy plant. Some areas of its sphere of action include the skin (on which it has an irritant effect) and nerves (Vermeulen 2002). The cutaneous eruption described for this remedy picture is a vesicular, pruritic one that has an erythematous base, with tingling and burning. In the case of shingles, these symptoms occurs along the path of a

dermatome (Jouanny 1991). There is relief from warmth but not from scratching, and there is a distinct restlessness (Moilola 2000) in the symptom picture as relief is achieved with constant change in position (Jouanny 1991; Leckridge 1997).

### **2.13 Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC)**

UNHCHC is the Durban University of Technology's (DUT's) first satellite Homoeopathic community health centre. This joint venture started in 2004 with the non-profit organisation, LifeLine South Africa, and offers free homoeopathic primary health care services. It is located in Acorn Road, Warwick junction within the eThekweni municipality. Warwick junction is a gateway into the city centre, used by a vast number of daily commuters and a hub of informal local trade. The area is poor socio-economically and is rife with crime, prostitution and violence (Watson 2014). To the surrounding community, this primary health care service presents as a panacea. The outreach programme offering free HIV testing, rape and HIV counselling including 24 hour telephonic counselling, counselling skills and personal development workshops that are facilitated by LifeLine, attracts many from the surrounding community (LifeLine 2017).

DUT's fourth- and fifth-year students (previously B. Tech and M. Tech students respectively and currently BHSc Hom, M. Tech and MHSc Hom students) practice at this teaching/learning homoeopathic community health centre (tailored for DUT Homoeopathy students) with strict guidance and supervision by an attending Homoeopathic clinician. The students put into practice the extensive knowledge gained from the rigorous DUT Homoeopathy curriculum which includes physiology, pathology, pharmacology, homoeopathic materia medica, and philosophy to name a few.

Since opening in 2004, UNHCHC has seen a significant growth in patient numbers, prompting an increase in number of operating days (Smillie 2010). This increasing trend was seen in 2009 and 2010 followed by a steady stream of patient numbers for the subsequent years from 2011 to 2013 (Watson 2014). According to UNHCHC Head Clinician at the time, Dr Jabulile Ngobese-Ngubane, UNHCHC records indicate that

patient numbers increased in 2014 and thereafter jumped in numbers in 2015 and 2016. The year 2015 saw a total of 1128 cases while in the year 2016, 1481 cases were seen at UNHCHC, of which 632 and 826 cases were new ones for these respective years as indicated by Dr Ngobese-Ngubane (2017, pers. comm. 3 August).

## **2.14 Retrospective chart review research methodology**

According to Vasar and Holzmann (2013), retrospective chart reviews (RCR's) involve collection of existing data. Various sampling methods can be employed in this research methodology such as "convenient", "random" and "systematic", the latter 2 being suitable for a larger pool of available records while "convenient sampling" is the most common and practical strategy, particularly for smaller sample sizes (as was applicable in this study). It employs information that is available at the researcher's disposal, and it was a suitable method for this study, as the data required to answer the research questions of this study, was available in existing health centre records. RCR's require standardised data abstraction rubrics (either in paper or electronic form) to concisely record the data of interest, reducing any errors in data collection and assisting in exercising inclusions and exclusions (such as insufficient information in records). This was a useful tool for the data collection in this study.

RCR's also commonly address research questions that are descriptive involving trends, prevalence or incidence, the answers to which are expressed as frequencies, percentages, mean or mode and represented graphically, tabulated or in charts (Vassar and Holzmann 2013). For this study, establishing whether there are patterns in concomitant ailments in HIV+ persons and the subsequent homoeopathic prescriptions thereof, the data required translation into frequencies and percentages, reflected in tables, charts and graphs as seen in Chapter 4. Thus, the use of this methodology was suitable to address the research question and collection of the type of data.

## **2.15 Conclusion**

This retrospective chart review and thematic study conducted at UNHCHC aimed to gather information on which HIV concomitants occur, the homoeopathic prescription thereof and the trends that emerged from both and which could lend as a guide on homoeopathic management of HIV concomitants. The important adjunctive role that homoeopathy can play in the public health sector within this field, can thus be highlighted and can serve to make progress in its possible future integration, this being particularly important in the face of a strained health system.

## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3.1 Introduction**

The purpose of this study was to establish the trends in HIV concomitant pathology and homoeopathic prescription thereof at a community health centre in KZN, for which UNHCHC was selected as the setting. The research methodology design used to carry out this study for the purposes of this research problem is detailed in this chapter, in which the process of data collection, analysis and interpretation is outlined. The study involved a review of clinical data of cases from 2015-2016 thus making it a retrospective, descriptive study following content analysis of the data which provided insight into positive outcomes in health care. The trends that emerged from the study highlight the benefit of complementary Homoeopathic treatment of HIV concomitant ailments within the South African health care system.

### **3.2 Objectives and achievement of objectives**

#### **Aim:**

The aim of this study was to determine the homoeopathic management of concomitant ailments occurring in new patients that are HIV+, at a Homoeopathic community health centre within the period 2015 to 2016.

#### **Objectives:**

1. To record the number of cases and demographics of new patients that were HIV+ patients and that were homoeopathically treated for their concomitant ailments at a community clinic within the period 2015 to 2016.
2. To identify the concomitant clinical conditions and the pathology trend that emerges from the homoeopathic management of concomitant ailments occurring in new patients that are HIV+, at a community clinic within the period 2015 to 2016.
3. To identify the guiding symptoms that were considered in the formulation of the prescription of the homoeopathic remedy that was prescribed in each case in

which a concomitant ailment occurring in a new patient that was HIV+ and homoeopathically managed at a community clinic within the period 2015 to 2016.

4. To record the homoeopathic remedy, posology thereof and describe the prescription trends in the homoeopathic management of concomitant ailments occurring in new patients that were HIV+, at a community clinic within the period 2015 to 2016.

The study was able to meet this aim as it showed the more commonly occurring HIV concomitant ailments and the homoeopathic management thereof. All the objectives were met through the research methodology which involved identifying the relevant cases that met the inclusion criteria and recording the clinical case data from these with a data collection rubric (Appendix E). The first objective in recording the number of HIV+ patients that were new to UNHCHC and their demographics was achieved but limited to 113 cases that were deemed an adequate number as a study population size following consultation with statistician, Professor Glenda Matthews (2022, e-mail comm. 5 April).

Reviewing the clinical case data of new patients that were HIV+ during the study period and recording the relevant demographics, clinical diagnoses as the concomitant ailments and the respective homoeopathic treatment received for these ailments showed the patterns in pathology and Homoeopathic management. Further case details of mental, emotional, general, particular symptoms and physical findings were also manually recorded as per a data collection rubric (Appendix E). Subsequent electronic capture of data allowed the raw data to be tabulated and graphically analysed to reveal the trends that were sought through the objectives of the study.

Chart review of the particular symptoms of the concomitant ailment for each case also provided insight into the guiding symptoms that led to homoeopathic remedy selection. Comparison of the symptom pictures derived from the study data with existing homoeopathic materia medica showed verification of the remedy prescriptions of the cases reviewed. This step in the research methodology assisted in achieving the third objective of the study.



Further to that, the trends in homoeopathic remedy prescription for the common concomitant ailments was noted and in general the more common posology patterns were seen through the graphical and count analysis of the relevant data that was recorded. Thus, the remaining second and fourth objectives were achieved.

### **3.3 Research design**

#### **3.3.1 Study design**

The study methodology employed for this research was a retrospective chart review which entailed the gathering and subsequent organisation of pre-documented data, i.e., review of data that already exists with a view to obtaining solutions to the research questions. Furthermore, this well-used research methodology within the healthcare field of study, can provide resulting conclusions which can serve as a basis for further prospective studies (Vassar and Holzmann 2013).

This is a descriptive study that involved a review of patient charts and collection of data centred around the patients. Data collection for this study entailed content and thematic analysis of the patient records and description of trends that emerged from the chart review.

To carry out this study, case files of HIV+ patients who had newly attended UNHCHC in the period between 2015 and 2016 were first identified via a logbook that documents all cases seen at this community health centre. The relevant cases were then reviewed, and data collated using a standard rubric (Appendix E). The data obtained was then tabulated and represented through graphs and the content analysed with reference to homoeopathic materia medica. This study with thematic analysis provided the information to infer whether patterns exist without having to involve a study population directly (and thereby introducing further ethical considerations).

### **3.3.2 Study setting**

The site for this study was Ukuba Nesibindi Homoeopathic community health centre (UNHCHC) which operates from the third floor of the LifeLine building in Acorn Road within the Warwick Junction area which edges Durban's inner-city centre. UNHCHC was a suitable study setting for this research on HIV concomitant and prescription trends thereof. In a clinical audit of UNHCHC cases conducted for the period June 2004 to June 2008, HIV/AIDS was the second most prevalent condition, accounting for 6% of the total diagnoses. HIV referrals to other medical facilities during this period also accounted as the highest number of referrals at 28% (Smillie 2010).

The UNHCHC consultations were carried out by B Tech and M Tech Homoeopathy students during the study period under the professional guidance of qualified homoeopathic clinicians. The UNHCHC facility was a good study setting also because a patient perception and benefit study that was conducted at UNHCHC indicated overall positive satisfaction with the service, facilities, health care and treatment received at UNHCHC (Watson 2014). In another study conducted in 2013 at UNHCHC, results revealed that 95% of the participants indicated a very good first homoeopathic consultation experience (Dube 2015).

### **3.3.3 Study population**

#### **3.3.3.1 Inclusion criteria**

Cases that were included were those which were:

- New cases during 2015 and 2016 and in which the case history indicated that the patient had already been diagnosed with HIV, and written consent was found (written consent forms are signed by all patients at UNHCHC).

#### **3.3.3.2 Exclusion criteria**

Cases that were excluded were those in which:

- Files were not of HIV+ cases,

- HIV cases that fell outside of 2015 to 2016 period i.e. patients that were not new in this period.
- Files where the consent form was absent.
- Records were incomplete.

### **3.3.4 Sample size and selection**

The sample size was to be determined by the number of HIV+ cases that prevailed between the period between 2015 and 2016. There were 632 new UNHCHC cases in 2015 and 826 in the year 2016 (totalling 1458 new cases for this period) according to Dr Jabulile Ngobese-Ngubane (2017, pers. comm. 3 August). The files of these new cases were checked to ascertain their HIV+ status. In the previous 2010 study by Smillie at UNHCHC, HIV/AIDS accounted for 6% of the total diagnoses of cases considered in the time frame of that study (Smillie 2010). Thus, it was expected that at least 87 HIV+ cases (6%) would be found. The sample size was recommended to be approximately 100 as it was deemed adequate for the integrity and purposes of this descriptive study after consultation with statistician, Professor Glenda Matthews (2022, e-mail comm. 5 April). Thus, 113 cases that met the inclusion criteria were reviewed and used as the conservative population size for this study.

## **3.4 Ethical considerations and confidentiality, anonymity and POPI Act**

### **3.4.1 Confidentiality**

When research involving details of human subjects (as is the case in this retrospective chart review), research ethics dictates that researchers obtain signed written consent forms from study subjects permitting researchers to access and subsequently use non-identifiable case details (Evergreen 2022). The concept of confidentiality in the context of research refers to the protection of this private information of research participants from being disclosed, used, disseminated, or misplaced by the researcher (Government of Canada 2018).

A researcher is obligated to protect participants' identifiable information such as name, identity number, or address. This builds trust between researcher and study participants, and upholds the integrity of the study. Protective steps or measures to undertake confidentiality include coding of cases, password protection on electronic files, and locked or secured storage facility for hardcopy case information (Government of Canada 2018).

### **3.4.2 Anonymity**

Anonymity is when the researcher does not know the identity of the research participants i.e. they remain anonymous even to the researcher. Due to the ethical requirements of signed consent in human subject studies, anonymity is not commonly seen in research (Evergreen 2022). Thus, this is not applicable to this research study.

In terms of the South African law, the Health Professions Council of South Africa (HPCSA) patient confidentiality and information is protected by legislation set down by the National Health Act (Act no. 61 2003) (HPCSA 2007). Further to that, the HPCSA outlines that the confidentiality of a patient's HIV status has to be maintained in accordance with the South African Constitution (Act 108 of 1996) (HPCSA 2008).

### **3.4.3 POPI Act**

The Protection of Personal Information Act (POPI Act), outlines that in accordance to section 14 of the South African Constitution 1996, privacy is the right of all individuals. This right encompasses the right for personal (identifiable) information to be protected against "unlawful collection, retention, dissemination and use of personal information" (Parliament of South Africa 2019). This further reinforces the need to protect identifiable data of research subjects.

### **3.4.4 Ethical considerations in the study**

Patients attending UNHCHC sign a consent form prior to their first appointment, in which they consent to consultation, examination, treatment as well as to the use of

their case for research purposes. This allows homoeopathy students (those performing health centre duties and those for research purposes) access to their case files. This also permits students use of their case information (but not personal identifying information), for research studies as confirmed by UNHCHC head Clinician at the time, Dr Jabulile Ngobese-Ngubane (2017, pers. Comm. 3 August). Written patient consent forms were provided at UNHCHC.

The consent forms applicable for this 2015-2016 study period were available in English (Appendix F) and isiZulu (Appendix G) (as the health centre is located in KZN). Thus, patients were able to provide consent with full understanding and knowledge in their respective and preferred vernacular. This consent form made provision for a guardian or parent to sign for patients under the age of 18 years old and thus the researcher was permitted access to cases in which the patients were children as well.

It is noted that the current UNHCHC name came into effect in late 2017 (i.e. after the proposed 2015-2016 study period).

For this study, no names and personal information from the reviewed cases were used or disclosed. As this research was a retrospective chart review, there was no contact or meeting with any of the patients for this study.

Cases reviewed remained anonymous as they were coded by randomly assigning a case number to each one. They were referred to as such for the research study and subsequent dissemination of results. Thus, no names were recorded in the data. The coded list and data recorded on the paper data collection rubric (Appendix E) remained safely with the researcher in a locked cabinet for the duration of the study. Thereafter, hardcopy paper data was locked in DUT secured storage facility purposed for research data by the research supervisor to ensure that patient confidentiality was maintained. Access to this storage facility is limited to the Research administrator and coordinator. No case files were photocopied, and the review of the charts were supervised by the Head Clinician, Dr Sheromani Harripershad, or by the supervising clinician at UNHCHC. To ensure continued confidentiality after the study, the secured confidential

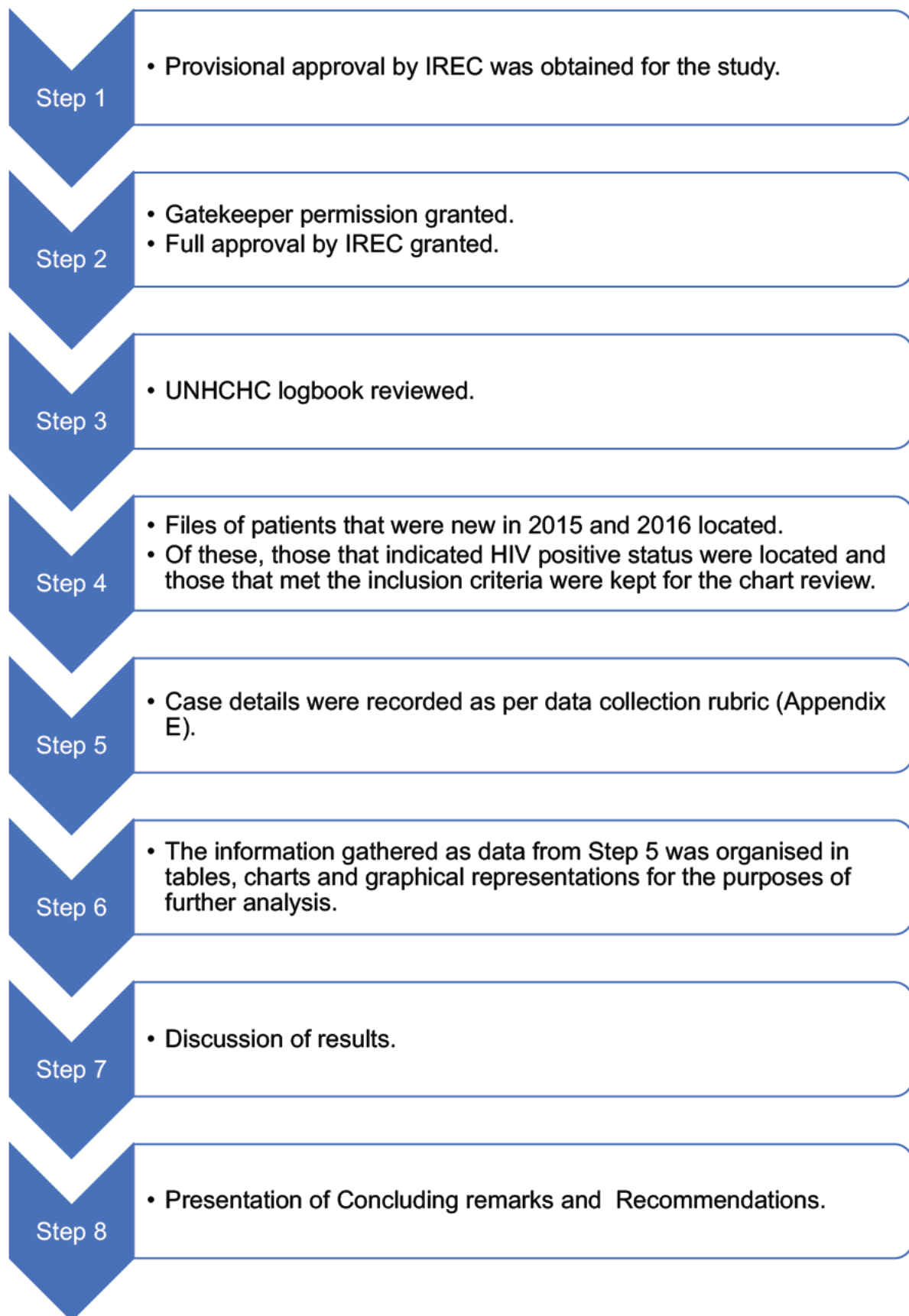
data in the Homoeopathic department's storage facility is kept for a period of five years after which the data is shredded.

Data that was electronically captured, was stored on the researcher's laptop during the research period and the files password protected. Only the researcher had access to this laptop device and the electronic data could only be seen by the researcher and the supervisor. This data also did not contain any identifying information to reveal any case identities. After the research period, all the electronic data related to the study was transferred to a universal serial bus (USB) flash drive and submitted to the DUT Homoeopathy department for a five-year secured storage after which the data will be deleted. Electronic data was also deleted from the researcher's laptop.

Permission (gatekeeper permission) to have access to the files prior to commencement of the study was sought from the relevant authority figures (Appendix A, B, C, D). An application to the Institutional Research Ethics Committee (IREC) was also made for approval of this study. After IREC review, full approval was granted for the study and the IREC approval number is IREC 056/21.

### **3.5 The study procedure**

A step-by-step process of how the study was carried out is shown in Figure 3.1.



**Figure 3.1: The step-by-step process of data processing for the study**

This study proceeded in the following manner:

- Provisional approval by IREC was obtained for the study, subject to submission of relevant approved Gatekeeper permissions to IREC (Ethical Clearance number IREC 056/21)
- Gatekeeper permissions were granted (Appendices A-D)
- Full approval by IREC was granted (Ethical Clearance number IREC 056/21)
- Chart review and data collection at UNHCHC commenced in the following manner:
  - A logbook that contains records of all cases at UNHCHC was consulted to identify the new cases seen for the period 2015-2016.
  - The cases were reviewed to select those that are HIV+ – the information on HIV status of the cases is indicated within the case taking record and was thus identified.
  - The relevant files that were identified for the study were reviewed for the required demographic, HIV concomitant ailment and subsequent homoeopathic treatment as per the data collection rubric (Appendix E).
  - For systematic progress in reviewing the files, the above was carried out by identifying new cases in chronological order by focusing on one month at a time.
  - Data was recorded on rubric sheets and thereafter electronically captured on Microsoft Excel® spreadsheets.
  - Data was summarised in tables.
  - Graphical analysis and interpretation of data was carried out using Microsoft Excel® for frequency tables, bar graphs, pie charts and pivot charts. These are presented in Chapter 4.
  - The themes and inferences from the results are further discussed in Chapter 5.
  - Concluding remarks of the study analysis are detailed in Chapter 6.

### **3.6 Data collection tool**

A rubric (Appendix E) was created and employed to capture data available for each case that meets the inclusion criteria of the study. The data collected for the HIV+



cases that newly attended UNHCHC during the 2015-2016 period for homoeopathic management, included:

- Case demographics (age, gender, race, occupation and marital status),
- HIV concomitant ailments (recorded as the clinical diagnosis),
- A description of the latter in terms of the case taken for the main complaint with consideration of the associated:
  - Concomitant: symptoms accompanying the main ailment,
  - Location: the area / areas affected in the main concomitant ailment,
  - Aetiology: the possible precipitating cause or trigger of the main ailment,
  - Modalities: conditions that make the main symptoms better or worse,
  - Sensation: the sensation / feeling associated with main symptom complaint,
  - Intensity: the degree of discomfort or disease, and
  - Time: the time at which main concomitant symptoms are most apparent.
- The information above was summarised within tabulated data for particular symptoms and description of the concomitant ailments.
- Guiding symptoms include mental, emotional, physical general and particular symptoms that make up the overall disease picture for homoeopathic case taking,
- Keynote / guiding symptomatology that motivated such prescription,
- Homoeopathic preparations prescribed,
- The posology (i.e. the potency, medium, dosage and frequency) of the homoeopathic prescriptions,
- Adjunctive medicine prescription and their posology.

No names, addresses, identity numbers, or contact numbers were recorded for any of the cases reviewed to safeguard the privacy and confidentiality rights of the patient.

In a qualitative type of research such as this study, trustworthiness of the data collection process is a significant concept to ensure the quality of the study. It concerns the rigour of a study and the level of “confidence in data, interpretation and methods” employed according to Connelly (2016).

Reliability of a study involved the following criteria, known as Guba's constructs (Shenton 2004):

- Credibility – this refers to the criteria that the data that emerges from a study should be a true reflection of the phenomenon being studied (Shenton 2004). Techniques that can be employed to meet this criteria include “member checking” and “peer review” (Connelly 2016: 435). In this research study, the clinical data can be considered credible and reliable as all cases at UNHCHC are supervised by suitably experienced and qualified homoeopathic clinicians and case files are signed off by these clinicians, providing a form of review. The nature of the detailed case taking at UNHCHC involves a form member checking, where symptoms reported are verbally confirmed between practitioner and patient (participant).
- Transferability – this criteria is related to whether the findings can be applicable in other settings of a similar nature. In this study, the context, study setting, sample participants and data analysis tools can be applied in other settings (Shenton 2004). This is due to the community health care centre setting of this study that is patronised by the most prevalent demographics of South Africa and also the shared premises with LifeLine where HIV testing and counselling was provided, allowing for a good referral system.
- Dependability – this refers to sufficient detail on the research methods being provided in a study so that future researchers are able to repeat the study and arrive at similar results (Shenton 2004). According to Connelly (2016: 435) this relates to stability of the data obtained over time. In this study, the methodology was outlined explicitly such that the data collection and analysis could be repeated by another researcher. The data collection rubric (Appendix E) was specific in the data fields that needed to be recorded and the Microsoft Excel® tools used to evaluate the results in tables, charts and graphs, is a generally available software.
- Confirmability – this refers to the degree of researcher objectivity and the degree to which the findings are indicative of the study participant's experiences (Shenton 2004). Connelly (2016) explains that a technique employed to ensure confirmability includes review of progress of data collection and analysis carried out by a colleague or a respected researcher. In this study,

the data collection was overseen by a the Head Clinician of UNHCHC and the progress of the data recording, analysis and interpretation was overseen by the research supervisor who has extensive experience in the research field. Also, the nature of a retrospective chart review methodology ensures such researcher objectivity as the case details were recorded as they were reported. The researcher was not part of the original case taking so that removes any possible researcher bias.

Thus, these criteria lend to the reliability and verifiability of the data collected and subsequently analysed.

### **3.7 Covid-19 protocol**

A Covid-19 protocol was adhered to in order to collect data at UNHCHC as the Covid-19 pandemic required important implementation of measures to limit the spread of this virus. Therefore, in keeping with good hygiene practice regulations prescribed by the Allied Health Professions Council of South Africa (AHPSCSA) (Allied Health Professions Council of South Africa 2020), the following protocol was observed by the researcher when collecting data for the retrospective chart review at UNHCHC:

- Use of a face mask.
- Use of face shield.
- No jewellery was worn.
- Hand washing as outlined by AHPSCSA.
- Hand sanitising as outlined by AHPSCSA.
- A separate room that was not being utilised for any patients consultations was used.
- The desk and chair in this room was sanitised before and after use.
- All files that were reviewed were set aside for 48 hours thereafter before being returned to the filing cabinet.

### **3.8 Data analysis**

Microsoft Excel® (MS Excel®) was used to tabulate and graphically represent the data collected for each field of the data collection rubric (Appendix E). The information

obtained retrospectively from the case reviews was organised by collation of data on Microsoft Excel® (MS Excel®) spreadsheets, followed by tabulation to summarise data, charting and graphical representations of the data using MS Excel® in order to facilitate a descriptive audit of the HIV concomitant and subsequent homoeopathic prescription trends. Thus, data analysis using specialised statistical methods were not required as basic descriptive statistics can be obtained through bar graphs, pie charts, pivot tables and pivot charts of the MS Excel® programme. This descriptive representation provided a means by which comparisons could be made.

Furthermore, the HIV concomitant ailments and homoeopathic management employed based on the guiding symptoms of these ailments was discussed in a qualitative manner to homoeopathically analyse and infer the patterns that emerged from the study. This was done by comparing the symptom arising in the data with existing homoeopathic materia medica. Thus, the subsequent thematic analysis conducted aimed to see what HIV concomitant pathology patterns and homoeopathic prescription trends were revealed.

## **CHAPTER 4: RESULTS**

### **4.1 Introduction**

The methodology described in Chapter 3 was followed to produce raw data outlined in a rubric (Appendix E). Review of the files generated data from 113 new cases seen at UNHCHC within the 2015-2016 study period and which were HIV+ and best met the inclusion criteria. This was in excess of the minimum number of cases to be reviewed set at 100.

The clinical diagnoses in these cases reviewed were extracted as the concomitant ailments in the HIV+ cases. The recorded data from the rubric for the 113 cases were further tabulated and graphically presented bar graphs, and pie and pivot charts for data analysis. This was in view of addressing the objectives of the study which were as follows:

1. To record the number of cases and demographics of new patients that were HIV+ patients and that were homoeopathically treated for their concomitant ailments at a community health care centre within the period 2015 to 2016.
2. To identify the concomitant clinical conditions and the pathology trend that emerges from the homoeopathic management of concomitant ailments occurring in new patients that are HIV+, at a community health care centre within the period 2015 to 2016.
3. To identify the guiding symptoms that were considered in the formulation of the prescription of the homoeopathic remedy that was prescribed in each case in which a concomitant ailment occurring in a new patient that was HIV+ and homoeopathically managed at a community health care centre within the period 2015 to 2016.
4. To record the homoeopathic remedy, posology thereof and describe the prescription trends in the homoeopathic management of concomitant ailments occurring in new patients that were HIV+, at a community health care centre within the period 2015 to 2016.

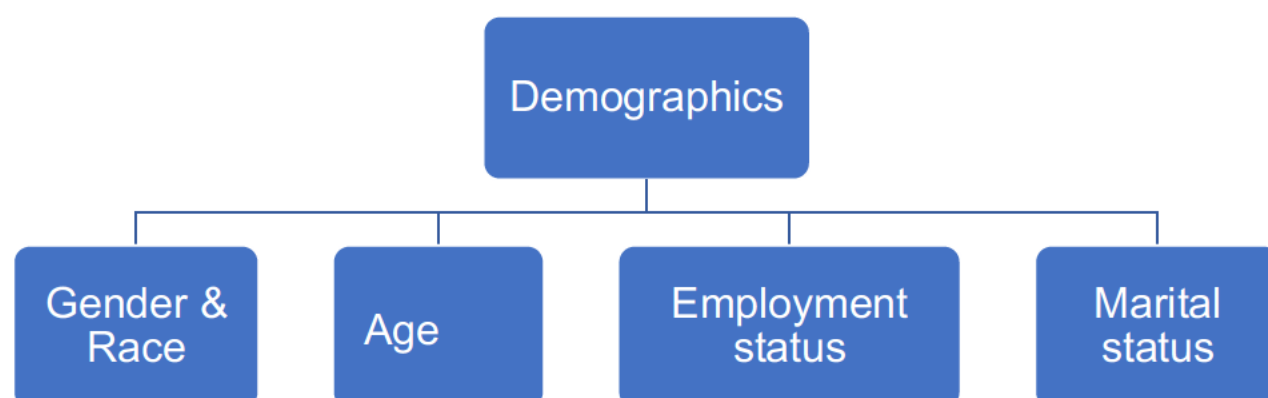
## 4.2 Overview of results

The results from the data collection and analysis are reported in the following categories:

- Demographics
- HIV treatment regimen (ARVs)
- Disease presentation
- Prescription and posology details

Data that has been classified as unspecified refers to information that was not recorded in the 113 cases reviewed.

### 4.2.1 Demographics



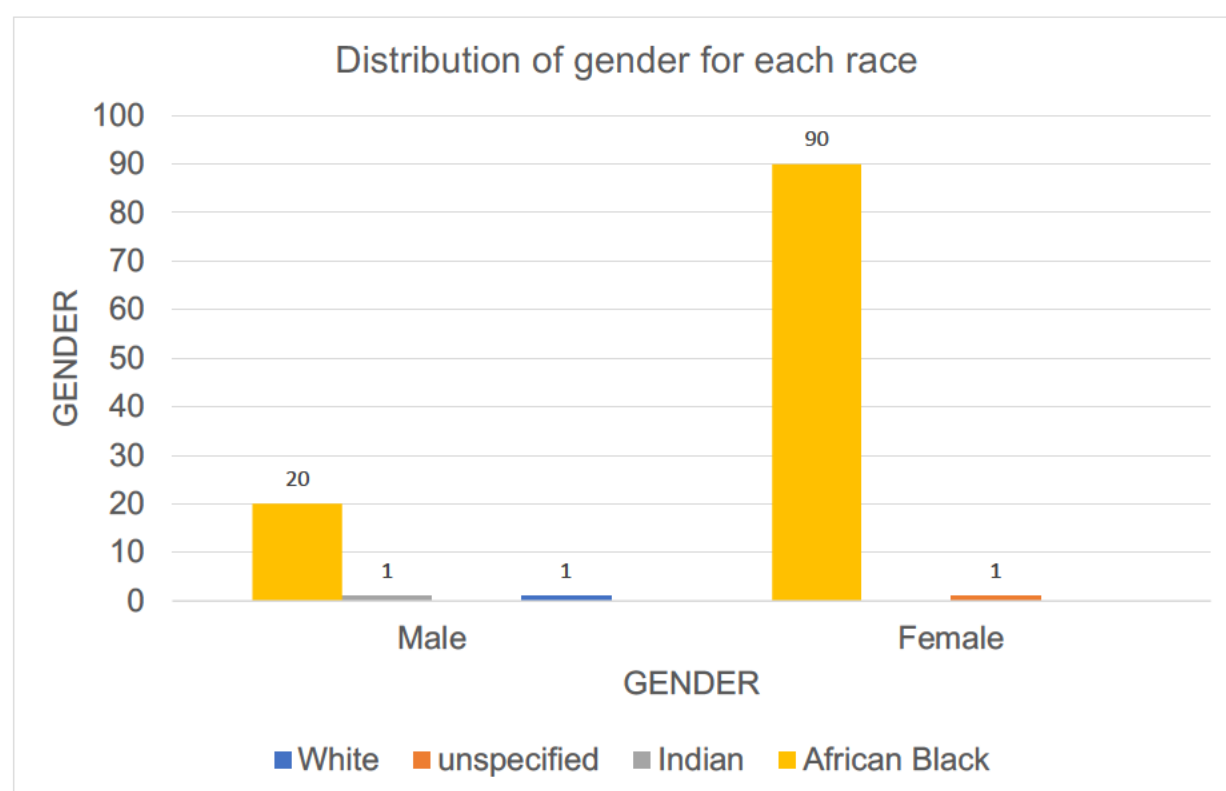
**Figure 4.1: Flow process of demographic data presentation**

The demographic data are reported as per the flow diagram in Figure 4.1.

### 4.2.1.1 Gender and race

**Table 4.1: Distribution of gender for each race**

| GENDER             | RACE          |          |          |             | Grand Total n (%) |
|--------------------|---------------|----------|----------|-------------|-------------------|
|                    | Black African | White    | Indian   | Unspecified |                   |
| Female             | 90            | 0        | 0        | 1           | 91 (81%)          |
| Male               | 20            | 1        | 1        | 0           | 22 (19%)          |
| <b>Grand Total</b> | <b>110</b>    | <b>1</b> | <b>1</b> | <b>1</b>    | <b>113</b>        |

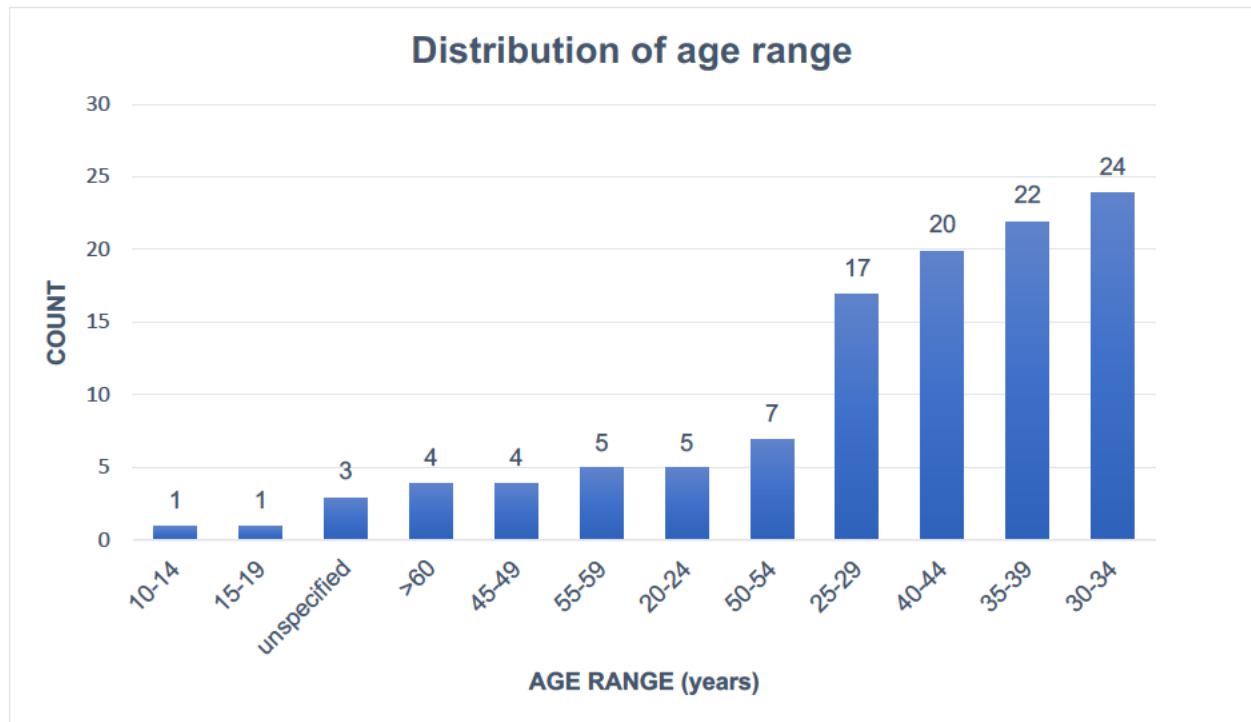


**Figure 4.2: Distribution of gender for each race**

Table 4.1 and Figure 4.2 reflect that 91 of the 113 cases were females accounting for 81% of the cases reviewed, with the remaining 19% of the study sample being males. Thus, it can be concluded that more females were reported to being HIV+ in a ratio of 4:1. Of the 91 females, 90 were of the black African race (99% of the female study sample) while 1% was not specified. The results further show that the majority of the male cases were black African (91% of the male study sample), followed by white and Indian (at 5% each). In total, 110 were of the black African (97%) while unspecified race, white and Indian accounted for 1% each of the study sample.

#### 4.2.1.2 Age

The ages of participants in the cases reviewed for this study ranged from 10 years to over 60 years as reflected in Figure 4.3.



**Figure 4.3: Distribution of age range**

Figure 4.3 shows that the majority of the cases were between the ages of 30-34 years (21%), followed by 35-39 years (20%), 40-44 years (18%), 25-29 years (15%), 50-54 years (6%).



#### 4.2.1.3 Employment status

**Table 4.2: Distribution of employment status**

| EMPLOYMENT STATUS  | COUNT OF EMPLOYMENT STATUS n (%) |
|--------------------|----------------------------------|
| Employed           | 50 (44%)                         |
| Unemployed         | 37 (33%)                         |
| Student            | 4 (4%)                           |
| Scholar            | 2 (2%)                           |
| Pensioner          | 1 (1%)                           |
| Unspecified        | 19 (17%)                         |
| <b>Grand Total</b> | <b>113</b>                       |

Table 4.2 reflects the employment status of the participants of the study. The results show that 44% were employed, while 33% were unemployed, 17% unspecified, 4% students, 2% scholars and 1% pensioners.

#### 4.2.1.4 Marital status

**Table 4.3: Distribution of marital status**

| MARITAL STATUS     | COUNT OF MARITAL STATUS n (%) |
|--------------------|-------------------------------|
| Single             | 81 (72%)                      |
| Married            | 7 (6%)                        |
| Widowed            | 3 (3%)                        |
| Divorced           | 2 (2%)                        |
| Unspecified        | 20 (18%)                      |
| <b>Grand Total</b> | <b>113</b>                    |

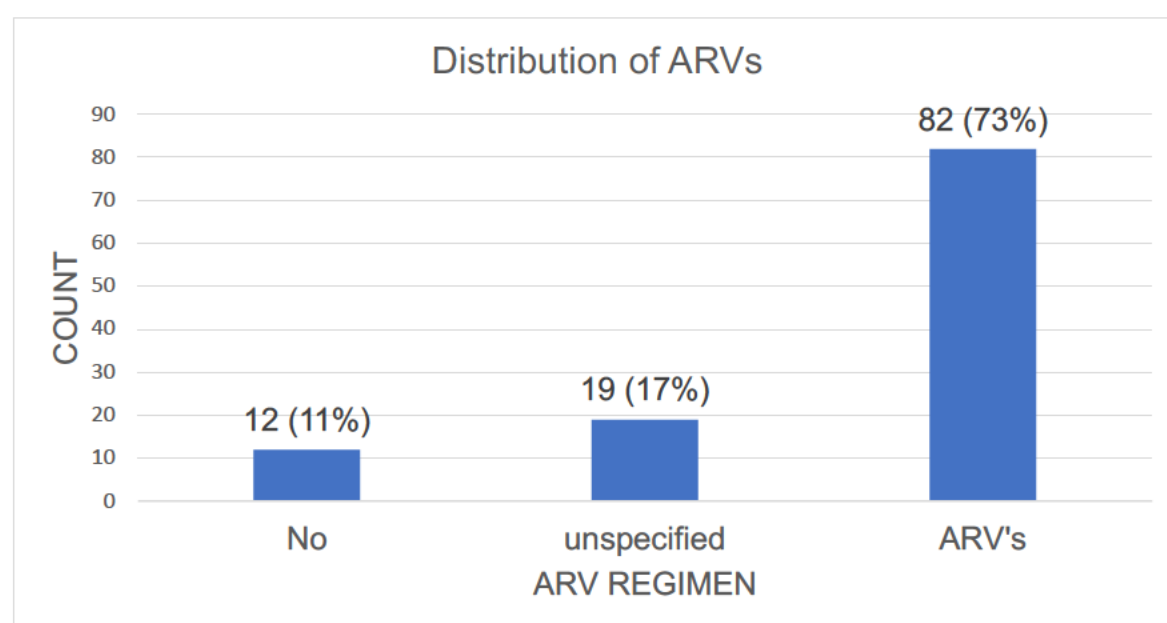
Table 4.3 reflects the marital status of the participants of the study. The results show that most of the study population were single accounting for 72% of the study sample, while 6% were married, 3% widowed, 2% divorced and 18% were of unspecified marital status.

## 4.2.2 HIV treatment regimen (ARVs)

### 4.2.2.1 Distribution of ARVs

**Table 4.4: Distribution of ARVs**

| ARV treatment   | COUNT OF ARV STATUS n (%)                          |
|---|--|
| On ARVs   | 82 (73%)   |
| Not on ARV  | 12 (11%)   |
| Non-compliant to ARV regimen (of the 82 reported to be on ARVs) | 3 (4% of those on ARV regimen being non-compliant) |
| Unspecified   | 19 (17%)   |



**Figure 4.4: Distribution of ARV regimen**

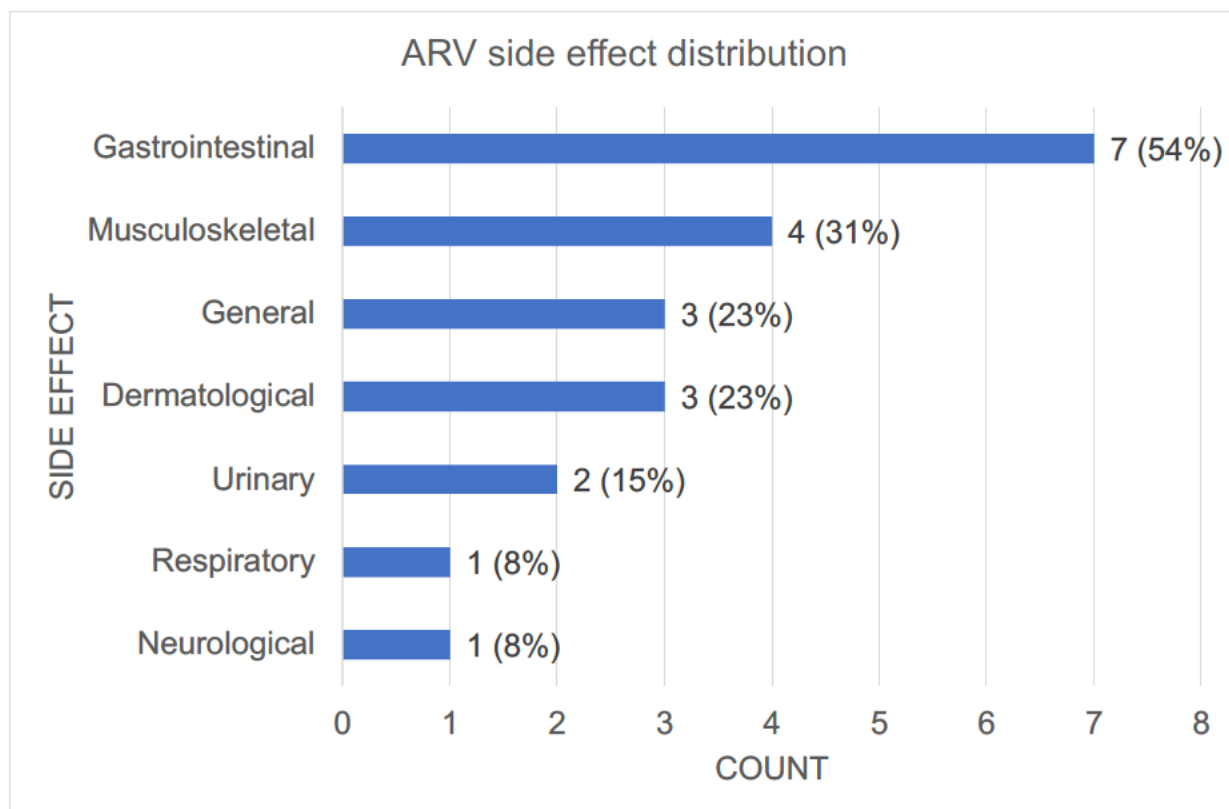
Table 4.4 and Figure 4.4 show the distribution of ARVs being taken by the participants in the study group. Of the 113 cases, 82 were reported to be on ARVs (73%), and 3 were non-compliant with the ARV treatment (i.e. 4% of those on ARV regimen were non-compliant). The cases where ARV treatment was not recorded was deemed as unspecified and accounted for 17% of the study sample, while 12 participants (11%) reported that they were not on any ARV treatment.

#### 4.2.2.2 ARV side effects reported in cases reviewed

**Table 4.5: ARV side effects reported**

| CASE CODE | ARV SIDE EFFECT DESCRIPTION   | ORGAN SYSTEM CATEGORY  |
|-----------|---|--|
| H010      | Myalgia,<br>Neck pain,<br>Shoulder pain.                            | Musculoskeletal,<br>Musculoskeletal,<br>Musculoskeletal.                   |
| H013      | Diarrhoea,<br>Vomiting  | Gastrointestinal,<br>Gastrointestinal                                      |
| H014      | Renal failure   | Urinary  |
| H028      | Heartburnss   | Gastrointestinal   |
| H058      | Bloating  | Gastrointestinal   |
| H059      | Urine colour change and odour                                       | Urinary  |
| H060      | Decreased libido  | General  |
| H063      | Diarrhoea   | Gastrointestinal   |
| H069      | Burning pain and broken sensation of legs                           | Musculoskeletal  |
| H072      | Cough   | Respiratory  |
| H131      | Skin eruption (blisters),<br>Heartburn,<br>Diarrhoea,<br>Headache.  | Dermatological,<br>Gastrointestinal,<br>Gastrointestinal,<br>Neurological. |
| H136      | Insomnia,<br>Decreased energy,<br>Skin eruption (pruritic pimples). | General,<br>General<br>Dermatological.                                     |
| H153      | Flaky and desquamating skin   | Dermatological   |

Table 4.5 and Figure 4.5 reflect the ARV side effects reported in the HIV+ cases reviewed. ARV side effects were reported in 13 of the 82 cases that were on ARV regimen (16%).



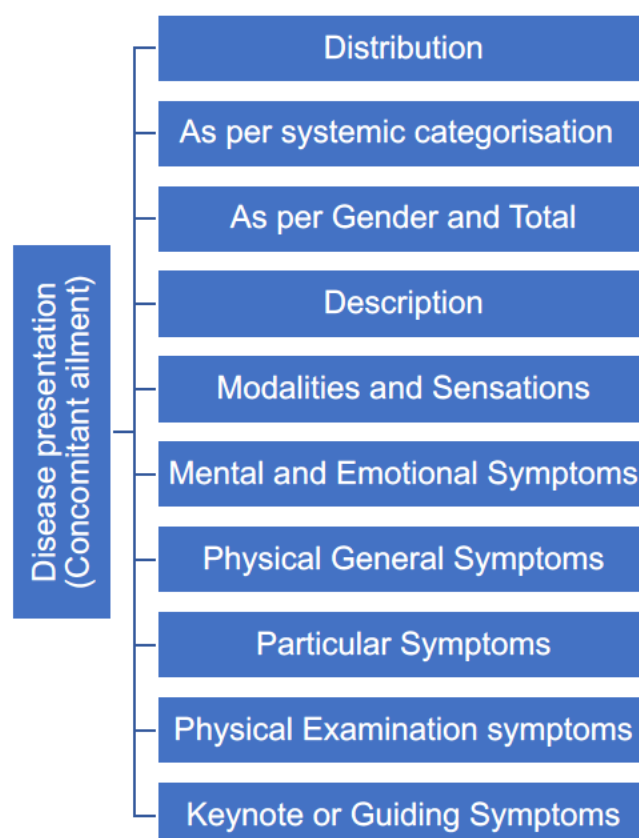
**Figure 4.5: ARV side effects reported in cases reviewed**

The ARV side effects reported were seen more commonly in gastrointestinal manifestations (54% of cases reporting ARV side effects) with diarrhoea (3), heartburn (2), vomiting (1), bloating (1), followed by:

- MSK (31%): myalgia (1), neck pain (1), shoulder pain (1), burning pain and broken sensation of legs (1),
- Dermatological (23%): skin eruption (2), flaky, desquamating skin (1),
- Miscellaneous (23%): insomnia (1), decreased libido (1), decreased energy (1),
- Urinary (15%): urine colour change and odour (1), renal failure (1),
- Neurological (8%): headache (1)
- Respiratory (8%): cough (1)

#### **4.2.3 Disease presentation**

The data reflecting the disease presentation are reported in the breakdown sequence seen in Figure 4.6.



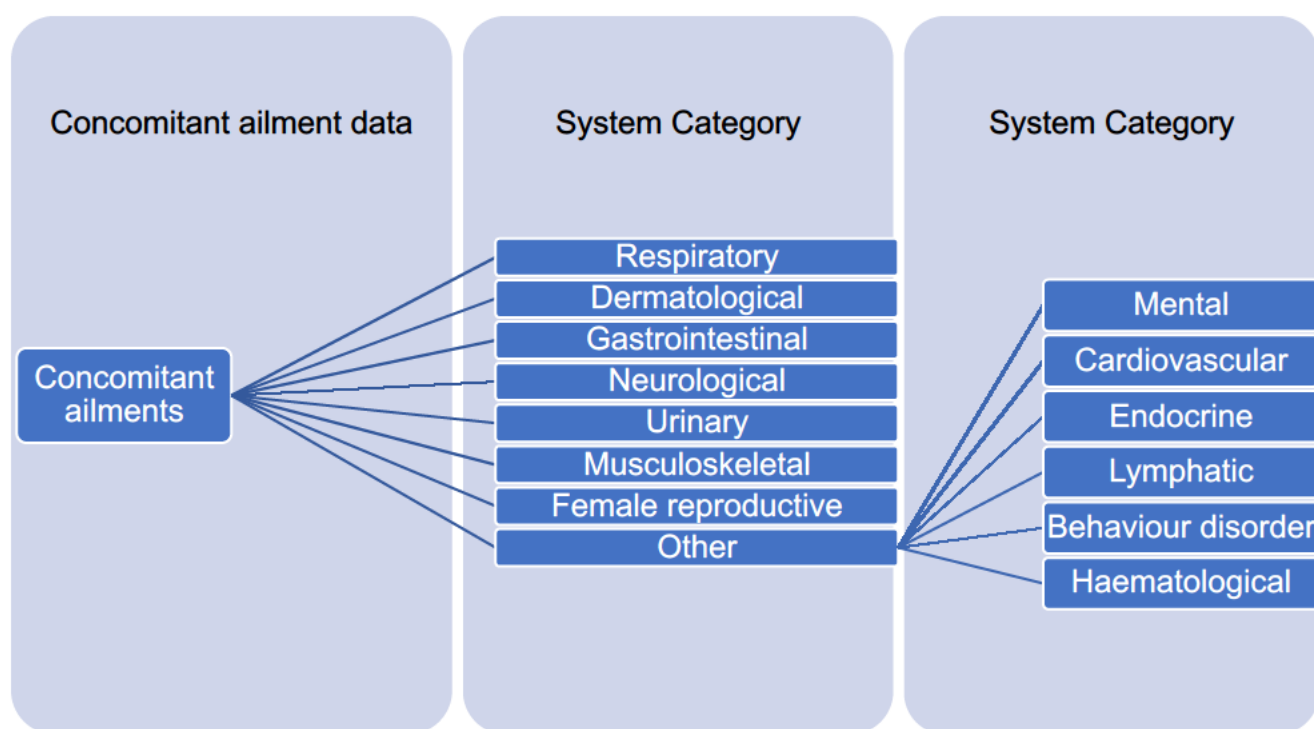
**Figure 4.6: Step-by-step process of disease presentation analysis**

#### **4.2.3.1 Concomitant ailments distribution**

Data on the concomitant ailments (clinical diagnoses) of 113 new cases seen at UNHCHC that were reported as HIV+ during the 2015-2016 period was recorded. Table 4.6 shows the date of first consultation and concomitant ailments (as per clinical diagnoses) in these cases.

These concomitant ailments were further classified according to the organ systems and miscellaneous systems involved as shown in Table 4.6 and Figure 4.7.

Each system is further evaluated to see which ailments were seen more frequently within each system category (Figures 4.9 to 4.15).



**Figure 4.7: Step-by-step process of analysis of concomitant ailments as per organ system categorisation**

**Table 4.6: Date of first consultation and concomitant ailment (clinical diagnosis)**

| CASE CODE | DATE       | CONCOMITANT AILMENT (CLINICAL DIAGNOSIS) | SYSTEM CATEGORY                   |
|-----------|------------|--|-----------------------------------|
| H004      | 5/02/2015  | Dermatitis unspecified, Cystitis chronic | Dermatological, Urinary           |
| H005      | 4/02/2015  | Influenza unspecified, Tension headache  | Respiratory, Neurological         |
| H006      | 28/01/2015 | Acute gingivitis, HIV sequelae           | Gastrointestinal, Miscellaneous   |
| H007      | 11/02/2015 | Emaciation, HIV wasting syndrome         | Miscellaneous, Miscellaneous      |
| H008      | 5/02/2015  | Influenza unspecified, Tension Headache  | Respiratory, Neurological         |
| H009      | 4/02/2015  | Secondary dysmenorrhoea                  | Female reproductive               |
| H010      | 23/02/2015 | Myalgia                                  | Musculoskeletal                   |
| H012      | 20/02/2015 | Headache unspecified                     | Neurological                      |
| H013      | 9/02/2015  | Dermatitis unspecified                   | Dermatological                    |
| H014      | 6/02/2015  | Renal failure                            | Urinary                           |
| H015      | 4/02/2015  | Headache unspecified, Uterine pain       | Neurological, Female reproductive |
| H016      | 30/01/2015 | Herpes simplex                           | Dermatological                    |
| H017      | 4/02/2015  | Tension headache                         | Neurological                      |

|      |            |  |                                       |
|------|------------|--|---------------------------------------|
| H019 | 1/04/2015  | Metrorrhagia   | Female reproductive                   |
| H020 | 5/02/2015  | Anogenital warts   | Dermatological                        |
| H021 | 24/04/2015 | Suspected TB (chest infection)   | Respiratory                           |
| H022 | 20/03/2015 | Dental abscess   | Gastrointestinal                      |
| H023 | 24/04/2015 | Urinary tract infection  | Urinary                               |
| H024 | 19/03/2015 | Abdominal pain   | Gastrointestinal                      |
| H026 | 29/05/2015 | Acute stress reaction  | Mental                                |
| H027 | 22/05/2015 | Influenza unspecified  | Respiratory                           |
| H028 | 7/05/2015  | Influenza unspecified  | Respiratory                           |
| H031 | 19/06/2015 | Hypertension   | Cardiovascular                        |
| H033 | 15/05/2015 | Primary TB   | Respiratory                           |
| H035 | 28/05/2015 | Atopic dermatitis  | Dermatological                        |
| H037 | 18/05/2015 | Dermatitis unspecified   | Dermatological                        |
| H040 | 15/06/2015 | Cramps and spasms,<br>Pinched nerve  | Musculoskeletal,<br>Neurological      |
| H041 | 27/07/2015 | Constipation   | Gastrointestinal                      |
| H042 | 27/07/2015 | Constipation,<br>Dyspepsia   | Gastrointestinal,<br>Gastrointestinal |
| H044 | 31/07/2015 | Acute upper respiratory tract infection (URTI)                             | Respiratory                           |
| H045 | 31/08/2015 | Post herpetic neuralgia  | Neurological                          |
| H047 | 26/08/2015 | TB of lung without mention of bacteriological or histological confirmation | Respiratory                           |
| H048 | 25/08/2015 | Influenza unspecified  | Respiratory                           |
| H049 | 14/08/2015 | Tonsillitis  | Gastrointestinal                      |
| H050 | 14/08/2015 | Haemorrhoids, internal with complications                                  | Gastrointestinal                      |
| H051 | 04/08/2015 | Herpes zoster  | Neurological                          |
| H052 | 04/08/2015 | Tonsillitis  | Gastrointestinal                      |
| H053 | 06/08/2015 | Herpes zoster  | Neurological                          |
| H054 | 07/08/2015 | Impetigo   | Dermatological                        |
| H055 | 14/08/2015 | Cystitis chronic   | Urinary                               |
| H058 | 16/09/2015 | Viral hepatitis unspecified without hepatic coma                           | Gastrointestinal                      |
| H059 | 18/09/2015 | Joint pain   | Musculoskeletal                       |
| H060 | 18/09/2015 | Major depressive disorder  | Other                                 |
| H061 | 05/10/2015 | Furunculosis   | Dermatological                        |
| H063 | 5/10/2015  | Functional diarrhoea   | Gastrointestinal                      |
| H064 | 16/09/2015 | Arthritis unspecified  | Musculoskeletal                       |
| H065 | 15/09/2015 | Urinary tract infection  | Urinary                               |
| H067 | 8/10/2015  | Eczema   | Dermatological                        |
| H068 | 8/10/2015  | Intestinal parasitism  | Gastrointestinal                      |
| H069 | 5/02/2015  | Dermatitis unspecified   | Dermatological                        |
| H071 | 18/11/2015 | Acute nephritic syndrome unspecified                                       | Urinary                               |
| H072 | 11/11/2015 | Cough  | Respiratory                           |

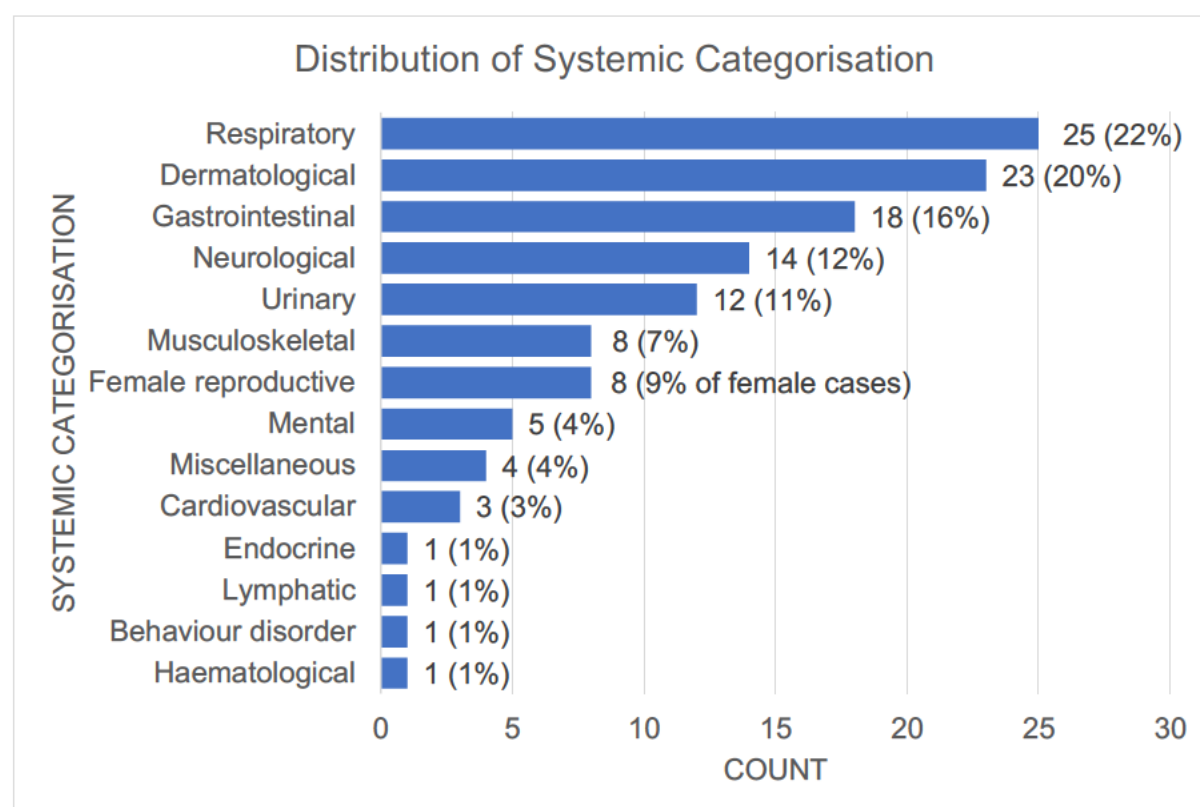
|      |            |  |                                   |
|------|------------|--|-----------------------------------|
| H073 | 4/11/2015  | Leucorrhoea unspecified                  | Female reproductive               |
| H075 | 6/11/2015  | Hearing loss unspecified                 | Neurological                      |
| H076 | 5/11/2015  | Influenza unspecified,<br>Stress         | Respiratory,<br>Mental            |
| H077 | 5/11/2015  | Attention deficit hyperactivity disorder | Behaviour disorder                |
| H078 | 27/11/2015 | Influenza unspecified                    | Respiratory                       |
| H079 | 30/11/2015 | Urinary tract infection                  | Urinary                           |
| H080 | 4/11/2015  | Influenza unspecified                    | Respiratory                       |
| H081 | 13/11/2015 | Urinary tract infection                  | Urinary                           |
| H082 | 13/11/2015 | Anogenital warts                         | Dermatological                    |
| H083 | 10/02/2016 | Acute sinusitis                          | Respiratory                       |
| H084 | 9/02/2016  | Influenza unspecified                    | Respiratory                       |
| H085 | 10/02/2016 | Leucorrhoea unspecified                  | Female reproductive               |
| H087 | 11/02/2016 | Arthritis unspecified                    | Musculoskeletal                   |
| H088 | 09/02/2016 | Influenza unspecified                    | Respiratory                       |
| H090 | 9/02/2016  | Arthritis unspecified                    | Musculoskeletal                   |
| H092 | 12/02/2016 | Vaginitis                                | Female reproductive               |
| H093 | 3/03/2016  | Influenza unspecified                    | Respiratory                       |
| H094 | 7/03/2016  | Non-insulin dependent diabetes mellitus  | Endocrine                         |
| H095 | 23/03/2016 | Acute bronchitis unspecified             | Respiratory                       |
| H097 | 08/04/2016 | Dermatitis unspecified,<br>Hypertension  | Dermatological,<br>Cardiovascular |
| H098 | 21/04/2016 | Generalised enlarged lymph nodes         | Lymphatic                         |
| H099 | 30/03/2016 | Cystitis acute                           | Urinary                           |
| H101 | 15/04/2016 | Iron deficiency anaemia                  | Haematological                    |
| H102 | 09/03/2016 | Leucorrhoea unspecified                  | Female reproductive               |
| H103 | 22/04/2016 | Otitis externa unspecified               | Dermatological                    |
| H106 | 03/03/2016 | Urinary tract infection                  | Urinary                           |
| H107 | 18/03/2016 | Leucorrhoea unspecified                  | Female reproductive               |
| H109 | 19/04/2016 | Hypertension                             | Cardiovascular                    |
| H110 | 12/04/2016 | Suspected TB                             | Respiratory                       |
| H112 | 22/04/2016 | Herpes zoster                            | Neurological                      |
| H113 | 25/04/2016 | Eczema                                   | Dermatological                    |
| H114 | 26/04/2016 | Influenza unspecified                    | Respiratory                       |
| H116 | 23/03/2016 | Anogenital warts                         | Dermatological                    |
| H117 | 11/04/2016 | Scabies                                  | Dermatological                    |
| H120 | 12/04/2016 | Herpes zoster                            | Neurological                      |
| H122 | 19/04/2016 | Dermatitis unspecified                   | Dermatological                    |
| H123 | 10/03/2016 | Recurrent oral aphthae                   | Gastrointestinal                  |
| H124 | 12/04/2016 | Influenza unspecified                    | Respiratory                       |
| H125 | 21/04/2016 | Dermatitis unspecified                   | Dermatological                    |
| H127 | 09/03/2016 | Anxiety disorder unspecified             | Mental                            |



|      |            |   |                                       |
|------|------------|---|---------------------------------------|
| H128 | 14/04/2016 | External ear abscess                    | Dermatological                        |
| H129 | 07/03/2016 | Dermatitis unspecified                  | Dermatological                        |
| H130 | 11/03/2016 | Polyarthritis unspecified               | Musculoskeletal                       |
| H131 | 07/03/2016 | Muscle strain ankle                     | Musculoskeletal                       |
| H132 | 10/03/2016 | Influenza unspecified                   | Respiratory                           |
| H133 | 22/04/2016 | General malaise                         | Miscellaneous                         |
| H134 | 04/03/2016 | Influenza unspecified                   | Respiratory                           |
| H135 | 09/03/2016 | Headache unspecified                    | Neurological                          |
| H136 | 24/03/2016 | Irritable bowel syndrome with diarrhoea | Gastrointestinal                      |
| H137 | 08/04/2016 | Dermatitis unspecified                  | Dermatological                        |
| H139 | 03/03/2016 | Anxiety disorder unspecified            | Mental                                |
| H140 | 03/03/2016 | Influenza unspecified                   | Respiratory                           |
| H141 | 03/03/2016 | Urinary tract infection                 | Urinary                               |
| H142 | 7/06/2016  | Gastric ulcer                           | Gastrointestinal                      |
| H143 | 2/06/2016  | Upper abdominal pain unspecified        | Gastrointestinal                      |
| H144 | 27/06/2016 | Tinea capitis                           | Dermatological                        |
| H149 | 6/06/2016  | Skin abscess                            | Dermatological                        |
| H151 | 10/06/2016 | Influenza unspecified                   | Respiratory                           |
| H152 | 10/05/2016 | Headache unspecified                    | Neurological                          |
| H153 | 3/05/2016  | Loss of appetite,<br>Dyspepsia          | Gastrointestinal,<br>Gastrointestinal |
| H155 | 13/05/2016 | Urinary tract infection                 | Urinary                               |

Of the 113 cases reviewed, 11 cases were recorded with two diagnoses each resulting in 124 concomitant ailments being recorded.

#### 4.2.3.2 Concomitant ailments as per systemic categorisation



**Figure 4.8: Distribution of concomitant ailment (clinical diagnosis) as per systemic categorisation**

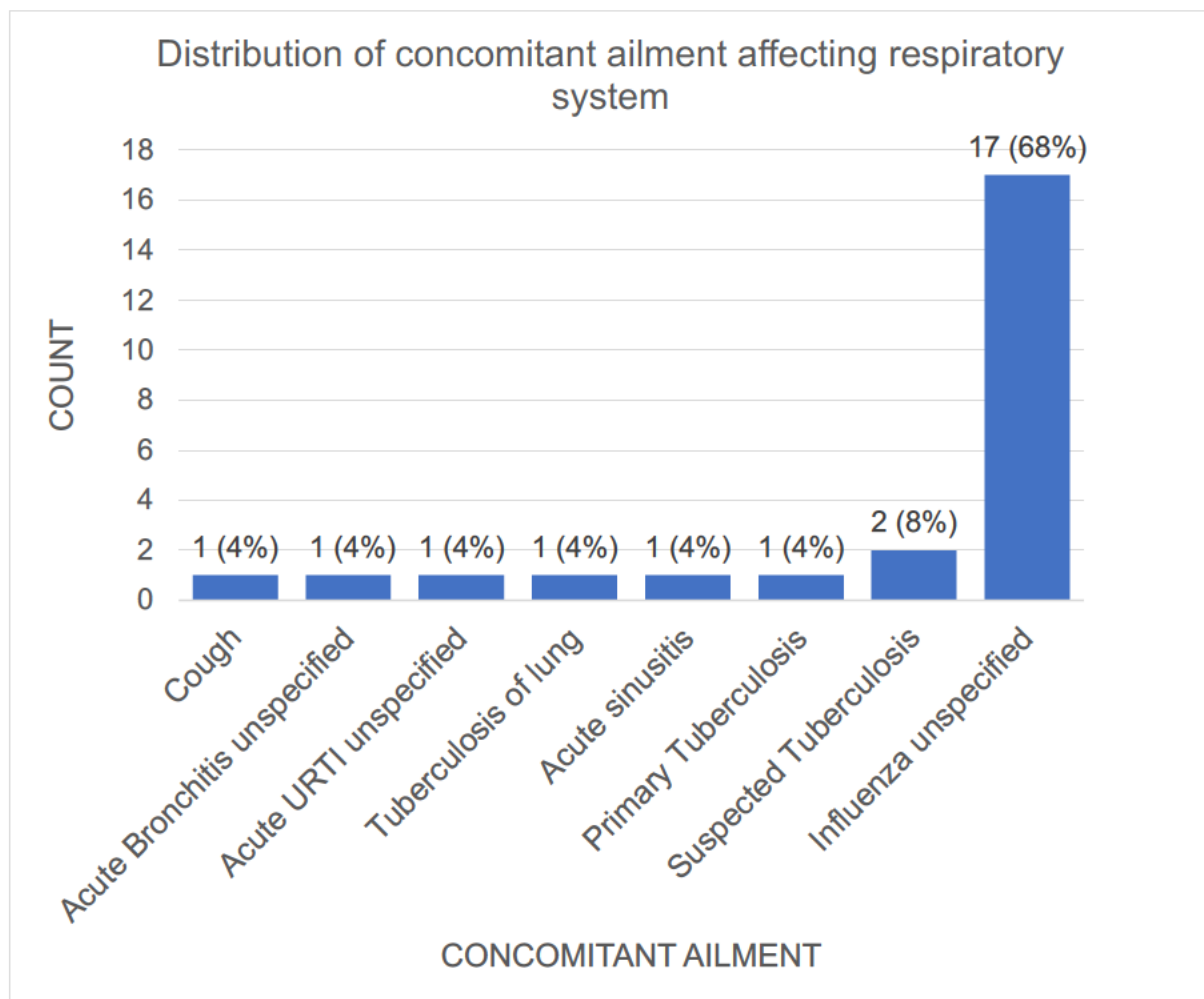
Table 4.6 and Figure 4.8 show the distribution of concomitant ailments in sample as per systemic categorisation.

The results reveal that:

- Respiratory ailments were primarily seen (22%), followed by,
- Dermatological (20%),
- Gastrointestinal (16%),
- Neurological (12%),
- Urinary (11%),
- Musculoskeletal (7%),
- Female reproductive (9% of the number of female cases),
- Mental (4%),
- Miscellaneous (4%),

- Cardiovascular (3%),
- Endocrine (1%),
- Lymphatic (1%),
- Behaviour disorder (1%),
- Haematological (1%).

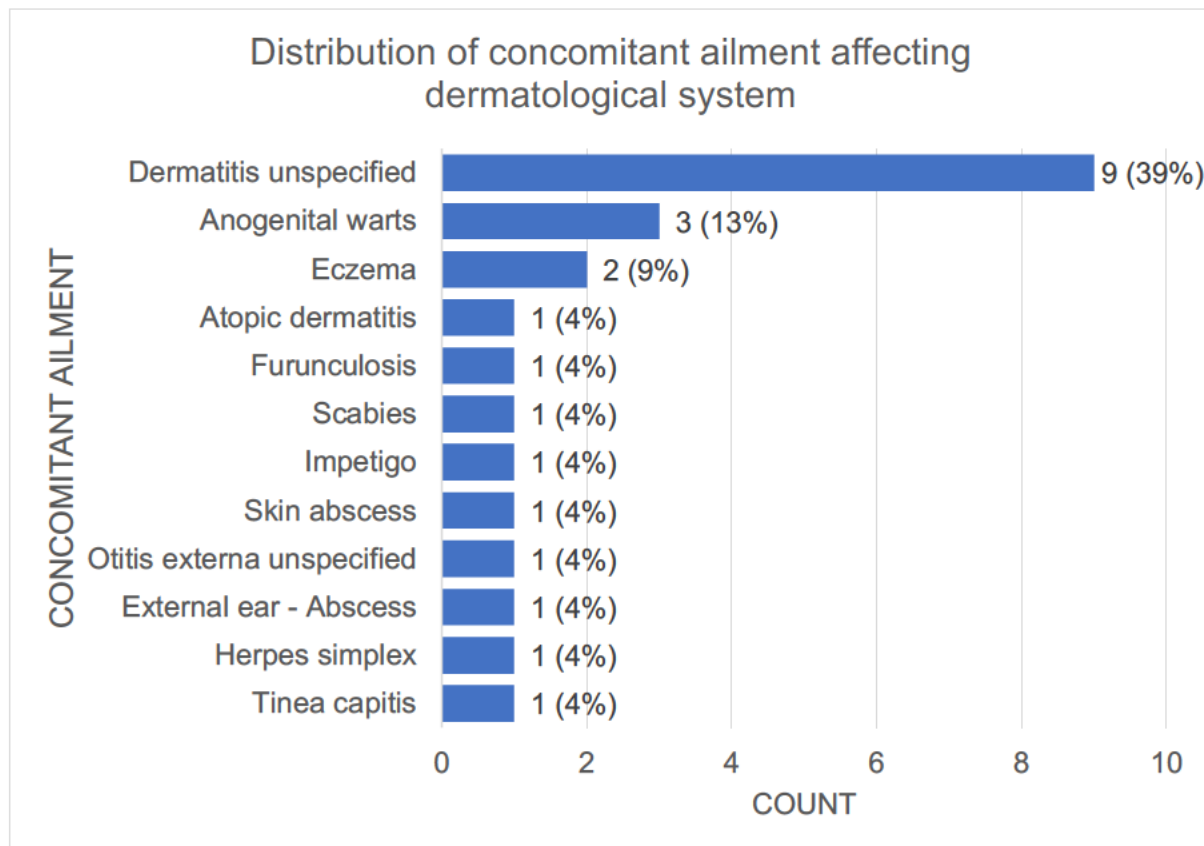
#### 4.2.3.2.1 Respiratory system concomitant ailments



**Figure 4.9: Distribution of concomitant ailment (clinical diagnosis) for respiratory system category**

Figure 4.9 indicates that 25 concomitant ailments affecting the respiratory system in the sample. Of these, cases of influenza (68%) were most common, while suspected TB and TB related cases accounted for 16% of respiratory system ailments.

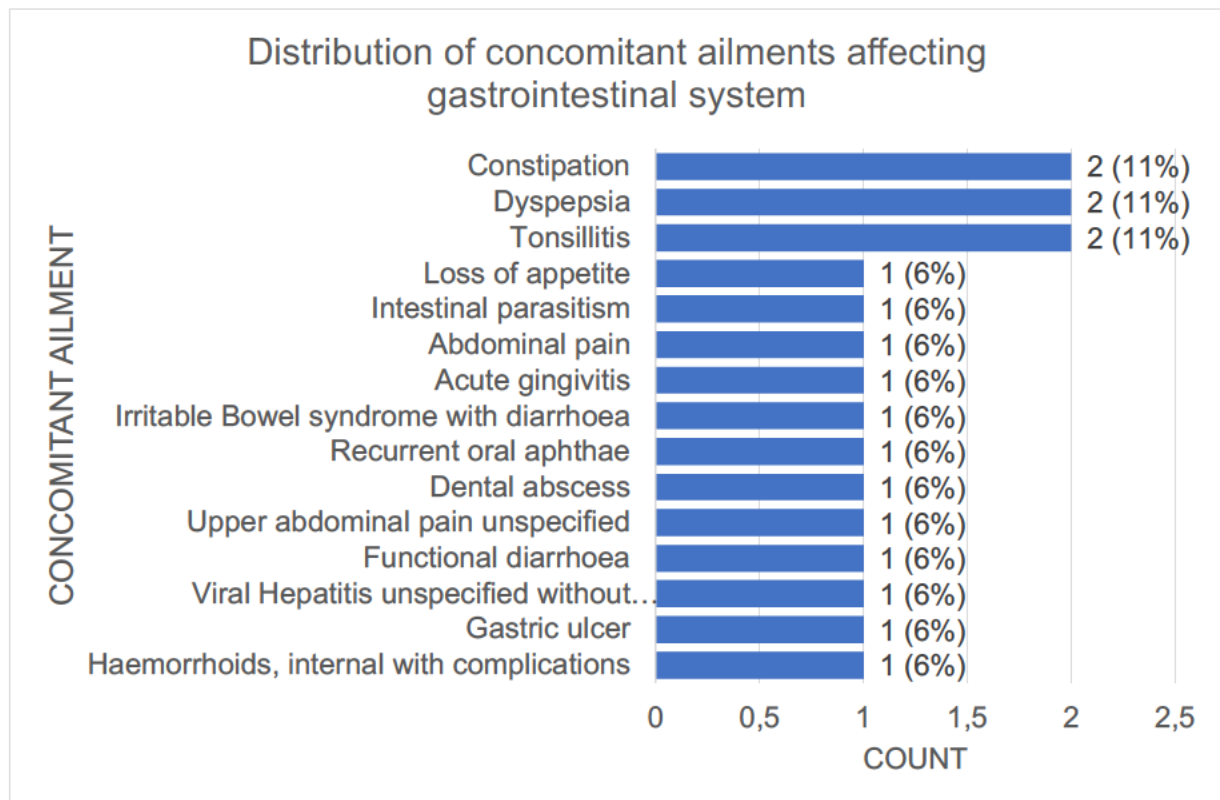
#### 4.2.3.2.2 Dermatological system concomitant ailments



**Figure 4.10: Distribution of concomitant ailment (clinical diagnosis) for dermatological system category**

Of the 23 dermatological system diagnoses, most were dermatitis unspecified (39%). Anogenital warts (13%) and eczema (9%) were also seen, followed by atopic dermatitis, furunculosis, scabies, impetigo, skin abscess, otitis externa, external ear abscess, herpes simplex, and tinea capitis (all at 4% each). This is reflected in Figure 4.10.

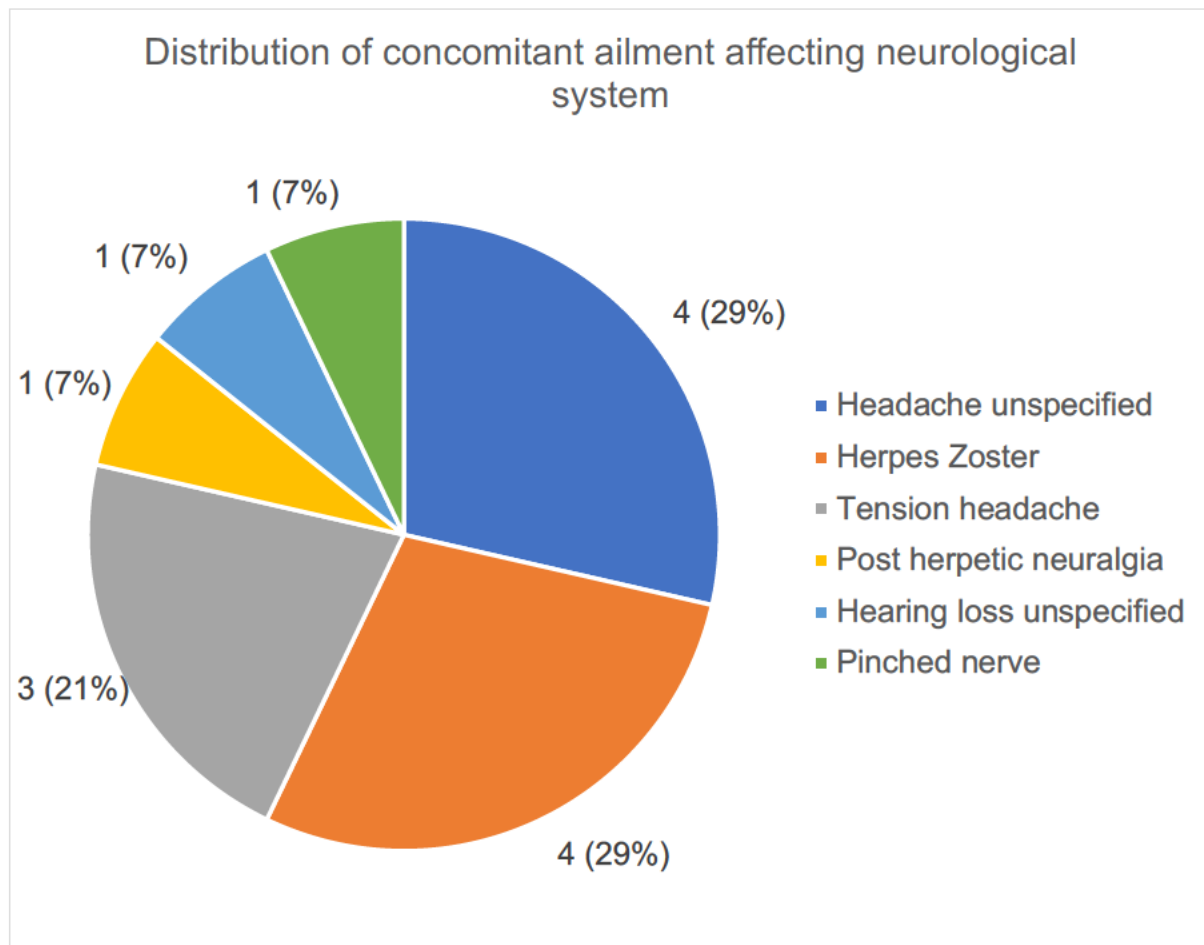
#### 4.2.3.2.3 Gastrointestinal system concomitant ailments



**Figure 4.11: Distribution of concomitant ailment (clinical diagnosis) for gastrointestinal system category**

Figure 4.11 indicates that concomitant ailments affecting the gastrointestinal system in the sample were not common. The results of the data collection reflects that 18 gastrointestinal complaints were reported. Constipation, dyspepsia and tonsillitis were equally frequent at 11% of the gastrointestinal related complaints.

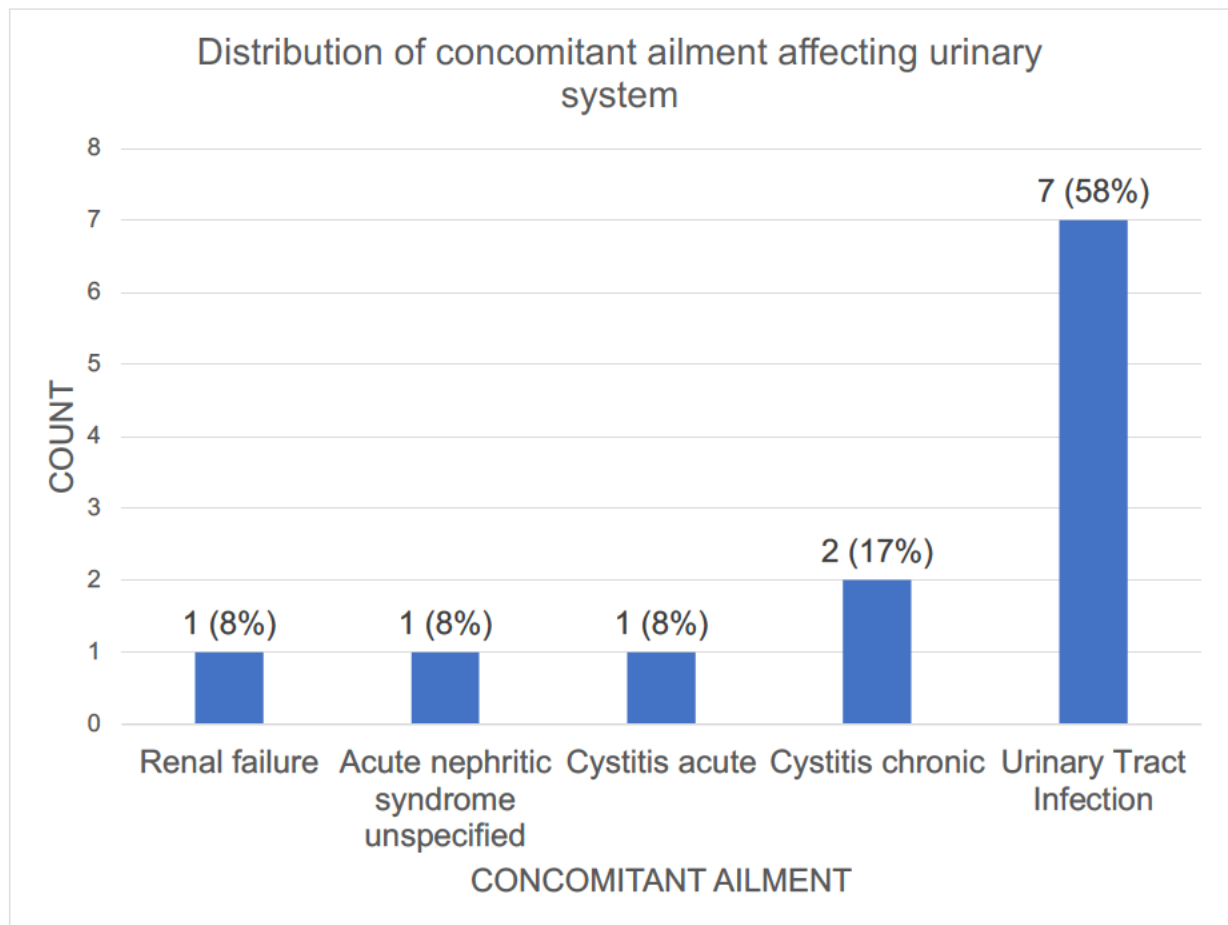
#### 4.2.3.2.4 Neurological system concomitant ailments



**Figure 4.12: Distribution of concomitant ailment (clinical diagnosis) for neurological system category**

There were 14 neurologically related complaints reported as diagnoses in the sample, with most being headache related (50%): four headache unspecified (29%), three tension headache (21%). Herpes zoster (29%) was also seen.

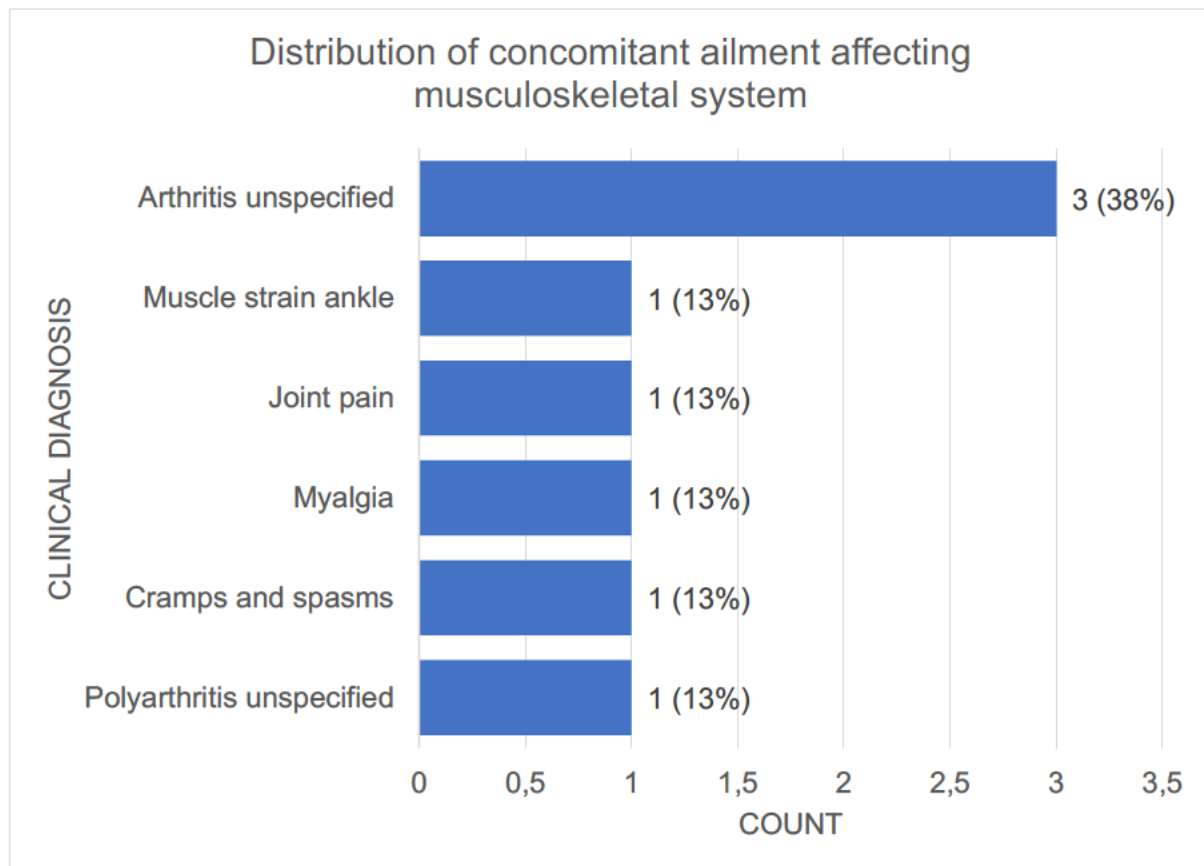
#### 4.2.3.2.5 Urinary system concomitant ailments



**Figure 4.13: Distribution of concomitant ailment (clinical diagnosis) for urinary system category**

Figure 4.13 indicates the 12 concomitant ailments affecting the urinary system in the sample. Of these, UTI (58%) were most common, followed by cystitis related cases (25%) (two chronic [17%] and one acute [8%]). The remaining cases were single cases of acute nephritic syndrome and renal failure (8% each).

#### 4.2.3.2.6 Musculoskeletal system concomitant ailments

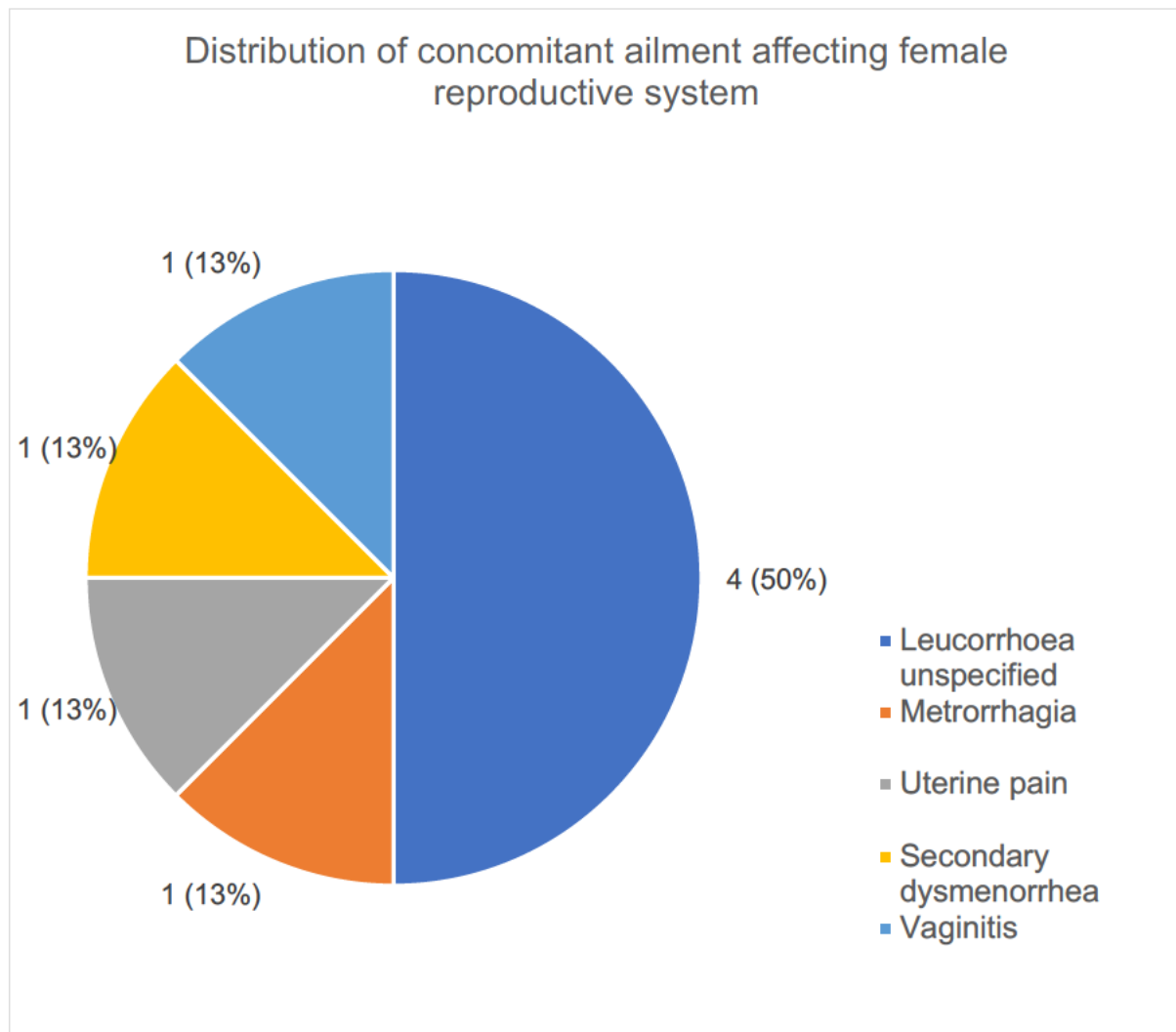


**Figure 4.14: Distribution of concomitant ailment (clinical diagnosis) for musculoskeletal system category**

There were eight complaints affecting the musculoskeletal system that were reported as diagnoses in the sample. Of these, four were complaints of arthritis (50%); three arthritis unspecified (38%) and one polyarthrititis (13%). This was followed by muscle strain ankle (13%), joint pain (13%), myalgia (13%), and cramps and spasms (13%). This is reflected in Figure 4.14.



#### 4.2.3.2.7 Female reproductive system concomitant ailments



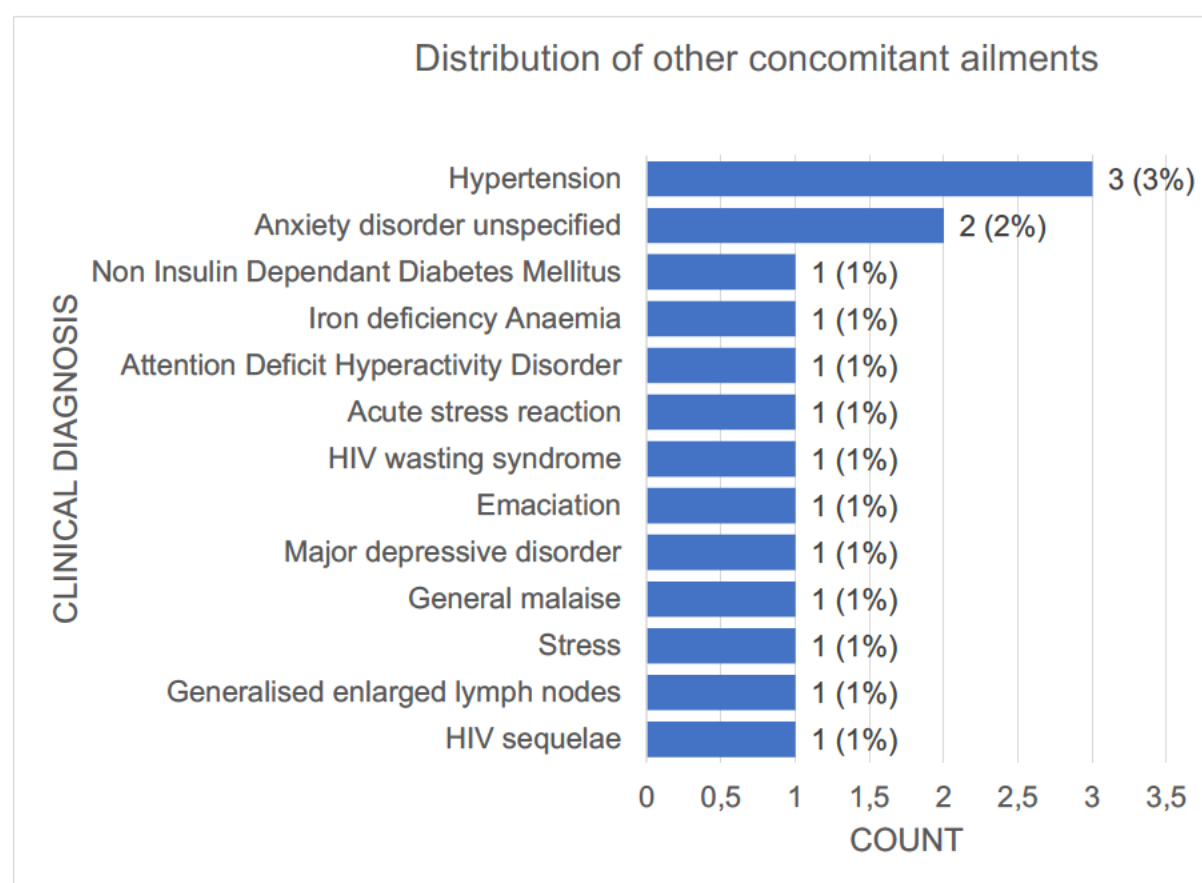
**Figure 4.15: Distribution of concomitant ailment (clinical diagnosis) for female reproductive system category**

Figure 4.15 indicate that eight concomitant ailments affecting the female reproductive system in sample. Of these, most were cases of leucorrhoea (50%). The remaining cases were single cases of metrorrhagia, uterine pain, secondary dysmenorrhoea and vaginitis (13% each).

#### 4.2.3.2.8 Other system concomitant ailments

**Table 4.7: Distribution of other concomitant ailments (clinical diagnoses)**

| CATEGORISATION                           | OTHER              |           |
|--|--------------------|-----------|
| CONCOMITANT AILMENT (CLINICAL DIAGNOSIS) | CATEGORY           | COUNT     |
| Hypertension                             | Cardiovascular     | 3         |
| Anxiety disorder unspecified             | Mental             | 2         |
| Non-insulin dependent diabetes mellitus  | Endocrine          | 1         |
| Iron deficiency anaemia                  | Haematological     | 1         |
| Attention deficit hyperactivity disorder | Behaviour disorder | 1         |
| Acute stress reaction                    | Mental             | 1         |
| HIV wasting syndrome                     | Miscellaneous      | 1         |
| Emaciation                               | Miscellaneous      | 1         |
| Major depressive disorder                | Mental             | 1         |
| General malaise                          | Miscellaneous      | 1         |
| Stress                                   | Mental             | 1         |
| Generalised enlarged lymph nodes         | Lymphatic          | 1         |
| HIV sequelae                             | Miscellaneous      | 1         |
| <b>Grand Total</b>                       |                    | <b>16</b> |



**Figure 4.16: Distribution of other concomitant ailments (clinical diagnoses)**

The remaining concomitant ailments were grouped as other concomitant ailments as their respective categorisations showed less frequently occurring ailments and fewer types of ailments. These are reflected in Table 4.7 and Figure 4.16. Hypertension and anxiety disorder were the more frequently occurring concomitant ailments from the remaining miscellaneous clinical diagnoses seen in the study.

#### **4.2.3.3 Concomitant ailments distribution by gender and total sample**

Table 4.8 shows the frequency and the percentage occurrence within the sample size of 113 for each of the concomitant ailments recorded for this study. It further reflects the frequency of the ailments in female and male genders.

**Table 4.8: Distribution of concomitant ailments (clinical diagnoses) for female and male and total sample**

| Concomitant<br>(clinical diagnosis) | FEMALE (n = 91) |             | MALE (n = 22) |           | Total (n= 113) |            |
|-------------------------------------|-----------------|-------------|---------------|-----------|----------------|------------|
|                                     | Count           | % of Female | Count         | % of Male | Count          | % of Total |
| Influenza unspecified               | 15              | 17%         | 2             | 9%        | 17             | 15%        |
| Dermatitis unspecified              | 8               | 9%          | 1             | 5%        | 9              | 8%         |
| Urinary tract infection             | 6               | 7%          | 1             | 5%        | 7              | 6%         |
| Leucorrhoea unspecified             | 4               | 4%          | 0             | 0         | 4              | 4%         |
| Headache unspecified                | 4               | 4%          | 0             | 0         | 4              | 4%         |
| Tension headache                    | 3               | 3%          | 0             | 0         | 3              | 3%         |
| Arthritis unspecified               | 3               | 3%          | 0             | 0         | 3              | 3%         |
| Herpes zoster                       | 3               | 3%          | 1             | 5%        | 4              | 4%         |
| Anogenital warts                    | 3               | 3%          | 0             | 0         | 3              | 3%         |
| Hypertension                        | 3               | 3%          | 0             | 0         | 3              | 3%         |
| Anxiety disorder unspecified        | 2               | 2%          | 0             | 0         | 2              | 2%         |
| Dyspepsia                           | 2               | 2%          | 0             | 0         | 2              | 2%         |
| Constipation                        | 2               | 2%          | 0             | 0         | 2              | 2%         |
| Cystitis chronic                    | 2               | 2%          | 0             | 0         | 2              | 2%         |
| Tonsillitis                         | 2               | 2%          | 0             | 0         | 2              | 2%         |
| Cough                               | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Otitis externa unspecified          | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Metrorrhagia                        | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Emaciation                          | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Recurrent oral aphthae              | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Furunculosis                        | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Loss of appetite                    | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Gastric ulcer                       | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Myalgia                             | 1               | 1%          | 0             | 0         | 1              | 1%         |

| Concomitant ailment<br>(clinical diagnosis)      | FEMALE (n = 91) |             | MALE (n = 22) |           | Total (n= 113) |            |
|--|-----------------|-------------|---------------|-----------|----------------|------------|
|  | Count           | % of Female | Count         | % of Male | Count          | % of Total |
| General malaise                                  | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Polyarthritis unspecified                        | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Generalised enlarged lymph nodes                 | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Skin abscess                                     | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Haemorrhoids, internal with complications        | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Dental abscess                                   | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Acute bronchitis unspecified                     | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Major depressive disorder                        | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Acute sinusitis                                  | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Muscle strain ankle                              | 1               | 1%          | 0             | 0         | 1              | 1%         |
| HIV wasting syndrome                             | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Non-insulin dependent diabetes mellitus          | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Vaginitis  | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Pinched nerve                                    | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Viral hepatitis unspecified without hepatic coma | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Post herpetic neuralgia                          | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Acute nephritic syndrome unspecified             | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Secondary dysmenorrhoea                          | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Tinea capitis                                    | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Stress   | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Upper abdominal pain unspecified                 | 1               | 1%          | 0             | 0         | 1              | 1%         |

| Concomitant ailment<br>(clinical diagnosis)                | FEMALE (n = 91) |             | MALE (n = 22) |           | Total (n= 113) |            |
|--|-----------------|-------------|---------------|-----------|----------------|------------|
|  | Count           | % of Female | Count         | % of Male | Count          | % of Total |
| Eczema   | 1               | 1%          | 1             | 5%        | 2              | 2%         |
| Uterine pain   | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Intestinal parasitism                                      | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Cramps and spasms  | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Iron deficiency anaemia                                    | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Cystitis acute   | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Joint pain   | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Abdominal pain   | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Impetigo   | 1               | 1%          | 0             | 0         | 1              | 1%         |
| Suspected TB   | 0               | 0           | 2             | 9%        | 2              | 2%         |
| Acute upper respiratory tract infection unspecified (URTI) | 0               | 0           | 1             | 5%        | 1              | 1%         |
| Acute stress reaction                                      | 0               | 0           | 1             | 5%        | 1              | 1%         |
| Atopic dermatitis  | 0               | 0           | 1             | 5%        | 1              | 1%         |
| Primary TB, TB of the lung                                 | 0               | 0           | 2             | 9%        | 2              | 2%         |
| Attention deficit hyperactivity disorder (ADHD)            | 0               | 0           | 1             | 5%        | 1              | 1%         |
| Acute gingivitis   | 0               | 0           | 1             | 5%        | 1              | 1%         |
| HIV sequelae   | 0               | 0           | 1             | 5%        | 1              | 1%         |
| External ear abscess                                       | 0               | 0           | 1             | 5%        | 1              | 1%         |
| Irritable bowel syndrome (IBS) with diarrhoea              | 0               | 0           | 1             | 5%        | 1              | 1%         |
| Renal failure  | 0               | 0           | 1             | 5%        | 1              | 1%         |
| Scabies  | 0               | 0           | 1             | 5%        | 1              | 1%         |
| Functional diarrhoea                                       | 0               | 0           | 1             | 5%        | 1              | 1%         |
| Hearing loss unspecified                                   | 0               | 0           | 1             | 5%        | 1              | 1%         |

| Concomitant ailment<br>(clinical diagnosis) | FEMALE (n = 91) |             | MALE (n = 22) |           | Total (n= 113) |            |
|---|-----------------|-------------|---------------|-----------|----------------|------------|
|   | Count           | % of Female | Count         | % of Male | Count          | % of Total |
| Herpes simplex                              | 0               | 0           | 1             | 5%        | 1              | 1%         |

Table 4.8 shows that influenza cases (15%) were the most frequently reported concomitant ailments in the sample. This was followed by dermatitis (8%), UTI (6%), herpes zoster (4%), headache (4%) and leucorrhoea (4%). Tension headache, hypertension, anogenital warts and arthritis were each 3% of the total.

Influenza ranked highest in frequency (15) amongst females accounting for 17% of the concomitant ailments seen in this gender category. Influenza was also found to be relatively higher in the smaller male sample group at 9% of the concomitant ailments reported in the male cases. However, TB related diagnoses were more significant amongst the male sample at 18% of the concomitant ailments reported in the male cases.

In the female sample group of 91, influenza was followed by dermatitis (9%), UTI (7%), leucorrhoea (4%), and headaches (7%). In the smaller male sample group of 22, fewer types of concomitant ailments were recorded than that within the female group (54 in the female group and 20 in the male sample). The remaining concomitant diagnoses following influenza and TB related ailments in the male gender group were singly occurring cases.

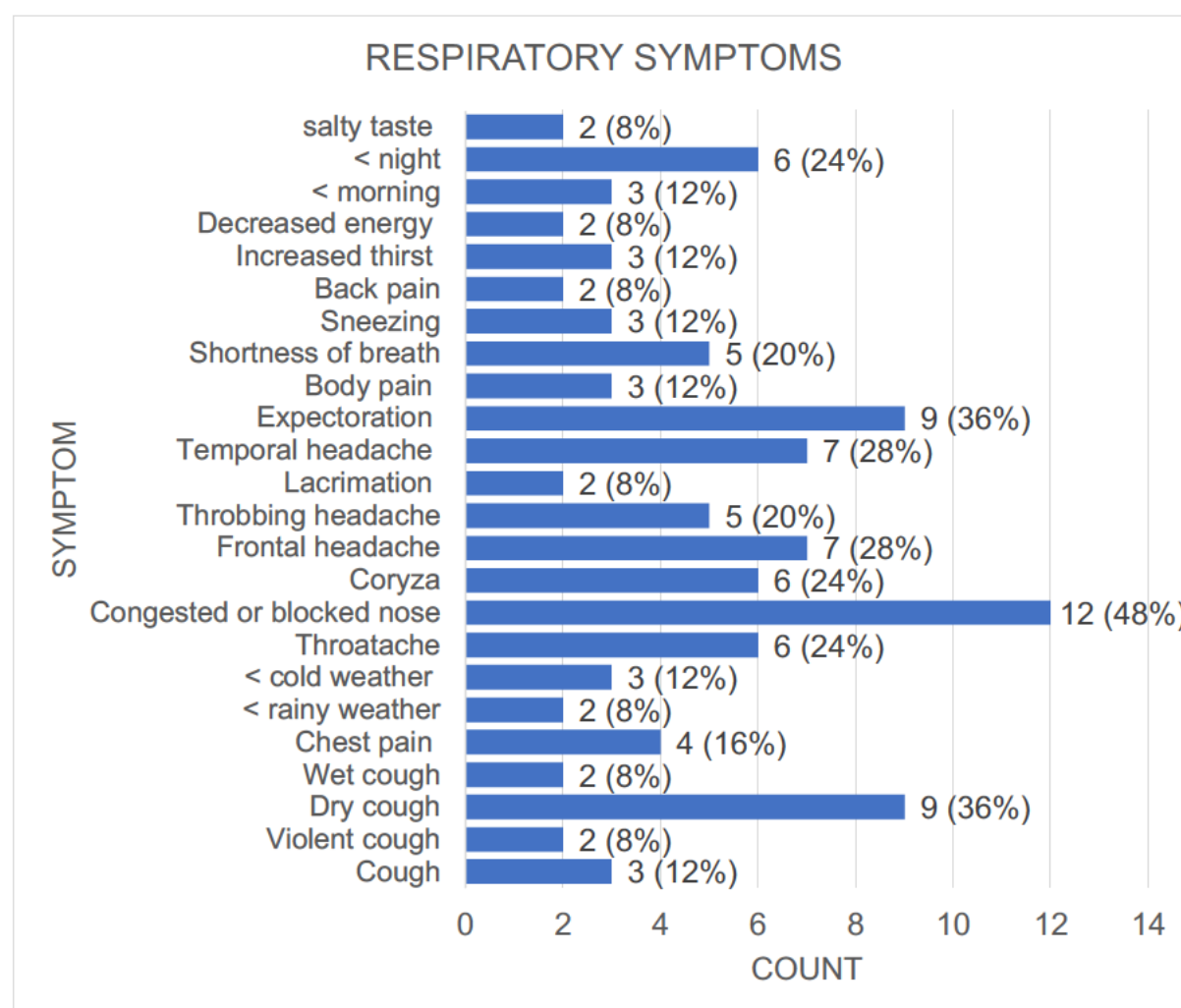
#### **4.2.3.4 Concomitant ailments description**

The Table of Concomitant Ailments Description (Appendix H) reflects descriptions of the concomitant ailments (i.e. clinical diagnoses) of the 113 HIV+ UNHCHC cases that were reviewed.

An overview of the more common symptoms that emerged from the concomitant ailment descriptions is outlined below as per the system categories (Figure 4.17). Percentages calculated were based on the number of cases for each system (i.e. n = number of cases for each organ system category).



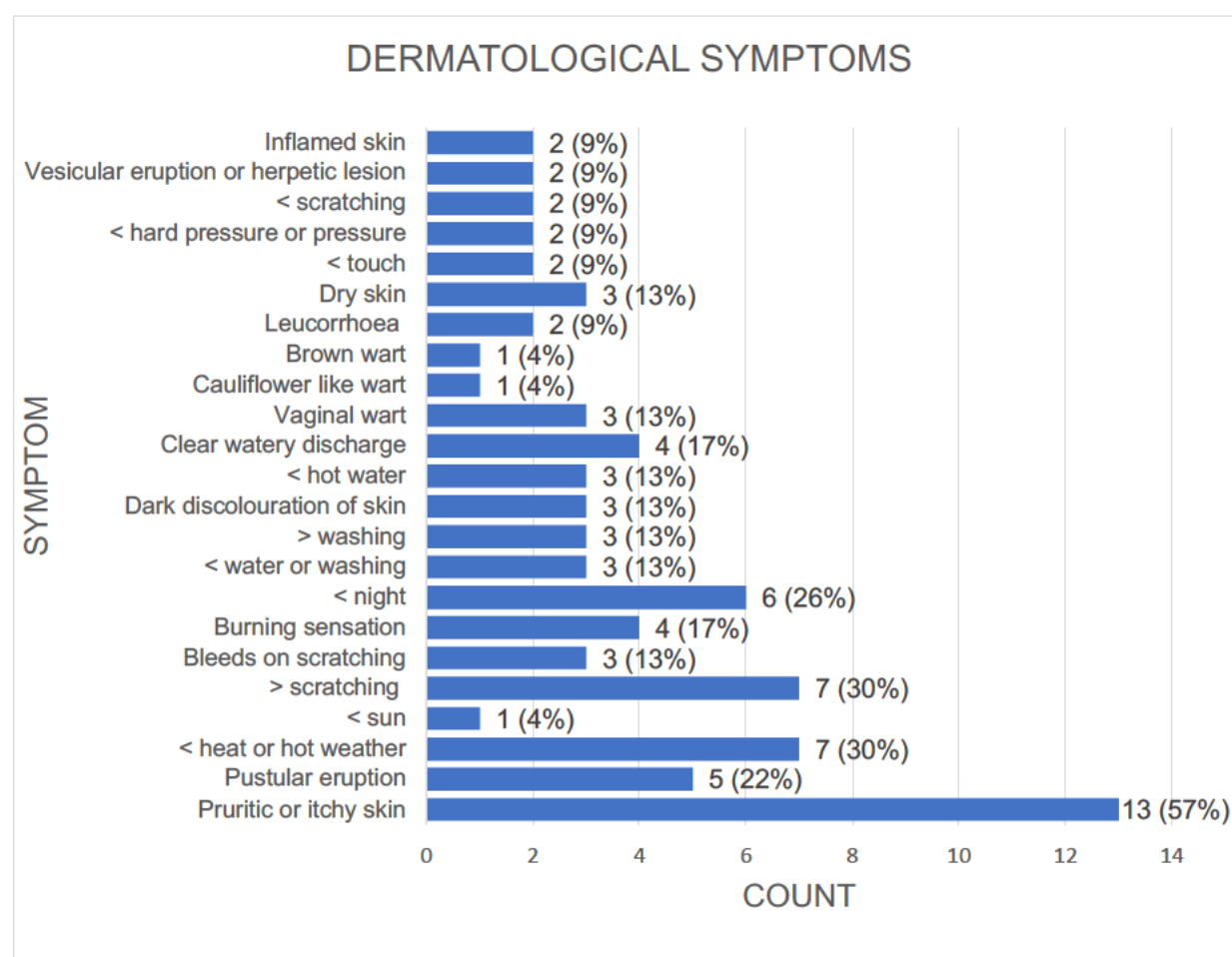
#### 4.2.3.4.1 Description of respiratory system concomitant ailments



**Figure 4.17: Common symptoms reported in respiratory concomitant ailment description**

Various symptoms were reported in the 25 respiratory system ailments as seen in the table describing the concomitant ailment description (Appendix H). Figure 4.17 shows the most frequently seen symptom amongst the 25 respiratory system concomitant ailments. These included congested nose (48%) as the most common, followed by dry cough and expectoration (36% each), temporal and frontal headaches (28% each), and throat ache and coryza and < night (24% each).

#### 4.2.3.4.2 Description of dermatological system concomitant ailments



**Figure 4.18: Common symptoms reported in dermatological concomitant ailment description**

Figure 4.18 shows that pruritic or itchy skin was the most commonly reported symptom amongst the 23 dermatological concomitant ailments and was recorded in 57% of these cases. This was followed by > scratching and < heat / hot weather (30%), < night (26%) and pustular eruptions (22%).

Other symptoms reported with the dermatological concomitant ailments that occurred singly include hot to touch, thick white discharge, white watery discharge, scaling skin, boil eruption, ulcerating eruption, dry crusty eruption, stitching or stinging pain and hypersensitivity (4% each). This is reflected in Table of Concomitant Ailments Descriptions (Appendix H).

#### 4.2.3.4.3 Description of gastrointestinal system concomitant ailments

Table 4.9: Common symptoms reported in gastrointestinal concomitant ailment description

| SYMPTOM<br>n = 18                     | COUNT n<br>(%) |
|---------------------------------------|----------------|
| Gum pain                              | 2 (11%)        |
| Abdominal pain or tenderness          | 4 (22%)        |
| Burning sensation                     | 3 (17%)        |
| Constipation                          | 3 (17%)        |
| Flatulence                            | 3 (17%)        |
| Flatulence                            | 3 (17%)        |
| < eating                              | 2 (11%)        |
| Haemorrhoids                          | 2 (11%)        |
| Bloating                              | 3 (17%)        |
| Loss of appetite                      | 3 (17%)        |
| Diarrhoea dark and watery             | 2 (11%)        |
| Foul odour diarrhoea like spoilt food | 2 (11%)        |
| Bloody stool                          | 4 (22%)        |

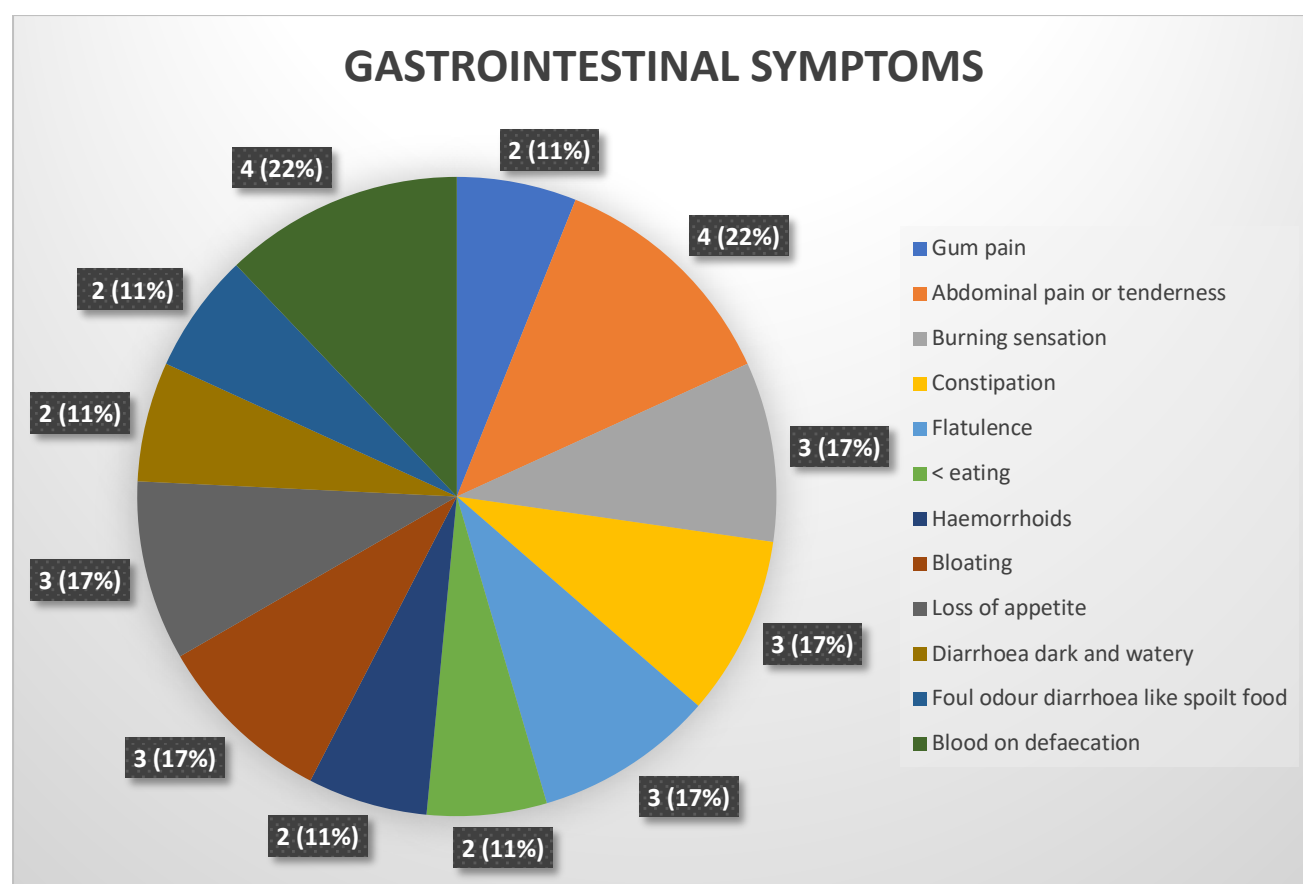


Figure 4.19: Common symptoms reported in gastrointestinal concomitant ailment description

Figure 4.19 shows that abdominal pain or tenderness and blood on defaecation were the most commonly reported symptoms amongst the 18 gastrointestinal concomitant ailments and each were recorded in 22% of these cases. This was followed by constipation, flatulence, bloating, burning sensation and loss of appetite, each of which were reported for 17% of the gastrointestinal cases.

There were several gastrointestinal symptoms that were reported as single occurrences including dental caries, heartburn, easy satiety, constricting or cramping pain, aversion to food, loss of taste, oral thrush, aphthae, painful tonsillitis, white coated tongue, foul eructation, gastric ulcer, pruritic haemorrhoids and anus < spicy foods, < meat, < beans, < fruit (6% each of the 18 gastrointestinal complaints). This is reflected in Table of Concomitant Ailments Description (Appendix H).

#### 4.2.3.4.4 Description of neurological system concomitant ailments

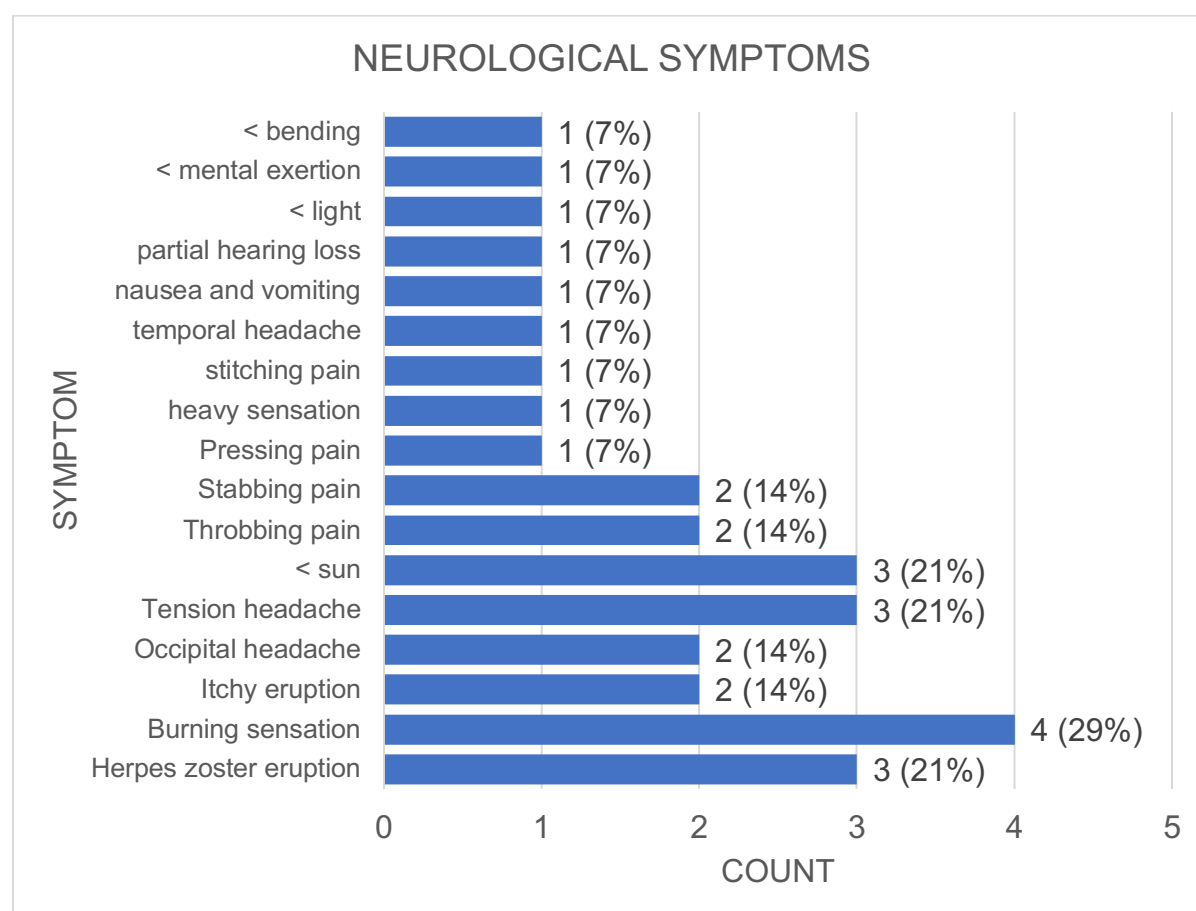
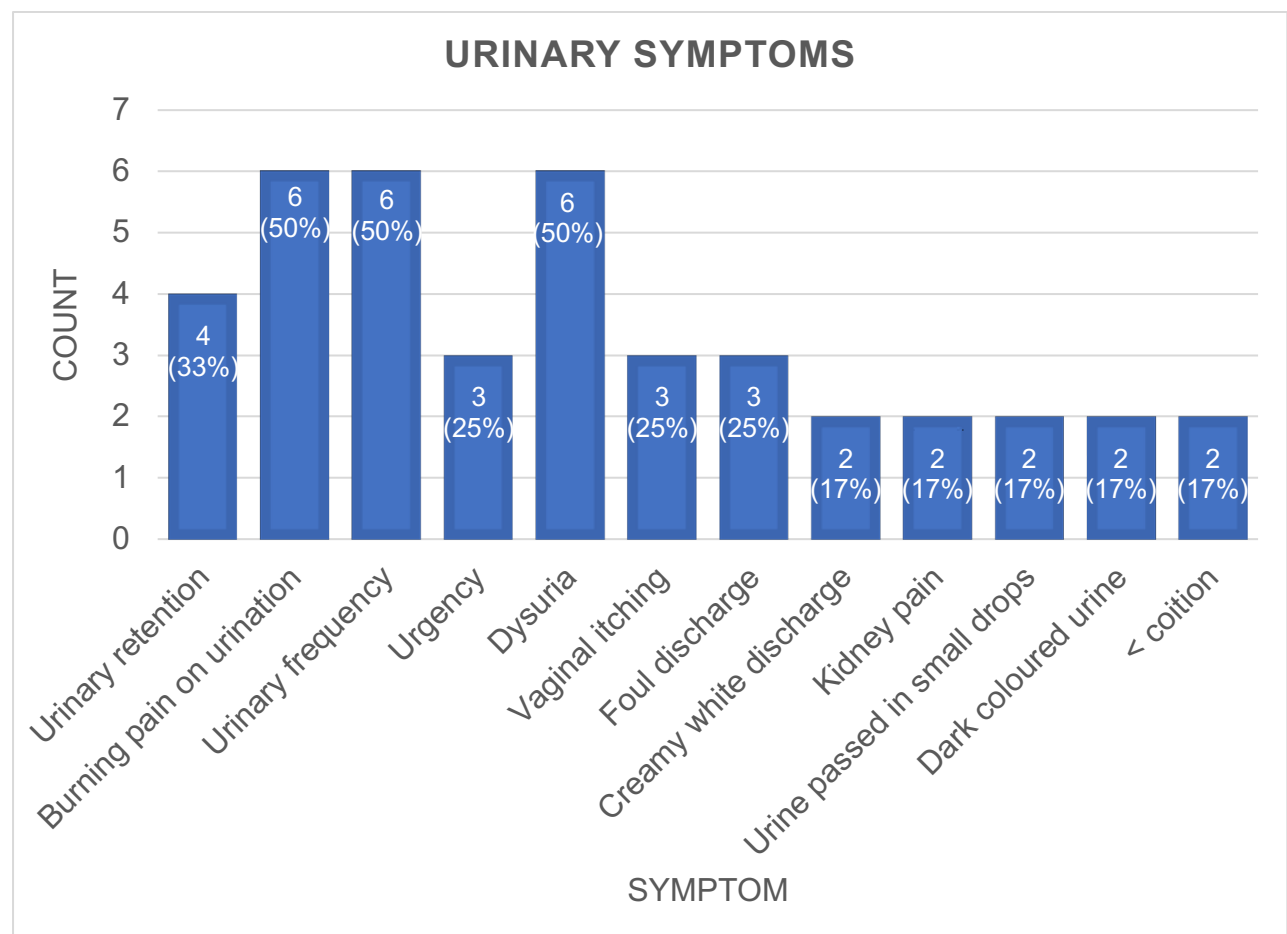


Figure 4.20: Common symptoms reported in neurological concomitant ailment description

Of the 14 neurological concomitant ailment descriptions, the symptom of burning sensation was most commonly recorded (29%), followed by tension headache, herpes zoster eruption and < sun at 21% each. Pain sensations of stabbing and throbbing pains were seen to have occurred in 2 counts each amongst the 14 neurological cases (14%). This is reflected in Figure 4.20.

#### 4.2.3.4.4 Description of urinary system concomitant ailments

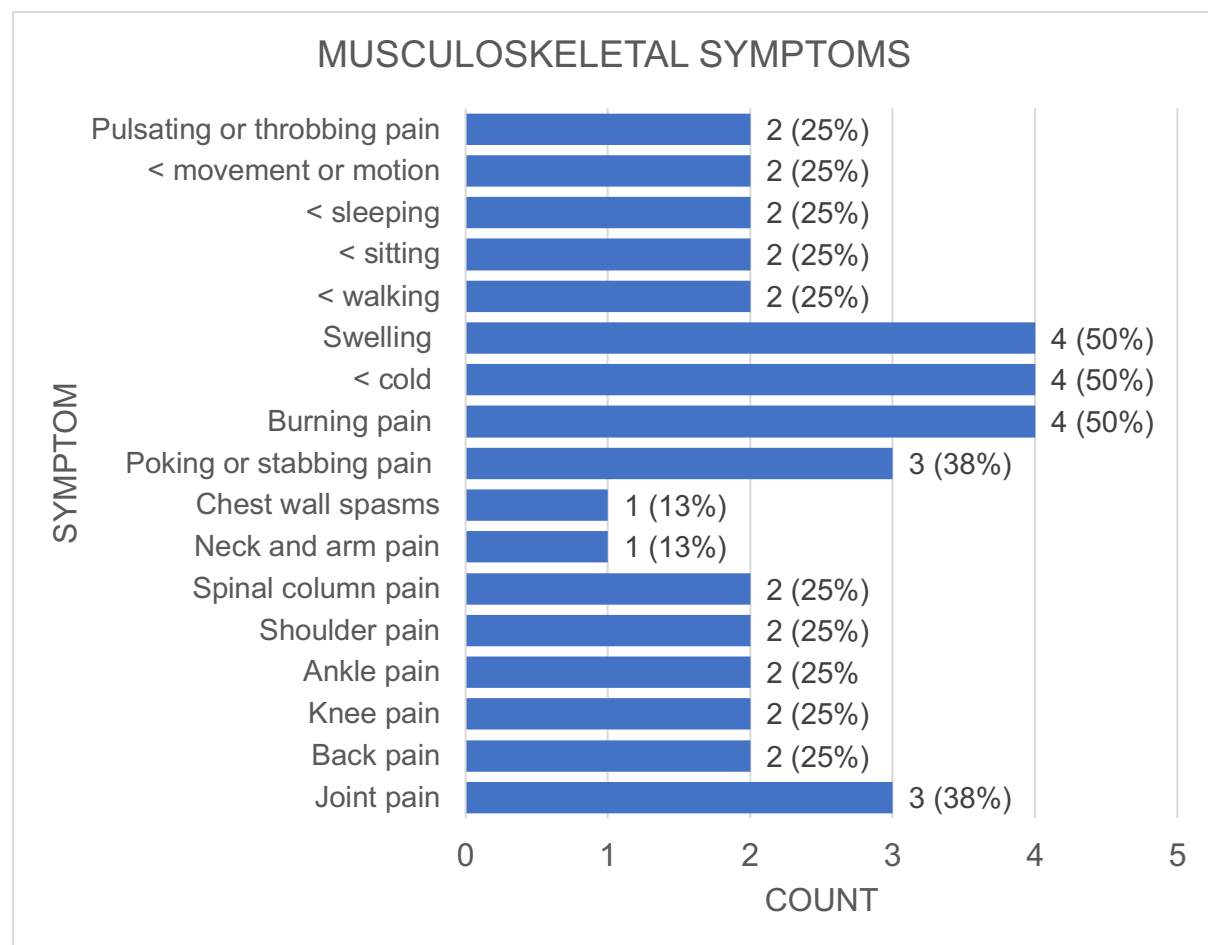


**Figure 4.21: Common symptoms reported in urinary concomitant ailment description**

Figure 4.21 shows the more common symptoms reported amongst the 12 urinary system concomitant ailments. The more frequent recorded symptoms include urinary frequency, burning pain on urination and dysuria (each of these symptoms occurred in 50% of the urinary cases). This was followed by urinary retention or incomplete emptying of bladder which was seen to occur in 33% of the urinary system ailments.

Other symptoms that were reported as single occurrences (each in 8% of the urinary system ailments) included oedema of hands, face, feet, strong urine odour, foul odour, haematuria, tenesmus, dribbling, throbbing inguinal pain, thin white discharge and clear discharge as reflected in Table of Concomitant ailments Description (Appendix H).

#### 4.2.3.4.5 Description of musculoskeletal system concomitant ailments

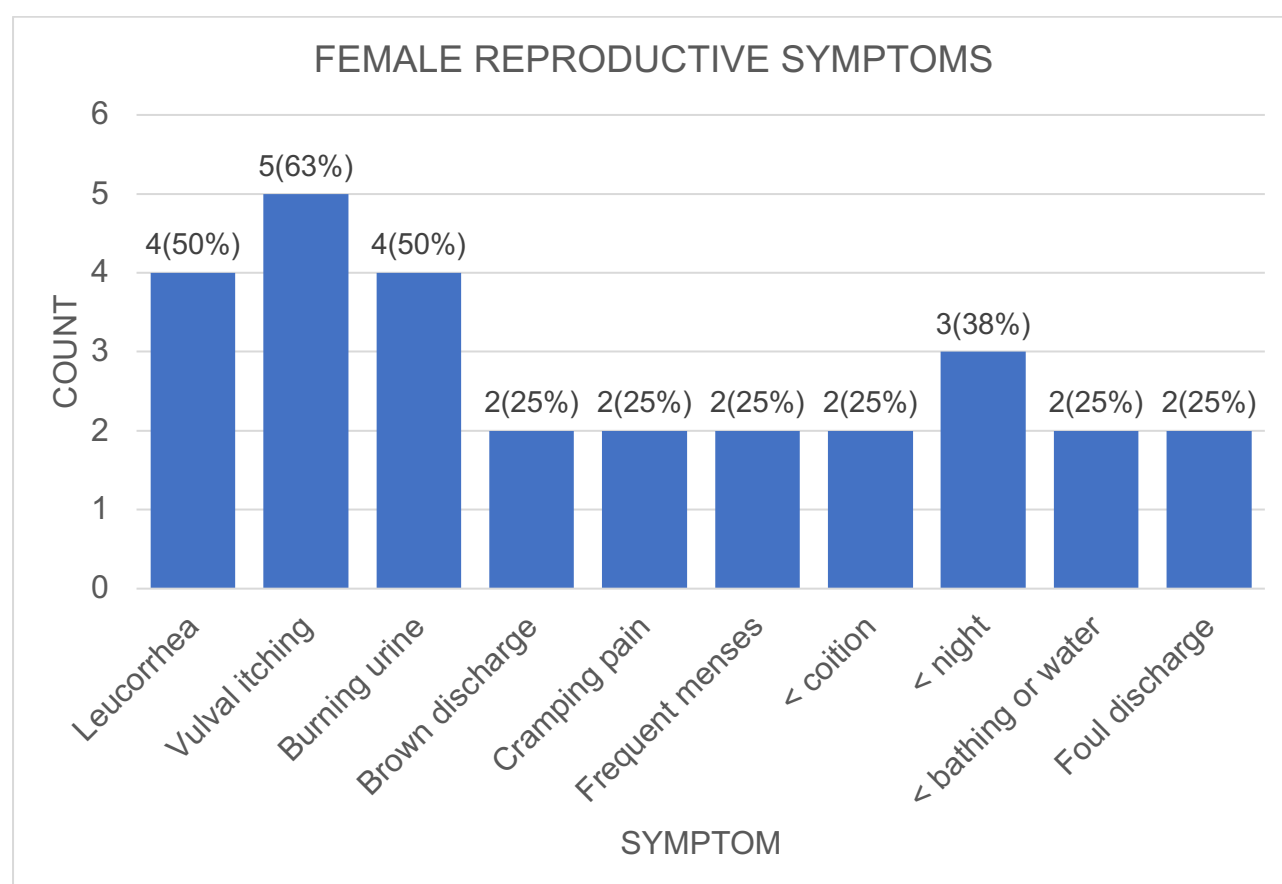


**Figure 4.22: Common symptoms reported in musculoskeletal concomitant ailment description**

Of the eight musculoskeletal concomitant ailment descriptions, the symptoms of swelling, burning pain and < cold or cold exposure were most commonly reported and each occurred in 50% of the musculoskeletal cases. This is reflected in Figure 4.22 which further shows that joint pain was reported in 38% of the cases.

Other symptoms that were reported as single occurrences (each in 13% of the 8 musculoskeletal system ailments) include body pain, body fatigue, shooting pain, aching pain, weakness, right arm numbness, morning stiffness of back, < night, < left side, < water, < stooping or bending forward, < touch, < change in weather and < resting as reflected in Table of Concomitant Ailments Description (Appendix H).

#### 4.2.3.4.6 Description of female reproductive system concomitant ailments



**Figure 4.23: Common symptoms reported in female reproductive system concomitant ailment description**

Figure 4.23 shows the more common symptoms reported amongst the eight female reproductive system concomitant ailments. The most frequently recorded symptoms included vulval or vaginal itching which was reported in 63% of these concomitant ailments. This was followed by leucorrhoea and burning urine, each of which were seen in 50% of the female reproductive system ailments. Of these cases, 38% reported that their symptoms were < night.

Other symptoms that were reported as single occurrences (each in 13% of the 8 female reproductive system ailments) included dysmenorrhoea, irregular menses, passing of clots, copious menses, foul-odoured menses, thick white discharge, yellow cream discharge, vaginal ring worm like eruption, < moist or sweating, < scratching, < heat, > tight pressure and > bathing. This is reflected in Table of Concomitant Ailments Description (Appendix H).

#### **4.2.3.4.7 Description of mental concomitant ailments**

Table of Concomitant ailments Description (Appendix H) shows that amongst the five concomitant ailments that were related to mental health, the following symptoms from the ailment description were most commonly noted:

- Anger and suppressed anger 4 (80%),
- Stress 4 (80%),
- Betrayed 3 (60%),
- Anxiety 3 (60%),
- Overthinking 2 (40%), and
- Insomnia 2 (40%).

Other symptoms that occurred in single instances in the mental concomitant ailment description include mistrust, difficulty in processing HIV+ status, temporal headache, suppressed sadness, green watery diarrhoea, offensive flatulence, sharp stomach pain, occipital headache, erectile dysfunction, burning urine, cheerful façade, resignation, post-traumatic stress, history of physical abuse, grief, unprocessed grief, indignation, decreased libido and fear of sexual activity (each occurring in 20% of the 5 mental ailments).

#### **4.2.3.4.8 Description of cardiovascular system concomitant ailments**

Hypertension is recorded in the medical history of each of the three cardiovascular system concomitant ailments (100% of the cardiovascular ailments). This is followed in frequency by symptoms of headache on vertex, stabbing pain, nosebleed, aetiology of grief and elevated blood pressure of 160/110mmHg on physical examination. Each



of these latter symptoms occurred singly, i.e., 33% of the cardiovascular cases. This is reflected in Table of Concomitant ailments Description (Appendix H).

#### **4.2.3.4.9 Description of endocrine system concomitant ailments**

The Table of Concomitant Ailments Description (Appendix H) reflects that only one endocrine system ailment (non-insulin dependent diabetes mellitus) was reported amongst the 113 cases. The symptoms seen in this case were:

- Red/ dark discolouration of skin, itchy skin.
- Cellulitis of affected area.
- Urinary incontinence / involuntary urination.
- Diabetes mellitus type 2 (non-insulin dependent diabetes mellitus diagnosed in 2012).

#### **4.2.3.4.10 Description of lymphatic system concomitant ailments**

The Table of Concomitant Ailments Description (Appendix H) reflects that only one lymphatic system ailment (generalised enlarged lymph nodes) was reported amongst the 113 cases. The symptoms described in this case are:

- Mass in cervical region,
- Cervical region painful and swollen,
- < touch,
- < movement (every movement).

#### **4.2.3.4.11 Description of behaviour disorder system concomitant ailments**

The Table of Concomitant Ailments Description (Appendix H) reflects that only one behaviour disorder system ailment (attention deficit hyperactivity disorder) was reported amongst the 113 cases. The symptoms described in this case are:

- Behaviour change since passing of mother,
- Extreme mental and physical restlessness (cannot sit still),
- Violent,
- Laughs at serious matters,

- Preoccupied,
- Shy,
- Failing at school,
- Averse to study,
- Unclean (refuses to wash).

#### **4.2.3.4.12 Description of haematological system concomitant ailments**

The Table of Concomitant Ailments Description (Appendix H) reflects that only one haematological system ailment (iron deficiency anaemia) was reported amongst the 113 cases. The symptoms described in this case are:

- Craving soil before or after menses (pica),
- Dark, big black clots during menses,
- Heavy flow,
- Heart palpitations.

#### **4.2.3.4.13 Description of miscellaneous concomitant ailments**

There were three miscellaneous concomitant ailments noted which included HIV sequelae, emaciation / HIV wasting syndrome and general malaise that were reported one time only each.

The Table of Concomitant Ailments Description (Appendix H) reflects the symptoms that were reported for these cases and include:

- Sudden onset gum pain, gingivitis, < swallowing, > pressure, sensation of sores 1 (33% each),
- Headaches 2 (67%), < after sleep 1 (33%),
- Weight loss, emaciation 1 (33% each),
- General malaise, tired feet, < night, < heat 1 (33% each),
- Coryza, itchy nasal pain 1 (33% each).

#### **4.2.3.5 Concomitant ailments modalities and sensations**

The Table of Modalities and Sensations (Appendix I) shows the modalities and sensations of each of the concomitant ailments in the sample. Table 4.10 summarises the more frequently reported modalities (conditions that were worse for or better for the concomitant ailment reported).

**Table 4.10: Distribution of concomitant ailment modalities**

| <b>Modalities (&lt; worse for)<br/>n = 113</b> | <b>Count n<br/>(%)</b> | <b>Modalities (&gt; better for)<br/>n = 113</b> | <b>Count n (%)</b> |
|--|------------------------|---|--------------------|
| < sun  | 8 (7%)                 | > scratching                                    | 7 (6%)             |
| < night  | 7 (6%)                 | > washing                                       | 4 (4%)             |
| < heat   | 7 (6%)                 | > night or evening                              | 3 (3%)             |
| < stooping or bending forward                  | 6 (5%)                 | > warm application                              | 3 (3%)             |
| < movement or every motion                     | 6 (5%)                 | > pressure                                      | 2 (2%)             |
| < cold weather or cold exposure                | 6 (5%)                 | > rubbing                                       | 2 (2%)             |
| < washing                                      | 6 (5%)                 | > rest  | 2 (2%)             |
| < sitting                                      | 4 (4%)                 |   |                    |
| < touch  | 4 (4%)                 |   |                    |
| < lying down                                   | 3 (3%)                 |   |                    |
| < scratching                                   | 3 (3%)                 |   |                    |
| < morning                                      | 2 (2%)                 |   |                    |
| < sleep  | 2 (2%)                 |   |                    |
| < standing                                     | 2 (2%)                 |   |                    |
| < walking                                      | 2 (2%)                 |   |                    |
| < exertion                                     | 2 (2%)                 |   |                    |
| < hot weather                                  | 2 (2%)                 |   |                    |
| < damp or rainy weather                        | 2 (2%)                 |   |                    |
| < hot water                                    | 2 (2%)                 |   |                    |
| < coition                                      | 2 (2%)                 |   |                    |
| < urinating                                    | 2 (2%)                 |   |                    |
| < cough  | 2 (2%)                 |   |                    |
| < eating                                       | 2 (2%)                 |   |                    |
| unspecified                                    | 34 (30%)               |   |                    |

Table 4.10 reflects that the more frequently occurring worse for (<) modalities that were recorded included < sun (7%), < night and < heat (each of which were reported in 6% of the 113 cases of the study), and < stooping or bending forward, < movement or every motion, < cold weather or cold weather exposure, < washing at 5% each. Better for (>) was seen mostly in > scratching (6%) and > washing (4%). Of the 113 cases, 30% did not have modalities reported so were deemed as unspecified.

**Table 4.11: Distribution of sensations**

| <b>SENSATION<br/>(n = 113)</b>        | <b>COUNT OF SENSATION n (%)</b> |
|---------------------------------------|---------------------------------|
| Itchy                                 | 29 (26%)                        |
| Burning pain                          | 21 (19%)                        |
| Throbbing pain                        | 11 (10%)                        |
| Stabbing pain                         | 10 (9%)                         |
| Sharp pain                            | 8 (7%)                          |
| Pain                                  | 7 (6%)                          |
| Hot sensation                         | 7 (6%)                          |
| Cramping pain                         | 5 (4%)                          |
| Sensation of something present inside | 3 (3%)                          |
| Heavy pain                            | 3 (3%)                          |
| Stitching pain                        | 3 (3%)                          |
| Pulsating pain                        | 3 (3%)                          |
| Painless                              | 3 (3%)                          |
| Poking sensation                      | 3 (3%)                          |
| Pressing pain                         | 3 (3%)                          |
| Sensation of fullness                 | 2 (2%)                          |
| Stinging pain                         | 2 (2%)                          |
| Dry                                   | 2 (2%)                          |
| Sensation of sores                    | 2 (2%)                          |
| Hole sensation                        | 2 (2%)                          |
| Twisting pain                         | 2 (2%)                          |
| Obstructed                            | 2 (2%)                          |
| Sore                                  | 2 (2%)                          |
| Aching                                | 2 (2%)                          |
| Tight sensation                       | 1 (1%)                          |
| Shocking pain                         | 1 (1%)                          |
| Sensation of snake                    | 1 (1%)                          |
| Numbness                              | 1 (1%)                          |
| Stiffness                             | 1 (1%)                          |
| Constricting pain                     | 1 (1%)                          |
| Voluptuous itch                       | 1 (1%)                          |
| Beating pain                          | 1 (1%)                          |
| Dead sensation                        | 1 (1%)                          |
| Ascending pain                        | 1 (1%)                          |
| Water noise sensation                 | 1 (1%)                          |
| Choking pain                          | 1 (1%)                          |
| Droopy                                | 1 (1%)                          |
| Irritation                            | 1 (1%)                          |
| Pounding                              | 1 (1%)                          |
| Sensation of separation               | 1 (1%)                          |

| <b>SENSATION<br/>(n = 113)</b> | <b>COUNT OF SENSATION n (%)</b> |
|--------------------------------|---------------------------------|
| Biting pain                    | 1 (1%)                          |
| Hard                           | 1 (1%)                          |
| Pressure pain                  | 1 (1%)                          |
| Bounding sensation             | 1 (1%)                          |
| Pulling sensation              | 1 (1%)                          |
| Shooting pain                  | 1 (1%)                          |
| Dust sensation                 | 1 (1%)                          |
| Pushing sensation              | 1 (1%)                          |
| Hot and cold sensation         | 1 (1%)                          |
| Raw                            | 1 (1%)                          |
| Hot steam sensation            | 1 (1%)                          |
| Repeated hammer strike         | 1 (1%)                          |
| Tingling sensation             | 1 (1%)                          |
| Scratchy                       | 1 (1%)                          |
| Closed sensation               | 1 (1%)                          |
| Hanging sensation              | 1 (1%)                          |
| Muscular pain                  | 1 (1%)                          |
| Sensation of retained urine    | 1 (1%)                          |
| Unspecified                    | 12 (11%)                        |

While the concomitant ailments (clinical diagnoses) of the cases reviewed were varied, some sensations were shared. Table 4.11 shows that 58 sensations were reported and itchy sensation was recorded in 26% of the 113 cases reviewed. This was the most common sensation that featured and was followed by burning pain (19%), throbbing pain (10%), stabbing pain (9%), sharp pain (7%), pain (6%), cramping pain (4%) and hot sensation (4%). Other sensations that followed include sensation 3% and lower of the cases recorded.

#### **4.2.3.6 Mental and emotional symptoms**

**Table 4.12: Mental and emotional symptoms**

The Table of Mental and Emotional symptoms (Appendix J) reflects the mental and emotional symptoms recorded in the sample. Further analysis on the distribution of these symptoms is shown in Table 4.12.

**Table 4.12: Distribution of mental symptoms**

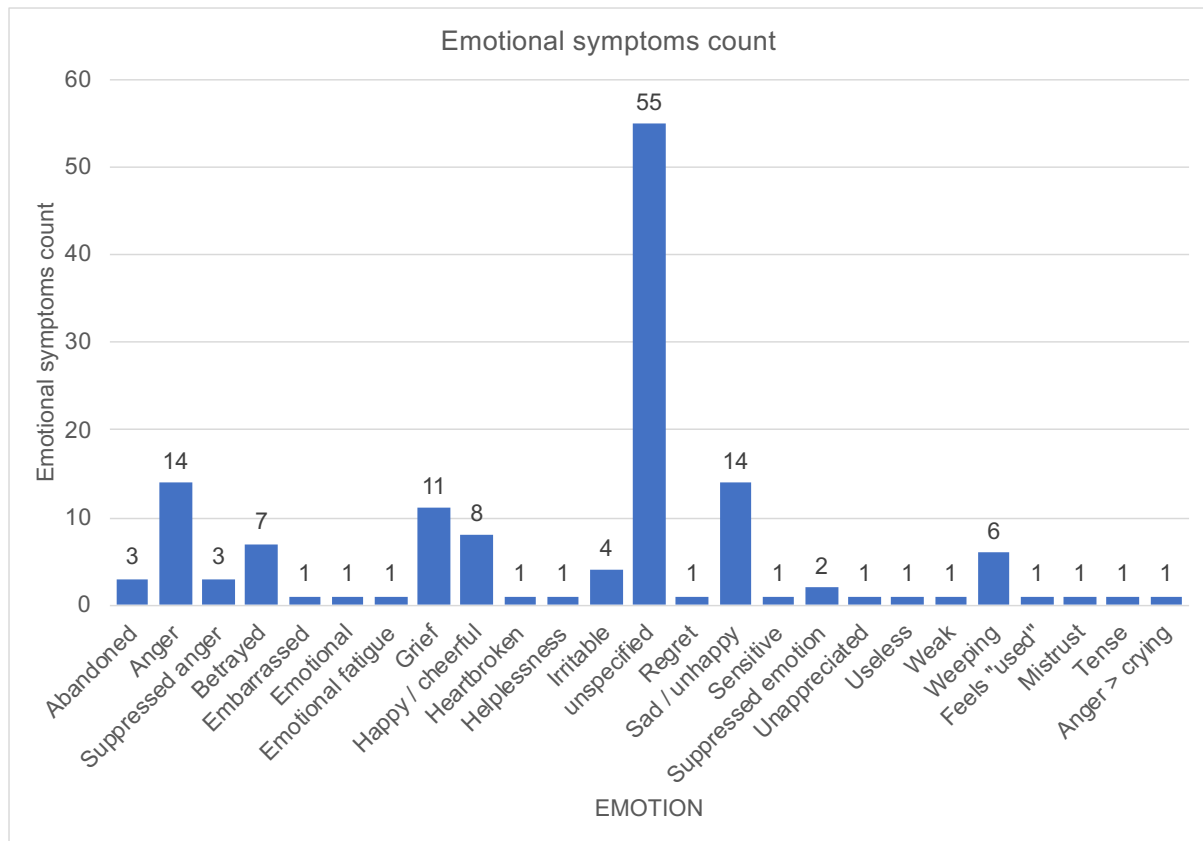
| <b>MENTAL SYMPTOM</b><br><b>n = 113</b>            | <b>COUNT n (%)</b> |
|--|--------------------|
| Stress   | 18 (16%)           |
| Worry  | 11 (10%)           |
| Anxiety  | 10 (9%)            |
| Desire for company                                 | 10 (9%)            |
| Decreased libido                                   | 10 (9%)            |
| Calm / good  | 7 (6%)             |
| Easily angered                                     | 7 (6%)             |
| Desire to be alone / for isolation                 | 6 (5%)             |
| Overthinking                                       | 5 (4%)             |
| Depression   | 5 (4%)             |
| Increased responsibility / responsibility too much | 5 (4%)             |
| Desire for music                                   | 4 (4%)             |
| Prays / spiritual                                  | 4 (4%)             |
| Averse to talking                                  | 3 (3%)             |
| Moody  | 3 (3%)             |
| Mental weakness and fatigue                        | 3 (3%)             |
| Ailments from sexual abuse                         | 3 (3%)             |
| Open   | 3 (3%)             |
| Post-traumatic stress                              | 3 (3%)             |
| Reserved   | 3 (3%)             |
| Apathy / indifference                              | 3 (3%)             |
| Shy  | 3 (3%)             |
| Violent  | 3 (3%)             |
| Intolerance to lies                                | 3 (3%)             |
| Ailments from verbal abuse                         | 2 (2%)             |
| Forthright   | 2 (2%)             |
| Overwhelmed / burdened                             | 2 (2%)             |
| Alone / lonely                                     | 2 (2%)             |
| Averse to confrontation                            | 2 (2%)             |
| Laughing at serious matters                        | 2 (2%)             |
| Closed   | 2 (2%)             |
| Loves money  | 2 (2%)             |
| Fastidious / perfectionist                         | 2 (2%)             |
| Desire to be home                                  | 2 (2%)             |
| Humble   | 2 (2%)             |
| Difficulty accepting HIV+ status                   | 2 (2%)             |
| Ailments from disappointment in love               | 2 (2%)             |
| Answers yes or no to questions                     | 2 (2%)             |
| Optimistic   | 2 (2%)             |

| <b>MENTAL SYMPTOM</b><br><b>n = 113</b> | <b>COUNT n (%)</b> |
|---|--------------------|
| Counsels others                         | 2 (2%)             |
| Lack of self-worth / self confidence    | 2 (2%)             |
| Forgetful                               | 2 (2%)             |
| < Sympathy / consolation                | 1 (1%)             |
| Suicidal thoughts                       | 1 (1%)             |
| Preoccupied                             | 1 (1%)             |
| Easily irritated                        | 1 (1%)             |
| Averse to noise                         | 1 (1%)             |
| Extreme restlessness                    | 1 (1%)             |
| Desire for escape                       | 1 (1%)             |
| Extrovert                               | 1 (1%)             |
| Shame                                   | 1 (1%)             |
| Averse to studying                      | 1 (1%)             |
| Unsupported                             | 1 (1%)             |
| < Being looked at                       | 1 (1%)             |
| Negative mindset                        | 1 (1%)             |
| Forgiving                               | 1 (1%)             |
| Organised                               | 1 (1%)             |
| Ailments from loss of mother            | 1 (1%)             |
| Aggressive                              | 1 (1%)             |
| Gambling addiction                      | 1 (1%)             |
| Averse to being disturbed               | 1 (1%)             |
| Hears voices during sleep               | 1 (1%)             |
| Slow recall                             | 1 (1%)             |
| Hiding                                  | 1 (1%)             |
| Uncomfortable                           | 1 (1%)             |
| Ailments from physical abuse            | 1 (1%)             |
| Disappointment                          | 1 (1%)             |
| Impatient                               | 1 (1%)             |
| < Looking in the mirror                 | 1 (1%)             |
| Increased libido                        | 1 (1%)             |
| No fears                                | 1 (1%)             |
| Clairvoyant                             | 1 (1%)             |
| Acceptance of HIV+ status               | 1 (1%)             |
| Indignation                             | 1 (1%)             |
| Desire for consolation                  | 1 (1%)             |
| < Company                               | 1 (1%)             |
| Poor concentration                      | 1 (1%)             |
| Intolerant to hypocrites                | 1 (1%)             |
| Attention seeking                       | 1 (1%)             |
| Introvert                               | 1 (1%)             |



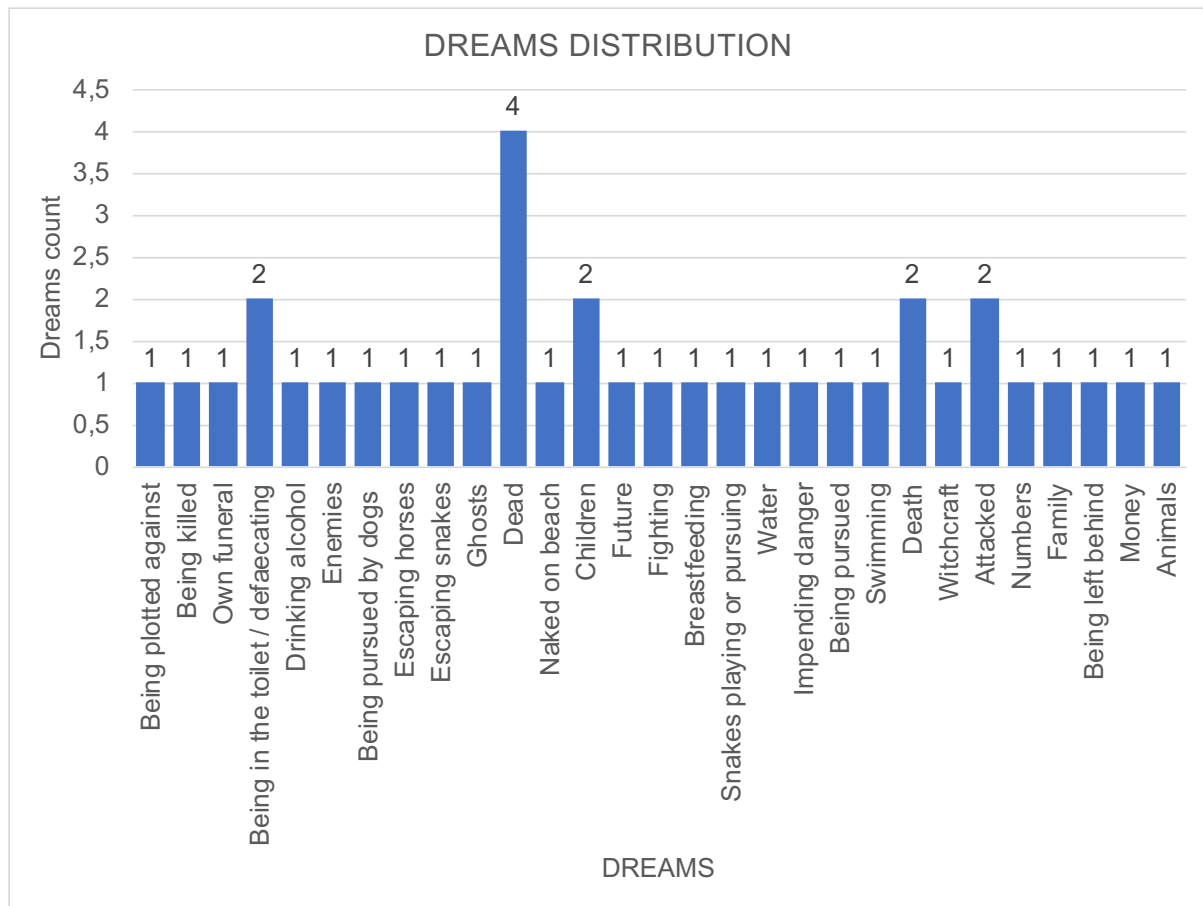
| <b>MENTAL SYMPTOM</b><br><b>n = 113</b> | <b>COUNT n (%)</b> |
|---|--------------------|
| Remorseful                              | 1 (1%)             |
| Confrontational                         | 1 (1%)             |
| Resignation                             | 1 (1%)             |
| Confused                                | 1 (1%)             |
| Desire to be liked                      | 1 (1%)             |
| Likes business                          | 1 (1%)             |
| Desire to travel                        | 1 (1%)             |
| Loquacious                              | 1 (1%)             |
| Talks to inanimate objects              | 1 (1%)             |
| Loss of hope                            | 1 (1%)             |
| < Being teased                          | 1 (1%)             |
| Loves food                              | 1 (1%)             |
| Upset over trifles                      | 1 (1%)             |
| < Criticism                             | 1 (1%)             |
| Drug addiction                          | 1 (1%)             |
| Loves to dance                          | 1 (1%)             |
| Cries easily                            | 1 (1%)             |
| Unspecified                             | 23 (20%)           |

Table 4.12 shows the distribution of the 97 mental symptoms recorded in the cases of the study sample. Stress was seen as the most frequently occurring mental symptom and reported in 16% of the cases, followed by worry (10%), anxiety (9%), desire for company (9%), decreased libido (9%), calm (6%), easily angered (6%), desire to be alone (5%), overthinking (4%), depression (4%), increased responsibility (4%), desire for music (4%) and prays (4%). Of the 113 cases, 23 (20%) were not reported and were therefore categorised as “unspecified”.



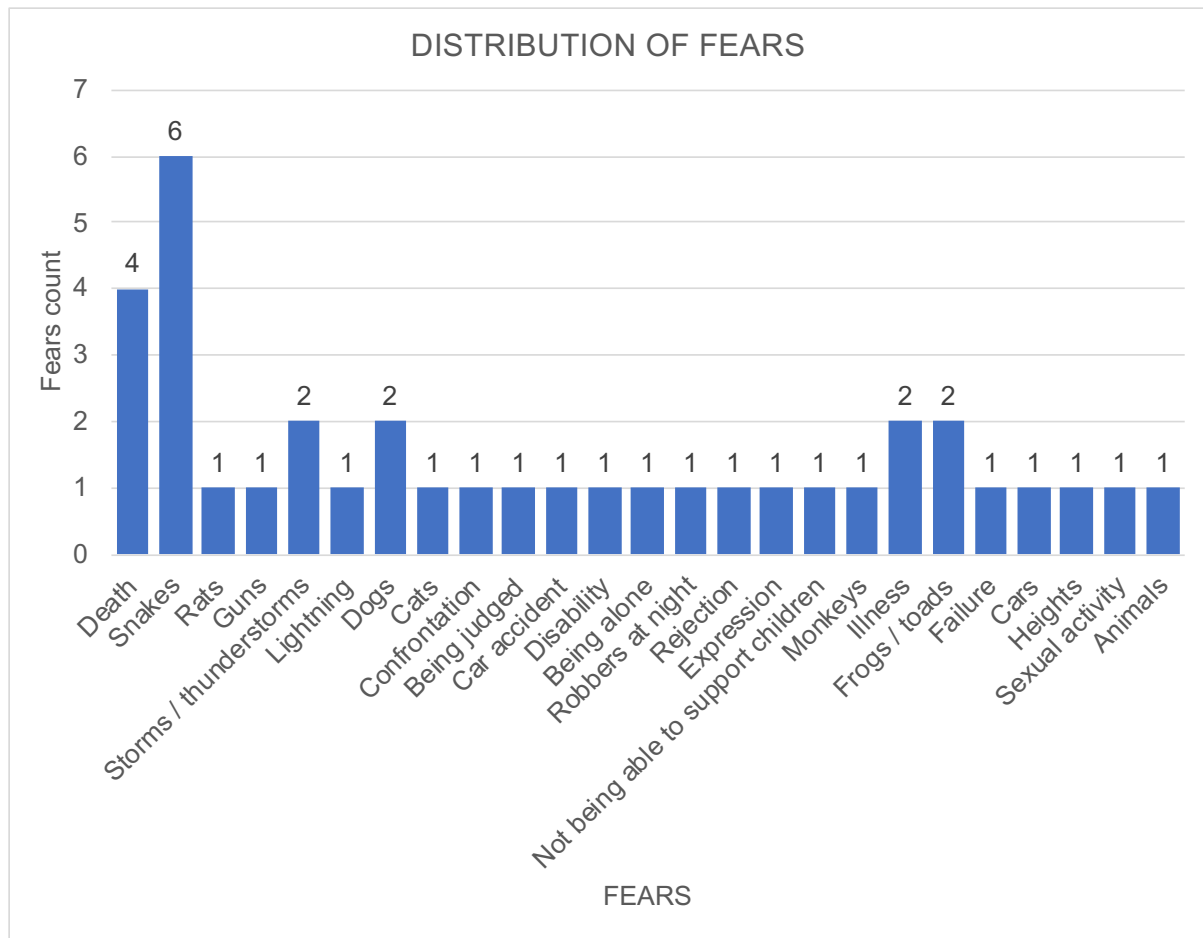
**Figure 4.24: Distribution of emotions**

Figure 4.24 reflects the distribution of the 141 emotions reported. Sadness and anger accounted for 12% each followed by emotions of grief (10%), happy (7%), betrayed (6%), weeping (5%), irritable (4%), abandoned and suppressed anger (3% each), suppressed emotion (2%), while the rest occurred in single instances and accounted for 1% each of the cases reviewed. Many cases (55) had no emotions recorded and were thus considered as unspecified (49%).



**Figure 4.25: Distribution of dreams**

The total number of dreams reported was 36. Figure 4.25 shows that the dreams reported were of the dead (4%), defaecating, children, death, being attacked (2% each), while the rest occurring in single instances and accounting for 1% each of the cases reviewed.



**Figure 4.26: Distribution of fears**

The total number of fears reported was 37. Fear of snakes was recorded in 5% of the cases, with fear of death at 4%, fear of thunderstorms, dogs, illness, frogs at 2% each and the rest occurring in single instances and accounting for 1% each of the cases reviewed as reflected in Figure 4.26.

**Table 4.13: Delusions count**

| DELUSIONS                | Delusions count |
|--------------------------|-----------------|
| Stroke in left leg       | 1               |
| Being pursued by animals | 1               |

Table 4.13 shows that only 2 delusions (stroke and being pursued by animals) were reported and in single instances amongst the 113 cases reviewed for the study (1% each).

#### 4.2.3.5.1 Physical general symptoms

The physical general symptom data collated for this study are recorded in a Table of Physical General symptoms (Appendix K). This was split for distribution analysis as general symptoms 1 (List 1), general symptoms 2 (List 2) and past medical history (Figures 4.27, 4.28 and 4.29 respectively) due to the large amount of data collated.

#### 4.2.3.5.2 General symptoms List 1

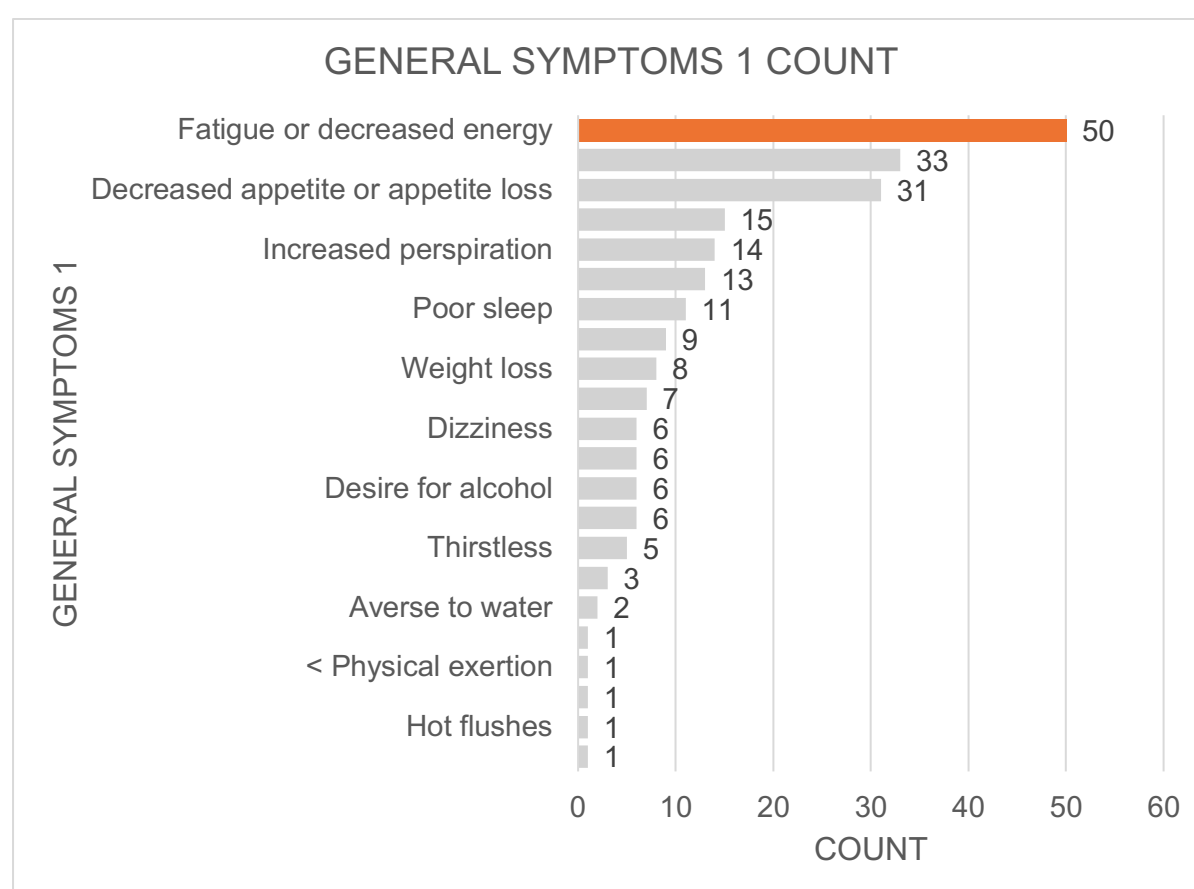
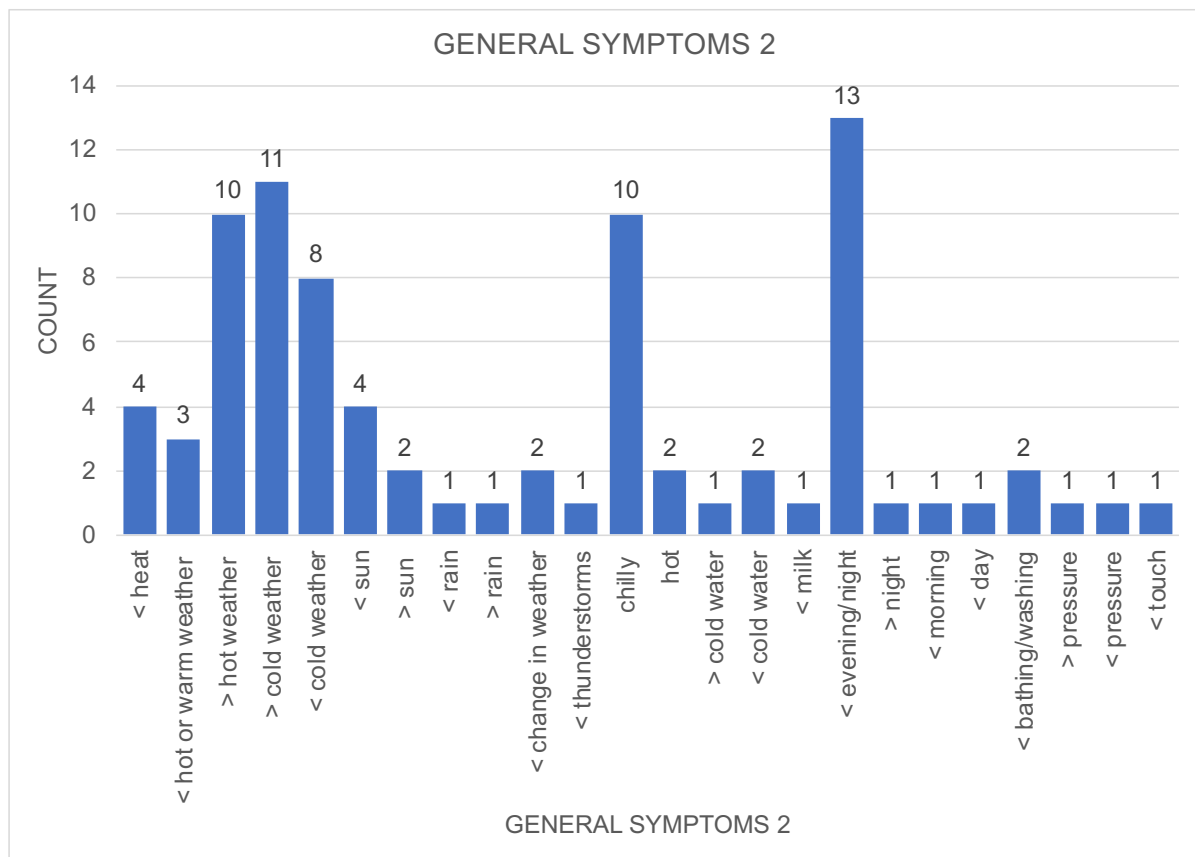


Figure 4.27: General symptoms 1 (List 1)

Multiple general symptoms (314) were recorded for each of the 113 cases reviewed in the study sample. Fatigue / decreased energy was the most frequently reported general symptom seen in 44% of the 113 cases reviewed. This is reflected in Figure 4.27 which further shows that increased thirst was seen in 29% of the sample followed by decreased appetite / appetite loss at 27%, insomnia (13%), increased perspiration (12%) and weakness (12%).

#### 4.2.3.5.3 General symptoms List 2

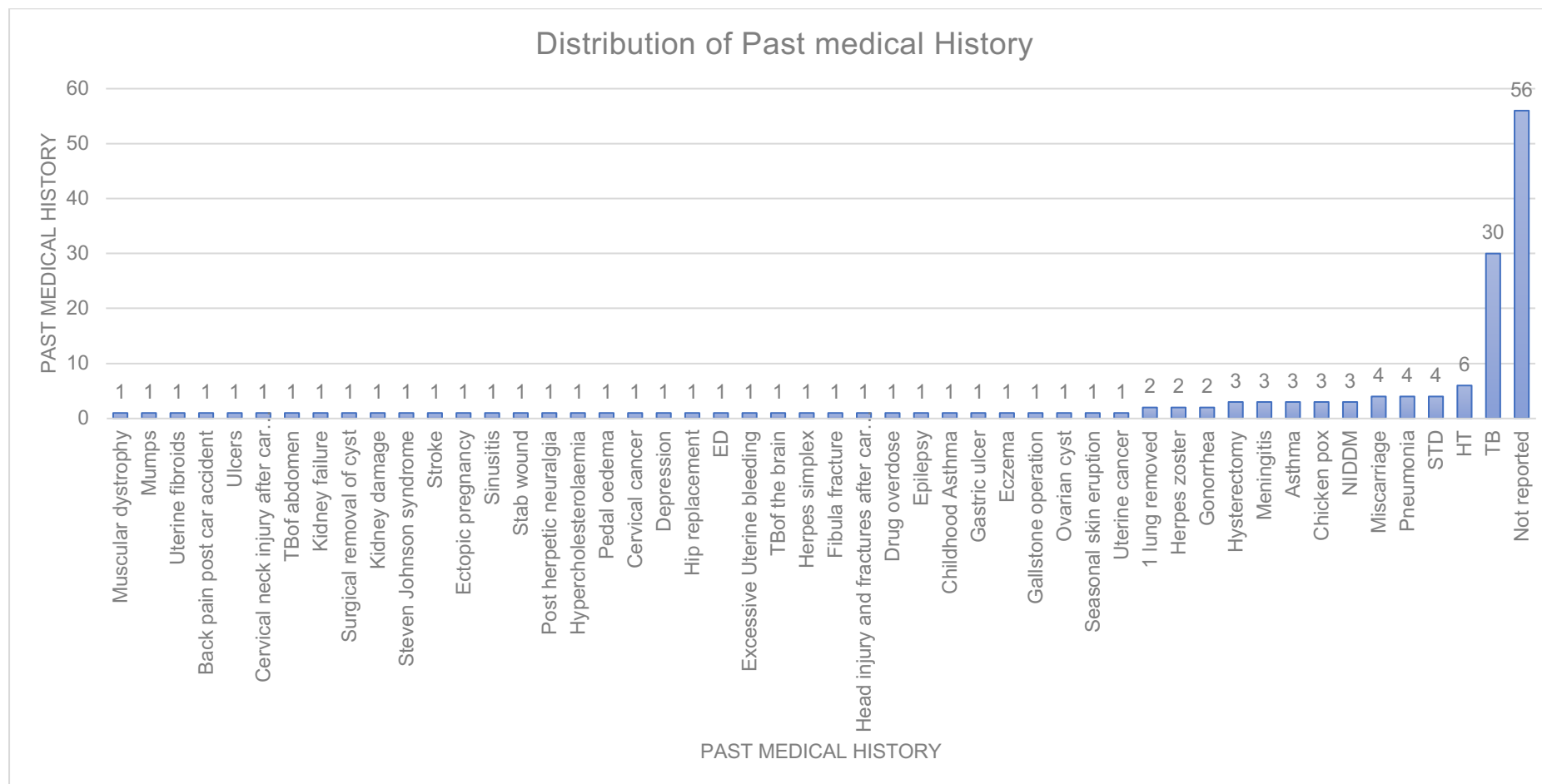


**Figure 4.28: General symptoms 2 (List 2)**

Figure 4.28 shows that the general symptom of < evening / night was reported in 12% of the cases. Figures 4.27 and 4.28 reflect that poor sleep and > cold weather were recorded in 10% of the study cases, followed by chilly and > hot weather each at 9% of the cases, night sweats (8%), weight loss and < cold weather (7% each), body pain (6%), dizziness, increased sleep, desire for alcohol and increased appetite (5% each), thirstless (4%), < heat and < sun (4% each), < movement and < hot or warm weather (3% each), averse to water, > sun, < change in weather, hot, < cold water, < bathing/washing (2% each), while several other general symptoms reflected in the Figures 4.27 and 4.28 occurred in single instances amongst the 113 cases reviewed for the study (1% each).

#### **4.2.3.5.4 Past medical history**

Figure 4.29 shows that 105 medical diagnoses were reported as past medical history events or conditions in 57 of the 113 cases of the study sample, while 56 cases (50%) remained unspecified as the past medical history was not recorded for those. The more prevailing conditions included TB was the most frequently occurring condition in 30 cases (27%), followed by hypertension (5%), and sexually transmitted disease, miscarriage and pneumonia (4% each).



**Figure 4.29: Distribution of past medical history**

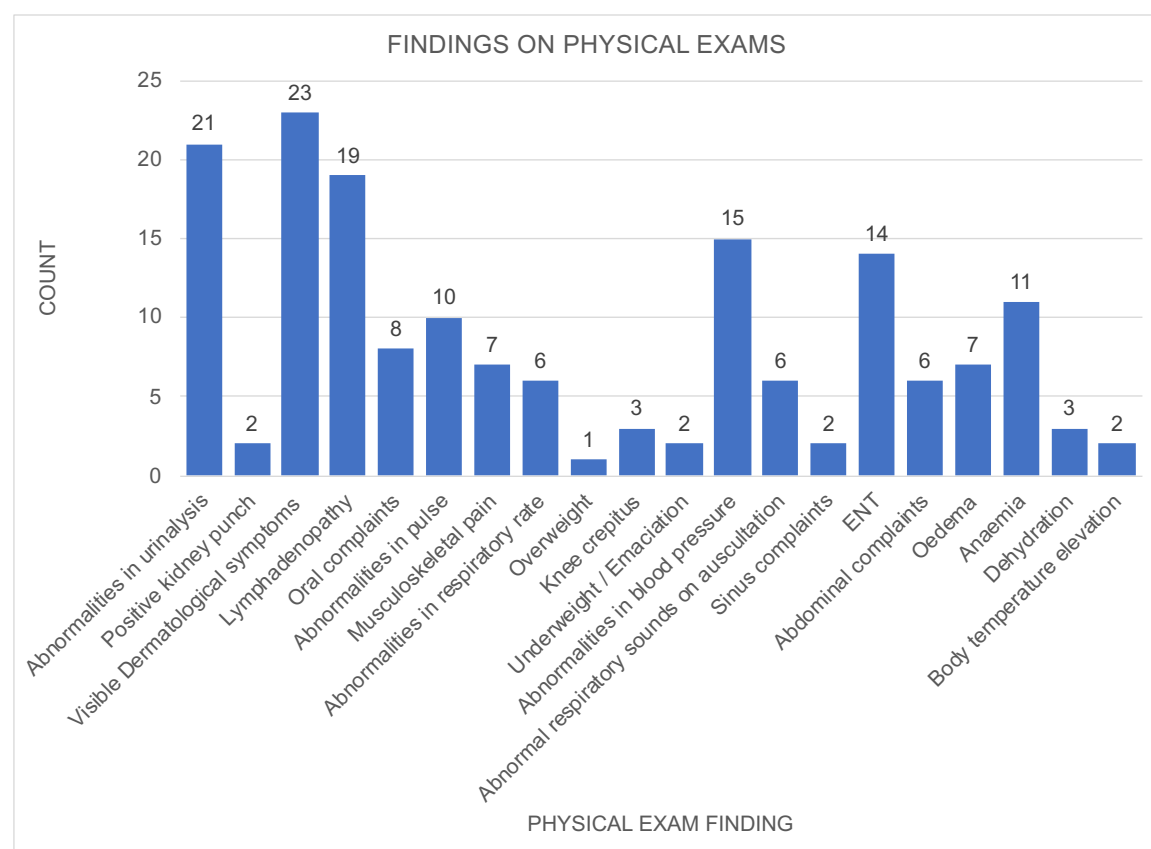


#### 4.2.3.6 Particular symptoms

The Table of Particular symptoms (Appendix L) reflects the particular symptoms of the HIV concomitant ailments (clinical diagnoses) and associated symptoms for each of the 113 HIV+ cases seen at UNHCHC within the 2015-2016 study period. These symptoms in combination with mental, emotional and general symptoms draw out a disease picture which can provide keynote symptoms (where striking and characteristic symptoms are reported) and guiding symptoms to aid in remedy selection. This is reflected in Table 4.18.

#### 4.2.3.7 Symptoms on physical examination

Physical examinations carried out in each case revealed signs and symptoms reflected in the Table of Findings on Physical Examination (Appendix M) and are graphically summarised in Figure 4.30.



ENT = Ear, nose, throat complaints

**Figure 4.30: Physical examination findings**

Figure 4.30 shows the multiple findings or symptoms (168) on physical examination in the 113 cases reviewed. Physical examination findings were deemed unspecified in 25 cases as they were not reported.

Visible dermatological symptoms (23) were most frequently recorded within 113 case study sample and seen in 20% of the cases. This was followed by abnormalities in urinalysis (19%), lymphadenopathy (17%), abnormalities in blood pressure (13%), ENT complaints (12%), anaemia (10%), abnormalities in pulse (9%), oral complaints (7%), musculoskeletal pain and oedema (6% each), abnormalities in respiratory rate, abnormal respiratory sounds on auscultation and abdominal complaints (5% each), knee crepitus and dehydration (3%), positive kidney punch, underweight / emaciation, sinus complaints and body temperature deviation (2% each) and overweight (1%).

Six abdominal findings were reported on physical examination, including:

- Abdominal pain on palpation (4%),
- Abdominal bloating and swelling (1%), and,
- Loud bowel sounds on auscultation (1%).

Fourteen ENT physical findings that were reported, including:

- Creamy discharge from ear (1%),
- Impacted cerumen in ear (1%),
- Ear dryness (1%),
- Pain elicited on palpating tragus of ear (1%),
- Inflamed and erythematous throat (4%),
- Enlarged and inflamed tonsils (2%),
- Uvula enlarged, erythematous and painless (1%),
- Nasal inflammation (1%), and,
- Nasal polyps (1%).

Eight oral findings on physical examination were reported, including:

- Pink bleeding gums (1%),
- Dental abscess (1%),

- Dental caries (2%),
- Enlarged tongue (1%),
- White coated tongue (2%), and,
- Creamy yellow coated tongue (1%).

#### 4.2.3.8 Keynote and/or guiding symptoms

Table 4.14 shows the combination of particular symptoms as keynote and / or guiding symptoms matching remedy selections for each of the cases in the language of the materia medica (Boericke 2021; Phatak 2015) as well as the repertory (Schroyens 2012).

**Table 4.14: Keynote and guiding symptoms in the language of the materia medica**

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED  | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)  | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL                          |
|-------------|---|--|---|---|
| H004        | <i>Cantharis versicatoria</i>                                       | Urine burning. Dysuria. Vesicular eruption, turning black, with itching (Phatak 2015).   | Skin of left upper arm itching but painless with bruised appearance. Very itchy “pimple” eruption, < day, < hot weather, > continuous scratching. Urinary retention / incomplete emptying of bladder. Burning urine. Urinary frequency.   | Everything is fine.                           |
| H005        | 1. <i>Drosera rotundifolia</i><br>2. <i>Delphinium staphysagria</i> | <i>Delphinium staphysagria</i> prescription: Ill effects of sexual abuse (Phatak 2015).<br><i>Drosera rotundifolia</i> prescription: Dry (Boericke 2021), barking cough (Phatak 2015). | Cough hard, dry and barking, Chest pain on coughing, Chest coldness with sensation of sore or hole in chest, < rainy weather, < change of weather. Painful throat on swallowing, headache with pain at the back of the neck, < cough. Head hot in frontal sinus region, blocked nose as well as bilateral coryza. | Ailments from sexual abuse.                   |
| H006        | <i>Mercurius solubilis</i>  | Painful gums (Phatak 2015). Sore pain on touch and chewing (Boericke 2021).  | Sudden onset, gum pain (gingivitis), < swallowing, < morning on waking, > hot water, > chewing, > hard food, > pressure. Sensation of sores present on gums but none seen. Headache over left eyebrow with gum pain, heavy pain, < pain of teeth, > sleep, < after sleep.   | Worry over illness – for family and for self. |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED  | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)   | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL   |
|-------------|---|---|---|--|
| H007        | <i>Tuberculinum</i>   | Generals – History of TB (Schroyens 2012), tubercular taint, emaciation (Phatak 2015).<br>Mind – looked at – cannot bear to be looked at.<br>Generals – food and drink – milk – aggravates.<br>Mind – sadness (Schroyens 2012).   | Weight loss over previous 2 years (2013- 2015). Emaciation. < milk. History of TB.  | < sympathy (it angers her), < company, < looking at the mirror, < being looked at, Dreams about child and future which makes her happy. Unhappy (sadness). |
| H008        | 1. <i>Gelsemium sempervirens</i><br>2. <i>Pulsatilla praetensis</i> | <i>Gelsemium sempervirens</i> prescription: Heavy drooping eyelids, nose stuffed (Phatak 2015).<br><i>Pulsatilla praetensis</i> prescription: > cold drink, < warmth of air (Phatak 2015), Nose – congestion.<br>Generals – inflammation – influenza ( <i>Gelsemium</i> and <i>Pulsatilla</i> ) (Schroyens 2012). | Frontal headache > cold water, < morning. Congested nose. Cannot keep eyes open (eyes closing), < hot weather.  | Relaxed, mentally good.  |
| H009        | <i>Magnesium phosphoricum</i>                                       | Cramping pain, > pressure, menstrual colic, menses too early (Phatak 2015).   | Menses irregular and occurring twice a month. Lower abdominal cramps during menses, clots passed with menstrual bleed, pelvic pain with a cramping sensation, radiating to the lower back. Dysuria during menses, burning sensation of urine during menses, occasional dribbling of urine, < coition, pain and burning after coition, > tight pressure. | Not reported.  |
| H010        | <i>Calcarea carbonicum</i>  | Neck pain, <i>Calcarea carbonicum</i> individual typology is described as fat, flabby. Taciturn (Phatak 2015).<br>Ailments from rudeness of others (anger when teased, < criticism) (Vermeulen 2002).   | Since ARVs in 2004. Neck and arm pain, < left side, muscular pain, shooting pain from left shoulder to index finger, < sleep, < stooping, < bending forward. Dorsocervical fat pad (“buffalo hump”). Flabby.  | < Criticism, desire to be liked, closed, anger, fears – dogs and cats. Humble, anger from being teased, sad if her belongings are                          |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)   | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL  |
|-------------|----------------------------|---|---|---|
|             |                            |   |   | stolen. Collapses when sad or angry.  |
| H012        | <i>Atropa belladonna</i>   | Worse heat of sun, light. Mind wildly delirious (Phatak 2015). Head – pain – afternoon, Head – pain – pressing, Head – pain – sun – from exposure to (Schroyens 2012).                                  | Frontal headache with pressing pain, < sun, < light, < afternoon, heavy sensation and fullness on forehead.   | Closed off, hears voices while napping. Delusion of animals being there to fetch her, unafraid of these animals. Likes business. Grief (Loss of children when they were young).   |
| H013        | <i>Daphne mezereum</i>     | Skin intolerable itching < warm bath, Eruptions ooze acrid, gluey moisture, form thick crusts, with pus beneath (Phatak 2015). Feet – eruptions – itching, Feet – eruptions – pimples (Schroyens 2012). | Skin of foot darkened / discoloured black, with itchy pustules that discharge white fluid / thick white pus that dries, < left foot, < warm bathing, < scratching, scratching results in burning sensation and in bleeding sores that are < heat and > salt water. Burning sensation of feet with shoes on. | Dreams of dead Mum after praying (Mum is laughing in the dream). Happy to clean and be at home. Cries and gasps for breath when she thinks of mother, regret for not communicating more with mum, Embarrassed, shy about skin pustules on foot. |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED                                 | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)  | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL  |
|-------------|--|--|---|---|
| H014        | 1. <i>Berberis vulgaris</i><br>2. <i>Carbo vegetabilis</i> | <i>Berberis vulgaris</i> prescription: Pain from kidney, soreness in kidney region, renal colic, urine red (Phatak 2015).<br><i>Carbo vegetabilis</i> prescription: Disintegration is keynote of <i>Carbo vegetabilis</i> , vital power becomes low from grave or serious disease, state of collapse in Grave's disease (Phatak 2015). | Haematuria. Lower back pain on micturition. Kidney pain bilaterally, sharp pain, < morning. State of collapse during consultation.  | Lack of self-worth due to illness.  |
| H015        | <i>Kreosotum</i>   | Leucorrhea; gushing like like bloody water, offensive. Female genitalia: Violent pain during coition. Worse coitus.<br>Skin violently itching (Phatak 2015).<br>Head – pain – exposure to sun, from, Female genitalia/sex – pain – uterus, Skin – eruptions – rash (Schroyens 2012).   | Headache temporal pain < sun. Vaginal discharge brown colour and offensive odour. Sharp uterine/abdominal pain after coition < every motion, < sitting. Onset since coition (uterine pain aetiology) and heat (headache aetiology). | Moody, Averse to talking.   |
| H016        | <i>Thuja occidentalis</i>                                  | Action on mucous membranes of Genito-urinary tract (Phatak 2015).  | Painless herpetic penile lesion with a clear discharge > salt water. Painless lesion on gluteal region.   | Loves money, Loves food.  |
| H017        | <i>Natrum muriaticum</i>                                   | Reserved (averse to talking), headache heavy over eyes, < heat of sun, < mental exertion (overthinking) (Phatak 2015).   | Throbbing frontal headache radiating to back of head, < sun, < thinking, > drinking. Neck pain. Nausea and vomiting. Onset from anxiety.  | Fear – fight / family discord, anxiety, suppressed emotions, averse to talking, dreams of fighting with brothers, decreased libido (before menses), closed (reserved), much weeping, suppression of emotions (internalising troubles), emotional fatigue. |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)  | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)  | MENTAL AND EMOTIONAL  |
|-------------|----------------------------|--|--|---|
| H019        | <i>Kreosotum</i>           | Menses profuse. Violent itching of vulva and vagina, < during urination. Worse coitus. Fear at the thought of coition in women (Phatak 2015).  | Menses copious / excessive bleed, Frequent menses, red pink blood with foul odour. Vaginal itch and burning during micturition. No desire for sexual intercourse.  | Anxiety (about finances), worry (family and child), decreased libido, helplessness, feeling weak. |
| H020        | <i>Thuja occidentalis</i>  | Female: Cauliflower-like excrescences. Leucorrhoea profuse. Miasm of shame/hiding (Phatak 2015).<br>Female – genitalia / sex – condylomata, Female – genitalia / sex – condylomata – vaginal.<br>Female – genitalia / sex – leucorrhoea, Miasm of shame/hiding (Schroyens 2012). | Vagina and vulva with cauliflower like warts, pain of warts a stitching / stinging sensation, < sitting, < tight clothing, > changing sitting position. Accompanied by vaginal discharge / leucorrhoea.                                    | Worry (about warts and HIV status, shame), fear (being judged). Hiding.                           |
| H021        | <i>Stannum metallicum</i>  | Cough, much mucous, better for expectoration, expectoration easy, extreme weakness, chest feels hollow. Despondent, miserable, discouraged (Phatak 2015).  | Cough with much sputum that is clear (sputum quantity can vary), > expectoration. Dry cough as well, continuous cough. Chest painful, < morning and night. Feels as though air in chest. Nose with a burning sensation as though bleeding. | Stress about finances, depression due to lack of financial support, addiction to drugs.           |
| H022        | <i>Mercurius solubilis</i> | Headache with toothache. Painful gums. Teeth pain. Sweet things disagree, though he craves them (Phatak 2015). Female: genitals itching. Itching of vulva. Teeth – caries – decay hollow. Head – pain – stooping. Female genitalia/sex – pain – vagina – coition during.         | Teeth with cavities, painful gums and teeth. Headache < sun, < heat, < bending head forward. Head pain as if must lift head. Averse to sweet.  | Angry, loses breath when angered, decreased libido.   |



| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED                              | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)  | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL   |
|-------------|---|--|---|--|
| H023        | <i>Pulsatilla praetensis</i> and <i>Thymus vulgaris</i> | Bladder – pain – urination during (Schroyens 2012), Cough, thick expectoration (Phatak 2015).  | Urine with clear discharge, foul smell, pain on urination. Cough with green expectoration.  | Easily irritated, mood swings.   |
| H024        | <i>Ignatia amara</i>                                    | Colicky, griping pain in abdomen. Stools painful. Weeps (Phatak 2015).   | Abdominal pain that radiates down the legs, severe pain. Only small amounts of food can be eaten, < passing stool, < eating, < motion, > night. Pain of a hot, burning, constricting sensation.   | Weeping during consultation.   |
| H026        | <i>Natrum muriaticum</i>                                | Hateful to persons who had offended him. Ill effects of grief, disappointment. Worse for mental exertion (overthinking). Dwells on past unpleasant memories. Anxiety in stomach rising to head. Stools dry and hard. Worse for heat, summer (Phatak 2015). | Onset of stomach pain from stress and anger, sharp pain, sensation of snake within, > lying on stomach, < stress, < anger. Occipital headache, < stress. Burning sensation on urination, urine stops starts and with a foul smell. Erectile dysfunction with thin “watery” ejaculation. Constipation with hard black stools. Thirst increased for water. Sensitive to heat. | Desire for isolation, stress (children taken away, wife’s death), depressed, desire to be alone, grief (loss of father), overthinking, decreased libido, dreams about dead, father pursuing them. Anger (towards mother and children been taken away), abandonment, alone. |
| H027        | <i>Argentum nitricum</i>                                | Coryza with lacrimation (tearing) and headache.  | Influenza from cold exposure. Headache with throbbing pain at vertex. Nasal congestion bilaterally. Eye pain with redness and lacrimation, < waking in the morning. Upper eyelid pain > cold water washing. Throat dry and painful, > swallowing saliva or tepid (tap) water and < cough.   | Feels fine mentally (Nothing wrong).   |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED    | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)   | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)  | MENTAL AND EMOTIONAL   |
|-------------|-------------------------------|---|--|--|
| H028        | <i>Natrum muriaticum</i>      | Fluent coryza, then stoppage of nose high up (alternate fluent and dry coryza). Headache hammering pain. Discharge like raw white of egg. Mucous salty. Sore throat; with sensation as if she has to swallow over a lump, as if a plug in throat. | Nose congested. Congestion > night, coryza / yellow mucous at night, or clear salty sputum. Throat pain on left side < swallowing, feels obstructed. Headache with pounding pain at left temple. Left eye itchy.                 | Happy (and smiling) despite illness.   |
| H031        | <i>Sanguinaria canadensis</i> | Worse: Periodically – with sun. Hemicrania.   | Headache on vertex radiating to left eye. Stabbing pain of headache, < sun. Nosebleed bilaterally with dark blood flowing like water, < day. Aetiology of grief (Loss of 2 children, 2009 and 2010). Stroke on left side (mild). | Loquacious, dreams of defaecating, dreams of breastfeeding. Grief (loss of children, a Stillborn baby and a 2 year old passed away).               |
| H033        | <i>Arsenicum album</i>        | Fear of death. Headache. Cough.   | Cough since TB onset 3 months prior. Chest pain on coughing. Headache temporal, < morning.   | Depressed (feels down), Feels as though useless, Suicidal thoughts, Fears death and slow death. Sad.   |
| H035        | <i>Sulphur</i>                | Itching voluptuous, < washing / bathing, burning when scratched. Penile discharge burning.  | Voluptuous itchy skin, burning sensation. Scaling skin. Scratches until bleeds, < scratching. Severe itching all day but < evening and night, < bathing (hot and cold water).  | Sense of abandonment, desire for escape, indifference / apathy (about self), loss of hope. Anger (at absent father and not being raised properly). |
| H037        | <i>Ignatia amara</i>          | Ill-effect of disappointed love. Worse for emotions. Female: chronic leucorrhoea. Skin – discolouration – red. Stomach – pain – stitching (Schroyens 2012).   | Skin eruption of round lightly coloured or red lesions on neck and arms, < evening, < heat.  | Stress (relationship betrayal), prays. Ailments from broken heart/disappointment in love (heartbroken from recent betrayal).                       |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED                                      | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)  | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)  | MENTAL AND EMOTIONAL   |
|-------------|---|--|--|--|
| H040        | <i>Ranunculus bulbosus</i>                                      | A painful remedy affecting nerves. Pains are stitching, stabbing. Neuralgia. Worse for breathing. Chest – pain – intercostal – right. Chest – pain – intercostal – inspiration agg. (Schroyens 2012).              | Painful spasms of the chest wall 2-3 times a day. Right sided pains, < breathing. Poking and stabbing pain sensation, < evening. Suspected pinched nerve.  | Feels ok if ARVs are taken.  |
| H041        | 1. <i>Calcarea carbonicum</i><br>2. <i>Podophyllum peltatum</i> | <i>Calcarea carbonicum</i> prescription: Cramps about umbilical region.<br><i>Podophyllum peltatum</i> prescription: Stomach – cramping pain (Schroyens 2012).   | Stomach cramping pain, poking sensation, < touch. Head pain with difficulty seeing.  | Desire for company (enjoys people around), open, forthright (confronts a person should there be a need and moves on, can speak her mind).  |
| H042        | <i>Calcarea carbonicum</i>                                      | Cramps about umbilical region. Swelling of tonsils. Pain on swallowing. Aversion to meat. Worse for cold. Thirst for cold water at night. Stomach – cramping pain (Schroyens 2012).                                | Cramping stomach pain. Constipation. Flatulence, < meat, < spicy foods. Tonsillitis, < eating.   | Desire to be alone, > Alone, introvert, anxiety, Desire for music, > Music, irritable (easily).  |
| H044        | 1. <i>Stannum metallicum</i><br>2. <i>Tuberculinum bovinum</i>  | <i>Stannum metallicum</i> prescription: Cough, much mucous. Short breath from every effort. < Cold. Anxious.<br><i>Tuberculinum bovinum</i> prescription: Tubercular taint (acute occurrences since TB diagnosis). | Cough with white sputum, < cold, < night, > inducing vomiting (emesis). Chest feels closed. Dyspnoea and cough on walking fast. Clear coryza < morning and < afternoon. Acute occurrences since TB diagnosis (1998, 2006, 2011). | Anxiety (health and death). Stress (being in a relationship). Dreams about dead people which feels nice. Fears car accident and resulting disability. Happy, cheerful, friendly (observation). |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)   | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL  |
|-------------|----------------------------|---|---|---|
| H045        | <i>Ranunculus bulbosus</i> | A painful remedy affecting nerves. Pains are stabbing. Skin burning and intense itching, < touch. Worse for eating. Mind – grief. Generals – side – right. Skin – eruption – herpetic – burning (Schroyens 2012). | Post herpetic neuralgia on right side and back. Burning itchy skin with sharp pain on affected part, < hot weather, < touch of clothes, > bathing in hot or cold water, > rubbing with herb oil, < lying on affected part. Onset since Herpes zoster after HIV diagnosis in 2004. Heartburn < after food.   | Indifference (on occasion). Upset over trifles. Grief (death of husband). Betrayed (husband's past infidelity).   |
| H047        | <i>Stannum metallicum</i>  | Cough. Expectoration saltish. Worse for cold.   | Cough with green sputum expectorate, pain on coughing, < bending, < night, < walking. Watery nasal discharge / coryza. Sore throat. Sensation of something lodged in throat. Salty taste. Chilly.   | Intolerance to lies, violent when lied to. Fears thunderstorms. Intolerant to being fooled. Desire for company (loves people normally).   |
| H048        | <i>Bryonia alba</i>        | Cough dry. Expectoration tough. Fronto-occipital headache. Worse for hot weather. Worse for least motion. Loathing for food.  | Cough dry and difficult to expectorate at first. Progressed to wet cough with white mucous expectoration. Headache frontal radiating to the back (occiput) with eye pain. Throbbing headache, with repeated sensation of hammer strike on occiput, < sun, < chewing. Bounding palpitations. Bilateral cramping calf pain, calves hard like stone, < walking < movement > rest. No appetite. | Sad (losing money), gambling addiction/habit. Short tempered, intolerant to hypocrites. Helpful. Loves people. Confrontational. Decreased libido. Dreams about people plotting against her, fighting over fish. Anger, Poor anger management. |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED                               | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)  | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL   |
|-------------|--|--|---|--|
| H049        | <i>Silicea terra</i>                                     | Throat swallowing painful, difficult. Worse for night. Sleep unrefreshed. Constipation. Weeping mood. Sad. Cannot express himself correctly. Loss of self-confidence.  | Throat burning sensation with difficulty eating, < eating. Chronic recurrent throat complaint. Ethmoidal sinusitis. Unrefreshed sleep. Constipation, bloating, cramping pain, < night.  | Isolation, no desire to talk, desire for quiet. Overwhelmed (too much to handle). Reserved, suppressed emotions (keeps it to herself), depression, weeps much. Decreased libido. Fears – rejection and expression, Foster home history. Raped by uncle. Anger. |
| H050        | 1. <i>Nux vomica</i><br>2. <i>Aesculus hippocastanum</i> | <i>Nux vomica</i> prescription: Piles itching, bleeding. Strains hard at stool. Craves beer.<br><i>Aesculus hippocastanum</i> and <i>Nux vomica</i> : Rectum – haemorrhoids – accompanied back pain in. <i>Aesculus hippocastanum</i> prescription: back pain, < stooping. | Internal haemorrhoids left sided, painless, but itching. Blood passed on straining at stool and on defaecation. Desire for beer, meat, pasta. Back pain, < bending.   | Disappointment, desire to remain indoors, burdened, alone. Dreams – Snakes either playing with or being chased by, waterfalls, water and of falling. Talks, screams, moves hands while dreaming, Happy with complete life and sexual orientation/preference.   |
| H051        | 1. <i>Rhus 112oxicoendron</i><br>2. <i>Kreosotum</i>     | <i>Rhus 112oxicoendron</i> prescription: Herpetic eruptions, skin burning, itching. Shingles. Worse for side lain on.<br><i>Kreosotum</i> prescription: Menses profuse. Leucorrhoea, offensive, causing itching.   | Skin eruption and pain along dermatome on right side of abdomen up to chest (ascending pain from abdomen to chest). Burning sensation of eruption, < standing, > sleeping on unaffected side. Copious bleed of menses. Copious vaginal discharge, purulent with red tinge, very itchy, painful, foul odour. | Humble, decreased libido. Fear – not being able to support children. Dreams – grandmother warning of forthcoming dangers. Prone to extreme anger. Expresses anger vehemently.  |
| H052        | <i>Mercurius solubilis</i>                               | Worse for taking cold (weather). Throat sore.  | Tonsils enlarged and intensely painful. Since exposure to cold which also further aggravates.   | Sad (about illness and health). Irritable.   |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED                                    | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)   | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL   |
|-------------|---|---|---|--|
| H053        | <i>Rhus toxicodendron</i>                                     | Skin burning; itching. Dry cough.   | Herpes Zoster eruption (Shingles) with itching and burning. Constant dry cough.   | Calm, open, can deal with situations when necessary.   |
| H054        | <i>Antimonium crudum</i>                                      | Tendency to form pimples, vesicles and pustules.  | Skin eruption on face. Crusty with inflammation of the skin. Dry, crusty upper lip discharging a clear fluid.   | Apathetic (indifference), stress.  |
| H055        | 1. <i>Cantharis versicatoria</i><br>2. <i>Medorrhinum</i>     | <i>Cantharis versicatoria</i> prescription: Urine burning, scalding, intolerable urging, worse urinating.<br><i>Medorrhinum</i> prescription: Blistering leucorrhoea with fishy odour, scalding ammoniacal urine, menses profuse dark, clotted. | Recurring episode of dark yellow and "dirty" appearing urine. Burning bladder pain when urinating (like acid), pain radiates to the back, and in umbilicus. Urogenital discharge, cream white, foul smelling discharge. Frequency of urination but in small amounts. Vaginal eruption and itching, > scratching. Pain after coition. Dark clotted menses and dysmenorrhoea. | Easily angered, > Crying, Outspoken, Desires company (loves to be around people).  |
| H058        | 1. <i>Chelidonium majus</i> 2. <i>Delphinium staphysagria</i> | <i>Chelidonium majus</i> prescription: Liver pain, liver enlarged, tender, < motion, skin itching, Abdomen – inflammation – liver (Schroyens 2012).<br><i>Delphinium staphysagria</i> prescription: Grief.                                      | Abdominal tenderness (right sided), particularly the right hypochondrium, Poking pain and stabbing pain sensation, < lifting, > lying down, < physical exertion, has to sit properly. Bloating due to ARVs. Skin itchy and swollen. Easy bruising of skin. Right sided arthritis, dull pain < motion.   | Quiet person. Introverted, Prays much. Fears – snakes, anger, fearful. Grief – loss of son 3 months prior to consultation. |
| H059        | <i>Bryonia alba</i>   | Joints hot, < dry cold, < taking cold.  | Joints, shoulder, sternum, spine – aching, biting pain, shoulders feel separated when sleeping, < cold, < sitting, < sleeping. Burning pain of other joints. > Bending hands. Aetiology of prolonged exposure to cold (Employed in refrigerated environment of butchery, joint pain for 5 years).   | Happy. Bears no grudges (forgiving).   |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED                                | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)   | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL  |
|-------------|---|---|---|---|
| H060        | <i>Natrum muriaticum</i>                                  | Grief, unprocessed grief, Aversion to coition.  | Indignation. Abuse (History of abuse by uncle). Stress (children, loss, abuse). Grief (loss of partner and of parents), unprocessed grief (no counsel or support for losses and abuse). Decreased libido, fears sexual activity, fears sexual organs not working. Overthinking. Sexual relationship with a young boy. Since ARV treatment (1 year prior). > Smoking cannabis.   | Indignation, abuse (history of abuse by uncle), stress (children, loss, abuse), decreased libido, fears sexual activity, fears sexual organs not working. Overthinking. |
| H061        | <i>Hepar sulphuris calcareum</i>                          | Great sensitivity (hypersensitivity), Tendency to suppuration. Suppurating glands are very sensitive, < cold. Touchy, irritable, ferocious.   | Axillary furuncle hypersensitive and painful, < night, < cold, < damp weather.  | Easily angered. Open and friendly. Fears – snakes, toads, animals.  |
| H063        | 1. <i>Lycopodium clavatum</i><br>2. <i>Aloe socotrina</i> | <i>Lycopodium clavatum</i> prescription: Impotence (erectile dysfunction). Flatulence and bloatedness, diarrhoea from cold drinks. Generals – food and drinks, meat aggravates, beans aggravate. Haemorrhoids. <i>Aloe socotrina</i> prescription: Diarrhoea with pain in the rectum after stool, piles like a bunch of grapes. | Diarrhoea with yellow stool of very foul odour like spoilt food, much flatulence with stool, occurring since ARV treatment. Bright red blood passed on defaecation, pushing sensation of stool. Pain in rectum particularly on passing stool. Rectum hot to touch with sensation of heat. Urge to pass stool even in sleep. < Apples, < fruit, < juice, < meat, < chicken, < fish, < beef, < spinach, < beans. Frequent diarrhoea – 3 to 4 times a day, every 2 minutes on occasion. Flatulence and bloating < eating, < juice. Accompanied by haemorrhoids with hanging sensation. Erectile dysfunction. | Not reported.   |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED                     | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)   | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)  | MENTAL AND EMOTIONAL   |
|-------------|--|---|--|--|
| H064        | 1. <i>Bryonia alba</i><br>2. <i>Nux vomica</i> | <i>Bryonia alba</i> prescription: Joints hot, < cold, Cough very painful.<br><i>Nux vomica</i> prescription: Angry fiery temperament, violent, vertigo, leucorrhoea fetid and stains yellow. Arms numb stiff feeling. | Joint pain burning, Choking pain in back with morning stiffness and heaviness, right arm numbness. Sensation of hole in the spine, < cold, < change in weather, < resting. Stomach ulcers with needle like pain, < salty foods, < sour foods, < spicy foods, vomiting of blood, burning and cutting pain of ulcer. Throbbing headache temporal radiating to vertex and eyes. Dizziness and emesis with headache. Vaginal discharge / "thrush", yellow in colour, causing itching, burning, red spots, scratching and < cold, Pain on cough, yellow, foul smelling mucous.. | Optimistic, angered quickly, averse to being disturbed, aggressive, violent (used to hit husband while he was alive). Laughing at serious matters (laughing at husband's death). Discord in marriage, betrayed, verbally abused (by husband), unappreciated. Dreams witchcraft – being attacked by people. Irritable, emotional. |
| H065        | <i>Kalium carbonicum</i>                       | Burning in urethra on urination, < after coition, backache. Abdomen - pain, Abdomen – cramping, Mind – tired, Generals – tired (Schroyens 2012).  | Frequency of urination, dysuria (pain on urination) and genital itchiness, < urination, < coition. Menses in irregular cycle with excessive flow. Headache temporal, < sleep, > drinking water. Nausea, abdominal pain, sharp sudden on right side under mammae. Back pain concomitant to abdominal pain < breathing.  | Mental fatigue, poor concentration, talks slowly, difficulty thinking, slow to recall (slow memory). Lack of confidence (not perfect, compared to sister by father). Dreams – family, death, children, numbers.  |
| H067        | <i>Sulphur</i>                                 | Skin itching voluptuous, eczema, < washing.   | Eczema on face, very pruritic, > scratching, > oozing, < sunlight, < winter, < afternoon. Bone pain in hands, < washing clothes in hot water, < night. Desire to scratch bones.  | Perfectionist, organised, likes to advise others, likes to travel. Shies away from confrontation. Fears – cars, snakes, dogs, oceans, heights.   |



| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED                            | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)   | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL  |
|-------------|---|---|---|---|
| H068        | 1. <i>Cina maritima</i><br>2. <i>Cocculus indicus</i> | <i>Cina maritima</i> prescription: Worms, itching at anus, stool watery.<br><i>Cocculus indicus</i> prescription: vertigo, noises as from rushing water, bloated. | Bloody stool (pink blood). Diarrhoea watery, dark stool. Worms thin, long and black. Pruritic anus, > walking, < sitting. Headache pulsating, throbbing, vertigo/ dizziness, water noise in ears, feels as though going to fall. Bloating at night with audible bowel sounds. | Anxiety (health). Fear - dying, severe illness.   |
| H069        | <i>Sulphur</i>  | Skin – itching – night aggravates, Skin – itching – scratching ameliorates, Legs – broken – sensation of. Legs – thighs – burning (Schroyens 2012).               | Vesicular skin eruption on arms. Burning sensation, pruritic (Itchy), > scratching, > washing, < night. Burning pain in legs. Legs feel broken.   | Anxiety, stress. Delusion of stroke in left leg. Smiling, cheerful façade, hiding unhappiness. Dreams – being left behind.  |
| H071        | <i>Colchicum autumnale</i>                            | Nephritis, joints swollen, oedematous swelling of feet, > rest, < motion. Stools very painful.  | Oedema / swelling of hands, fingers, face, feet, > rest, < walking, < standing, < acidic foods, < Coca Cola. Severe stabbing pain in feet. Limping due to pain. Urine with thin white discharge. Stool like fire.   | Wants to be consoled, attention seeking. Talks to inanimate objects, disconnected (unaware of being spoken to by another). Stress syndrome (2015), feels insulted. Trauma (robbed in 2014). Dreams of being killed by choking. Abandoned. |
| H072        | <i>Hepar sulphuris calcareum</i>                      | Cough hacking, sensation of hot water dropping in chest, cough < evening. Stuffed nose. Abscess in axilla.  | Cough dry, hacking, much sputum, < night. Cough since taking ARVs. Nose congested. Hot sensation in chest. Cough accompanied by a temporal headache with pain and burning of eyes. Odorous sores in right axilla.   | Not reported.   |
| H073        | <i>Stannum metallicum</i>                             | Leucorrhoea of yellow white mucous, cough and expectoration easy, spasmodic pain in abdomen, diarrhoea, < cold.   | Vaginal discharge / Leucorrhoea foul smelling like rotten eggs, yellow / creamy white in colour. Vulval itching, < bathing, < night. Burning urine, acrid like acid. Uterine pain at any time. Cough < night only, Green expectoration, Stomach cramps, Diarrhoea < chill.    | Short tempered (easily angered). Averse to confrontation, makes friends easily, enjoys laughing, loves company.   |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED                                     | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)   | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL   |
|-------------|--|---|---|--|
| H075        | <i>Tuberculinum</i>  | Hearing – impairment – right. Stomach – appetite – diminished. Generals – malaise – sick.   | Right ear partial hearing loss, < morning. Loss of appetite. Unrefreshed sleep. Fatigue (loss of energy), lethargy.   | Acceptance of HIV+ status. Feels fine mentally/emotionally. Can't recall dreams, talks in sleep.   |
| H076        | 1. <i>Arsenicum album</i><br>2. <i>Delphinium staphysagria</i> | <i>Arsenicum album</i> prescription: Anxiety, ill effect of grief, loss of appetite, heartburn.<br><i>Delphinium staphysagria</i> prescription: Suppressed anger from betrayal. | Fever, body pain, weakness, night sweats. Loss of appetite, heartburn. Poking pain in legs.   | Anger, betrayal, anxiety, stress, grief (due to betrayal), suppressed anger. Cheerful façade. Post trauma stress, Resignation (to current partner).  |
| H077        | <i>Tarentula hispanica</i>                                     | Restlessness, violence. Desire for liquid food. Love for dance.   | Behaviour change since passing of mother. Extreme mental and physical restlessness (cannot sit still). Violent, laughs at serious matters. Preoccupied, shy, failing at school, averse to study. Unclean (refuses to wash). | Extreme restlessness, violent. Laughs at serious matters. Preoccupied, shy (makes fists and covers face with hat during consultation). Loves to dance. Caring and helpful nature. Artistic (enjoys drawing). Failing at school, averse to study. Feels no pain when hit. Likes leopards and cheetahs (as they can run). Grief (loss of Mum). Abuse (physical and emotional by uncle for making funny expressions). |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED                                 | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)  | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL   |
|-------------|--|--|---|--|
| H078        | <i>Mercurius solubilis</i>                                 | < Night air, < cold, < taking cold, painful gums, coryza, intense thirst for cold drink.   | Nose pain with clear watery discharge. Deep cough with wet, watery, clear sputum or expectorate, < cold weather, < evening and night, with constant temporal headache of twisting pain < night. Gum pain, < chewing, thirst for water.  | Extroverted, sociable, happy calm. Fears death.  |
| H079        | <i>Cantharis versicatoria</i>                              | Kidney region very sensitive, burning urine (pain on urination).   | Kidney pain, < left side. Pain on urination (burning), sensation of retained urine. Recurrent episode, first occurrence post unprotected coition in previous year.  | Worry (desires a divorce). Fears - snakes, rats. Anger towards husband for infecting her.              |
| H080        | <i>Arsenicum album</i>                                     | Anxiety, dry cough at night, shortness of breath, respiratory complaints - unable to lie down, < ascending, < cold. Throat pain - swallowing - aggravates, Mouth - breath - sour (Schroyens 2012).                           | Dry cough at night, < lying down. Cough starts before going to sleep, < cold weather, < ascending stairs. Shortness of breath, difficulty breathing. Sore throat, < eating, < swallowing liquids. Pulsating pain of eyes, swelling of eyes, watery eyes. Dryness of nose that bleeds, < cutting grass. Sour breath. Asthma < smoke, < cold weather. | Anxiety, worry. Grief (loss of child due to TB).   |
| H081        | <i>Nitricum acidum</i>                                     | Urine strong as horse's or offensive, painless retention of urine. Cough from dry spot in larynx.  | Dark yellow urine with strong smell, needs to strain, incomplete emptying in small amounts, burning like fire and sensation of sores. Dry cough with itchy throat.  | Dreams – own funeral with family members opposite coffin. Increased libido (Frequent sexual activity). |
| H082        | 1. <i>Thuja occidentalis</i><br>2. <i>Juniperus sabina</i> | <i>Thuja occidentalis</i> prescription: Female sex and genitalia – wart, genital, cauliflower-like excrescences, urine burns and is foul. Exhausted.<br><i>Juniperus sabina</i> complementary to <i>Thuja occidentalis</i> . | Brown wart (sore) with clear watery discharge on vaginal labia, itchy / pruritic, > scratching. No pain, hot steam sensation, hot to touch, < coition (pain on coition), < hot water, > cream. Burning urine, foul odour, pain in urethra. Fatigue / tiredness.   | Worry. Overthinking (about child being abused).  |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)  | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)  | MENTAL AND EMOTIONAL   |
|-------------|----------------------------|--|--|--|
| H083        | <i>Natrum muriaticum</i>   | Nose – clear watery discharge, ears – buzzing, constipation, Generals – aversion to fats, Generals – craves fruit and yoghurt (Schroyens 2012).        | Nasal congestion with clear watery discharge. Buzzing sound in ear.  | Not reported.  |
| H084        | <i>Nux vomica</i>          | Sneezing violent, nose stopped but runs water, coryza. Eyes bloodshot. Chill with thirst. Piles.   | Sneezing due to change of weather, watery coryza. Cough with white thick expectoration. Throbbing temporal headache from neck. Throbbing pain and redness of eye > closing eyes. < Evening and night, < morning. Chilly. Thirsty. Haemorrhoids with pain on defaecation.             | Stress (unemployment and no finances), Dreams – being in the toilet, drinking alcohol.   |
| H085        | <i>Nitricum acidum</i>     | Female – discharge – brown. Female – discharge – itching, menses irregular (Schroyens 2012). Cough with expectoration muco-purulent. Irritable, angry. | Brown vaginal discharge, with spots of blood, itchy and with accompanying abdominal cramp. Suspected due to sexual intercourse. Wet cough with cream expectoration and accompanying perspiration. Irregular menses alternating heavy and light flow with red blood and clots.        | Stress (with partner because of money issue). Moody but "easy going". Intolerant of inaccuracies of others. Loves money (offers sexual intercourse for money and has multiple sexual partners). Irritable (due to partner's "obsession" with her). Angers quickly. |
| H087        | <i>Bryonia alba</i>        | Joints swollen, < exertion, < least motion, dryness.   | Swelling of knee on left side, < walking, > sitting, stabbing pain, radiating down calves and locking of joint. Pulsating lower back pain radiating to shoulder, < standing long periods. Aetiology from exercise. Skin of inguinal area with itchy and painful dry white eruptions. | Impatient/hurried ("doesn't have time to sit around"). Dreams - of enemies. Enjoys talking to people.  |
| H088        | <i>Bryonia alba</i>        | Dry cough.   | Nasal congestion and itchiness bilaterally, dry cough. Headache frontal, < bending forward. Hot and cold sensation of body. < night, < afternoon.  | Not reported.  |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED                            | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)  | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL   |
|-------------|---|--|---|--|
| H090        | 1. <i>Bryonia alba</i><br>2. <i>Sepia officinalis</i> | <i>Bryonia alba</i> prescription: Joints swollen, < movement, < dry cold. <i>Sepia officinalis</i> prescription: No libido, vaginal dryness.   | Arthritis of joints. Sensation of heat inside bones. Stabbing pains, < cold, < water, < air, < movement. Swelling of joints. Onset since exposure to cold.  | Not reported.  |
| H092        | <i>Nitricum acidum</i>                                | Itching of vagina, < night, < dampness.  | Vaginal rash like ringworm, itchy, painful, raw on scratching, < scratching, < water, < sweating, < moist, < heat, < night, > lukewarm bath.  | Not reported.  |
| H093        | <i>Bryonia alba</i>                                   | Cough, cough worse at night, increased thirst for water, loathing for food, < vexation (upset), stool very hard, dizziness.  | Cough with green sputum and mucous, < rainy weather, < night. Cough leading to one episode of emesis. Onset from rainy weather and flooding of home. Dizziness. Throbbing frontal headache and on vertex, can radiate to occiput, < sun, < emotion (upset). Constipation. Tenesmus after passing stool. Stool hard initially and then becomes soft. | Social person, counsels others. Knitting hobby.  |
| H094        | <i>Sepia officinalis</i>                              | Skin blotched, involuntary urination, stools hard. Sad. Extremities – swelling – ankles. Generals - inflammation – chronic. Bladder – urination – involuntary. Extremities – lower leg sore. Generals – swelling – right (Schroyens 2012). | Skin of right leg discoloured as red/dark and itchy. Started 2 months prior. Cellulitis of affected area (drained out clear fluid 2 weeks prior). Urinary incontinence / involuntary urination. Stools hard. Diabetes mellitus Type 2 (non-insulin dependent diabetes mellitus diagnosed in 2012).  | > Family, < confrontation (fighting), < alcohol abuse in others. Dreams - pursued by dogs, escaping from chasing horses or snakes. Fears - storms, lightning. Likes music. Sad (not getting enough help, about illness). |
| H095        | <i>Bryonia alba</i>                                   | Cough very painful at night, must sit up. Splitting fronto-occipital headache.   | Painful cough. Feeling of something present in chest. Pain on coughing. Wet cough, < night, < lying down. Sharp pain of frontal headache < during day.  | Not reported.  |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED  | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)  | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL  |
|-------------|---|--|---|---|
| H097        | 1. <i>Daphne mezereum</i><br>2. <i>Crataegus oxyacantha</i>       | <i>Daphne mezereum</i> prescription: Skin intolerable itching, < heat, throat dark red.<br><i>Crataegus oxyacantha</i> prescription: Hypertension.   | Itchy feet, < hot weather (heat), > water with salt / Epsom salts. Skin of feet dry. Depigmented skin of face and itchy eruption on face, < sweating, throat erythematous.  | Sad (poor health).  |
| H098        | <i>Phytolacca decandra</i>  | Neck – pain – glands, < motion.  | Cervical region painful and swollen. < touch, < movement (every movement). Mass in cervical region. Dry cough, pain on coughing, < cold, < day. Beating pain. Headache.   | Not reported.   |
| H099        | 1. <i>Cantharis versicatoria</i><br>2. <i>Phytolacca decandra</i> | <i>Cantharis versicatoria</i> prescription: Urine burning, intolerable urging.<br><i>Phytolacca decandra</i> prescription: Eyeballs ache on reading, orbital cellulitis. Swollen tender mammae. Breast – aching – pain. Breast – eruptions. Breast – pain – nipples. Breast – discharge – nipples from (Schroyens 2012). | Pain on urination, burning sensation on urination, urinary frequency and urgency, yellow colour urine. Left breast swelling, pain and white fluid discharge (oozing). Sores around nipple, swelling and itching of nipple. Eyes painful, < rubbing, < reading, > ointment. Much swelling around eyes since birth. | Worry (health). Dreams – ghost. Suicidal (hospitalised for overdose). |
| H101        | <i>Calcarea phosphoricum</i>                                      | Menses in girls too late with dark blood, heart palpitation. Female genitalia/sex – menses – copious. Female genitalia / sex – menses – painful (Schroyens 2012).  | Craving soil before or after menses (pica). Menses – menarche at 17 years. Dark, big black clots during menses. Heavy flow. Heart palpitations.   | Not reported.   |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED    | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)                       | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)  | MENTAL AND EMOTIONAL   |
|-------------|-------------------------------|---|--|--|
| H102        | <i>Nitricum acidum</i>        | Leucorrhoea brown and offensive, Female genitalia/sex – leukorrhea – copious (Schroyens 2012), burning urine. Cold hands. | Vaginal discharge / leucorrhoea brown, profuse, offensive foul odour of "rotten rat", watery, itchy, < night, < vaginal itch, > bathing. Eruptions on gluteal region. Onset since ARV treatment began 7 months prior to consultation. Bladder pain with burning urine, foul odour, urinary frequency and incontinence, pain as if uterus opening (cervix described as "wide open"). Hands and feet cold. | Weeping, anxiety (at night). Grief, ailments from loss of mother.  |
| H103        | <i>Hypericum perforatum</i>   | Ear – painful – pressing pain – right, < touch (Schroyens 2012).  | Right ear painful, pressure sensation of pain, < touch, < pressure, feels wet.   | None reported  |
| H106        | <i>Cantharis versicatoria</i> | Urine burning, dysuria, pains burning biting. Leucorrhoea with itching, < urinating.                                      | Dysuria (pain on urination), urinary frequency, concentrated urine, stinging pain, thick white odorous genitourinary discharge, itchy genitals. < Urination (cramps in abdomen after passing urine).   | Early responsibility for family (Mum passed away in 2004 when patient 10 years old). Dreams being pursued.   |
| H107        | <i>Pulsatilla praetensis</i>  | Leucorrhoea milky, thick like cream, acrid. Tearful, feels slighted.  | Vagina itchy, thick white vaginal discharge, burning pain during urination, > warm water. Lower abdominal pain after intercourse.  | Much responsibility for family. Difficulty accepting HIV status. Weeps, feels 'used' (taken advantage of). Likes people.   |
| H109        | <i>Crataegus oxyacantha</i>   | High arterial tension. Skin eruption, < warm room.  | Hypertension in medical history. Quite elevated blood pressure of 160/110 mmHg. Skin rash on arms and legs, red and itchy eruption. Feels hot, > winter.   | Worry (suspects pregnancy and no desire for more children). Stress. Intolerant of lies, < being lied to. Dreams – swimming. Fears - snakes, monkeys, Likes - cats, dogs. |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED                                     | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)  | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL   |
|-------------|--|--|---|--|
| H110        | <i>Stannum metallicum</i>                                      | Dry cough in evening, throat smarting.   | Dry cough, < night. Cough morning and day as well. Sore throat with tingling sensation that triggers the cough. Night sweats.   | Fears sickness, Quiet person. Doesn't get sad. Alcohol brings happiness.                           |
| H112        | 1. <i>Hypericum perforatum</i><br>2. <i>Rhus toxicodendron</i> | <i>Hypericum perforatum</i> prescription: Lancinating pains (involvement of nerves).<br><i>Rhus toxicodendron</i> prescription: Affections of nerves. Skin hot and burning. Shingles. Rheumatic symptoms (painful joints), > stretching, > continued motion. | Shingles prodrome as upper quadrant abdominal pain, stabbing pain on side of chest (along floating ribs), burning and hot body. Painful joints, > stretching, > movements.  | Not reported.  |
| H113        | <i>Graphites</i>   | Skin dry, eczema, eruptions < from heat. Ill effects of grief, sad, feels miserable and unhappy, thinks of nothing but death. Excessively sleepy.  | Dry, itchy skin, desire to scratch, > scratching, pleasurable itch, doesn't bleed, < very hot water, black eruptions. Eczema started 3 years ago after stressful period, depression and suicidal thoughts post-divorce. Loves to sleep. | Suicidal thoughts, stress, depression in history (6 years ago after divorce), > counselling.       |
| H114        | <i>Sulphur</i>   | Head hot and throbs. Fluent burning coryza. Complete loss of appetite. Feels too hot, chill up back, < atmospheric changes.  | Yellow, burning, watery coryza from nose. Dry cough. Throbbing frontal headache with hot sensation, > drinking water. Onset from change of weather. Chilly and hot. Post nasal drip. Loss of appetite.                                  | Not reported.  |
| H116        | <i>Thuja occidentalis</i>                                      | Warts, vagina itching, cauliflower like excrescences. Skin – eruption – herpetic (Schroyens 2012). Eruptions itch, leucorrhoea profuse and thick. Sad.   | Vagina with itchy warts and white frothy, foul odoured vaginal discharge. Skin eruption on limbs as itchy, vesicular eruption that breaks and bleeds, healing as dark scars.  | Desire to be alone. Cries easily. Negative mindset ("bad things happen"). Fears - snakes, failure. |
| H117        | <i>Arsenicum album</i>   | Skin – eruptions – scabies, < night, skin itching, burning, dry pustules, > from heat.   | Nodules in skin of groin, burning and itching of skin over whole body, < night, > hot water, dry and pustular skin.   | Not reported.  |



| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)   | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL   |
|-------------|----------------------------|---|---|--|
| H120        | <i>Rhus toxicodendron</i>  | Affections of nerves. Shingles. Eruptions vesicular, skin burning and itching, stitching pains.   | Vesicular skin eruption of Shingles (Herpes zoster), < heat, > night. Started 3 days prior as vesicles on skin. Much itchiness, burning, stitching pain.  | Not reported.  |
| H122        | <i>Sulphur</i>             | Skin itching, < being heated. Headache recurring periodically, menses short. Feels too hot, profuse sweat at night, chronic alcoholism.           | Itchy suppurative skin sores (yellow pus) all over body, < heat, > scratching (becomes numb), crustiness of sores, started on legs, > bathing, scratches until bleeds. Sores in folds of skin especially genital area. Headache every 2 weeks. Heavy menstrual flow, odorous with lower back pain. Menses of 3 days duration. Increased perspiration especially head and face, hot at night. Great desire and consumption of alcohol. | Confused, uncomfortable.   |
| H123        | <i>Natrum muriaticum</i>   | Mouth aphthae, thirsty, headache temporal, frothy coating on tongue, constipation, easy exhaustion, < heat of sun, weight loss and emaciation.    | Tongue with white coating / patch. Recurring oral thrush and aphthae. Painful constipation. Loss of appetite. Desire only to drink. Desire for porridge. Aversion to food. Fatigue and decreased energy. Weight loss, emaciation.   | Forgetful (tasks and people). Can become very angry (behavioural change). Remorseful (about anger). Grief (2 deceased children, Husband violently killed in 2004). |
| H124        | <i>Bryonia alba</i>        | Back – Injuries – ailments after. Cough very painful. Heavy occipito-frontal headache, < stooping, < motion, < coughing. Dizzy. Thirst for water. | Cough, chest pain on coughing, < cough. Nose blocked and watery discharge. Back pain of severe intensity since influenza. Burning pain of back. Headache of pressing pain from back of neck to temple, < bending. Dizziness. Throat ache. > Rest. Decreased energy and weakness. < Movement. Extreme body pain. Increased thirst for water.   | Mental fatigue and weakness. Doesn't feel like self.   |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED     | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)   | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL  |
|-------------|--------------------------------|---|---|---|
| H125        | <i>Sulphur</i>                 | Skin eruption breaks out, ulcers, suppuration, < water, flushes of heat.  | Lower limb eruptions with pustules (pus filled yellow pimple). Painful on growth. Redness around pimple. Pustules ulcerate and pass watery discharge, < Water, > scratching. Hot sensation of limbs.  | Not reported.   |
| H127        | <i>Delphinium staphysagria</i> | Great indignation about the things done by others. Ailments from reserved displeasure, ill effects of from anger, insult, reserved anger. Warts. Mind – ailments from love disappointed, Mind – anxiety – headache – with (Schroyens 2012). | Insomnia. Suppressed anger. Overthinking. Betrayal of previous partner. Loss of trust in current partner, relationship tentative (threatened breakup). Processing recent positive result of HIV test (February 2016). Headache temporal radiating to neck, > rubbing forehead, warts on face. | Reserved (keeps things to herself). Shy. Anxiety. Disappointment in love, ailments from anger and stress. Overthinking.                 |
| H128        | <i>Atropa belladonna</i>       | Sudden onset, hot part, pains throbbing, sharp, throbbing headache, thirst for cold water, < noise. Ear – Inflammation – meatus, Ear – pain – right (Schroyens 2012).   | Sudden onset of ear pain. Right ear painful and inflamed with sharp throbbing pain within. Feels hot and painful on swallowing and opening mouth. Frontal headache throbbing and cyclic occurrence.   | Not easily angered, likes company, averse to confrontation. Averse to noise. Sad (being in pain and illness).                           |
| H129        | <i>Ignatia amara</i>           | Extremities – itching – feet (Schroyens 2012). Stools painful. Hunger. Unhappy love. Grief, sad, nervous.   | Foot rash / eruption bilaterally (reported as fungal infection). White, watery discharge from foot eruption, very pruritic (itchy), < wearing shoes. Stool passed soon after eating and painful. Always hungry.   | Stress (loss of full time job, HIV status, loss of partner from broken relationship). Tense, depressed, but optimistic. Worried, upset. |
| H130        | <i>Arsenicum album</i>         | Pains are burning, < cold, < damp, > hot application, sweat, weakness, dysuria, burning urine.  | Ankles and knees swollen with burning and throbbing pain, < touch, < motion, < cold, < damp place, < night, > warm bath, < walking on cold surface (tiles) with feet uncovered. Dysuria with hot burning urine. Weakness. Painful and tired body. Hyperhydrosis. Myalgia.                     | Distrust, doesn't forgive easily. Loves music. Desire to be alone (but social with family and others).                                  |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED                                   | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)   | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)  | MENTAL AND EMOTIONAL  |
|-------------|--|---|--|---|
| H131        | <i>Ledum palustre</i>  | Extremities – pain – joints, swollen feet, easy spraining of ankles, < motion (joints), headache raging. <i>Ledum palustre</i> affects fibrous tissue of joints especially ankles. It can be called a rheumatic remedy where rheumatism begins in the feet and travels upwards.   | Ankle joints swollen and painful with stabbing pain, pain radiating up to knee, < exertion (working), < walking, > sitting, > warm water application. Headache with violent hammering pain.  | Acceptance of HIV+ status. Relaxed and happy.   |
| H132        | <i>Eupatorium perfoliatum</i>                                | <i>Eupatorium perfoliatum</i> leading characteristic is violent aching. Extremities aching and soreness of muscles of the lower limbs, intense backache, sneezing with aching in every bone. Generals – influenza. Generals – food and drink – fatty food – desire. Generals – cold application ameliorates (Schroyens 2012). | Sneezing, coughing, aching back pain, aching pain in extremities. Legs painful with cramping sensation, > cool application. Loss of appetite. Craves fatty foods. Thirstless.  | Dreams - of late husband.   |
| H133        | 1. <i>Natrum muriaticum</i><br>2. <i>Ferrum phosphoricum</i> | <i>Natrum muriaticum</i> prescription: Easy exhaustion, great weakness and weariness, < heat, fluent coryza, ill effects of disappointment, grief (betrayal). Generals – history – TB (Schroyens 2012).<br><i>Ferrum phosphoricum</i> prescription: pallor.   | General malaise. Right ankle with burning pain. Tired feet, < night. Accompanied by left nostril coryza (runny discharge), sharp and itchy pain in nose, and headache, < heat. History of TB. Pallor.                                | Unsupported. Increased responsibility. Dreams - naked on beach. Fears – frogs. Anger. Betrayed. |
| H134        | <i>Stannum metallicum</i>                                    | Cough with green, sweetish expectoration, expectoration easy. Chest feels sore. Headache beating pains, frontal and temporal constricting headache. Weakness.   | Cough with sweet tasting green expectoration. Easily expectorated. < Night, < evening, < on waking. Pain and soreness of chest. Nasal congestion. Throbbing frontal headache. Decreased energy, fatigue, increased thirst and sleep. | Not reported.   |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED                                    | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)   | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)  | MENTAL AND EMOTIONAL  |
|-------------|---|---|--|---|
| H135        | <i>Calcarea carbonicum</i>                                    | Head pain beating, neck pain, cannot sit upright in chair, < cold, heartburn. Shyness.  | Headache at occiput with throbbing pain and pain at nape of neck, > lying down, < bending. Accompanied by sharp lower back pain, < bending, < sitting straight (since 2013, Ailments from C-section). > hot weather. | Extreme shyness. Asocial (Doesn't socialise), difficult to get along with.  |
| H136        | <i>Calcarea carbonicum</i>                                    | Diarrhoea, sour eructations, glandular swelling below the jaw and in the neck. Stool – watery – white. Stool – bloody (Schroyens 2012).   | Diarrhoea with watery, very foul odoured stool. Pain on defaecation, blood in stool, increased flatulence, foul eructation. Lymph nodes elevated.  | Not reported.   |
| H137        | <i>Sulphur</i>  | Skin eruption, itching voluptuous, < washing, < woollens, > uncovering, < heated, alcoholism, sad.  | Itchy skin rash / eruption over whole body, < face, < wool clothing, < sun, < heat, < hot water, > rubbing, > scratching, > uncovering. Body feels hot. Onset from hot weather. Desire for alcohol.                  | Stress (discord with partner). Dreams - of animals, of being attacked by people. Sad (loss of "identity", doesn't feel like self). Desire for loving and caring company.  |
| H139        | 1. <i>Natrum muriaticum</i><br>2. <i>Podophyllum peltatum</i> | <i>Natrum muriaticum</i> prescription: Anxiety, ill effects of disappointment, anger, grief (betrayal). Emaciation, watery diarrhoea, great weakness. Fears – robbers – of – night. Sleep – sleeplessness – night. Rectum – flatus – offensive (Schroyens 2012).<br><i>Podophyllum peltatum</i> prescription: Stool – watery – green. Rectum – flatus – offensive (Schroyens 2012). | Anxiety, betrayed (August 2015), suppressed sadness and anger. Insomnia. Diarrhoea of green, watery stool with increased offensive flatulence. Fatigue, dizziness, weakness.   | Fastidious (likes things clean and neat). Anxiety. Happy façade, > singing. Dreams - about money and late sister. Fears - being alone, robbers at night, dying. Betrayed (August 2015), suppressed sadness and anger. |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED                            | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)  | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)  | MENTAL AND EMOTIONAL   |
|-------------|---|--|--|--|
| H140        | 1. <i>Bryonia alba</i><br>2. <i>Kalium carbonicum</i> | <i>Bryonia alba</i> prescription: Cough dry, very painful, stitches in chest, < early a.m., < coughing, splitting fronto-occipital headache < moving eyes, thirst for water, loathing for food, physical weakness.<br><i>Kalium carbonicum</i> prescription: Backache (small of back), < stooping, > warmth. Weakness. | Dry cough, chest pain during cough, < morning. Pressing and tight sensation of chest. < morning, < night. Headache from forehead to posterior auricular area. Sharp, stabbing pain of headache with difficulty keeping eyes open. Lower back pain, > standing, < bending forward, < waking up. Loss of appetite, increased thirst, weakness from influenza, decreased energy, fatigue (prodrome to influenza). | Social (likes people), Expects acceptance from others.   |
| H141        | <i>Cantharis versicatoria</i>                         | Urine burning, tenesmus, dribbling, frequent, menses too early, menses too profuse, burning thirst.  | Urinary burning and frequency of urination, tenesmus, dribbling. Urine brown with foul odour. Throbbing inguinal pain when about to pass urine. Menses profuse occurring every second week. Increased thirst for soft drinks.  | Desire to be alone. Forgetfulness (short term memory). Enjoys music. Spiritual (enjoys church).  |
| H142        | <i>Delphinium staphysagria</i>                        | Ill effects of anger and insult, sexual abuse, great indignation about the things done by others, grief. Stomach – ulcers – grief after (Schroyens 2012).  | Grief, sadness, anger, stress. Stomach ulcer with stabbing pain. Bloating. Constipation.   | Stress, responsibility, fright, shock. Fear - Rape (history of rape which resulted in HIV+ status). Clairvoyant - dreams of bad occurrences that come true. Grief, anger, sadness. |
| H143        | <i>Bryonia alba</i>                                   | Abdominal wall very tender, < movement, < exertion, dry cough. Loathing of food.   | Upper abdominal pain (subcostal) all day, < movement, < work, < exertion. Stomach pain twisting and cramping pain. Haemorrhoids. Need to strain to pass stool. Dry cough. Loss of appetite.  | Not reported.  |
| H144        | <i>Sepia officinalis</i>                              | Skin – eruption – blisters. Skin – eruption – ringworm. Head – itching – night (Schroyens 2012). Aversion to coition. Answers only in yes or no. Fatigue.  | Scalp of head itching in patches, < scratching, < night, < sulphur. Clear watery discharge from skin eruption. Decreased libido. Low energy (fatigue).   | Lonely. Answers yes or no to questions. > Church attendance. Overthinking (at night). Fears – guns. Decreased libido.  |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)   | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL                  |
|-------------|----------------------------|---|---|---------------------------------------|
| H149        | <i>Silicea terra</i>       | Skin – eruptions – blackish. Skin – itching (Schroyens 2012), < pressure, < touch, > summer. Boils everywhere.  | Left lower limb anterior tibial skin area with eruption of boils. Dark discolouration of boils. Mild swelling of affected skin area. Itchiness of eruption on occasion, < hard pressure, < touch. Started as multiple small boils with dark discolouration and slight swelling. Prefers warm weather.   | Loves people, Kind, No fears/worries. |
| H151        | <i>Stannum metallicum</i>  | Cough – night. Cough – violent. Chest – pain – cough during (Schroyens 2012). Throat smarting, expectoration saltish or bright yellow pus, much mucous in trachea, short breath from every effort, < ascending, < cold. Weakness. | Body ache and night sweats on onset of influenza. Initial symptoms of sore throat, blocked nose, constant coughing and much sneezing. Cough violent with yellow salty expectorate. Expectorate a jelly like consistency. Much mucus but difficult to expectorate, < night. Difficulty sleeping. Bilateral nasal congestion with yellow and blood-tinged mucous. Shortness of breath < ascending stairs. Water tastes sour. Desire to vomit. Dust sensation in chest below manubrium. Chest pain on cough, < cold, < coughing. Chilly. Decreased energy. | Not reported.                         |
| H152        | <i>Bryonia alba</i>        | Cough dry. Arthritic pains < cold, < movement.  | Chronic headache, < mental exertion (straining), < hunger. Dry cough with sharp and tickling sensation. Arthritic dull and aching knee pain (fall on knees 10 years ago), < cold, < movement, > resting. Upper Limb cramping pain (since 10 years ago), < night, < sleeping.  | Not reported.                         |

| CASE NUMBER | REMEDY/REMEDIES PRESCRIBED                            | KEYNOTE SYMPTOMS IN THE LANGUAGE OF THE MATERIA MEDICA (Boericke 2021; Phatak 2015; Schroyens 2012)   | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MENTAL AND EMOTIONAL  |
|-------------|---|---|---|---|
| H153        | 1. <i>Arsenicum album</i><br>2. <i>Alfalfa sativa</i> | <i>Arsenicum album</i> prescription: Anxiety (worry and stress), despair of recovery. Loss of appetite with thirst, vomiting and purging, heartburn, burning pains, < night, aphthae (ulcers) in mouth, yellow coating of tongue, weakness and emaciation. Skin dry, scaly and free desquamation.<br><i>Alfalfa sativa</i> prescription: tonic to influence nutrition, improve appetite and gain in weight. | Loss of appetite. Desire for liquids and fruit only (Averse to eating solid foods). Dyspepsia. Heartburn, burning hot sensation, < night when sleeping. Mouth ulcers healed after antibiotics (2 weeks prior) but periodically occurs. Induces vomit with antacid in order to eat fruit or drink. Loss of taste. Bitter taste in mouth on waking, Fatigue (Tires easily). Skin flaky and desquamating (began April 2016 and suspected as a reaction to a change in ARV tablets). Yellow cream coating of tongue. Weight loss. | Worry (about poor appetite). Mental exhaustion. Stress (health, finances as breadwinner, health of family members). Responsibility too much. Over care (for family, especially mother despite own poor health). Sad (suspects kidney failure, fears health test results being bad). Relief (to get help and talk to someone). |
| H155        | <i>Cantharis versicatoria</i>                         | Urine burning, intolerable urging, dribbling.   | Pain on urination Burning urine passed in small drops despite urgency, incomplete emptying of bladder. Burns like acid (last 2 drops of urine).   | Not reported.   |

## **4.2.4 Prescription details**

### **4.2.4.1 Homoeopathic medicine prescription**

Of the 113 cases reviewed for the study, 93 cases had a single homoeopathic medicine prescribed while 20 cases had two homoeopathic medicines prescribed. The posology, which refers to the details of the medicine prescription and doses, was recorded for each of these cases. The Table of Remedy 1 Posology (Appendix N) shows the posology (prescription details) of the first remedy (Remedy 1) prescribed for the 113 cases and Table of Remedy 2 Posology (Appendix O) reflects the posology of the second remedy (Remedy 2) prescribed for the 21 of the 113 cases with a second prescription.

Posology includes the following:

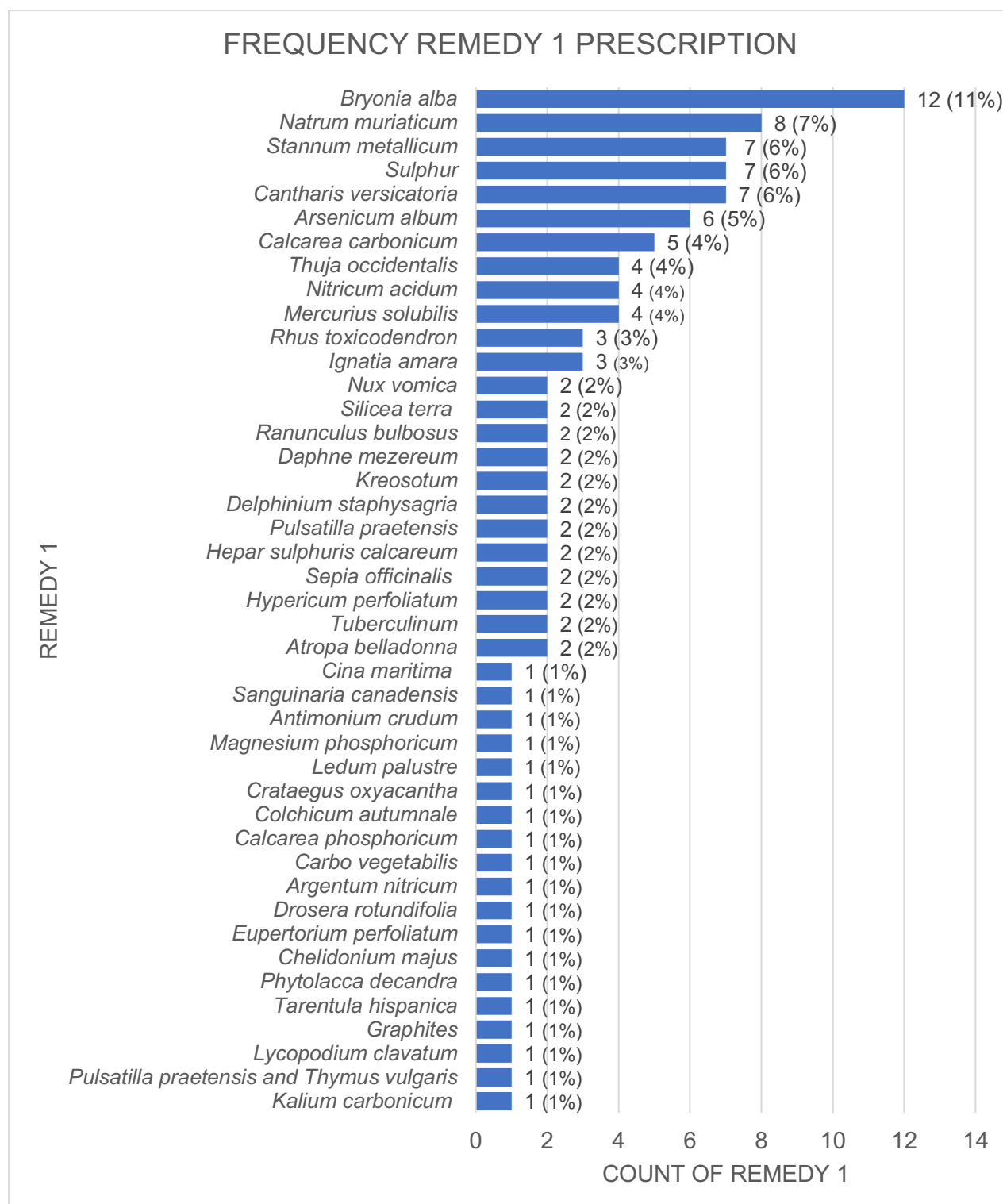
- Potency (the level to which the crude source of the medicine is successively diluted and energised by means of agitation),
- Medium (the form of the medicine)
- Mitte (amount of medicine prescribed),
- Dosage (amount of medicine per dose) and frequency of prescription administration (how often the dose of medicine should be taken).

For Remedy 1, these posology details are described as Potency 1, Medium 1, Mitte 1, Dosage 1 and Frequency 1 and for Remedy 2 as Potency 2, Medium 1, Mitte 2, Dosage 2 and Frequency 2.

#### **4.2.4.1.1 Remedy 1 frequency of prescription and posology**

The posology of Remedy 1 is reflected in the Table of Remedy 1 Posology (Appendix N). With reference to this table (Appendix N), further data analysis was carried out in terms of the frequency of the prescription details. These are shown in Figures 4.31 to 4.36.



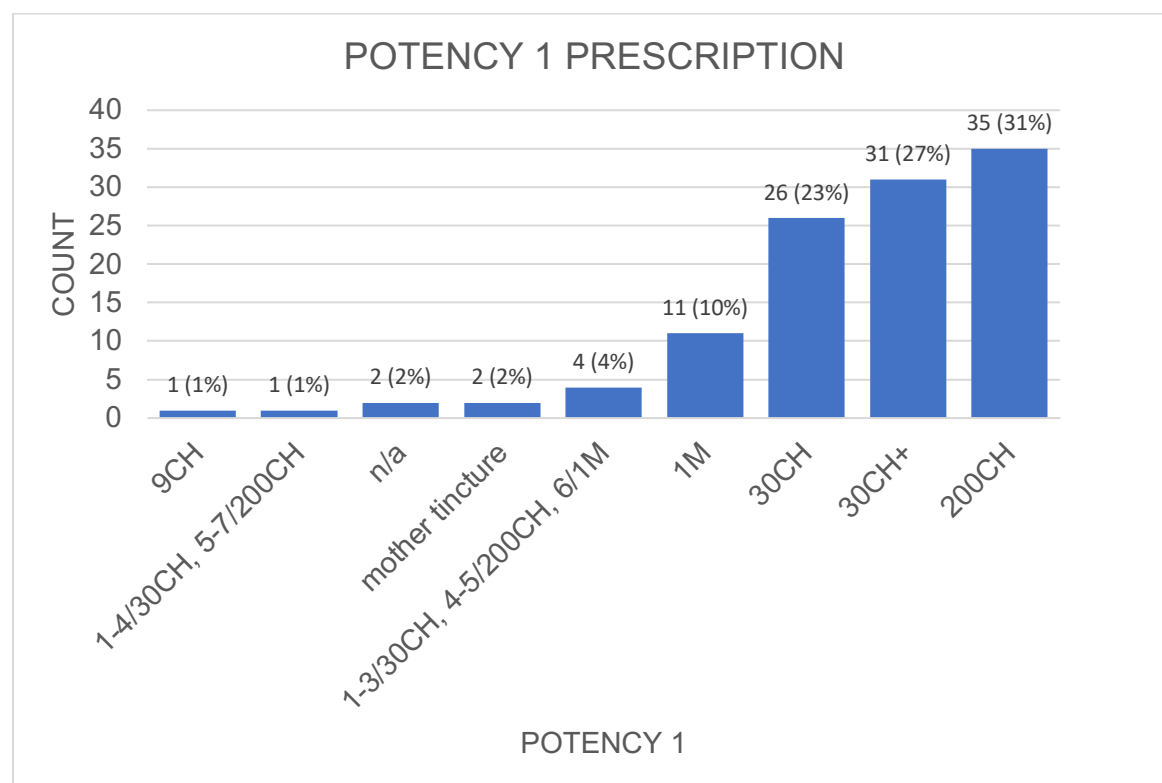


**Figure 4.31: Frequency of Remedy 1 prescription**

Figure 4.31 shows how many times Remedy 1 was prescribed within the sample. *Bryonia alba* was prescribed most frequently for various concomitant ailments and accounts for 11% of the 113 homeopathic medicines prescribed as Remedy 1. This

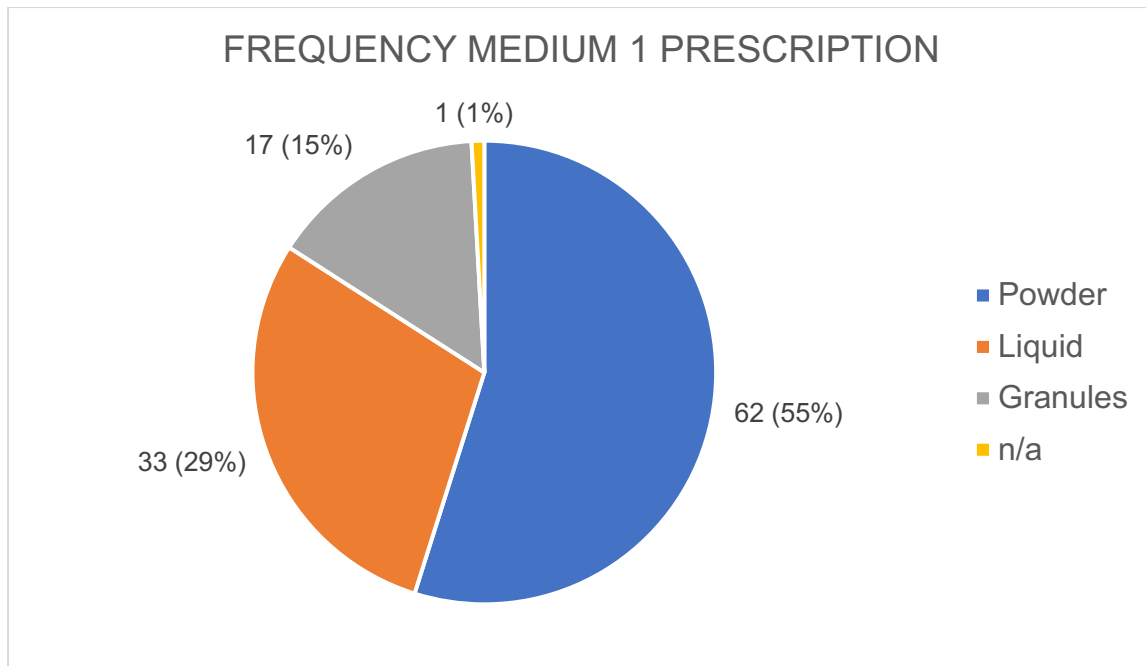
was followed by *Natrum muriaticum* (7%), *Stannum metallicum*, *Sulphur* and *Cantharis versicatoria* (6% each), *Arsenicum album* (5%), *Calcarea carbonicum* (4%), *Thuja occidentalis*, *Nitricum acidum* and *Mercurius solubilis* (4% each), *Rhus Toxicodendron* and *Ignatia amara* (3% each).

#### Frequency of Remedy 1 potency (Potency 1)



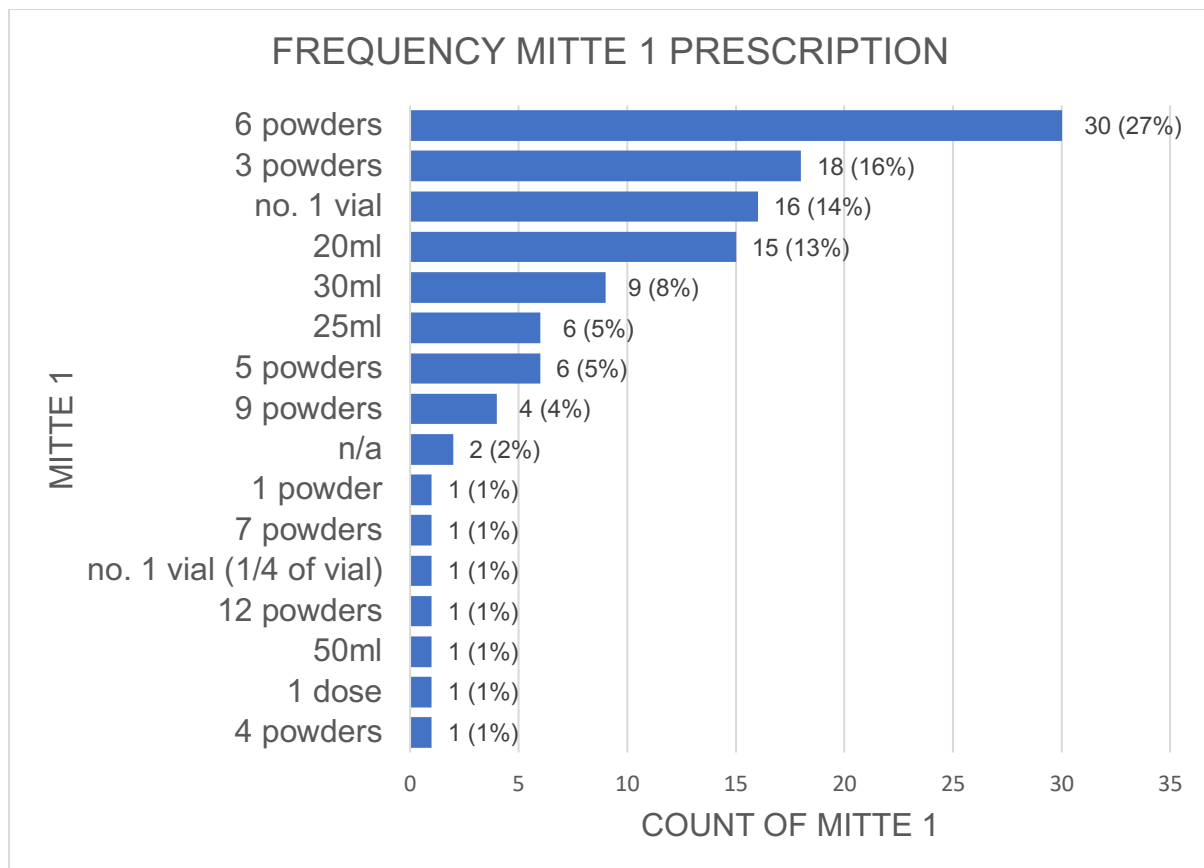
**Figure 4.32: Frequency of Remedy 1 potency (Potency 1)**

Figure 4.32 reflects how frequently the different potencies of Remedy 1 (Potency 1) were prescribed. The potency of Remedy 1 that was most frequently prescribed was 200CH (31%), followed by 30CH+ (27%), 30CH (23%), 1M (10%), ascending potencies of 1-3/30CH, 4-5/200CH, 6/1M (4%), mother tincture (2%), ascending potencies of 1-4/30CH, 5-7/200CH (1%) and 9CH (1%). Two of the 113 cases did not have Potency 1 recorded (1%).



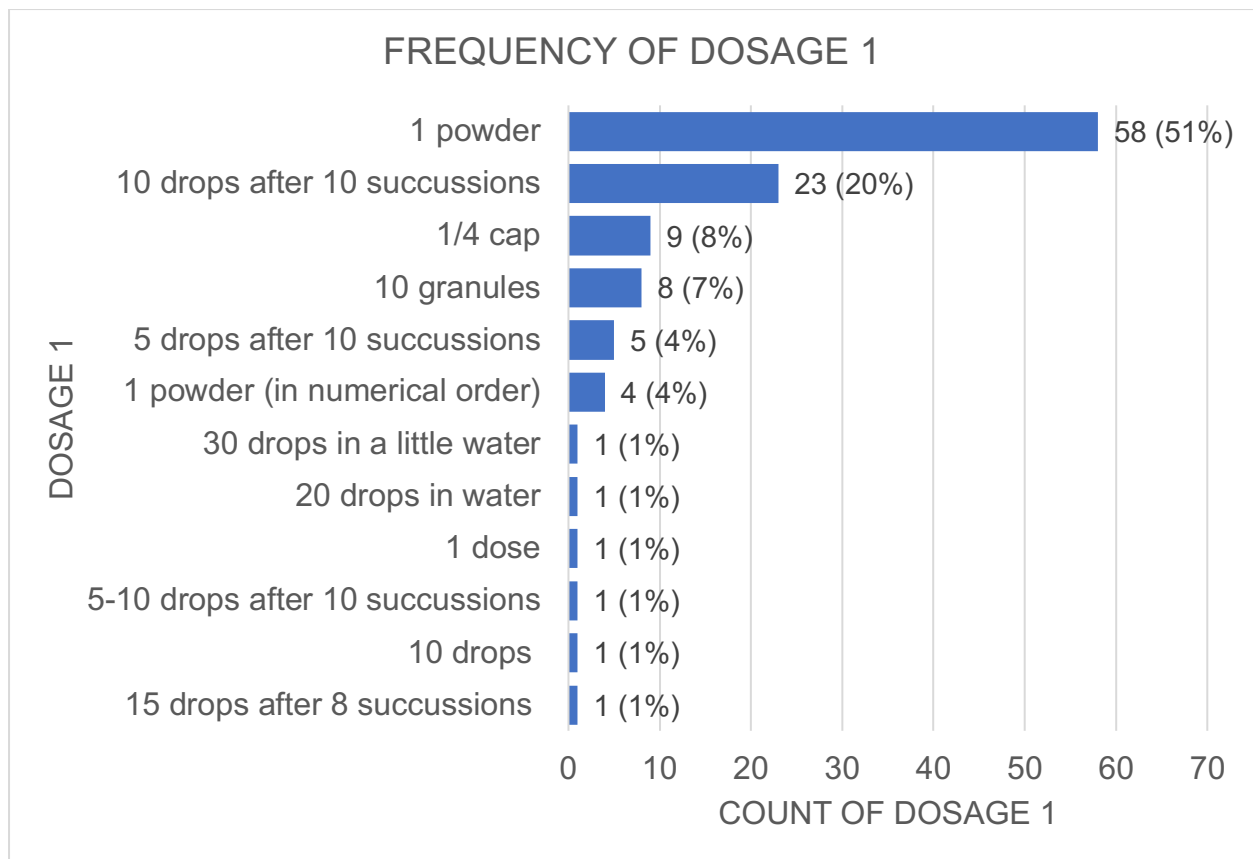
**Figure 4.33: Frequency of Remedy 1 medium (Medium 1)**

Figure 4.33 shows the different mediums prescribed for Remedy 1 (Medium 1). The most commonly prescribed medium for Remedy 1 was powder (55%). This was followed by liquid (29%) and granules (15%). One case (1%) remained unspecified (data n/a as it was not reported in the case).



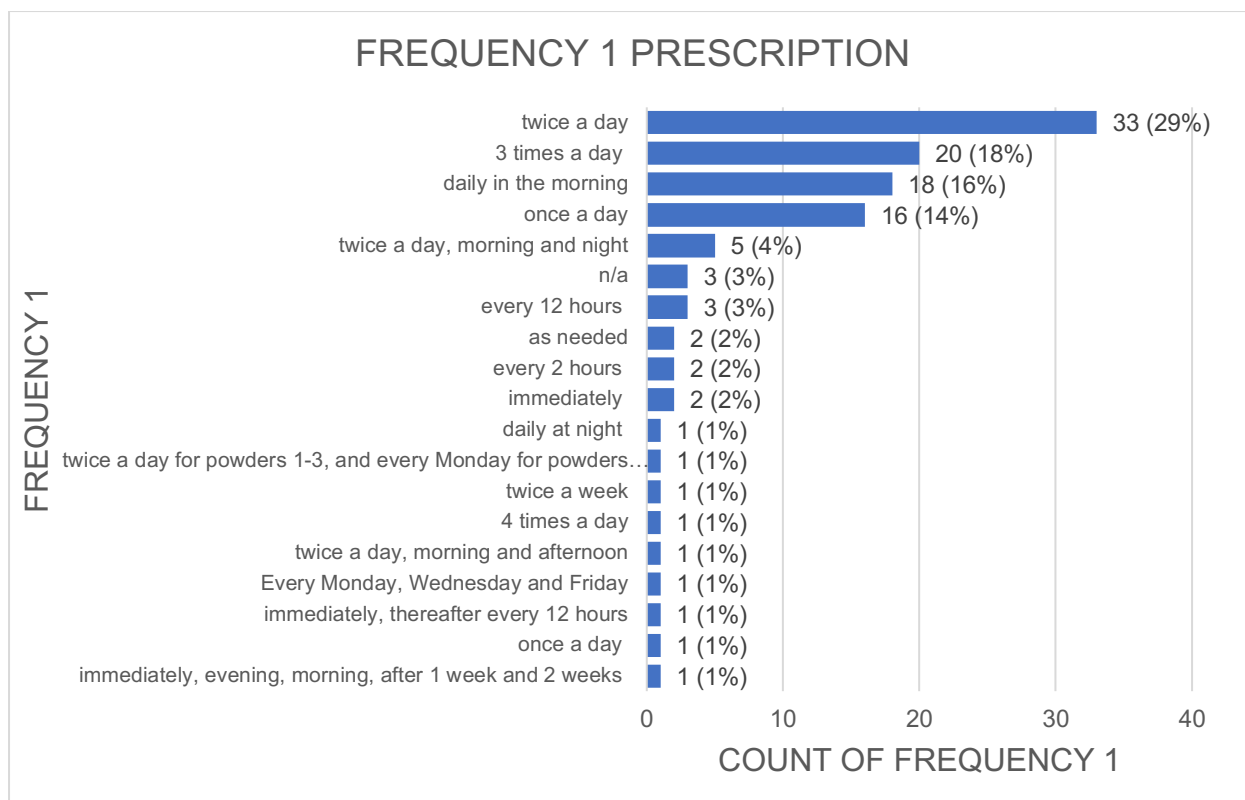
**Figure 4.34: Frequency of Remedy 1 mitte (Mitte 1)**

Figure 4.34 shows the mitte as prescribed for Remedy 1 (Mitte 1). The most commonly prescribed mitte was 6 powders (27%) followed by three powders (16%), No. 1 vial (14%), 20ml (13%), 30ml (8%), 25ml (5%), five powders (5%) and nine powders (4%). Mitte that were not recorded in their respective cases remained unspecified and comprised 2% of the cases.



**Figure 4.35: Frequency of Remedy 1 dosage (Dosage 1)**

Figure 4.35 shows the frequently of dosage prescribed for Remedy 1 (Dosage 1). The most commonly prescribed dosage was one powder 1 (51%) followed by 10 drops after 10 succussions (20%), ¼ cap (8%), and 10 granules (7%).

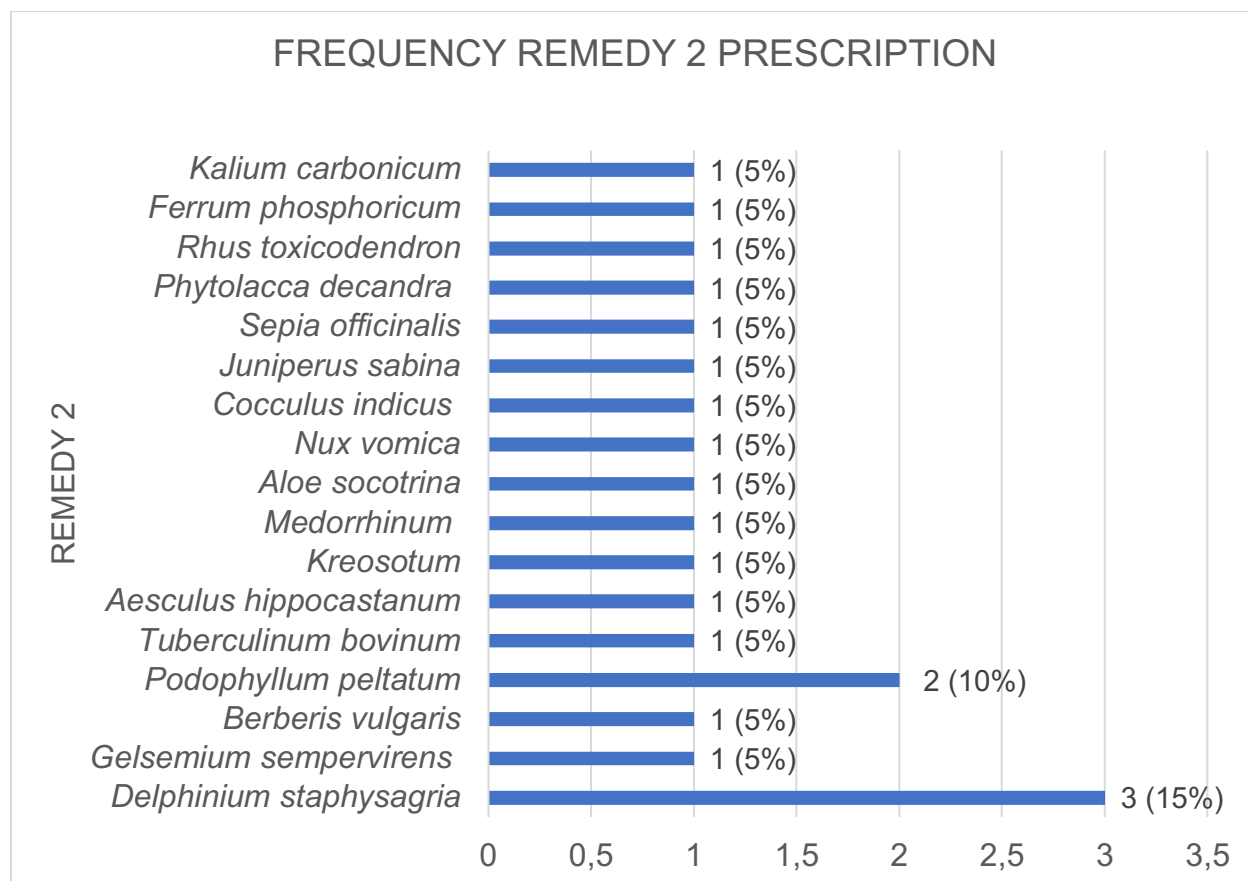


**Figure 4.36: Frequency of Remedy 1 dosage frequency (Frequency 1)**

Figure 4.36 reflects the frequency of the doses prescribed for Remedy 1. The most commonly prescribed frequency for Remedy 1 was twice a day (29%), followed by three times a day (18%), daily in the morning (16%) and once a day (14%).

#### **4.2.4.1.2 Remedy 2 frequency of prescription and posology**

Of the 113 cases reviewed in this study, 20 received a second remedy prescription (Remedy 2). The posology of Remedy 2 is reflected in the Table of Remedy 2 Posology (Appendix O). From this table, further data analysis was carried out in terms of the frequency of the prescription details for Remedy 2. These are shown in Figure 4.37 and Tables 4.15 to 4.19.



**Figure 4.37: Frequency of Remedy 2 prescription**

Figure 4.37 shows how many times Remedy 2 was prescribed amongst the 20 cases that received a second remedy. *Delphinium staphysagria* was prescribed most frequently for different concomitant ailments and accounts for 25% of the 20 homeopathic medicines prescribed as Remedy 2. This was followed by *Podophyllum peltatum* (10%), and several others at 5% each.

**Table 4.15: Frequency of Remedy 2 potency (Potency 2)**

| POTENCY 2<br>n = 20 | FREQUENCY OF PRESCRIPTION n (%) |
|---------------------|---------------------------------|
| 200CH               | 5 (25%)                         |
| 30CH                | 5 (25%)                         |
| 30CH+               | 5 (25%)                         |
| 1M                  | 3 (15%)                         |
| Unspecified         | 1 (5%)                          |
| 9CH+                | 1 (5%)                          |
| <b>Grand Total</b>  | <b>20</b>                       |

Table 4.15 reflects how frequently the different potencies of Remedy 2 (Potency 2) were prescribed. Three potencies, 200CH, 30CH and 30CH+, were prescribed at equal frequencies at 25% each for Remedy 2.

**Table 4.16: Frequency of Remedy 2 medium (Medium 2)**

| <b>MEDIUM 2<br/>n = 20</b> | <b>FREQUENCY OF PRESCRIPTION n (%)</b> |
|----------------------------|--|
| Powder                     | 10 (50%)                               |
| Liquid                     | 6 (33%)                                |
| Granules                   | 4 (20%)                                |
| <b>Grand Total</b>         | <b>20</b>                              |

Table 4.16 shows the different mediums prescribed for Remedy 2 (Medium 2). The most commonly prescribed medium was powder (50%). This was followed by liquid medium at 33%.

**Table 4.17: Frequency of Remedy 2 mitte (Mitte 2)**

| <b>MITTE 2<br/>n = 20</b> | <b>FREQUENCY OF PRESCRIPTION n (%)</b> |
|---------------------------|--|
| 20ml                      | 4 (20%)                                |
| 3 powders                 | 4 (20%)                                |
| no. 1 vial                | 4 (20%)                                |
| 6 powders                 | 2 (10%)                                |
| 1 powder                  | 2 (10%)                                |
| 5 powders                 | 1 (5%)                                 |
| 30ml                      | 1 (5%)                                 |
| 4 powders                 | 1 (5%)                                 |
| Unspecified               | 1 (5%)                                 |
| <b>Grand Total</b>        | <b>20</b>                              |

Table 4.17 shows the different mitte prescribed for Remedy 2 (Mitte 2). The most commonly prescribed mitte was 20ml, three powders and No. 1 vial (20% each). This was followed by six powders and one powder (10% each).



**Table 4.18: Frequency of Remedy 2 dosage (Dosage 2)**

| <b>DOSAGE 2<br/>n = 20</b>    | <b>FREQUENCY OF PRESCRIPTION n (%)</b> |
|-------------------------------|--|
| 1 powder                      | 9 (45%)                                |
| 10 drops after 10 succussions | 5 (25%)                                |
| 1/4 cap                       | 3 (15%)                                |
| 2 powders                     | 1 (5%)                                 |
| 5 drops                       | 1 (5%)                                 |
| 10 granules                   | 1 (5%)                                 |
| <b>Grand Total</b>            | <b>20</b>                              |

Figure 4.18 shows the frequency of the dosage prescribed for Remedy 2 (Dosage 2). The most commonly prescribed Dosage 2 was one powder (45%) followed by 10 drops after 10 succussions (25%) and ¼ cap (15%).

**Table 4.19: Frequency of Remedy 2 dosage frequency (Frequency 2)**

| <b>FREQUENCY 2<br/>n = 20</b>                                 | <b>FREQUENCY OF<br/>PRESCRIPTION n (%)</b> |
|---|--|
| once a day  | 3 (15%)                                    |
| twice a day   | 3 (15%)                                    |
| 3 times a day   | 2 (10%)                                    |
| daily in the morning  | 2 (10%)                                    |
| daily at night  | 1 (5%)                                     |
| immediately   | 1 (5%)                                     |
| every Friday  | 1 (5%)                                     |
| after a week  | 1 (5%)                                     |
| unspecified   | 1 (5%)                                     |
| with every loose stool in first week, thereafter twice a week | 1 (5%)                                     |
| daily at night the week after first remedy                    | 1 (5%)                                     |
| 2 hourly  | 1 (5%)                                     |
| every 12 hours  | 1 (5%)                                     |
| every 3 days  | 1 (5%)                                     |
| <b>Grand Total</b>  | <b>20</b>                                  |

Table 4.19 reflects the frequency of administration of the doses prescribed for Remedy 2. The most commonly prescribed frequency was once a day and twice a day (15% each), followed by three times a day (10%) and daily in the morning (10%).

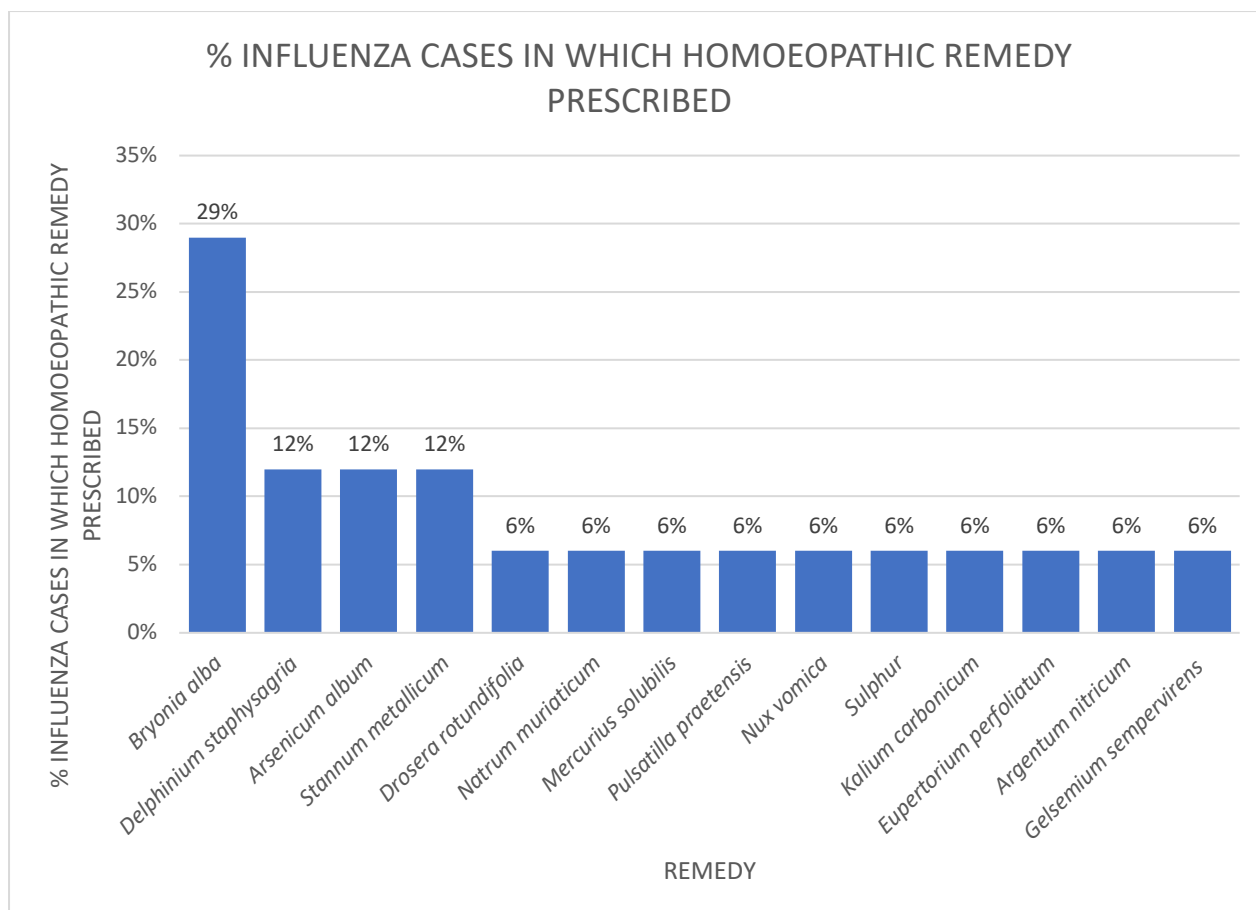
#### 4.2.4.1.3 Remedy prescription for influenza unspecified

Table 4.20: Remedy prescription for influenza unspecified

| CASE CODE | REMEDY 1                      | POTENCY 1 | REMEDY 2                       | POTENCY 2 |
|-----------|-------------------------------|-----------|--------------------------------|-----------|
| H005      | <i>Drosera rotundifolia</i>   | 30CH      | <i>Delphinium staphysagria</i> | 30CH      |
| H008      | <i>Pulsatilla praetensis</i>  | 200CH     | <i>Gelsemium sempervirens</i>  | 30CH      |
| H027      | <i>Argentum nitricum</i>      | 30CH      | -                              | -         |
| H028      | <i>Natrum muriaticum</i>      | 1M        | -                              | -         |
| H048      | <i>Bryonia alba</i>           | 200CH     | -                              | -         |
| H076      | <i>Arsenicum album</i>        | 200CH     | <i>Delphinium staphysagria</i> | 1M        |
| H078      | <i>Mercurius solubilis</i>    | 30CH      | -                              | -         |
| H080      | <i>Arsenicum album</i>        | 30CH+     | -                              | -         |
| H084      | <i>Nux vomica</i>             | 200CH     | -                              | -         |
| H088      | <i>Bryonia alba</i>           | 200CH     | -                              | -         |
| H093      | <i>Bryonia alba</i>           | 200CH     | -                              | -         |
| H114      | <i>Sulphur</i>                | 30CH      | -                              | -         |
| H124      | <i>Bryonia alba</i>           | 200CH     | -                              | -         |
| H132      | <i>Eupatorium perfoliatum</i> | 30CH      | -                              | -         |
| H134      | <i>Stannum metallicum</i>     | 200CH     | -                              | -         |
| H140      | <i>Bryonia alba</i>           | 200CH     | <i>Kalium carbonicum</i>       | 30CH      |
| H151      | <i>Stannum metallicum</i>     | 30CH+     | -                              | -         |

Four of the 17 influenza cases were prescribed a second homoeopathic medicine (Table 4.20).

The percentage calculated below (Figure 4.38) reflects the percentage of influenza cases that were prescribed with each remedy.



**Figure 4.38: Frequency of remedy prescription for influenza**

Figure 4.38 shows that *Bryonia alba* was prescribed the most frequently for influenza cases (29%). This was followed by *Delphinium staphysagria*, *Arsenicum album* and *Stannum metallicum* (12% each).

#### 4.2.4.1.4 Remedy prescription for dermatitis unspecified

Table 4.21: Remedy prescription for dermatitis unspecified

| CASE CODE | REMEDY 1                      | POTENCY 1 | REMEDY 2 | POTENCY 2 |
|-----------|-------------------------------|-----------|----------|-----------|
| H004      | <i>Cantharis versicatoria</i> | 200CH     | -        | -         |
| H013      | <i>Daphne mezereum</i>        | 30CH+     | -        | -         |
| H037      | <i>Ignatia amara</i>          | 1M        | -        | -         |
| H069      | <i>Sulphur</i>                | 30CH+     | -        | -         |
| H097      | <i>Daphne mezereum</i>        | 30CH      | -        | -         |
| H122      | <i>Sulphur</i>                | 30CH+     | -        | -         |
| H125      | <i>Sulphur</i>                | 30CH      | -        | -         |
| H129      | <i>Ignatia amara</i>          | 1M        | -        | -         |
| H137      | <i>Sulphur</i>                | 30CH+     | -        | -         |

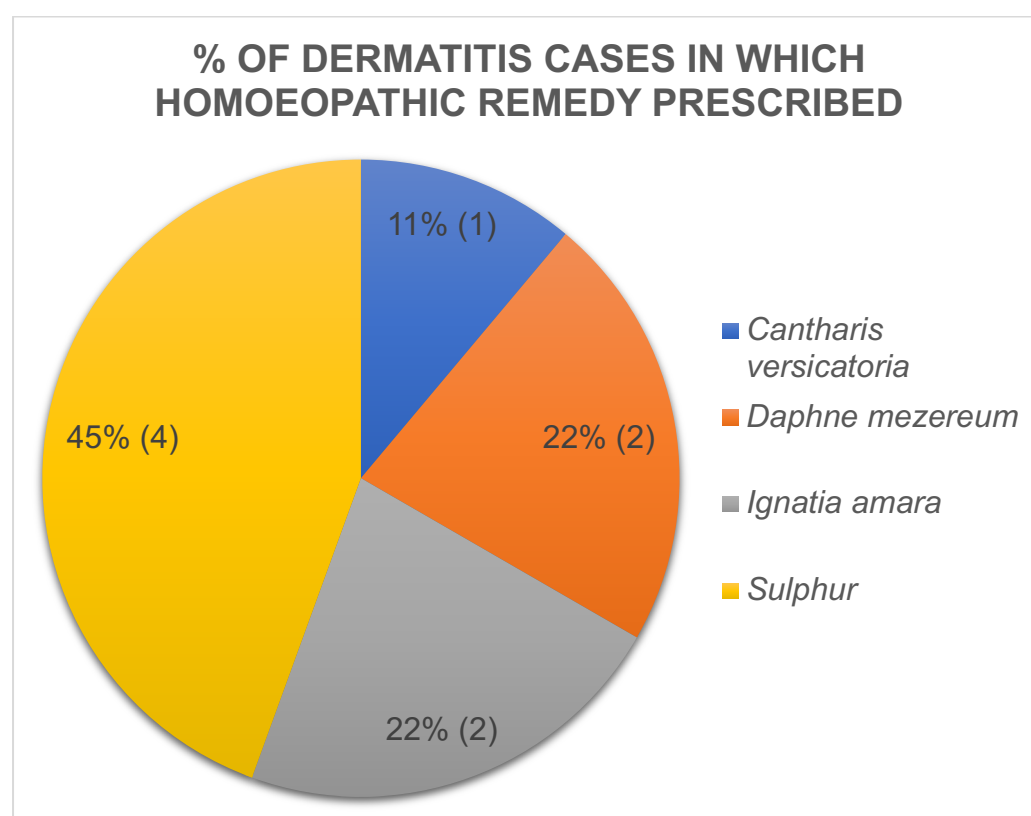


Figure 4.39: Frequency of remedy prescription for dermatitis

None of the nine cases of dermatitis unspecified received a second homoeopathic remedy prescription (Table 4.21). Figure 4.39 shows that *Sulphur* was the most frequent prescription for dermatitis (45%) followed by *Daphne mezereum* and *Ignatia amara* (22% each) and *Cantharis versicatoria* (11%).

#### 4.2.4.1.5 Remedy prescription for UTI

Table 4.22: Remedy prescription for UTI

| CASE CODE | REMEDY 1  | POTENCY 1                 | REMEDY 2 | POTENCY 2 |
|-----------|---|---------------------------|----------|-----------|
| H023      | <i>Pulsatilla praetensis</i> and <i>Thymus vulgaris</i> | mother tincture           | -        | -         |
| H065      | <i>Kalium carbonicum</i>                                | 1-3/30CH, 4-5/200CH, 6/1M | -        | -         |
| H079      | <i>Cantharis versicatoria</i>                           | 200CH                     | -        | -         |
| H081      | <i>Nitricum acidum</i>                                  | 30CH                      | -        | -         |
| H106      | <i>Cantharis versicatoria</i>                           | 30CH                      | -        | -         |
| H141      | <i>Cantharis versicatoria</i>                           | 200CH                     | -        | -         |
| H155      | <i>Cantharis versicatoria</i>                           | 30CH+                     | -        | -         |

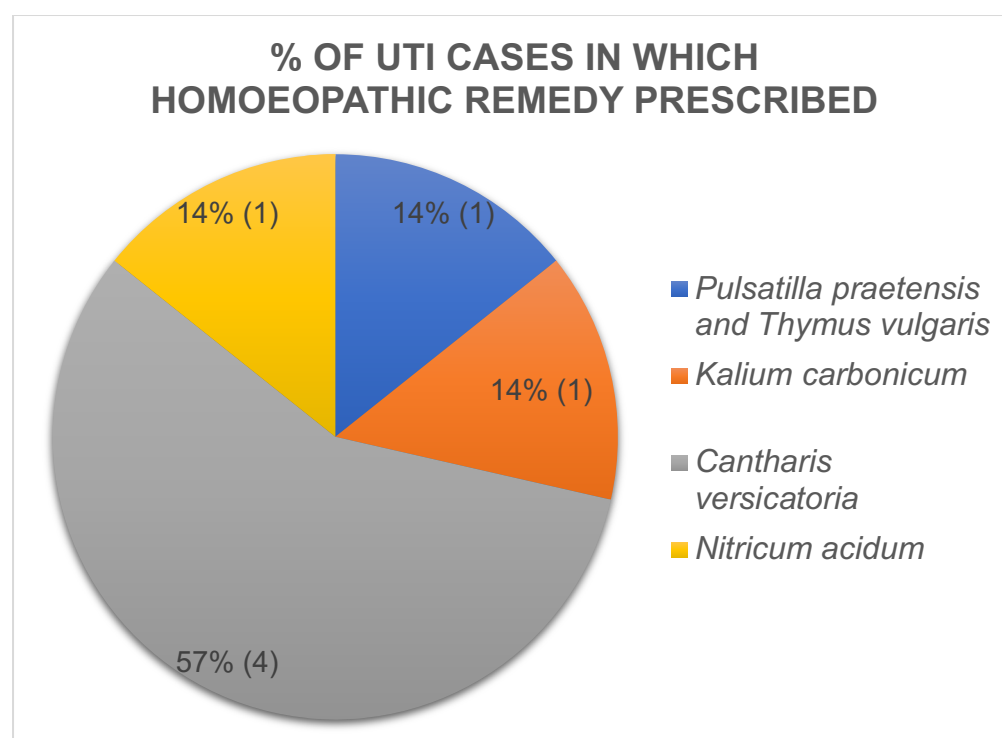


Figure 4.40: Frequency of remedy prescription for UTI

None of the seven cases of UTI received a second homoeopathic remedy prescription (Table 4.22). Figure 4.40 shows that *Cantharis versicatoria* was most frequently prescribed for UTI accounting for 57% of the prescriptions. This was followed by *Nitricum acidum*, *Kalium carbonicum*, and *Pulsatilla praetensis* and *Thymus vulgaris* herbal complex (14% each).

#### 4.2.4.1.4 Remedy prescription for Leucorrhoea

Table 4.23: Remedy prescription for leucorrhoea

| CASE CODE | REMEDY 1                     | POTENCY 1                 | REMEDY 2 | POTENCY 2 |
|-----------|------------------------------|---------------------------|----------|-----------|
| H073      | <i>Stannum metallicum</i>    | 30CH                      | -        | -         |
| H085      | <i>Nitricum acidum</i>       | 200CH                     | -        | -         |
| H102      | <i>Nitricum acidum</i>       | 30CH+                     | -        | -         |
| H107      | <i>Pulsatilla praetensis</i> | 1-3/30CH, 4-5/200CH, 6/1M | -        | -         |

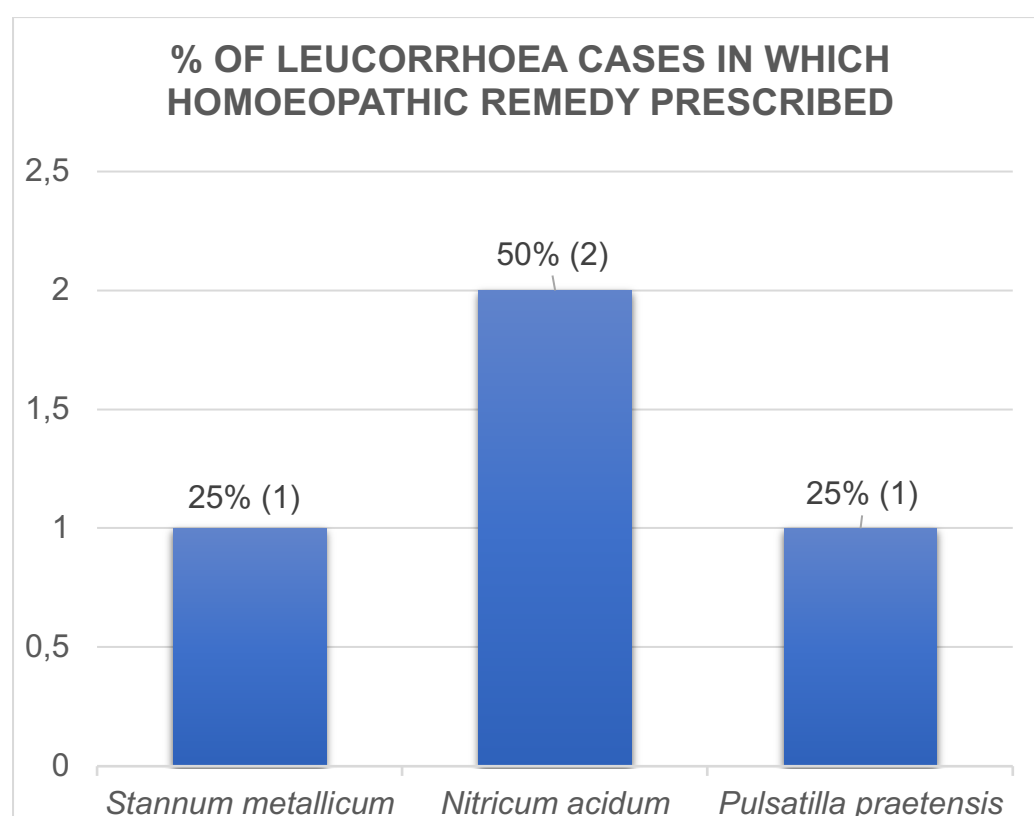


Figure 4.41: Frequency of remedy prescription for leucorrhoea

None of the four cases of Leucorrhoea received a second homoeopathic remedy prescription (Table 4.23). *Nitricum acidum* was the most frequently prescribed remedy for Leucorrhoea (50%), followed by *Pulsatilla praetensis* and *Stannum metallicum* (25% each). This is reflected in Figure 4.41.

#### 4.2.4.1.6 Remedy prescription for headache

Table 4.24: Remedy prescription for headache

| CASE CODE | REMEDY 1                   | POTENCY 1 | REMEDY 2 | POTENCY 2 |
|-----------|----------------------------|-----------|----------|-----------|
| H012      | <i>Atropa belladonna</i>   | 30CH+     | -        | -         |
| H015      | <i>Kreosotum</i>           | 30CH      | -        | -         |
| H135      | <i>Calcarea carbonicum</i> | 30CH      | -        | -         |
| H152      | <i>Bryonia alba</i>        | 30CH+     | -        | -         |

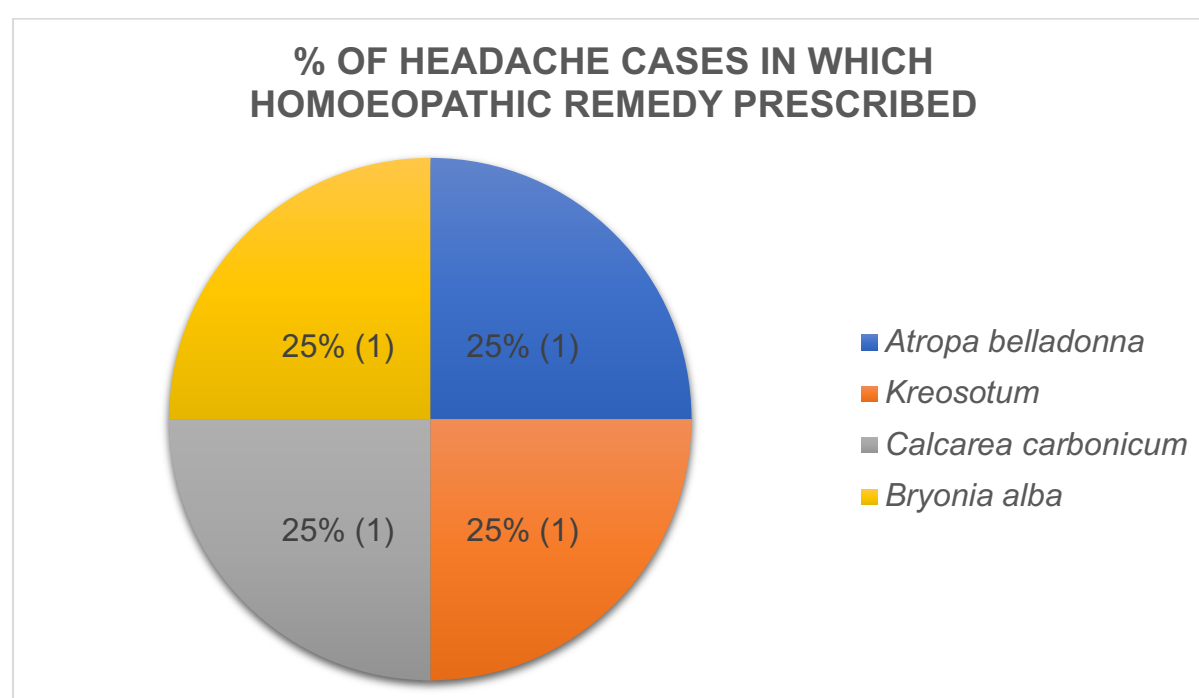


Figure 4.42: Frequency of remedy prescription for headache

None of the four cases of headache unspecified received a second homoeopathic remedy prescription (Table 4.24). Figure 4.42 reflects an even distribution of remedies for the headache cases seen in the study review. *Atropa belladonna*, *Kreosotum*, *Calcarea carbonicum* and *Bryonia alba* accounted for 25% each of the headache prescriptions.

#### 4.2.4.1.7 Remedy prescription for herpes zoster

Table 4.25: Remedy prescription for herpes zoster

| CASE CODE | REMEDY 1                    | POTENCY 1 | REMEDY 2                  | POTENCY 2 |
|-----------|-----------------------------|-----------|---------------------------|-----------|
| H051      | <i>Rhus toxicodendron</i>   | 30CH+     | <i>Kreosotum</i>          | 30CH      |
| H053      | <i>Rhus toxicodendron</i>   | 200CH     | -                         | -         |
| H112      | <i>Hypericum perforatum</i> | 30CH+     | <i>Rhus toxicodendron</i> | 200CH     |
| H120      | <i>Rhus toxicodendron</i>   | 200CH     | -                         | -         |



**Table 4.26: Frequency of remedy prescription for herpes zoster**

| HOMOEOPATHIC REMEDY         | COUNT n (%) |
|-----------------------------|-------------|
| <i>Rhus toxicodendron</i>   | 4 (100%)    |
| <i>Hypericum perforatum</i> | 1 (25%)     |
| <i>Kreosotum</i>            | 1 (25%)     |

Two of the four herpes zoster cases were prescribed a second homoeopathic medicine (Table 4.25). The percentage calculated above reflects the percentage of cases that were prescribed with each remedy. Table 4.26 shows that *Rhus toxicodendron* was prescribed for every case of herpes zoster reported in the 113 case study sample (100%), while *Hypericum perforatum* and *Kreosotum* were prescribed once each (25% each).

#### 4.2.4.1.8 Remedy prescription for arthritis unspecified

**Table 4.27: Remedy prescription for arthritis**

| CASE CODE | REMEDY 1            | POTENCY 1 | REMEDY 2                 | POTENCY 2 |
|-----------|---------------------|-----------|--------------------------|-----------|
| H064      | <i>Bryonia alba</i> | 30CH      | <i>Nux vomica</i>        | 1M        |
| H087      | <i>Bryonia alba</i> | 200CH     | -                        | -         |
| H090      | <i>Bryonia alba</i> | 30CH      | <i>Sepia officinalis</i> | 200CH     |

**Table 4.28: Frequency of remedy prescription for arthritis**

| HOMOEOPATHIC REMEDY<br>n = 3 | COUNT n (%) |
|------------------------------|-------------|
| <i>Bryonia alba</i>          | 3 (100%)    |
| <i>Nux vomica</i>            | 1 (33%)     |
| <i>Sepia officinalis</i>     | 1 (33%)     |

Table 4.27 reflects that, of the three arthritis cases, two were prescribed second homoeopathic remedies. Table 4.28 shows that *Bryonia alba* was prescribed for every case of arthritis reported in the 113 case study sample (100%), while *Nux vomica* and *Sepia officinalis* were prescribed once each (25% each).

#### 4.2.4.1.9 Remedy prescription for anogenital warts

Table 4.29: Remedy prescription for anogenital warts

| CASE CODE | REMEDY 1                  | POTENCY 1 | REMEDY 2                | POTENCY 2 |
|-----------|---------------------------|-----------|-------------------------|-----------|
| H020      | <i>Thuja occidentalis</i> | 200CH     | -                       | -         |
| H082      | <i>Thuja occidentalis</i> | 200CH     | <i>Juniperus sabina</i> | 30CH+     |
| H116      | <i>Thuja occidentalis</i> | 200CH     | -                       | -         |

Table 4.30: Frequency of remedy prescription for anogenital warts

| HOMOEOPATHIC REMEDY<br>n = 3 | COUNT n (%) |
|------------------------------|-------------|
| <i>Thuja occidentalis</i>    | 3 (100%)    |
| <i>Juniperus sabina</i>      | 1 (33%)     |

One of the three anogenital wart cases, one was prescribed a second homoeopathic medicine as shown in Table 4.29. The percentage calculated above reflects the percentage of cases that were prescribed with each remedy. Table 4.30 reflects that *Thuja occidentalis* (100%) was prescribed for all three cases of anogenital warts while *Juniperus sabina* (33%) was prescribed as a second remedy in one case.

#### 4.2.4.1.10 Remedy prescription for hypertension

Table 4.31: Remedy prescription for hypertension

| CASE CODE | REMEDY 1                      | POTENCY 1       | REMEDY 2                    | POTENCY 2       |
|-----------|-------------------------------|-----------------|-----------------------------|-----------------|
| H031      | <i>Sanguinaria canadensis</i> | 30CH+           |                             |                 |
| H097      | <i>Daphne mezereum</i>        | 30CH            | <i>Crataegus oxyacantha</i> | mother tincture |
| H109      | <i>Crataegus oxyacantha</i>   | mother tincture |                             |                 |

Table 4.32: Frequency of remedy prescription for hypertension

| HOMOEOPATHIC REMEDY<br>n = 3  | COUNT n (%) |
|-------------------------------|-------------|
| <i>Sanguinaria canadensis</i> | 1 (33%)     |
| <i>Daphne mezereum</i>        | 1 (33%)     |
| <i>Crataegus oxyacantha</i>   | 2 (67%)     |

One of the three hypertension cases was prescribed a second homoeopathic medicine (Table 4.31). The percentage calculated above reflects the percentage of cases that were prescribed with each remedy. Table 4.32 shows that the most common remedy prescribed for hypertension was *Crataegus oxyacantha* (67%) followed by *Sanguinaria canadensis* (33%) and *Daphne mezereum* (33%).

#### 4.2.4.1.11 Remedy prescription for TB related diagnoses

Table 4.33: Remedy prescription for TB

| CASE CODE | REMEDY 1                  | POTENCY 1 | REMEDY 2 | POTENCY 2 |
|-----------|---------------------------|-----------|----------|-----------|
| H021      | <i>Stannum metallicum</i> | 30CH      | -        | -         |
| H033      | <i>Arsenicum album</i>    | 30CH+     | -        | -         |
| H047      | <i>Stannum metallicum</i> | 30CH+     | -        | -         |
| H110      | <i>Stannum metallicum</i> | 200CH     | -        | -         |

None of the four TB related cases received a second homoeopathic remedy prescription as shown in Table 4.33.

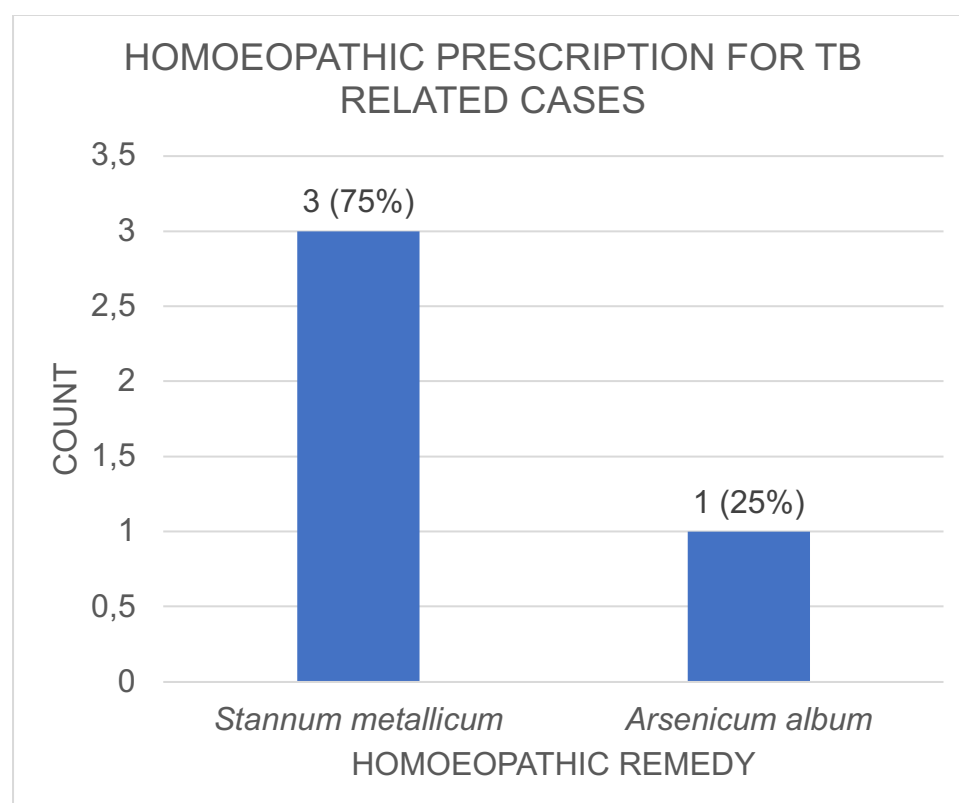


Figure 4.43: Frequency of remedy prescription for TB

Figure 4.43 shows that *Stannum metallicum* was the most commonly prescribed homoeopathic remedy for the cases of TB related diagnoses (75%) followed by *Arsenicum album* (25%).

#### 4.2.4.1.12 Remedy prescription for tonsillitis

Table 4.34: Remedy prescription for tonsillitis

| CASE CODE | REMEDY 1                   | POTENCY 1 | REMEDY 2 | POTENCY 2 |
|-----------|----------------------------|-----------|----------|-----------|
| H049      | <i>Silicea terra</i>       | 30CH+     | -        | -         |
| H052      | <i>Mercurius solubilis</i> | 200CH     | -        | -         |

Neither of the tonsillitis cases received a second homoeopathic remedy prescription (Table 4.34).

Table 4.35: Frequency of remedy prescription for tonsillitis

| HOMOEOPATHIC REMEDY<br>n = 2 | COUNT n (%) |
|------------------------------|-------------|
| <i>Silicea terra</i>         | 1 (50%)     |
| <i>Mercurius solubilis</i>   | 1 (50%)     |

*Silicea terra* and *Mercurius solubilis* were reported in equal frequencies (50% each) in the two cases of tonsillitis (Table 4.35).

#### 4.2.4.1.13 Remedy prescription for eczema

Table 4.36: Remedy prescription for eczema

| CASE CODE | REMEDY 1         | POTENCY 1                 | REMEDY 2 | POTENCY 2 |
|-----------|------------------|---------------------------|----------|-----------|
| H067      | <i>Sulphur</i>   | 30CH+                     | -        | -         |
| H113      | <i>Graphites</i> | 1-3/30CH, 4-5/200CH, 6/1M | -        | -         |

None of the two eczema cases received a second homoeopathic remedy prescription (Table 4.36).

**Table 4.37: Frequency of remedy prescription for eczema**

| HOMOEOPATHIC REMEDY<br>n = 2 | COUNT n (%) |
|------------------------------|-------------|
| <i>Sulphur</i>               | 1 (50%)     |
| <i>Graphites</i>             | 1 (50%)     |

*Sulphur* and *Graphites* were reported in equal frequencies (50% each) in the two cases of eczema (Table 4.37).

#### 4.2.4.1.14 Remedy prescription for anxiety disorder

**Table 4.38: Remedy prescription for anxiety disorder**

| CASE CODE | REMEDY 1                       | POTENCY 1 | REMEDY 2                    | POTENCY 2 |
|-----------|--------------------------------|-----------|-----------------------------|-----------|
| H127      | <i>Delphinium staphysagria</i> | 1M        | -                           | -         |
| H139      | <i>Natrum muriaticum</i>       | 1M        | <i>Podophyllum peltatum</i> | 30CH      |

Neither of the anxiety disorder unspecified cases received a second homoeopathic remedy prescription (Table 4.38).

**Table 4.39: Frequency of remedy prescription for anxiety disorder**

| HOMOEOPATHIC REMEDY<br>n = 2   | COUNT n (%) |
|--------------------------------|-------------|
| <i>Delphinium staphysagria</i> | 1 (50%)     |
| <i>Natrum muriaticum</i>       | 1 (50%)     |

*Delphinium staphysagria* and *Natrum muriaticum* were reported in equal frequencies (50% each) in the two cases of anxiety disorder (Table 4.39).

#### 4.2.4.1.15 Remedy prescription for cystitis related diagnoses

**Table 4.40: Remedy prescription for cystitis**

| CASE CODE | REMEDY 1                      | POTENCY 1 | REMEDY 2                   | POTENCY 2 |
|-----------|-------------------------------|-----------|----------------------------|-----------|
| H004      | <i>Cantharis versicatoria</i> | 200CH     |                            |           |
| H055      | <i>Cantharis versicatoria</i> | 200CH     | <i>Medorrhinum</i>         | 200CH     |
| H099      | <i>Cantharis versicatoria</i> | 30CH      | <i>Phytolacca decandra</i> | 200CH     |

Two of the three cystitis related cases were prescribed a second homoeopathic medicine (Table 4.40).

**Table 4.41: Frequency of remedy prescription for cystitis**

| HOMOEOPATHIC REMEDY<br>n = 3  | COUNT n (%) |
|-------------------------------|-------------|
| <i>Cantharis versicatoria</i> | 3 (100%)    |
| <i>Medorrhinum</i>            | 1 (33%)     |
| <i>Phytolacca decandra</i>    | 1 (33%)     |

Table 4.41 shows that *Cantharis versicatoria* was prescribed as Remedy 1 for every case of cystitis (100%), while *Medorrhinum* (50%) and *Phytolacca decandra* (50%) were individually prescribed as Remedy 2 in two cases.

#### 4.2.4.1.16 Remedy prescription for constipation

**Table 4.42: Remedy prescription for constipation**

| CASE CODE | REMEDY 1                   | POTENCY 1                    | REMEDY 2                    | POTENCY 2 |
|-----------|----------------------------|------------------------------|-----------------------------|-----------|
| H041      | <i>Calcarea carbonicum</i> | 1M                           | <i>Podophyllum Peltatum</i> | 30CH+     |
| H042      | <i>Calcarea carbonicum</i> | 1-3/30CH,<br>4-5/200CH, 6/1M |                             |           |

One of the two constipation cases were prescribed a second homoeopathic medicine (Table 4.42).

**Table 4.43: Frequency of remedy prescription for constipation**

| HOMOEOPATHIC REMEDY<br>n = 2 | COUNT n (%) |
|------------------------------|-------------|
| <i>Calcarea carbonicum</i>   | 2 (100%)    |
| <i>Podophyllum peltatum</i>  | 1 (50%)     |

The percentage calculated above reflects the percentage of cases that were prescribed with each remedy. Table 4.43 shows that *Calcarea carbonicum* was prescribed as Remedy 1 for each of the 2 case of constipation (100%), while *Podophyllum peltatum* (50%) was prescribed as Remedy 2 in one of the two cases.

#### 4.2.4.1.17 Remedy prescription for dyspepsia diagnoses

Table 4.44: Remedy prescription for dyspepsia

| CASE CODE | REMEDY 1                   | POTENCY 1                 | REMEDY 2 | POTENCY 2 |
|-----------|----------------------------|---------------------------|----------|-----------|
| H042      | <i>Calcarea carbonicum</i> | 1-3/30CH, 4-5/200CH, 6/1M | -        | -         |
| H153      | <i>Arsenicum album</i>     | 30CH+                     | -        | -         |

None of the two dyspepsia cases received a second homoeopathic remedy prescription (Table 4.44).

Table 4.45: Frequency of remedy prescription for dyspepsia

| HOMOEOPATHIC REMEDY        | COUNT n (%) |
|----------------------------|-------------|
| <i>Calcarea carbonicum</i> | 1 (50%)     |
| <i>Arsenicum album</i>     | 1 (50%)     |

*Calcarea carbonicum* and *Arsenicum album* were equally prescribed (50% each) as reflected in Table 4.45.

#### 4.2.4.2 Adjunctive medicine prescription

The Table on Adjunctive Medicine Prescriptions (Appendix P) shows the adjuncts or adjunctive medicines that were prescribed as supportive treatment in the 113 cases reviewed. Several cases had multiple adjuncts (up to five) prescribed. Of the 113 cases, 86 were prescribed one adjunct, 54 were prescribed with two adjuncts, 18 prescribed with three adjuncts, 5 with four adjuncts and 1 case with five adjuncts.

These adjunctive medicines included herbal tinctures, tissue salts, commercial herbal complexes and supplements.

**Table 4.46: Frequency of adjunctive medicine prescriptions**

| <b>ADJUNCTIVE MEDICINE<br/>n = 113</b>   | <b>FREQUENCY OF PRESCRIBED<br/>n (%)</b> |
|--|--|
| Echinaforce®   | 25 (22%)                                 |
| Biostrath®   | 21 (19%)                                 |
| Nephrosolid®   | 16 (14%)                                 |
| Multiforce Alkaline Powder®  | 11 (10%)                                 |
| Boldocynara®   | 9 (8%)                                   |
| <i>Calendula officinalis</i> mother tincture in olive oil  | 8 (7%)                                   |
| Urinary tract infection complex  | 4 (4%)                                   |
| <i>Calendula officinalis</i> and <i>Urtica urens</i> mother tinctures in olive oil                                       | 4 (4%)                                   |
| Luffeel® nasal spray   | 4 (4%)                                   |
| Menstruation combination   | 3 (3%)                                   |
| Cough complex  | 3 (3%)                                   |
| MSM®   | 2 (2%)                                   |
| Abdominal complex  | 2 (2%)                                   |
| <i>Calendula officinalis</i> mother tincture   | 2 (2%)                                   |
| <i>Calendula officinalis</i> and <i>Thymus vulgaris</i> mother tincture  | 2 (2%)                                   |
| Headache combination   | 2 (2%)                                   |
| <i>Thymus vulgaris</i> mother tincture   | 2 (2%)                                   |
| Urinary tract infection complex ( <i>Arctostaphylos uva ursi</i> and <i>Equisetum heimale</i> mother tinctures)          | 2 ((2%)                                  |
| <i>Crataegus oxyacantha</i> mother tincture  | 2 (2%)                                   |
| <i>Ferrum phosphoricum</i> 6X tissue salt  | 2 (2%)                                   |
| <i>Taraxacum officinale</i> and <i>Solidago virgaurea</i>  | 1 (1%)                                   |
| <i>Phytolacca decandra</i> mother tincture   | 1 (1%)                                   |
| <i>Calcarea fluoricum</i> ® 6X tissue salt   | 1 (1%)                                   |
| Combination assist® Cold and Flu   | 1(1%)                                    |
| <i>Silicea terra</i> 6X tissue salt  | 1 (1%)                                   |
| Bach flower® <i>Valerian</i> , Crab Apple, Agrimony, Oat complex   | 1 (1%)                                   |
| <i>Avena sativa</i> , <i>Vitex Agnus castus</i> , <i>Berberis vulgaris</i> , and <i>Thymus vulgaris</i> mother tinctures | 1 (1%)                                   |
| Bio 89® essential fatty acids  | 1 (1%)                                   |
| <i>Avena sativa</i> 6X   | 1 (1%)                                   |
| Dr Reckeweg® R41®  | 1 (1%)                                   |
| R37®   | 1 (1%)                                   |
| Dysmenorrhoea complex  | 1 (1%)                                   |
| <i>Syzigium jambolanum</i> mother tincture   | 1 (1%)                                   |
| <i>Echinacea purpurea</i> 2X   | 1 (1%)                                   |
| <i>Thymus vulgaris</i> mother tincture and <i>Thuja occidentalis</i> complex   | 1 (1%)                                   |
| <i>Echinacea purpurea</i> 2X and Immune complex  | 1 (1%)                                   |
| <i>Vitex agnus castus</i> and <i>Pulsatilla praetensis</i> mother tinctures complex                                      | 1 (1%)                                   |
| Abdominal complex and Menstruation combination   | 1 (1%)                                   |



|   |            |
|---|------------|
| <i>Calcarea phosphoricum</i> ® 6X tissue salt   | 1 (1%)     |
| Abdominal complex & <i>Vitex agnus castus</i> mother tincture in olive oil  | 1 (1%)     |
| <i>Olea gemmo</i> and <i>Origanum vulgare</i> and <i>Salvia officinalis</i> mother tinctures  | 1 (1%)     |
| Headache and Menstruation complex   | 1 (1%)     |
| <i>Pulsatilla praetensis</i> , <i>Lobelia inflata</i> and <i>Thymus vulgaris</i> mother tincture complex  | 1 (1%)     |
| Biostrath® and <i>Thymus vulgaris</i> mother tincture   | 1 (1%)     |
| <i>Ruta graveolens</i> and <i>Arnica montana</i> in gel   | 1 (1%)     |
| Headache combination and <i>Calcarea phosphoricum</i> 6X tissue salt  | 1 (1%)     |
| Stress combination ( <i>Melissa officinalis</i> , <i>Scutellaria lateriflora</i> , <i>Humulus lupulus</i> , with Agrimony, Cherry Plum, Centaury, Crab Apple, Impatiens, Holly) | 1 (1%)     |
| Immune complex 3X   | 1 (1%)     |
| <i>Taraxacum officinale</i> and <i>Carduus marianus</i> mother tinctures  | 1 (1%)     |
| Immune stimulating mother tincture complex  | 1 (1%)     |
| <i>Thuja occidentalis</i> , <i>Urtica urens</i> , <i>Calendula officinalis</i> mother tinctures in olive oil complex  | 1 (1%)     |
| <i>Alfalfa sativa</i> mother tincture   | 1 (1%)     |
| <i>Avena sativa</i> and <i>Fenugreek</i> mother tincture  | 1 (1%)     |
| <i>Magnesium phosphoricum</i> ® 6X and Headache combination   | 1 (1%)     |
| Bach flower® Pine, Star of Bethlehem, Elm, Willow complex   | 1 (1%)     |
| <i>Magnesium phosphoricum</i> ® 6X tissue salt  | 1 (1%)     |
| Circulation combination   | 1 (1%)     |
| <i>Calcarea sulphuricum</i> ® 6X tissue salt  | 1 (1%)     |
| <b>Grand Total</b>  | <b>163</b> |

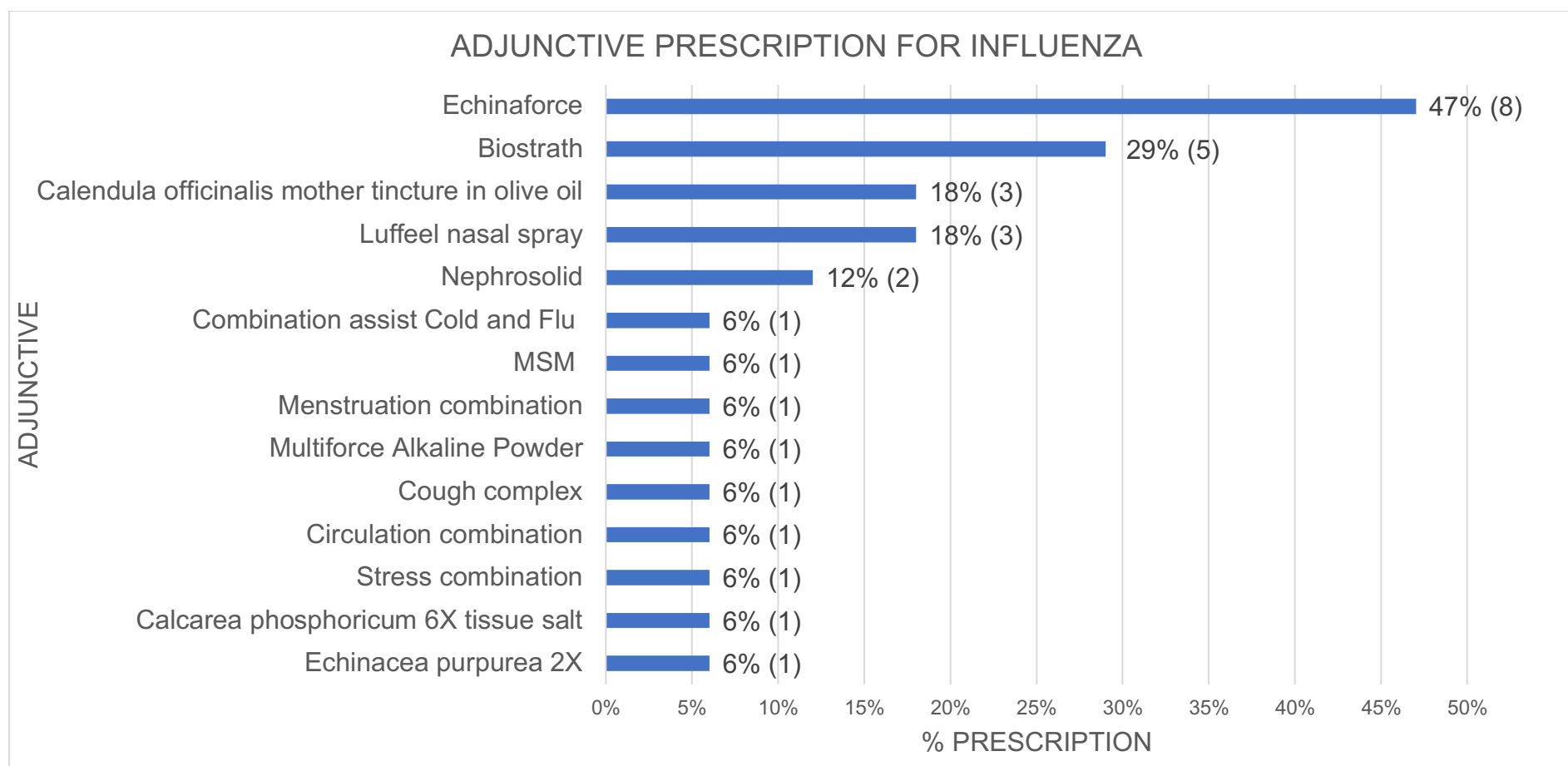
As reflected in Table 4.46, the total number of adjunctive medicines prescribed was 163. Echinaforce® was the most commonly prescribed adjunctive medicine (22%), followed by Biostrath® (19%), Nephrosolid® (14%), Multiforce Alkaline Powder® (10%), Boldocynara® (8%), *Calendula officinalis* mother tincture in olive oil (7%), Urinary tract infection complex, *Calendula officinalis* and *Urtica urens* mother tinctures in olive oil, and Luffeel® nasal spray (4% each), and menstruation combination and cough complex (3% each). Several others followed at 2% and 1% of prescription for the 113 cases reviewed. The percentages calculated above are based on the total number of cases (113).

#### 4.2.4.2.1 Adjunctive medicines for influenza cases

Table 4.47: Adjunctive prescription for influenza

| CASE CODE | ADJUNCTIVE MEDICINE 1   | ADJUNCTIVE MEDICINE 2                                     | ADJUNCTIVE MEDICINE 3 | ADJUNCTIVE MEDICINE 4 |
|-----------|---|---|-----------------------|-----------------------|
| H005      | Cough complex   | -   | -                     | -                     |
| H008      | <i>Calendula officinalis</i> mother tincture in olive oil   | Luffeel® nasal spray                                      | -                     | -                     |
| H027      | Echinaforce®  | <i>Calendula officinalis</i> mother tincture in olive oil | -                     | -                     |
| H028      | Echinaforce®  | Multiforce Alkaline Powder®                               | Nephrosolid®          | -                     |
| H048      | Echinaforce®  | Biostrath®  | Nephrosolid®          | MSM®                  |
| H076      | Stress combination ( <i>Melissa officinalis</i> , <i>Scutellaria lateriflora</i> , <i>Humulus lupulus</i> , with Agrimony, Cherry Plum, Centaury, Crab Apple, Impatiens, Holly) | -   | -                     | -                     |
| H080      | <i>Calendula officinalis</i> mother tincture in olive oil   | Combination assist Cold and Flu®                          | Luffeel® nasal spray  | -                     |
| H084      | Biostrath®  | Echinaforce®  | -                     | -                     |
| H088      | Menstruation combination  | Biostrath®  | -                     | -                     |
| H093      | Echinaforce®  |   | -                     | -                     |
| H114      | Echinaforce®  | Luffeel® nasal spray                                      | -                     | -                     |
| H124      | <i>Calcarea phosphoricum</i> ® 6X tissue salt   | Biostrath®  | Echinaforce®          | -                     |
| H132      | <i>Echinacea purpurea</i> 2X  | -   | -                     | -                     |
| H140      | Circulation combination   | -   | -                     | -                     |
| H151      | Echinaforce®  | Biostrath®  | -                     | -                     |

Only 15 of the 17 Influenza cases received adjunctive prescriptions. Influenza cases H078 and H134 were not prescribed adjuncts (Table 4.47).



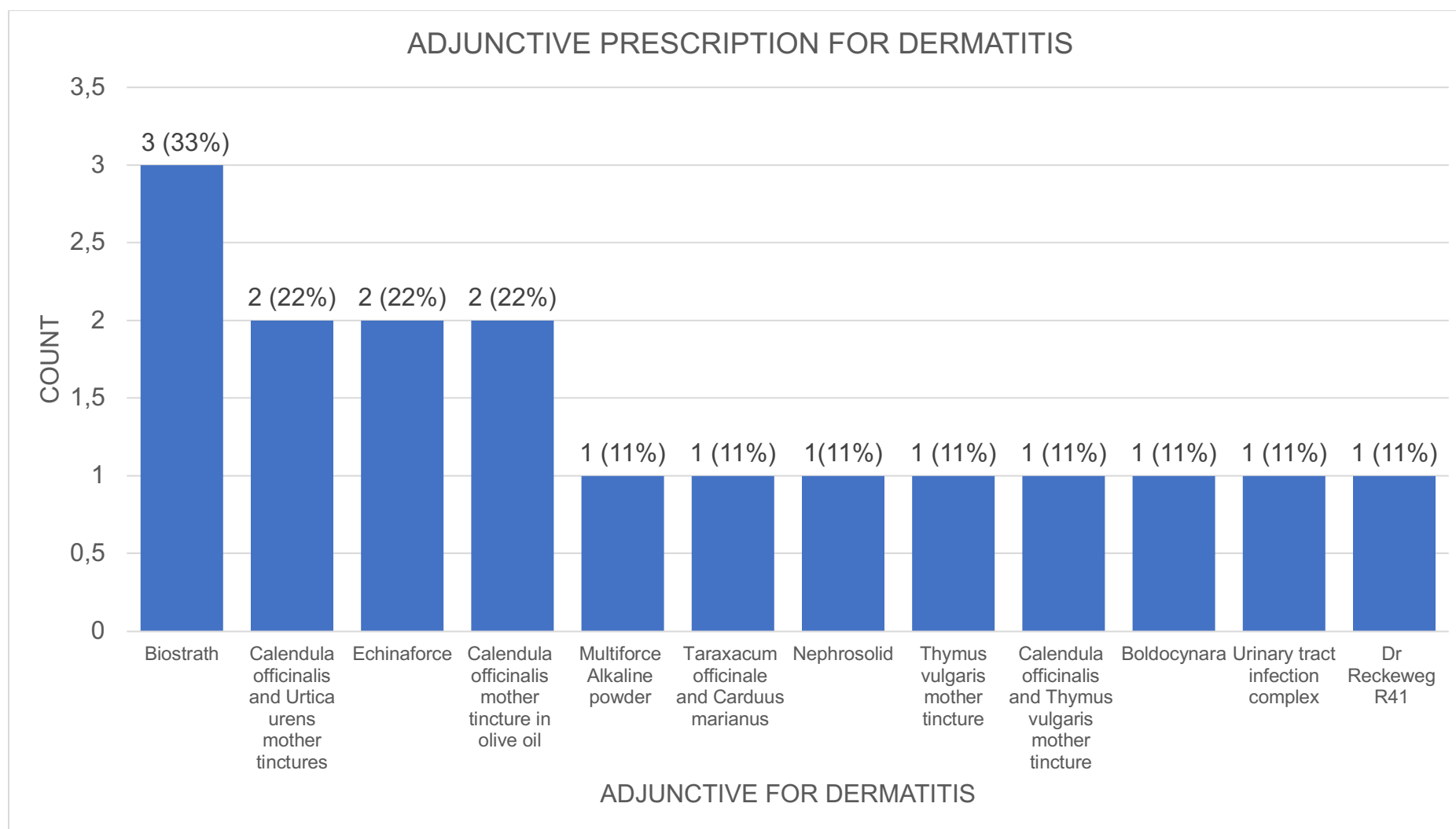
**Figure 4.44: Frequency of adjunctive prescription for influenza**

Echinaforce® has noticeably higher percentage prescription for influenza (47%) as seen in Figure 4.44. Biostrath® (29%), and Luffeel® nasal spray (18%) followed thereafter. The percentages calculated above are based on the number of influenza cases.

#### 4.2.4.2.2 Adjunctive medicines for dermatitis unspecified cases

Table 4.48: Adjunctive prescription for dermatitis

| CASE CODE | ADJUNCTIVE MEDICINE 1  | ADJUNCTIVE MEDICINE 2  | ADJUNCTIVE MEDICINE 3                                     |
|-----------|--|--|---|
| H004      | Urinary tract infection complex  | <i>Urtica urens</i> and <i>Calendula officinalis</i> mother tinctures in olive oil |   |
| H013      | <i>Calendula officinalis</i> mother tincture in olive oil                          |  |   |
| H037      | Echinaforce®   | Biostrath®   | <i>Calendula officinalis</i> mother tincture in olive oil |
| H069      | <i>Calendula officinalis</i> and <i>Urtica urens</i> mother tinctures in olive oil | <i>Taraxacum officinale</i> and <i>Carduus marianus</i>                            | Dr Reckeweg R41®  |
| H097      | Nephrosolid®   | -  | -   |
| H122      | <i>Thymus vulgaris</i> mother tincture   | Echinaforce®   | Biostrath®  |
| H125      | -  | -  | -   |
| H129      | <i>Calendula officinalis</i> and <i>Thymus vulgaris</i> mother tincture            | Biostrath®   | -   |
| H137      | Multiforce Alkaline Powder®  | Boldocynara®   | -   |



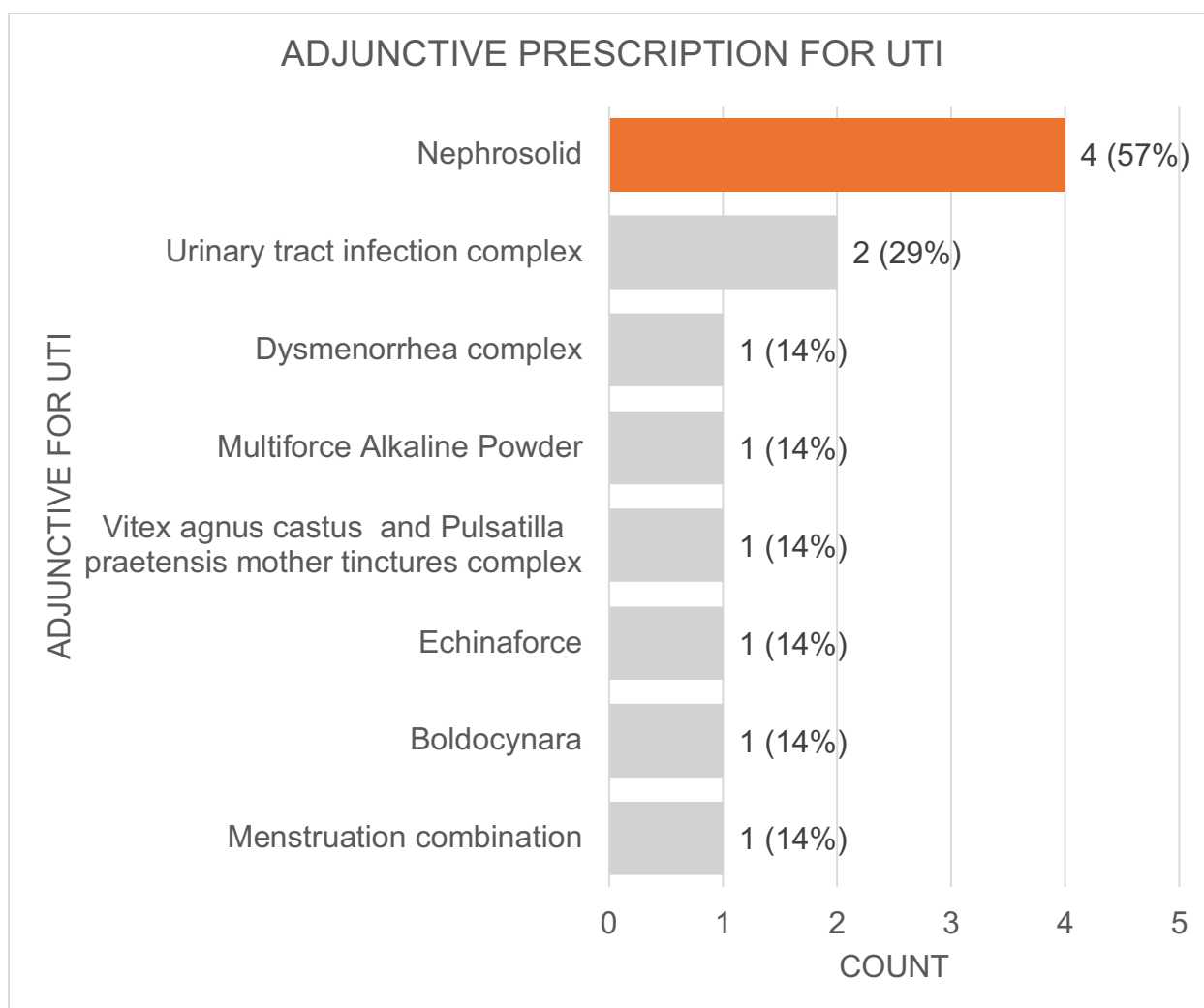
**Figure 4.45: Frequency of adjunctive prescription for dermatitis**

Figure 4.45 and Table 4.48 reflect that Biostrath® was most commonly prescribed for Dermatitis (33%), followed by *Calendula officinalis* and *Urtica urens* mother tinctures, Echinaforce® and *Calendula officinalis* mother tincture in olive oil (22%). The percentages calculated above are based on the number of dermatitis cases. All the adjunctive medicines prescribed were not necessarily directly related to the dermatitis ailment.

#### 4.2.4.2.3 Adjunctive medicines for UTI cases

Table 4.49: Adjunctive prescription for UTI

| CASE CODE | ADJUNCTIVE MEDICINE 1   | ADJUNCTIVE MEDICINE 2   | ADJUNCTIVE MEDICINE 3       |
|-----------|---|---|-----------------------------|
| H023      | Nephrosolid®  | Echinaforce®  | Multiforce Powder® Alkaline |
| H065      | <i>Vitex agnus castus</i> and <i>Pulsatilla praetensis</i> mother tinctures complex                             | Nephrosolid®  | -                           |
| H079      | Menstruation combination  | Boldocynara®  | -                           |
| H081      | Nephrosolid®  | -   | -                           |
| H106      | Dysmenorrhoea complex   | Urinary tract infection complex ( <i>Arctostaphylos uva ursi</i> and <i>Equisetum heimale</i> mother tinctures) | -                           |
| H141      | Urinary tract infection complex ( <i>Arctostaphylos uva ursi</i> and <i>Equisetum heimale</i> mother tinctures) | -   | -                           |
| H155      | Nephrosolid®  | -   | -                           |



**Figure 4.46: Frequency of adjunctive prescription for UTI**

Nephrosolid® has noticeably the highest prescription count (57%) for UTI adjunctive medicine as reflected in Figure 4.46 and Table 4.49. This was followed by urinary tract infection complex made up of *Arctostaphylos uva ursi* and *Equisetum heimale* mother tinctures (29%). The percentages calculated above are based on the number of UTI cases.

#### 4.2.4.2.4 Adjunctive medicines for leucorrhoea cases

**Table 4.50: Adjunctive prescription leucorrhoea**

| CASE CODE | ADJUNCTIVE MEDICINE 1                                     | ADJUNCTIVE MEDICINE 2 | ADJUNCTIVE MEDICINE 3       | ADJUNCTIVE MEDICINE 4  |
|-----------|---|-----------------------|-----------------------------|------------------------|
| H073      | <i>Calendula officinalis</i> mother tincture in olive oil | Nephrosolid®          | Multiforce Alkaline Powder® | <i>Thymus vulgaris</i> |

Table 4.50 shows that of the four cases of leucorrhoea, only one was prescribed adjunctive medicines including *Calendula officinalis* mother tincture in olive oil, Nephrosolid®, Multiforce Alkaline Powder® and *Thymus vulgaris* (25% each). Leucorrhoea cases, H085, H102 and H107 were not prescribed any adjuncts. The percentages calculated above are based on the number of leucorrhoea cases.

#### 4.2.4.2.5 Adjunctive medicines for headache cases

Table 4.51: Adjunctive prescription for headache

| CASE CODE | ADJUNCTIVE MEDICINE 1                                     | ADJUNCTIVE MEDICINE 2           | ADJUNCTIVE MEDICINE 3  | ADJUNCTIVE MEDICINE 4 |
|-----------|---|---------------------------------|--|-----------------------|
| H005      | Cough complex   | -                               | -  | -                     |
| H008      | <i>Calendula officinalis</i> mother tincture in olive oil | Luffeel® nasal spray            | -  | -                     |
| H015      | Headache and Menstruation complex                         | Abdominal complex               | <i>Calendula officinalis</i> and <i>Urtica urens</i> mother tinctures in olive oil | R37®                  |
| H017      | Headache complex  | Urinary tract infection complex | -  | -                     |
| H135      | Echinaforce®  | -                               | -  | -                     |
| H152      | <i>Syzygium jambolanum</i> mother tincture                | -                               | -  | -                     |

Table 4.51 shows that only six of the seven headache cases received adjunctive medicines. Headache case H012 did not receive an adjunct prescription.

Table 4.52: Frequency of adjunctive prescription for headache

| ADJUNCTIVE<br>n = 7  | COUNT n<br>(%) |
|--|----------------|
| Echinaforce®   | 1 (25%)        |
| <i>Syzygium jambolanum</i> mother tincture   | 1 (25%)        |
| Headache and Menstruation complex  | 1 (25%)        |
| Abdominal complex  | 1 (25%)        |
| R37®   | 1 (25%)        |
| <i>Calendula officinalis</i> and <i>Urtica urens</i> mother tinctures in olive oil | 1 (25%)        |



Table 4.52 reflects that adjunctive medicines were prescribed singly (25% of the headache cases each) and were not necessarily directly related to the headache ailment. The percentages calculated above are based on the number of headache cases.

#### 4.2.4.2.6 Adjunctive medicines for herpes zoster cases

**Table 4.53: Adjunctive prescription for herpes zoster**

| CASE CODE | ADJUNCTIVE MEDICINE 1  | ADJUNCTIVE MEDICINE 2  | ADJUNCTIVE MEDICINE 3 | ADJUNCTIVE MEDICINE 4 |
|-----------|--|--|-----------------------|-----------------------|
| H053      | <i>Urtica urens</i> and <i>Calendula officinalis</i> mother tinctures in olive oil | -  | -                     | -                     |
| H120      | <i>Silicea terra</i> ® 6X tissue salt  | <i>Thymus vulgaris</i> mother tincture and <i>Thuja occidentalis</i> complex | Echinaforce®          | Nephrosolid®          |

Table 4.53 shows that only two of the four herpes zoster cases received adjunctive medicines. Herpes zoster cases H051 and H112 did not receive any adjunctive prescription.

**Table 4.54: Frequency of adjunctive prescription for herpes zoster**

| ADJUNCTIVE<br>n = 4  | COUNT<br>(%) | n |
|--|--------------|---|
| <i>Urtica urens</i> and <i>Calendula officinalis</i> mother tinctures in olive oil | 1 (25%)      |   |
| <i>Silicea terra</i> 6X tissue salt  | 1 (25%)      |   |
| <i>Thymus vulgaris</i> mother tincture and <i>Thuja occidentalis</i> complex       | 1 (25%)      |   |
| Echinaforce®   | 1 (25%)      |   |
| Nephrosolid®   | 1 (25%)      |   |

Table 4.54 reflects that adjunctive medicines were prescribed singly (25% of the Herpes zoster cases each) and were not necessarily directly related to the herpes zoster ailment. The percentages calculated above are based on the number of herpes zoster cases.

#### 4.2.4.2.7 Adjunctive medicines for arthritis cases

Table 4.55: Adjunctive prescription for arthritis

| CASE CODE | ADJUNCTIVE MEDICINE 1                                   | ADJUNCTIVE MEDICINE 2       | ADJUNCTIVE MEDICINE 3 |
|-----------|---|-----------------------------|-----------------------|
| H064      | <i>Ruta graveolens</i> and <i>Arnica montana</i> in gel | Multiforce Alkaline Powder® | Nephrosolid®          |
| H087      | Nephrosolid®  | -                           | -                     |

Table 4.55 shows that only two of the three arthritis cases received adjunctive medicines. Arthritis case H090 did not receive an adjunct.

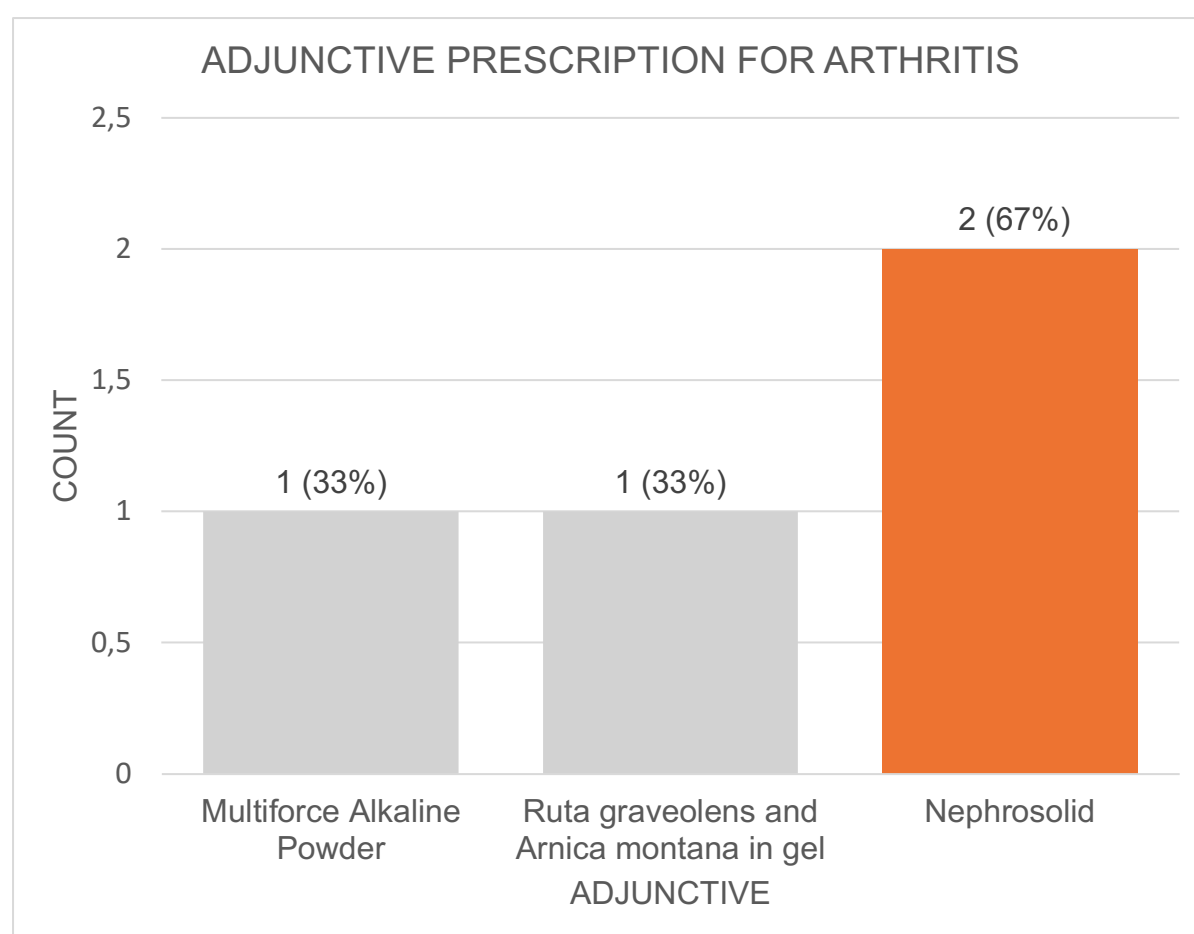


Figure 4.47: Frequency of adjunctive prescription for arthritis

Figure 4.47 shows that 67% of the arthritis cases had been prescribed Nephrosolid® followed by *Ruta graveolens* and *Arnica montana* in gel and Multiforce Alkaline Powder® (33% each). The percentages calculated above are based on the number of arthritis cases.

#### 4.2.4.2.8 Adjunctive medicines for anogenital wart cases

**Table 4.56: Adjunctive prescription for anogenital warts**

| CASE CODE | ADJUNCTIVE MEDICINE 1                         | ADJUNCTIVE MEDICINE 2  |
|-----------|---|--|
| H020      | <i>Calacarea sulphuricum</i> ® 6X tissue salt | <i>Thuja occidentalis</i> , <i>Urtica urens</i> , <i>Calendula officinalis</i> mother tinctures in olive oil complex |
| H082      | Urinary tract infection complex               | -  |
| H116      | Immune complex 3X                             | <i>Calendula officinalis</i> mother tincture   |

**Table 4.57: Frequency of adjunctive prescription for anogenital warts**

| ADJUNCTIVE<br>n = 3  | COUNT n<br>(%) |
|--|----------------|
| <i>Calacarea sulphuricum</i> ® 6X tissue salt  | 1 (33%)        |
| Urinary tract infection complex  | 1 (33%)        |
| Immune complex 3X  | 1 (33%)        |
| <i>Thuja occidentalis</i> , <i>Urtica urens</i> , <i>Calendula officinalis</i> mother tinctures in olive oil complex | 1 (33%)        |
| <i>Calendula officinalis</i> mother tincture   | 1 (33%)        |

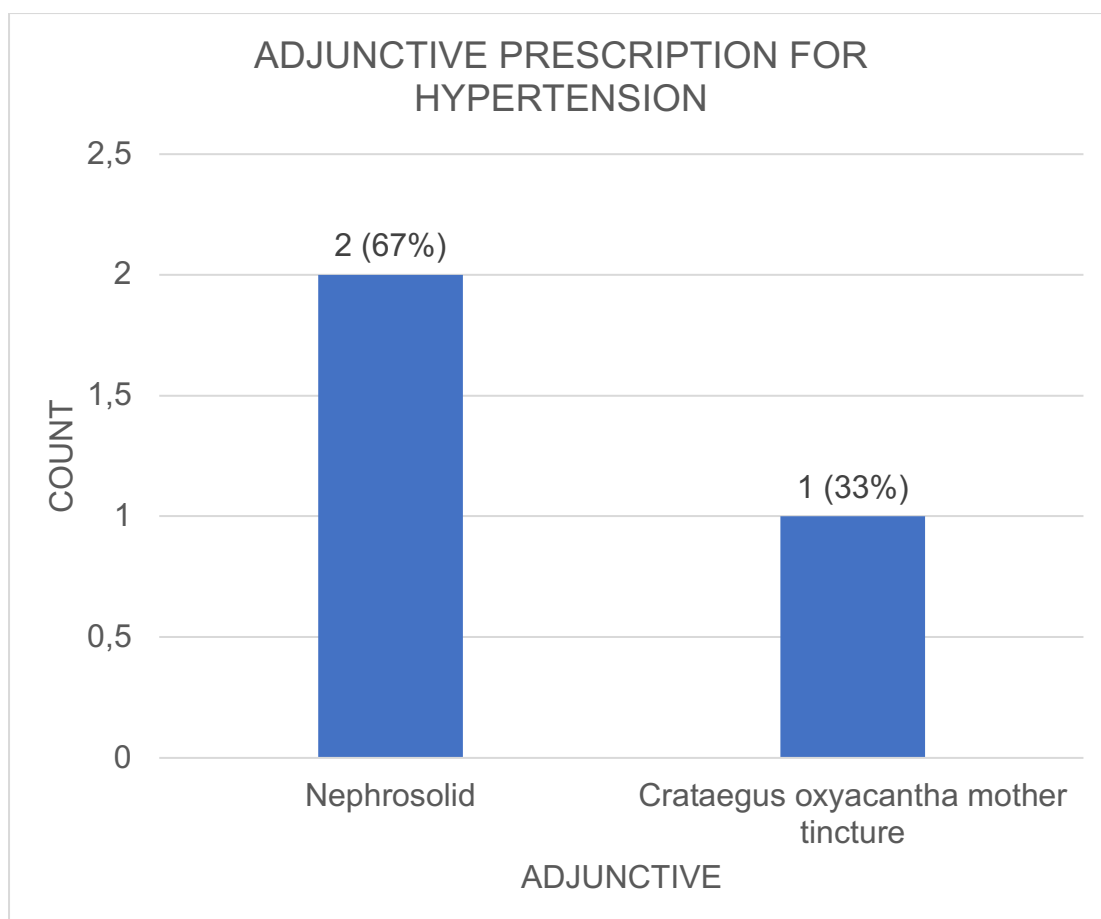
Tables 4.56 and 4.57 reflect that adjunctive medicines were prescribed singly (33% of the three anogenital warts cases) and were not necessarily directly related to the wart ailment.

#### 4.2.4.2.9 Adjunctive medicines for hypertension cases

**Table 4.58: Adjunctive prescription for hypertension**

| CASE CODE | ADJUNCTIVE MEDICINE 1                       | ADJUNCTIVE MEDICINE 2 |
|-----------|---|-----------------------|
| H097      | <i>Crataegus oxyacantha</i> mother tincture | Nephrosolid®          |
| H109      | Nephrosolid®                                | -                     |

Table 4.58 shows that only two of the three hypertension cases were prescribed adjunctive medicines. Hypertension case H031 did not receive an adjunctive prescription.



**Figure 4.48: Frequency of adjunctive prescription for hypertension**

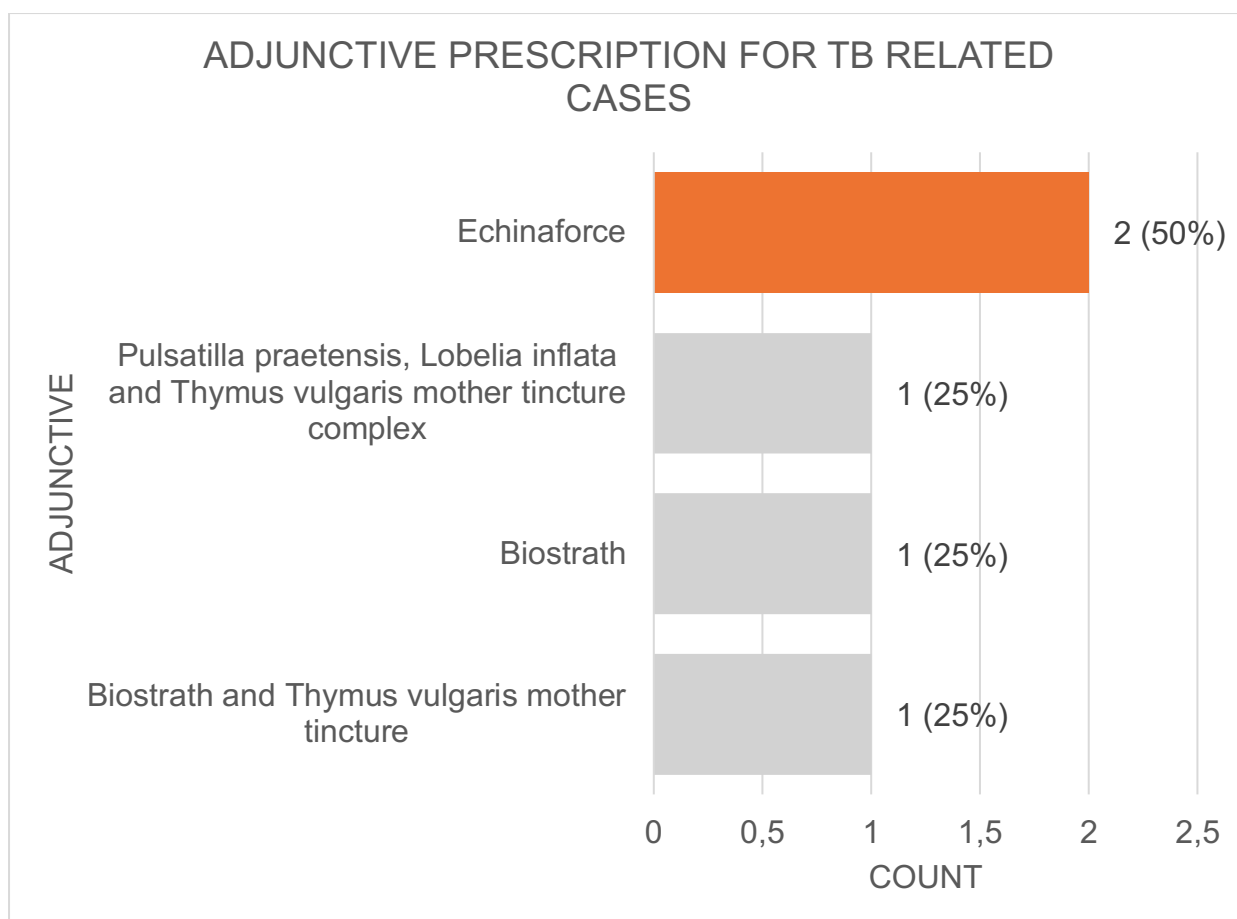
Nephrosolid® (67%) was prescribed most frequently in hypertension cases followed by *Crataegus oxyacantha* which was prescribed in 33% of the cases (Figure 4.48). The percentages calculated above are based on the number of hypertension cases.

#### 4.2.4.2.10 Adjunctive medicines for TB related cases

**Table 4.59: Adjunctive prescription for TB related cases**

| CASE CODE | ADJUNCTIVE MEDICINE 1  | ADJUNCTIVE MEDICINE 2 |
|-----------|--|-----------------------|
| H021      | Biostrath® and <i>Thymus vulgaris</i> mother tincture  | Echinaforce®          |
| H047      | <i>Pulsatilla praetensis</i> , <i>Lobelia inflata</i> and <i>Thymus vulgaris</i> mother tincture complex | -                     |
| H110      | Echinaforce®   | Biostrath®            |

Table 4.59 shows that only three of the four TB related cases received adjunctive medicines. TB related case H033 did not receive an adjunct.



**Figure 4.49: Frequency of adjunctive prescription for TB**

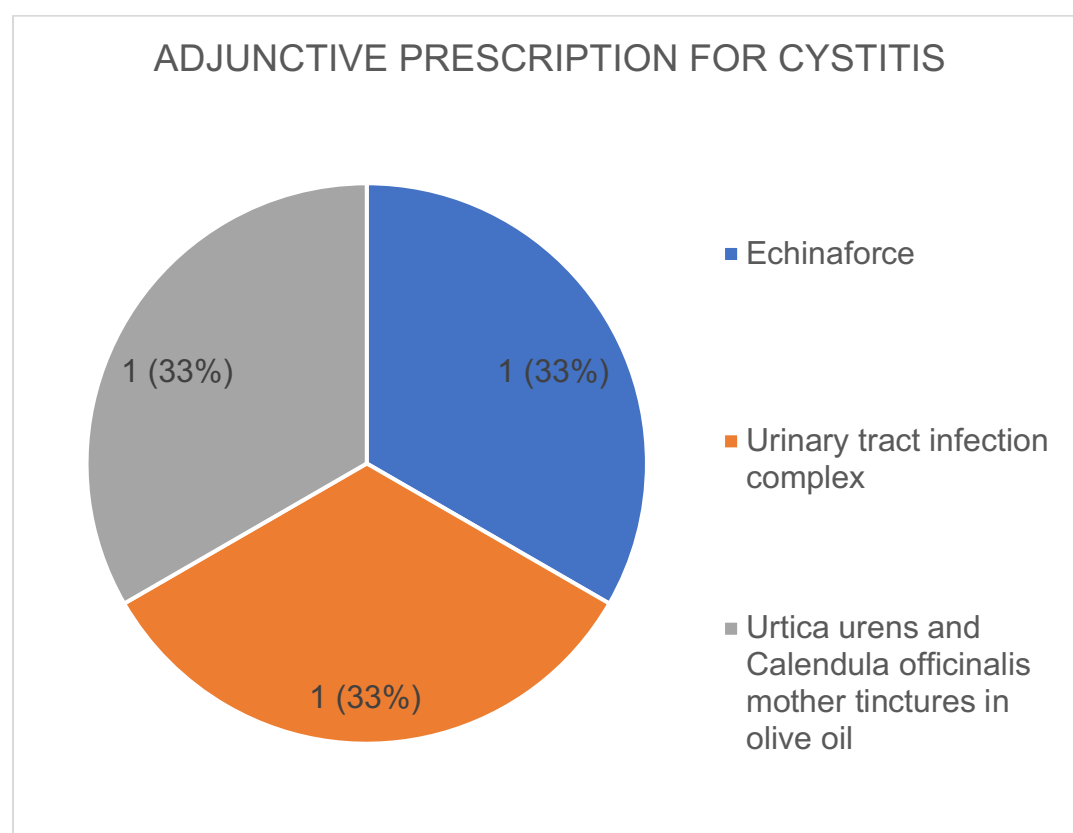
Figure 4.49 reflects that Echinaforce® (67%) was prescribed most frequently as an adjunctive medicine for TB related ailments followed by Biostrath®, *Pulsatilla praetensis*, *Lobelia inflata* and *Thymus vulgaris* complex, and Biostrath® and *Thymus vulgaris* complex (33% each). The percentages calculated above are based on the number of TB case.

#### 4.2.4.2.11 Adjunctive medicines for cystitis cases

**Table 4.60: Adjunctive prescription for cystitis**

| CASE CODE | ADJUNCTIVE MEDICINE 1           | ADJUNCTIVE MEDICINE 2  |
|-----------|---------------------------------|--|
| H004      | Urinary tract infection complex | <i>Urtica urens</i> and <i>Calendula officinalis</i> mother tinctures in olive oil |
| H055      | Echinaforce®                    | -  |

Table 4.60 shows that only two of the three cystitis cases were prescribed adjunctive medicines. Cystitis case H099 did not receive an adjunctive prescription.



**Figure 4.50: Frequency of adjunctive prescription for cystitis**

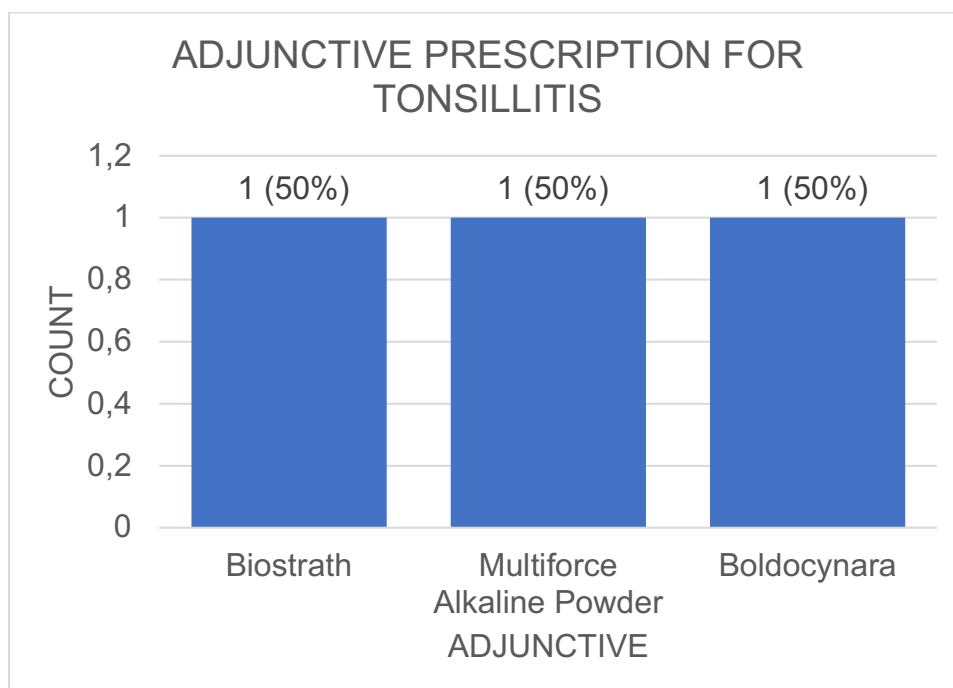
Echinaforce®, urinary tract infection complex and *Urtica urens* and *Calendula officinalis* mother tinctures in olive oil were equally prescribed in number (33%) as shown in Figure 4.50. The percentages calculated above are based on the number of cystitis cases.

#### 4.2.4.2.12 Adjunctive medicines for tonsillitis cases

**Table 4.61: Adjunctive prescription for tonsillitis**

| CASE CODE | ADJUNCTIVE MEDICINE 1 | ADJUNCTIVE MEDICINE 2       | ADJUNCTIVE MEDICINE 3 |
|-----------|-----------------------|-----------------------------|-----------------------|
| H052      | Biostrath®            | Multiforce Alkaline Powder® | Boldocynara®          |

Table 4.61 shows that only 1 of the 2 cases of tonsillitis was prescribed adjunctive medicines. Tonsillitis case H049 did not receive an adjunct.



**Figure 4.51: Frequency of adjunctive prescription for tonsillitis**

Figure 4.51 reflects that adjunctive medicines were prescribed singly (50% of the two tonsillitis cases each) and were not necessarily directly related to the tonsillitis ailment. The percentages calculated above are based on the number of tonsillitis cases.

#### 4.2.4.2.13 Adjunctive medicines for dyspepsia cases

**Table 4.62: Adjunctive prescription for dyspepsia**

| CASE CODE | ADJUNCTIVE MEDICINE 1                 |
|-----------|---------------------------------------|
| H153      | <i>Alfalfa sativa</i> mother tincture |

Table 4.62 shows that only one of the two cases of dyspepsia was prescribed an adjunctive medicine. Dyspepsia case H042 did not receive an adjunctive prescription.

**Table 4.63: Frequency of adjunctive prescription for dyspepsia**

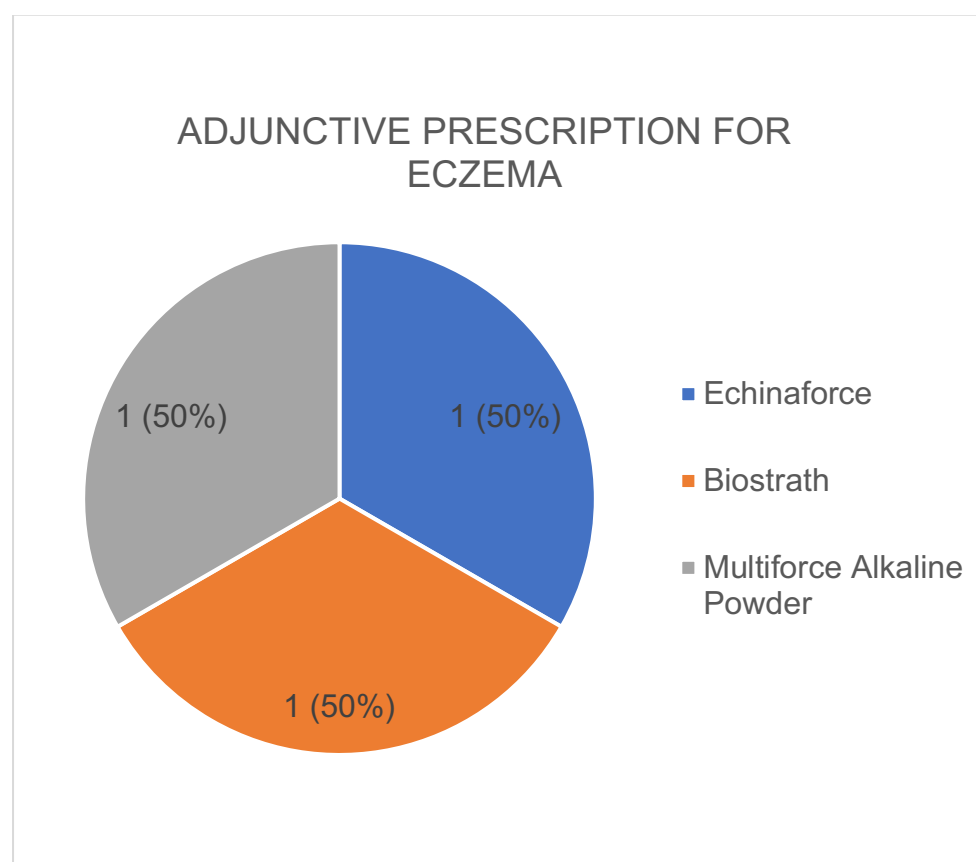
| ADJUNCTIVE<br>n = 2                   | COUNT n (%) |
|---------------------------------------|-------------|
| <i>Alfalfa sativa</i> mother tincture | 1 (50%)     |

*Alfalfa sativa* mother tincture was the only adjunctive medicine prescribed in the dyspepsia cases (50%), as shown in Table 4.63.

#### 4.2.4.2.14 Adjunctive medicines for eczema cases

**Table 4.64: Adjunctive prescription for eczema**

| CASE CODE | ADJUNCTIVE MEDICINE 1 | ADJUNCTIVE MEDICINE 2       |
|-----------|-----------------------|-----------------------------|
| H067      | Echinaforce®          | Multiforce Alkaline Powder® |
| H113      | Biostrath®            | -                           |



**Figure 4.52: Frequency of adjunctive prescription for eczema**

Table 4.64 and Figure 4.52 reflect that adjunctive medicines were prescribed singly (50% each of the two eczema cases) and were not necessarily directly related to the eczema ailment. The percentages calculated above are based on the number of eczema cases.



#### 4.2.4.2.15 Adjunctive medicines for anxiety disorder cases

Table 4.65: Adjunctive prescription for anxiety disorder

| CASE CODE | ADJUNCTIVE MEDICINE 1                       | ADJUNCTIVE MEDICINE 2                                     |
|-----------|---|---|
| H127      | Immune stimulating mother tincture complex  | Bach flower® Pine, Star of Bethlehem, Elm, Willow complex |
| H139      | <i>Ferrum phosphoricum</i> ® 6X tissue salt | -   |

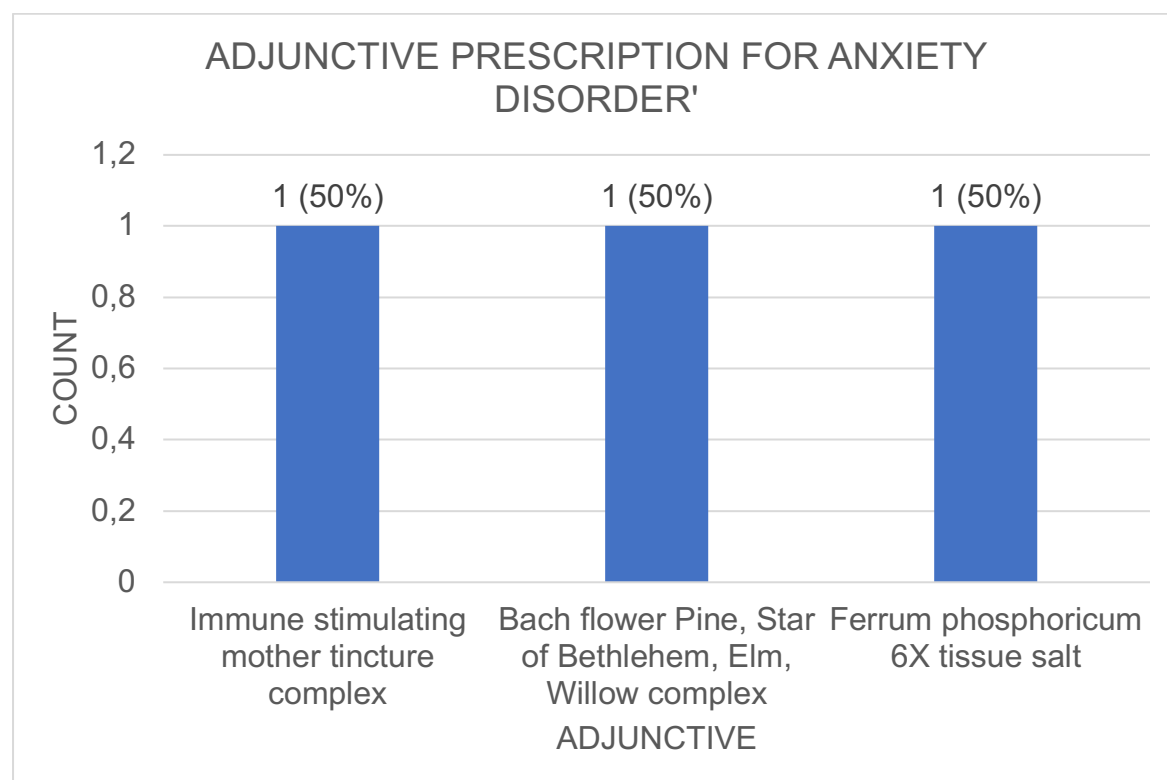


Figure 4.53: Frequency of adjunctive prescription for anxiety disorder

Table 4.65 and Figure 4.53 reflect the single prescriptions of adjunctive medicines for the two cases of anxiety disorder reviewed, each of which were prescribed in 50% of the anxiety disorder cases.

#### 4.2.4.2.16 Adjunctive medicines for constipation cases

No adjunctive medicines were prescribed for constipation cases H041 and H042.

## **CHAPTER 5: DISCUSSION**

### **5.1 Introduction**

This chapter focuses on discussion of the results obtained from data collected and recorded in charts and tables in Chapter 4. It aims to describe the concomitant ailments that were found to occur in HIV+ individuals and their homoeopathic management. Each of the prescriptions were considered in order to verify their validity by comparing the guiding symptoms that were used to choose their prescription with symptoms described in existing materia medica. This was in keeping with the objectives of the study. The objectives further included establishing whether any trends or patterns emerged in the ailments and the prescription. In this chapter, the patterns are revealed in the discussion of the more common ailments recorded, the different remedies given for these ailments, and the different conditions that each of the more common remedies is prescribed for. Other literature was considered to support some of these findings. In this way, the objectives of this study were fulfilled.

### **5.2 Overview**

This chapter outline includes the following aspects of the results obtained:

- Demographics:
  - Gender
  - Race
  - Age
  - Employment status
  - Marital status
- HIV treatment regimen:
  - Distribution of ARVs
  - ARV side effects
- Disease presentation:
  - First consultation and concomitant ailments (clinical diagnoses)
  - Concomitant ailments as per systemic categorisation:

- Respiratory system concomitant ailments
- Dermatological system concomitant ailments
- Gastrointestinal system concomitant ailments
- Neurological system concomitant ailments
- Urinary system concomitant ailments
- Musculoskeletal system concomitant ailments
- Female reproductive system concomitant ailments
- Other system concomitant ailments
- Concomitant ailment distribution by gender
- Concomitant ailments modalities and sensations
- Mental and emotional symptoms
- Physical general symptoms and past medical history
- Symptoms on physical examination
- Remedy prescriptions and keynote and guiding symptoms (comparison of emerging symptoms versus materia medica):
  - Influenza
  - Dermatitis
  - Urinary tract infection
  - Leucorrhoea
  - Headache
  - Herpes zoster
  - TB related diagnoses
  - Arthritis
  - Anogenital warts
  - Hypertension
  - Cystitis
  - Tonsillitis
  - Eczema
  - Anxiety disorder
  - Constipation
  - Dyspepsia

- Prescription and posology details:
  - Homoeopathic medicine prescription:
    - Frequency of prescription (Remedy 1 and Remedy 2)
    - Remedy posology (potency, medium, mitte, dosage, frequency of dose for Remedy 1 and Remedy 2)
    - Frequency of adjunctive medicine prescription:
      - Echinaforce®
      - Biostrath®
      - Nephrosolid®
      - Multiforce Alkaline Powder®
      - Boldocynara®
      - *Calendula officinalis*
  - Adjunctive prescriptions for influenza
  - Adjunctive prescriptions for dermatitis
  - Adjunctive prescriptions for urinary tract infection
  - Conclusion

### 5.3 Demographics

In summary, the majority of UNHCHC cases were black African (97%), female (81%), between the ages 30-34 years (21%), employed (44%), and single (72%).

#### 5.3.1 Gender

Table 4.1 and Figure 4.2 reflect that 91 of the 113 cases were females accounting for 81% of the cases reviewed, and the remaining 19% of the study sample were males. Thus, it can be concluded that more females were reported to be HIV+ in a ratio of 4:1. This is a similar finding to earlier exploratory, descriptive studies at UNHCHC such as that by Smillie (2010) which revealed that 68% of the study sample over a four year period (2004-2008) were females, and Ngobese (2018) and Mdluli (2019) who reported on later study periods at UNHCHC (92%, 69% respectively). The gender distribution of these studies referred to patients attending the health care centre in

general; nevertheless, this sample reflected the general demographic profile of the Centre.

According to Stats SA report of 2017 (2017a), the South African mid-year population reflected that females comprised 51% of the South African population, marginally more than males, while in KZN, the female population made up 52% of the province's total population. These statistics do not corroborate the finding in this study of 81% of the study sample comprising the female gender.

However, Stats SA 2021 (2022) shows that the female population of reproductive age (15-49 years) had a steady increase in HIV prevalence between the years 2002 and 2021 (from 15% to 24%) i.e. almost a quarter of this age group amongst females in South Africa were recorded as HIV+ in 2021. Over the years 2015 and 2016, which is the period of study for this review, HIV prevalence amongst females between 15-49 years was approximately 21% (Stats SA 2017a). Thus, the increase in prevalence of HIV amongst females can account for more females being HIV+ in this study finding.

Furthermore, studies reveal that in South Africa, HIV prevalence is higher amongst females than males (Mabaso *et al.* 2019; Allinder 2022). Females constitute 63% of HIV+ adults in South Africa, and in parts of KZN, up to 60% of the female population are HIV+ as reported by Allinder (2022) for the Centre for Strategic & International studies. Socio-economic factors have contributed to the disparity in HIV prevalence amongst gender and races. Furthermore, other factors such as the high rate of violence against women in South Africa has contributed to the enhanced transmission of HIV (Allinder 2022). With poverty, females trapped in imbalanced gender power status face a higher risk of being infected with HIV than males when compelled into prostitution or "intergenerational sex" (Mabaso *et al.* 2019).

Another consideration for the gender demographic finding in this study is that females may have greater concern regarding health matters and are more likely to seek health care than males (Zuma *et al.* 2022; Mdluli 2019).

### 5.3.2 Race

As evidenced in Table 4.1: Distribution of gender for each race and Figure 4.2, 99% of the female study sample and 91% of the male study sample were black African. Amongst the females, 1% was not specified while amongst the males, 5% each were white and Indian. In total, 110 cases were of black African people (97%), while white, Indian and unspecified race, accounted for 1% each of the study sample. Others studies by Smillie (2010), Dube (2015), Ngobese (2018) and Mdluli (2019) at UNHCHC concur with these findings. This is particularly due to UNHCHC being located in Warwick Junction which is a gateway to the urban working populous and transport hub for working force commuters that are of the majority race group. Furthermore, after the demise of apartheid in 1994, this area saw the influx of predominantly black African street vendors (Mdluli 2019).

Furthermore, as indicated in the Stats SA report of 2017 (2017a), the South African mid-year population estimate in 2017 reflected that black Africans were the majority of the racial demographic of the South African population at 81%. This was followed by coloureds at 9%, whites at 8% and Indian/ Asian at 3% (Stats SA 2017a). This may account for the study finding of the majority race group at UNHCHC. This is further supported in a study on HIV prevalence amongst gender and race in South Africa which outlined that HIV prevalence was significantly higher in the black African group than any other in South Africa (Mabaso *et al.* 2019). Moreover, Mabaso *et al.* (2019) further reported that evidence shows that racial inequalities perpetuated by historical unequal socio-political circumstances of apartheid have made not only the female gender but also the black African group more susceptible to being infected with HIV. Poor access to resources such as education, healthcare and work, together with a migrant workforce industry, further propelled HIV transmission within the group with females in particular being most at risk. This concurs with this study findings of females of the black African group accounting for the highest gender and race demographic.

### 5.3.3 Age

Figure 4.3 shows that most of the cases were between the ages of 30-34 years (21%). This was followed by:

- 35-39 years (20%),
- 40-44 years (18%),
- 25-29 years (15%),
- 50-54 years (6%),
- 20-24 years and 55-59 years (4% each),
- 45-49 years and > 60 years (4% each),
- 15-19 years and 10-14 years (1% each).

Cases in which age was not recorded were considered unspecified and accounted for 3% of the study sample.

According to the age demographic results for this study (Figure 4.3), the majority of cases were between 30-44 years and accounted for 59% of the sample. This differs from a clinical audit study at UNHCHC by Smillie (2010) that showed that the majority of cases were between 40-64 years (40%) while other studies by Ngobese (2018) and Mdluli (2019) reflected 83% of participants being over 40 years of age, and 40% being between 25-39 years respectively. However, these latter studies sample groups were not focused on HIV+ patients as was the case in this review. This could account for the difference in findings.

However, as outlined by Mdluli (2019) who's clinical audit covered the years 2008-2017 at UNHCHC, the largest proportion of 25-39 year old patients were seen mostly in 2015 (6%) and 2016 (9%) which is the period of study for this chart review. It was further suggested in this study that the youth empowerment initiative by LifeLine (which shared premises with UNHCHC) saw skills and development programmes being offered, thereby attracting this age group. More significantly, it was also in this two year period that LifeLine South Africa had trained 98 individuals as HIV counsellors and this resulted in 3 763 individuals seeking HIV testing or counselling. It was reported that the major age group being tested for HIV was the 25-39 year age

group (Mdluli 2019). For the years, 2015 and 2016 (corresponding to the study period), HIV prevalence in South Africa amongst adults between 15-49 years of age was reported to be approximately 18%, of which 5% were youth between 15-24 years (Stats SA 2017a).

#### **5.3.4 Employment**

Table 4.2 reflects the employment status of the participants of the study. The results show that 44% were employed, while 33% were unemployed, 17% unspecified, 4% students, 2% scholars and 1% pensioners. This finding is supported by a study by Dube (2015) in which it was found that a majority of 46% were employed (34% fully employed, 8% self-employed and 4% partly employed). This differs from Smillie's 2010 audit at UNHCHC (Smillie 2010) which reported that the majority were unemployed. The finding of this study was also not supported by the study by Mdluli (2019) in which the majority were reported to be unemployed (64%). This could possibly be due to the area being a commuter hub as well as street vendors and workers from commercial enterprises surrounding UNHCHC seeking health care at a convenient and free facility (Ngobese 2018).

According to a Stats SA (2017b) media release, there was growth in the employment rate in 2016 while the unemployment rate dropped to 26.5%, which could account for the improved employment status in the finding of this study.

#### **5.3.5 Marital status**

Table 4.3 reflects the marital status of the participants of the study. The results show that most of the study population were single accounting for 72% of the study sample, while 6% were married, 3% widowed, 2% divorced and 18% were of unspecified marital status. This concurs with Smillie (2010) in which the most common marital status of the study sample was single (40%).



## **5.4 HIV treatment regimen**

### **5.4.1 Distribution of ARVs**

Table 4.4 and Figure 4.4 reflect that 73% of the study sample were on ARV treatment, 4% of whom reported being non-compliant the ARV treatment.

This finding of a relatively high percentage participants being on an ARV regimen can be corroborated, as according to a national statistical report, Stats SA report 2021 (Stats SA 2022), South Africa has the largest number of individuals registered for ARV treatment and the largest ARV programme worldwide. Further to that, Zuma *et al.* (2022) referred to a 2017 study on HIV prevalence, incidence and behaviour survey that 62% of PLWH were exposed to ARV treatment. While this does not concur numerically with the percentage (73%) on ARV regimen for this study, it does support that a majority of HIV+ individuals have had exposure or were on ARVs. In another study by Laher *et al.* (2021), it was reported that approximately 70% of PLWH in South Africa were on ARV treatment. This concurs more closely to the finding of this retrospective chart study.

Zuma *et al.* (2022) further reported that, geographically, the most number of HIV individuals on ARV were in KZN, and a larger proportion of women than men were on ARVs (65.5% versus 56.3%). Furthermore, a greater proportion of the Black HIV group were recorded to be on ARV treatment (62.6%). These further lend support to the findings of this study in which ARV treatment was seen in almost three quarters of the study sample (73%), which comprised more female, black African participants in a study setting in KZN.

### **5.4.2 Side effects of ARVs**

According to Walker-Bone *et al.* (2017), the advent of ARV treatment has helped to producing increased levels of immunity and has positively impacted HIV prognosis and life expectancy in the HIV/AIDS pandemic. However, ARV side effects and drug interactions have been reported according to commentary by the ASHM (2018). Of

the 82 cases that were on ARVs, 16% reported ARV side effects, as shown in Table 4.5. Table 4.5 and Figure 2.1. Figure 4.5 reflect that the ARV side effects reported were mostly seen in gastrointestinal manifestations (54% of cases reporting ARV side effects) with diarrhoea (three), heartburn (two), vomiting (one), bloating (one), some of which are corroborated by ASHM. This is supported by the literature which shows that gastrointestinal symptoms can be a side effect of drugs such as AZT (Standish, Calabrese and Galantino 2002). Other side effects that were reported in this study were related to the musculoskeletal system (31%) (symptoms of myalgia, neck pain, shoulder pain, burning pain and broken sensation of legs), the dermatological system (23%) (skin eruption), urinary (15%) (urine colour change and odour and renal failure), neurological (8%) (headache) and respiratory (8%) (cough). Adverse effects of insomnia, decreased libido and decreased energy were also recorded. ASHM (2018) reported similar side effects from ARVs, concurring with the findings of this study.

## **5.5 Disease presentation**

### **5.5.1 First consultation and concomitant ailments (clinical diagnoses)**

Table 4.6 shows that of the 113 cases in the study sample, 61 (54%) were from 2015 and the remaining 52 (46%) from 2016. While this reflects that more HIV+ patients were seen in 2015, it should be noted that the 113<sup>th</sup> case was seen in May 2016. Hence, it is likely that more HIV+ cases will have been seen at UNHCHC by the end of 2016. For the purposes of this study, a minimum of 100 cases were stipulated as the sample size and all the 2016 cases were not reviewed once the sample number of 113 was reached.

### **5.5.2 Concomitant ailments as per systemic categorisation**

Table 4.6 and Figure 4.8: Distribution of concomitant ailment (clinical diagnosis) as per systemic categorisation show that respiratory ailments were the most common (22%), followed by dermatological (20%), gastrointestinal (16%), neurological (12%), urinary (11%), musculoskeletal (7%), female reproductive (9% of the number of female

cases), mental (4%), miscellaneous (4%), cardiovascular (3%), endocrine (1%), lymphatic (1%), behaviour disorder (1%), and haematological (1%).

A previous retrospective clinical audit conducted at UNHCHC by Mdluli (2019) for the period July 2008 to July 2017 revealed that the five most common organ systems affected were respiratory (21%), musculoskeletal (12%), dermatological (11%), gastrointestinal (10%), infectious diseases, female reproductive and neurological at 7% each. This supports the current study, demonstrating respiratory ailments as most common at a similar percentage as that of Mdluli (2019).

Li (2014) reported pulmonary infections (viral, bacterial, mycobacterial, fungal and toxoplasmic [*Toxoplasma gondii*]) as the most common HIV related ailments. Approximately 95% of AIDS patients experience pulmonary illness often with pulmonary complications (Benito *et al.* 2012). This trend is observed in the finding of this study.

Figure 4.8 reflects that dermatological manifestations were the second most commonly found ailments within the sample. Schwartz (2021) highlights that the occurrence of dermatological conditions in HIV may be as a result of the HIV disease or as secondary opportunistic infections due to compromised immunity. In a survey on HIV+ children conducted in India, 61% presented with dermatological conditions.

In a study by Ford (2019) at UNHCHC on *Sulphur* prescription, cutaneous symptoms were most commonly seen. This could be due to *Sulphur* being typically clinically prescribed for skin eruptions that are burning and intensely itchy. This was further supported in another study conducted by Wulfsohn (2020) at UNHCHC on miasmatic prescription of homoeopathic medicines who reported that the most common clinical ailments diagnosed were dermatologically related at 44% followed by respiratory ailments (26%). The difference between the findings of this study where respiratory ailments were the majority of diagnoses seen, and that of these latter referenced studies, could lie in the increased susceptibility of the HIV individual to respiratory infections due to lower immunity.

Bhaijee *et al.* (2011) have reported that almost 50% of HIV+ individuals have gastrointestinal ailments as the gastrointestinal tract is a prominent seat of disease for the HIV pathogen. This supports the finding of gastrointestinal concomitant ailments ranking third highest in this study.

#### **5.5.2.1 Respiratory system concomitant ailments**

Figure 4.9 shows that of the respiratory conditions, influenza was the most common and accounted for 68% of the concomitant respiratory ailments seen and 15% overall of the sample size in total. With decreased immunity in HIV infection, it stands to reason that viral influenza can be prevalent in an HIV+ population. Influenza was also highly prevalent in the study by Smillie (2010) with it being reported to be the second most common ailment at 8%, supporting the finding in this study. However, it is noted that the Smillie (2010) study focus was not on HIV+ patients only as is the case in this study.

Further findings of this study as reflected in Figure 4.9 include suspected TB and TB related cases that accounted for 16% of respiratory system ailments. The remaining cases for this study were singly occurring cases of acute sinusitis, acute URTI, acute bronchitis and cough (4% each).

According to Benito *et al.* (2012) pulmonary complications seen in HIV individuals include pneumocystis pneumonia, TB and bacterial pneumonia. ARVs have reduced the incidence of these somewhat though. In developed countries pneumococcal pneumonia, pneumocystis pneumonia and TB are the top three most commonly occurring pulmonary diagnosis amongst HIV+ individuals, but TB is the most common in Africa and is the main cause of respiratory infections in HIV+ patients in South Africa (Benito *et al.* 2012; Van de Water *et al.* 2022). While not as prevalent as influenza in the concomitant ailment diagnoses in this study, TB featured overwhelmingly in the past medical history of 27% of the 113 case study sample of this review (as reflected in Figure 4.29). Thus, supporting the evidence on pulmonary infections seen amongst those with HIV.

### 5.5.2.2 Dermatological system concomitant ailments

Figure 4.10 shows that most of the dermatological concomitant ailments were dermatitis unspecified (39%), anogenital warts (13%) and eczema (9%), followed by atopic dermatitis, furunculosis, scabies, impetigo, skin abscess, otitis externa, external ear abscess, herpes simplex and tinea capitis (all at 4% each). These findings concur with the same reported ailments by Schwartz (2021) who further explains that cutaneous ailments may be early tell-tale signs of HIV infection, and do not respond as well to typical treatment. Other commonly found manifestations due to HIV include pruritic papular eruptions (PPE) described as small, red or skin coloured papules that are itchy, *Staphylococcal* impetigo (most common in HIV+ children), and facial, oral, anogenital and female genital warts (Schwartz 2021). Forms of dermatitis were also reported to be the most frequently occurring of the cutaneous complaints at UNHCHC, according to Mdluli (2019), which concurs with the findings of this study.

In addition, oral candidiasis and vaginal candidiasis are a frequent occurrence in HIV+ individuals due to their immunocompromised state (Schwartz 2021), but this was not a prevalent finding in this study.

### 5.5.2.3 Gastrointestinal tract system concomitant ailments

Figure 4.11 indicates that the concomitant ailments affecting the gastrointestinal tract in the HIV+ cases seen for this study were not seen in overwhelming frequency in any one or more of the diagnoses. The results indicated that constipation, dyspepsia and tonsillitis were equally frequent at 11% of the gastrointestinal related complaints. The rest of the cases were only single occurrences of loss of appetite, intestinal parasitism, abdominal pain, irritable bowel syndrome with diarrhoea, recurrent oral aphthae, dental abscess, functional diarrhoea, viral hepatitis, gastric ulcer and haemorrhoids reported as case diagnoses (6%).

Smillie (2010) and Mdluli (2019) showed that while gastrointestinal conditions were not as prevalent at UNHCHC. The majority of the related complaints reported were related to abdominal pain, diarrhoea and constipation which concur with this study.

Bhaijee *et al.* (2011) also corroborate these ailments as well as anorexia, and cite diarrhoea as the most common of the symptoms (occurring in almost 90% of HIV individuals). However, this high frequency of diarrhoea was not a finding in this study.

#### **5.5.2.4 Neurological system concomitant ailments**

Figure 4.12 shows that headaches featured as the most frequently occurring of the neurological system concomitant ailments (50%); four headache unspecified (29%), three tension headache (21%). Herpes zoster (29%) was also reported, followed by post herpetic neuralgia, hearing loss, and nerve compression (all at 7% each). Schwartz (2021) and the National Institute for Mental Health (NIMH) (2019) have reported that herpes zoster is commonly manifested in PLWH as it lays dormant but is frequently reactivated due to the weakened immunity system supporting its common occurrence in this study. NIMH (2019) further highlights symptoms of neuralgia and that HIV can infect glial cells that support neurons in the nervous system, HIV related inflammation can damage the nervous system leading to headaches, and the toxic side effects of ARV medication can result in neurological ailments. This supports the findings of the common neurological ailments reported in this study. The nervous system is also increasingly susceptible to opportunistic infections (fungal, bacterial and viral) and cancers of the brain can also be seen amongst those with HIV infection (NIMH 2019). However, these did not feature as ailments in this study.

#### **5.5.2.5 Urinary system concomitant ailments**

Figure 4.13 indicates that of the concomitant ailments affecting the urinary system, cases of UTI (58%) were primarily recorded, while cystitis related cases accounted for 25% of urinary system ailments; two chronic (17%) and one acute (8%). Mdluli (2019) also reported a small percentage of UTI diagnoses at UNHCHC. According to Hrbacek *et al.* (2010), HIV patients are more susceptible in developing a UTI due to HIV immunosuppression and the frequency of its occurrence has become of greater concern within developing countries as suggested in a meta-analysis by Birhanu *et al.* (2022). Thus, the high occurrence of UTI seen in this study stands to reason. The remaining cases in this study were singly occurring cases of acute nephritic syndrome

and renal failure (8% each), the occurrence of which is supported as Hrbacek *et al.* (2010) have reported that HIV can result in impaired kidney function and acute renal failure.

#### **5.5.2.6 Musculoskeletal system concomitant ailments**

Figure 4.14 reflects that the most common musculoskeletal system concomitant ailments were of arthritis (50%) and arthritis unspecified (38%). Mdluli (2019) and Smillie (2010) similarly reported arthritis as the most common musculoskeletal condition at UNHCHC, thereby supporting this study. The least common musculoskeletal ailments in this study were found to be polyarthritis, muscle strain, arthralgia, myalgia, and cramps and spasms (13% each) (Figure 4.14). Walker-Bone *et al.* (2017) corroborated the common occurrence of these musculoskeletal ailments amongst HIV individuals as well as “HIV-specific” musculoskeletal syndromes include HIV arthritis. Evidence from experiments have shown that the HIV virus has an inflammatory effect on synovial tissue and asymmetric arthritis has been reported to be increasingly occurring amongst those with HIV. Osteoporosis was also reported to be a common chronic comorbidity amongst PLWH (Walker-Bone *et al.* 2017).

#### **5.5.2.7 Female reproductive system concomitant ailments**

Figure 4.15 indicates that of the concomitant ailments affecting the female reproductive system most were cases of leucorrhoea (vaginal discharge) (50%). The remaining cases were singly occurring cases of metrorrhagia, uterine pain, secondary dysmenorrhoea and vaginitis (13% each). Mdluli (2019) similarly reported vaginal disorders and menstrual cycle disorders to be the most prevalent of the female reproductive disorders and MedlinePlus (2020) noted this as well as recurrent vaginal candidiasis particularly in women with HIV infection. Although in low ranking occurrence, pruritis vulvae and leucorrhoea were also recorded as ailments seen at UNHCHC by Ford (2019). Thus, this supports the findings of this study. However, it is noted again that the Mdluli (2019) study population was focused on all patients, not only HIV+ patients as is the case in this review. Ford (2019) reported only on cases where *Sulphur* was prescribed.

### **5.5.2.8 Other system concomitant ailments**

Figure 4.16 shows that hypertension (3%) and anxiety disorder (2%) were the most frequently occurring concomitant ailments from the remaining miscellaneous clinical diagnoses seen in this study. This finding is similar to that of Mdluli (2019) who found that hypertension occurred in low frequency. This differed from Smillie's (2010) findings which indicated that hypertension was the most common at 13% of the cardiovascular system diagnoses.

Mental concomitant ailments included anxiety disorder which was the most commonly found condition (2%) amongst the mental ailments as well as stress and acute stress reaction (together at 2%). Major depressive disorder and ADHD was recorded in 1% of cases. Smillie (2010) reported anxiety and emotional trauma (2% each) as the most prevalent psychological disorders recorded at UNHCHC for that study. According to the National Institute for Mental Health (NIMH) (2019), HIV infection can be damaging to the central nervous system and lead to shrinking of parts of the brain impacting learning and processing, causing mood disorders (depression and anxiety), and behaviour disorders, supporting the findings of this study.

Other miscellaneous diagnoses that were recorded as concomitant ailments included emaciation, HIV wasting syndrome, general malaise, iron deficiency anaemia and generalised enlarged lymph nodes at 1% of the study sample. While not highly common in this study, they are supported in other literature. Schwartz (2021) reported that lymphadenopathy commonly occurred amongst PLWH. Ivers *et al.* (2009) states that HIV infection accelerates catabolism in the body and together with poor low calorie diet leads to wasting and emaciation. Anaemia was observed to occur in 60% of HIV infected individuals (Wilson *et al.* 2010).

### **5.5.3 Concomitant ailment distribution by gender**

Influenza ranked highest in frequency (15) amongst females, accounting for 17% of the concomitant ailments seen in this gender category. It was also relatively high in the male sample group at 9%. However, TB related diagnoses were more significant



amongst the male sample at 18%; two suspected TB (9%), one primary TB (5%) and one TB of the lung (5%).

In the female and male samples respectively, common diagnoses of influenza was followed by dermatitis (9% and 5%), UTI (7% and 5%) and herpes zoster (3% and 5%). leucorrhoea (4%), headaches (7%), arthritis (3%), anogenital warts (3%), and hypertension (3%) were only reported amongst the females while eczema, acute URTI, acute stress reaction, atopic dermatitis, ADHD, HIV sequelae, IBS, diarrhoea, renal failure, scabies, functional diarrhoea, and herpes simplex accounted for 5% each of the diagnoses in the male sample.

No literature could be found on whether prevalence of HIV concomitant ailments differ between males and females. Thus, except for gender specific conditions due to anatomical differences, no comparison could be made with the gender related findings of this study.

#### **5.5.4 Concomitant ailments modalities and sensations**

The modalities and sensations refer to what makes the symptoms better or worse and sensation underlying the symptom. In homoeopathic case taking, these are details that are sought in order to further elaborate on symptoms which permit matching of case symptoms to remedy symptoms, thus, guiding towards homoeopathic remedy selection. The modalities and sensations recorded for this study are reflected in the Table of Modalities and Sensations (Appendix I).

Table 4.10 (in reference to the Table of Modalities and Sensations (Appendix I)) reflects a summary of the more frequently occurring worse for (<) modalities and better for (>) modalities.

Worse for (<) primarily included:

- < sun (7%),
- < night and < heat (each of which were reported in 6% of the 113 cases of the study), and

- < stooping or bending forward, < movement or every motion, < cold weather or cold weather exposure, < washing at 5% each.

Better for (>) primarily included:

- scratching (6%), and
- > washing (4%).

The modalities that occurred as single occurrences include < during day, < rest, < lying on affected part, < tight clothing, < sweat, < left side, < light, < getting hot, < winter, < change in weather, < thinking, < sitting straight, < stress, < anger, < swallowing liquids, < meat, < spicy foods, < acidic foods, < fruit, < beans, > cold application, > uncovering and > lying on unaffected part (1% each).

For the various concomitant ailments (clinical diagnoses) reviewed in this study, common sensations were noted (Table 4.11). These include:

- Itchy sensation (most common and recorded in 26% of the 113 cases reviewed),
- Burning pain (19%),
- Throbbing pain (10%),
- Stabbing pain (9%),
- Sharp pain (7%), pain (6%),
- Cramping pain (4%), and
- Hot sensation (4%).

Other sensations that followed include sensation of something present inside, heavy pain, stitching pain, pulsating pain, painless sensation, poking sensation and pressing pain each one accounting for 3% of the cases recorded. Each of the following sensation accounted for 2% each of the total number of cases: sensation of fullness, stinging pain, dry sensation, sensation of sores, hole sensation, twisting pain, obstructed sensation, sore sensation and aching. In 12% of the cases, no sensations were reported so remain as unspecified. Another 34 sensations shown in Table 4.11 occurred singly and accounted for 1% each of the 113 study sample.

### 5.5.5 Mental and emotional symptoms

Table 4.12 and the Table of Mental and Emotional Symptoms (Appendix J) shows the distribution of the 97 mental and 141 emotional symptoms recorded. Of the 113 cases, 23 cases (20%) did not report mental symptoms and 55 cases (49%) did not report emotional symptoms and were deemed unspecified.

The most common mental symptoms reported were:

- Stress (16%),
- Worry (10%), and
- Anxiety, desire for company and decreased libido (at 9% each).

Review of emotions in the cases (Figure 4.24) revealed the common findings of:

- Sadness and anger (12% each), and
- Grief at 10%.

PLWH are seen to also suffer psychological difficulties due to the virus. Stress, anxiety, grief of lower life expectancy, hopelessness, and depression, are the most common, according to WHO report (2008). Thus, supporting the findings of the frequently occurring mental and emotional symptoms of this study. This was similarly reported by Ford (2019) and Wulfsohn (2020) with most common mental symptoms of stress (11%) and anxiety respectively at UNHCHC. Most commonly occurring emotional symptoms reported were worry (11%), sadness (9%) (Ford 2019) and anger (Wulfsohn 2020), correlating to this study.

Other mental symptoms seen at lower frequencies include feeling of calmness (6%), easily angered (6%), desire to be alone (5%), overthinking, depression, increased responsibility, desire for music and desire to pray (4% each). Other emotional symptoms include happy (7%), betrayed (6%), weeping (5%), irritable (4%), abandoned and suppressed anger (3% each), suppressed emotion (2%). Depression, grief, suppressed emotions, desire to be alone were also noted by Ford (2019), concurring with this study's findings.

Dreams reported were of the dead (4%), defaecating, children, death, being attacked (2% each) (Figure 4.25), while fears reported were those of snakes (5%), fear of death (4%), fear of thunderstorms, dogs, illness, frogs at 2% (Figure 4.26).

Fears of death and health (7.5%), snakes (2.5%) and dogs (2.5%) have been recorded by Ford (2019) supporting some of the fears seen in this study.

### **5.5.6 Physical general symptoms and past medical history**

The physical general symptom data collated for this study was recorded in a Table of Physical General symptoms (Appendix K).

Fatigue / decreased energy was the most frequently reported general symptom seen in 44% of the 113 cases reviewed, while past medical history of TB was most commonly occurring condition in 27% of the study sample (Figure 4.27 and Figure 4.29 respectively).

Figure 4.27, Figure 4.28 and Figure 4.29 reflect the frequency of the general symptoms seen in the review. They include:

- Fatigue / decreased energy (44%),
- Increased thirst (29%),
- Decreased appetite / appetite loss at (27%),
- Insomnia (13%),
- Increased perspiration, weakness, < evening / night (12% each),
- Poor sleep, > cold weather (10%)
- Chilly, > hot weather (9% each),
- Night sweats (8%),
- Weight loss, < cold weather (7% each),
- Body pain (6%),
- Dizziness, increased sleep, desire for alcohol, increased appetite (5% each),
- Thirstless (4%),
- < heat, < sun (4% each),
- < movement, < hot or warm weather (3% each),

- Averse to water, > sun, < change in weather, hot, < cold water, < bathing/washing (2% each).

Other general symptoms reflected in the Figures 4.27, 4.28 and 4.29 occurred in single instances among the 113 cases reviewed for the study (1% each).

While symptoms such as fatigue, appetite loss, insomnia, weakness, night sweats and weight loss presented as features of the concomitant ailment symptomatology or that of the individual, they are also seen as general symptoms in people living with HIV (Bhaijee *et al.* 2011). This corroborates the findings of this study.

Figure 4.29 reflects the past medical history events or conditions in 57 of the 113 cases of the study sample, (50% remained unspecified as the past medical history was not recorded). The most frequently occurring were:

- TB (27%),
- Hypertension (5%),
- Sexually transmitted disease, miscarriage and pneumonia (4% each),
- Non-insulin dependent diabetes mellitus, chicken pox, asthma, meningitis and hysterectomy (3% each), and
- Gonorrhoea, herpes zoster and removal of one lung (2% each).

TB is the most common opportunistic infection affecting the HIV+ population who are 26 times more at risk of contracting it (Van de Water *et al.* 2022). Allinder (2022) reported that South Africa shoulders the burden of the greatest prevalence of not only TB but also multi drug resistant TB (MDR-TB). It has been reported as one of the leading causes of death amongst those with HIV infection worldwide and in South Africa (Benito *et al.* 2012; Van de Water *et al.* 2022). Thus, the literature validates the finding in this study of the high occurrence of TB in the medical history. Lorenc *et al.* (2014) have further outlined that while the most common comorbidities amongst PLWH were hepatitis, mental disorders and cardiovascular conditions, other comorbidities reported were hypertension, non-insulin dependent diabetes mellitus, and gonorrhoea, which accounts for some of these disorders being seen in the medical history of this study.

### **5.5.7 Symptoms on physical examination**

Figure 4.30 shows the multiple findings or symptoms (168) on physical examination in the 113 cases reviewed. Visible dermatological symptoms (23) were most frequently recorded within 113 case study sample and seen in 20% of the cases. The second most frequently involved organ system amongst the HIV concomitant conditions was the dermatological system (20%), while dermatitis, at 9%, was the second most common recorded concomitant ailment overall for the study sample. Other physical examination findings include abnormalities in urinalysis (19%), lymphadenopathy (17%), abnormalities in blood pressure (13%), ENT complaints (12%), anaemia (10%), abnormalities in pulse (9%), oral complaints (7%), musculoskeletal pain and oedema (6% each), abnormalities in respiratory rate, abnormal respiratory sounds on auscultation and abdominal complaints (5% each), knee crepitus and dehydration (3%), positive kidney punch, underweight / emaciation, sinus complaints and body temperature deviation (2% each) and overweight (1%).

### **5.5.8 Remedy prescriptions and keynote and guiding symptoms (comparison of emerging symptoms versus materia medica)**

Keynote and guiding symptoms in remedy prescription (Table 4.14) are discussed in terms of the more frequently occurring concomitant ailments that were found in this study and their more commonly prescribed remedies. These remedies are further discussed more generally with their sphere of action and clinical indications. Table 4.8 shows that influenza cases (15%) were the most frequently reported followed by dermatitis (8%), UTI (6%), leucorrhoea (4%), headache (4%), herpes zoster (4%) and TB related (4%). Arthritis, anogenital warts, hypertension, cystitis related occurred at 3%, while the cases, tonsillitis, eczema, anxiety disorder, constipation and dyspepsia, and were found in 2% of the diagnosed concomitant ailments.

### 5.5.8.1 Influenza

The top three most frequently prescribed remedies for influenza included *Bryonia alba* (5), *Arsenicum album* (2) and *Stannum metallicum* (2) (Figure 4.38). *Bryonia alba* and *Arsenicum album* are remedies that are also known to be clinically prescribed for influenza (Moilola 2000), further substantiating their prescription as seen in this study.

#### 5.5.8.1.1 *Bryonia alba*

As reflected in Table 4.14, common symptoms of the five influenza cases that were prescribed *Bryonia alba*, included more dry cough, painful cough, < motion, with common associated symptoms in these cases being hard stool, constipation, increased thirst for water, < emotion / upset, < bending forward (stooping). Thus, guiding symptoms for *Bryonia alba* as per homoeopathic materia medica: cough, painful cough, fronto-occipital headache, < motion, increased thirst for water, stool very hard, constipation, < vexation (upset), < stooping, < motion, (Phatak 2015).

*Kalium carbonicum* was also prescribed as a second remedy for one of these cases (Table 4.14) and its guiding symptoms to prescription include: backache (small of back), < stooping, > warmth, weakness (Phatak 2015).

*Delphinium staphysagria* was prescribed for two cases as an additional second homoeopathic remedy (Figure 4.37). The therapeutic indication for the prescriptions was the matching mental emotions of anger, suppressed anger and grief from betrayal (Table 4.14) as well as ill effects of sexual abuse seen in one case (Phatak 2015).

#### 5.5.8.1.2 *Arsenicum album*

*Arsenicum album* was prescribed for two cases of influenza (Figure 4.38). The common symptoms in these two cases include strongly featured mental symptoms of anxiety and grief (through betrayal and loss of a child), the modality of < cold weather, dry cough\_at night, < ascending stairs and shortness of breath (Table 4.14).

Indications for *Arsenicum album* prescription was seen in the fitting guiding symptoms (as per homoeopathic materia medica) of anxiety, ill effect of grief, dry cough at night, shortness of breath, < ascending, < cold (Phatak 2015).

Further support for the prescription of *Arsenicum album*, is that one of its chief spheres of action is respiration (lungs) and its characteristic extreme anxiety with fears and preoccupation of disease and death (Vermeulen 2002; Sankaran 1997).

#### **5.5.8.1.3 *Stannum metallicum***

*Stannum metallicum* was prescribed for two cases of influenza (Figure 4.38). Some of the symptoms for these cases included cough with sweet tasting green or salty yellow expectoration, easy expectoration, soreness of chest, frontal headache, fatigue (weakness) and < cold (Table 4.14).

Homoeopathic materia medica findings that support *Stannum metallicum* remedy selection include cough with green, sweetish or saltish, yellow expectoration, expectoration easy, chest feels sore, frontal headache, weakness, < cold and weakness (Phatak 2015).

#### **5.5.8.2 Dermatitis**

As reflected in Table 4.21 and Figure 4.39, of the nine cases of dermatitis, *Sulphur* was prescribed the most (44%), followed by *Daphne mezereum* and *Ignatia amara* (22% each). Their prescription seen in this study is also supported by clinical knowledge of homoeopathic management of dermatitis (Jouanny 1991).

##### **5.5.8.2.1 *Sulphur***

As shown in Table 4.14, the symptoms in the *Sulphur* prescribed cases were skin eruption, pruritis (itchiness), burning sensation, < heat, > uncovering, < washing, < night and hot sensations. A common general symptom included great desire for and consumption of alcohol. Thus, guiding symptoms for *Sulphur* prescription as per



homoeopathic materia medica for these cases include skin eruption, itching voluptuous, < night, < washing, > uncovering, < being heated, flushes of heat and chronic alcoholism (Phatak 2015).

*Sulphur* site of actions include the skin and circulation. It is characterised by intense burning, heat and pruritis and is one of the leading homoeopathic remedies in skin complaints (Phatak 2015). It is a remedy that is greatly heralded as the king of anti-psoric (anti-miasmatic) remedies, and skin eruptions with a “voluptuous itch” are a key feature (Sankaran 1997). According to Ford (2019) *Sulphur* was the most frequently prescribed homoeopathic remedy at UNHCHC for various skin disorders, particularly dermatitis unspecified. This supports the findings in this study of *Sulphur* being the most frequent prescription for dermatitis and the guiding symptoms that validated the prescription.

#### **5.5.8.2.2 *Daphne mezereum***

*Daphne mezereum* was the second most commonly prescribed remedy (22%) for dermatitis cases in this study (Figure 4.39). Symptoms reported in these cases include itchy eruption on skin, < heat, itchy foot pustules discharging thick white pus that dries (crusts), < warm bathing, and an accompanying symptom of an erythematous throat Table 4.14. Homoeopathic materia medica that supports the *Daphne mezereum* remedy selection includes skin with intolerable itching < warm bath, eruptions ooze gluey moisture, form thick crusts, with pus beneath, throat dark red (Phatak 2015).

#### **5.5.8.2.3 *Ignatia amara***

Symptoms seen in these cases included eruption of round red lesions, < heat and pruritic foot rash with white discharge, painful passing of stool and constant hunger. Mental symptoms reported were of stress from betrayal, loss of partner, HIV status, ailments from disappointment in love. Homoeopathic materia medica that supported the *Ignatia amara* remedy selection include ill-effects of disappointed love, < emotions, stools painful, hunger, unhappy love, grief (Phatak 2015) and rubrics, Skin – discolouration – red, Extremities – itching – feet (Schroyens 2012). *Ignatia amara* has

an affinity for the mind and emotional features are most distinct and profoundly affected (Boericke 2021), accounting for its prescription in these cases of dermatitis which had strong mental and emotional features.

### 5.5.8.3 UTI

Table 4.22 and Figure 4.40 show that of the seven cases of UTI, *Cantharis versicatoria* accounted for most of the prescriptions (57%). Other remedies were prescribed in single instances such as *Nitricum acidum*, *Kalium carbonicum*, and *Pulsatilla praetensis* and *Thymus vulgaris* herbal complex.

#### 5.5.8.3.1 *Cantharis versicatoria*

As reflected in Table 4.14, the symptoms in the cases where *Cantharis versicatoria* was prescribed include dysuria, burning urine, urinary frequency, dribbling, tenesmus, stinging pain, kidney pain, incomplete emptying of bladder, thick white odorous genitourinary discharge, itchy genitals. Guiding symptoms from homoeopathic materia medica for *Cantharis versicatoria* that match the cases include kidney region very sensitive, urine burning, pain on urination (dysuria), pains biting, tenesmus, dribbling, frequent (urination), leucorrhoea with itching (Phatak 2015) and urinary retention (Leckridge 1997).

Further supporting indication for its prescription is that *Cantharis versicatoria* has an affinity to act on urinary and sexual organs (Phatak 2015). There is a violent response on a mental and physical level reflected in the tendency to offence or anger easily and “cutting”, “scalding”, severe burning pain when passing urine (Sankaran 1997). Furthermore, Chand and Kapoor (2020) reported improvement in symptoms, decreased re-infections, decreased need for antibiotic prophylactic prescription when *Cantharis versicatoria* and *Pulsatilla praetensis* were used to treat antibiotic-resistant UTI. It was recommended as an effective integration strategy to manage UTI. Thus, further supporting the findings in this study.

#### **5.5.8.4 Leucorrhoea**

Figure 4.41 reflects that 50% of the prescriptions for leucorrhoea were *Nitricum acidum* accounting for the most commonly prescribed for these cases. It was named as common homoeopathic medication for leucorrhoea from clinical experience (Jadoun 2020).

##### **5.5.8.4.1 *Nitricum acidum***

As shown in Table 4.14, symptoms in these cases included profuse brown vaginal discharge and itchiness, offensive leucorrhoea, burning urine and mental and emotional symptoms of irritability and anger. Homoeopathic materia medica that support the *Nitricum acidum* remedy selection include leucorrhoea brown and offensive, burning urine and mind symptoms of being irritable and angry (Phatak 2015).

*Nitricum acidum* is an acid remedy made from nitric acid that is very corrosive and reacts violently as an oxidising agent (Vermeulen 2002), thus, its symptom picture as a remedy can be expected to feature corrosiveness, violence and intensity. It has a marked inclination to specifically affect the outlets where “mucous membrane and skin meet” (Boericke 2021) and also acts on glands (Phatak 2015). Thus, the prescription of *Nitricum acidum* for the genitourinary complaints in this study has clinical merit.

#### **5.5.8.5 Headache**

Of the four cases of headache, no remedy was prescribed more commonly than the other and each were of equal frequency of prescription (25% each) (Figure 4.42). Many remedies can be prescribed for headaches, but *Atropa belladonna* and *Bryonia alba* are commonly indicated when symptoms are suitably matched (Moilola 2000).

#### **5.5.8.5.1 *Atropa belladonna***

As reflected in Table 4.14, the symptoms in the case where *Atropa belladonna* was prescribed, include frontal headache with pressing pain, < sun, < light. Some of the mental symptoms reported for this case include hearing voices while napping, and delusion of animals being present. Supporting matching symptoms from the materia medica include worse heat of sun, worse light and mind wildly delirious (Phatak 2015).

#### **5.5.8.5.2 *Bryonia alba***

Symptoms seen in the headache case where *Bryonia alba* was prescribed, include chronic headache, < mental exertion (straining), < hunger. Accompanying symptoms reported were dry cough and arthritic dull, aching knee pain < cold, < movement. Supporting matching symptoms from the materia medica for *Bryonia alba* include dry cough, arthritic pains < cold, and < movement (Phatak 2015).

### **5.5.8.6 Herpes zoster**

#### **5.5.8.6.1 *Rhus toxicodendron***

*Rhus toxicodendron* was prescribed in 100% of the herpes zoster cases (Table 4.46). As shown in Table 4.14, the symptoms that were reported in all these cases included vesicular skin eruption (shingles) with burning sensation, itchiness and pains along dermatome of upper abdominal quadrant to chest, > sleeping on unaffected side. Other accompanying ailments included painful joints, > stretching. Homoeopathic materia medica that supports *Rhus toxicodendron* remedy selection includes shingles or herpetic eruptions, skin hot, burning, itching, worse for side lain on, affections of nerves, rheumatic symptoms (painful joints), > stretching (Phatak 2015).

### **5.5.8.7 TB related diagnoses**

As seen in Figure 4.43, 75% of the 4 TB related cases were prescribed *Stannum metallicum* and 25% were prescribed *Arsenicum album*. They are clinically indicated

remedies for pulmonary TB when suitably matched symptomatically (Moilola 2000), thus concurring with evidentiary literature.

#### **5.5.8.7.1 *Stannum metallicum***

The symptoms that were recorded in the cases where *Stannum metallicum* was prescribed included dry cough < night, sore throat, > expectoration, sensation of air in chest, salty taste, chilly and night sweats. Mental symptoms described were depression and fear of sickness (Table 4.14). Materia medica for *Stannum metallicum* that most closely resembled these case symptoms were dry cough in evening, > expectoration, expectoration saltish, throat smarting, chest feels hollow, mind despondent, discouraged (Phatak 2015). According to Vermeulen (2002), one of the leading features of *Stannum metallicum* is a tubercular diathesis and night sweats; these are typical symptoms of TB which lends further support to its prescription for TB related conditions.

#### **5.5.8.7.2 *Arsenicum album***

Symptoms for the case where *Arsenicum album* was prescribed include cough since TB onset, temporal headache, mental symptoms of fear of death, depression, suicidal thoughts (Table 4.14). The strong mind symptom of fear of death was a guiding symptom that is typical of *Arsenicum album* and the underlying indication as per the materia medica for this remedy. Other matching symptoms include nonspecific headache and cough (Phatak 2015).

#### **5.5.8.8 Arthritis**

Table 4.47 reflects that *Bryonia alba* was prescribed in 100% of the three arthritis cases. This remedy is known for aversion to and aggravation by motion, better for rest, affecting joints, with dryness, and rheumatic pains (Phatak 2015). It is commonly prescribed for rheumatic complaints such as arthritis (Moilola 2000). According to Mdluli (2019), *Bryonia alba* was reported as the most prescribed for musculoskeletal

complaints in her study of the general patient population of UNHCHC, further supporting the findings of this study.

#### **5.5.8.8.1 *Bryonia alba***

The symptoms reported were described as joint pain burning, arthritis of joints, swelling of joints, with marked modalities of < cold and < movement. Other symptoms included painful cough and itchy, dry skin with mental symptoms of irritability (Table 4.14). Some of the commonly matching features of the *Bryonia alba* materia medica and that of the case symptom picture include swollen joints, < movement, joints hot, < cold with accompanying symptoms of cough very painful, dryness and mental and emotional symptom of irritability (Phatak 2015). These support the prescription and form the basis of the guiding symptoms.

#### **5.5.8.9 Anogenital warts**

As shown in Table 4.30, *Thuja occidentalis* was given in 100% of the anogenital wart cases (three cases). This remedy known as a “first line” wart treatment (Leckridge 1997). Its sphere of action is chiefly on the genito-urinary tract mucous membranes and skin (Phatak 2015). Thus, its prescription for anogenital wart ailments is expected and supported.

##### **5.5.8.9.1 *Thuja occidentalis***

As reflected in Table 4.14, itchy vaginal or vulval warts that were cauliflower like were reported with accompanying symptoms of thick foul leucorrhoea, burning and foul urine, fatigue, itchy vesicular skin eruption. Mental symptoms that were noted included worry (about warts and HIV status, shame), fear (of being judged), hiding. Materia medica for *Thuja occidentalis* that showed matching symptoms guiding to its prescription include Female: warts, genital, cauliflower like excrescences, vagina itching, leucorrhoea thick, herpetic eruptions itch, urine burns and is foul, exhausted and mind symptoms of miasm of shame/hiding (Phatak 2015).

#### **5.5.8.10 Hypertension**

Table 4.32 shows that of the three hypertension cases, *Crataegus oxyacantha* tincture was prescribed in 67% of cases. It is a remedy known to be clinically indicated in hypertension (Moilola 2000).

##### **5.5.8.10.1 *Crataegus oxyacantha***

Symptoms in these cases recorded hypertension in medical history, and elevated blood pressure of 160/110 mmHg found on physical examination, itchy eruption, feels hot, and > winter were other symptoms reported (Table 4.14). *Crataegus oxyacantha* materia medica reflects symptoms of high arterial tension, skin eruption, and < warm room as matching symptoms that guided to its prescription for hypertension (Phatak 2015).

#### **5.5.8.11 Cystitis**

Each of the three cases of cystitis were prescribed *Cantharis versicatoria* (100%) (Table 4.41). *Cantharis versicatoria* is a remedy that can be considered to manage cystitis from clinically gained knowledge (Moilola 2000). Furthermore, it was reported that *Cantharis versicatoria* was effective in modulating a local immune response against *Escherichia coli* bacteria in a study on cystitis (Coelho *et al.* 2017), corroborating its homoeopathic efficacy.

##### **5.5.8.11.1 *Cantharis versicatoria***

As reflected in Table 4.14, symptoms that described these cystitis cases and accompanying complaints include most commonly burning urine (like acid), burning bladder pain on urination (dysuria), dribbling, urinary urgency and an accompanying symptom of very itchy eruption with bruised appearance. Symptoms in the materia medica for *Cantharis versicatoria* that match these case symptom pictures are urine burning, scalding, dysuria, dribbling, intolerable urging, worse urinating, as well as eruption, turning black, with itching (Phatak 2015).

#### **5.5.8.12 Tonsillitis**

Of the two tonsillitis cases, *Mercurius solubilis* was prescribed in 1 (50%) (Table 4.35). This is a remedy to consider for the clinical symptoms of tonsillitis (Jouanny 1991).

##### **5.5.8.12.1 *Mercurius solubilis***

Symptoms that described the tonsillitis case in which it was prescribed include tonsils enlarged and intensely painful, onset since exposure to cold and cold aggravates (Table 4.14). The materia medica for *Mercurius solubilis* that match the case symptomatology include worse for taking cold (weather) and sore throat (Phatak 2015). *Mercurius solubilis* targets the glands, including the tonsils (Vermeulen 2002).

#### **5.5.8.13 Eczema**

As seen in Table 4.37, 50% of the two eczema cases were prescribed *Sulphur* and the remaining 50% prescribed *Graphites*. According to Moilola (2000), these are common remedies for eczema.

##### **5.5.8.13.1 *Sulphur***

Symptoms that described the eczema case and accompanying complaints in which *Sulphur* was prescribed include eczema, very pruritic, < washing and < night (Table 4.14). Symptoms of the *Sulphur* remedy as per the materia medica language that match that of the case picture include skin itching voluptuous, eczema, < night and < washing (Phatak 2015).

##### **5.5.8.13.2 *Graphites***

The eczema case in which *Graphites* was prescribed presented with symptoms of dry skin, < hot water, eruptions with an aetiology of stress, depression and suicidal thoughts post-divorce. Great desire to sleep was also reported (Table 4.14). The



materia medica for *Graphites* that match the case symptomatology include skin dry, eczema, eruptions < from heat, ill effects of grief, sad, thinks of nothing but death and excessively sleepy (Phatak 2015).

#### **5.5.8.14 Anxiety disorder**

Of the two cases of anxiety disorder, one case was prescribed *Delphinium staphysagria* (50%) while the other was prescribed *Natrum muriaticum* (Table 4.39).

##### **5.5.8.14.1 *Delphinium staphysagria***

The anxiety disorder case in which *Delphinium staphysagria* was prescribed presented with symptoms of disappointment and betrayal in love, ailments from anger and stress, suppressed anger, processing positive result of HIV test, reserved self-restraint and facial warts (Table 4.14). Guiding symptoms from materia medica for *Delphinium staphysagria* to support its prescription include great indignation about the things done by others, ailments from reserved displeasure and anger, ill effects of anger, insult and warts (Phatak 2015).

##### **5.5.8.14.2 *Natrum muriaticum***

The mental symptoms in the case in which *Natrum muriaticum* was prescribed included anxiety, betrayed, suppressed sadness and anger and physical symptoms reported of watery diarrhoea and weakness (Table 4.14). Materia medica symptomatology for *Natrum muriaticum* that supports its prescription include anxiety, ill effects of disappointment, anger, grief (betrayal), watery diarrhoea, great weakness (Phatak 2015).

#### **5.5.8.15 Constipation**

*Calcarea carbonicum* was prescribed for the two cases of constipation (100%) (Table 4.43). From clinically gained experience, it is a remedy that can be considered for constipation when symptom characteristics match (Moilola 2000). In general, the

materia medica indicates the slowness and sluggishness of this remedy that can fit the symptoms of typical constipation cases (Vermeulen 2002).

#### **5.5.8.15.1    *Calcarea carbonicum***

The most reported symptom in both these cases was a cramping stomach pain. Other symptoms included < meat, tonsillitis, < eating (Table 4.14). This case was also diagnosed with dyspepsia. Materia medica symptoms for *Calcarea carbonicum* that matched the case features and supported it as an indicated remedy include cramps about umbilical region, swelling of tonsils, pain on swallowing, aversion to meat (Phatak 2015).

#### **5.5.8.16        *Dyspepsia***

Of the two cases of dyspepsia, one case was prescribed *Calcarea carbonicum* (50%) while *Arsenicum album* (50%) was indicated in the other (Table 4.35). As the prescriptions were different, it is not meaningful to establish any common symptoms.

#### **5.5.8.16.1    *Calcarea carbonicum***

This case of dyspepsia is the same as the constipation case above in which *Calcarea carbonicum* was prescribed and symptoms are reflected above (Table 4.14).

#### **5.5.8.16.2    *Arsenicum album***

The dyspepsia case in which *Arsenicum album* was prescribed presented with symptoms of loss of appetite, desire for liquids, heartburn, burning sensation, < night with accompanying symptoms of induced emesis, yellow cream coating of tongue, anxiety, stress and worst fears about health (Table 4.14). Symptoms in the materia medica for *Arsenicum album* that match the symptom pictures of the dyspepsia case include anxiety (worry and stress), despair of recovery, loss of appetite with thirst, vomiting and purging, heartburn, burning pains, < night, yellow coating of tongue (Phatak 2015).

## 5.6 Prescription and posology details

Homoeopathic prescribing is classically done by matching a symptom picture of a case and that of a homoeopathic remedy. Materia medica is a homoeopathic resource that is a systematic collation of proven remedy symptoms that span overall mental, emotional, general and physical symptoms. It serves as a reference in prescribing homoeopathic medicine. Thus, prescribing is individual according to symptoms displayed in each case. The implication is that there is no one remedy that fits all cases of one particular diagnosis and it can be seen that for a particular ailment, different homoeopathic medicines can be prescribed. However, over time and experience, homoeopathic practitioners have noted trends in prescription in certain ailments where symptoms of condition and a specific remedy correlate (Jouanny 1991). Patterns that emerged from this study support this.

### 5.6.1 Homoeopathic medicine prescription

#### 5.6.1.1 Frequency of prescription

##### 5.6.1.1.1 Remedy 1 frequency of prescription

Figure 4.31 show how many times Remedy 1 was prescribed within the 113 case study sample. *Bryonia alba* was prescribed most frequently for various concomitant ailments and accounts for 11% of the 113 homoeopathic medicines prescribed as Remedy 1. It was also prescribed mostly for influenza and comprised 29% of the remedy prescription for this concomitant ailment (Figure 4.38). This was followed by *Natrum muriaticum* (7%), *Stannum metallicum*, *Sulphur* and *Cantharis versicatoria* (6% each), *Arsenicum album* (5%), *Calcarea carbonicum* (4%), *Thuja occidentalis*, *Nitricum acidum* and *Mercurius solubilis* (4% each), *Rhus Toxicodendron* and *Ignatia amara* (3% each) and *Nux vomica*, *Silicea terra*, *Ranunculus bulbosus*, *Daphne mezereum*, *Kreosotum*, *Delphinium staphysagria*, *Pulsatilla praetensis*, *Hepar sulphuris calcareum*, *Sepia officinalis*, *Hypericum perforatum*, *Tuberculinum* and *Atropa belladonna* (2% each). Figure 4.24 shows that 19 other remedies were

prescribed once only as Remedy 1, accounting for 1% each of the 113 prescriptions of Remedy 1 (Figure 4.31). This was supported by Mdluli (2019) findings of *Bryonia alba* (6%), *Natrum muriaticum* (8%) and *Arsenicum album* (5%) within the top three most commonly prescribed remedies at UNHCHC. *Rhus Toxicodendron* also featured in this study concurring with Mdluli's study (2019).

#### 5.6.1.1.2 Remedy 2 frequency of prescription

Figure 4.37 shows how many times Remedy 2 was prescribed amongst the 20 cases that received a second remedy. The most frequently prescribed Remedy 2 was *Delphinium staphysagria* (25% of the 20 homoeopathic medicines prescribed as Remedy 2), followed by *Podophyllum peltatum* (10%). The prescription of *Delphinium staphysagria* in these cases was to support strong mental symptoms of suppressed anger, sadness, betrayal, or grief (ailments from reserved displeasure), and in the cases of *Podophyllum peltatum* for the typical symptom of cramping pain and watery stool (Phatak 2015).

#### 5.6.1.2 Remedy posology

The posology of the remedies refers to the potency, medium, mitte, dosage, and frequency of dose. The results of each these are discussed below.

##### 5.6.1.2.1 Remedy potency

Potency selection is of significance in the treatment of cases. James Tyler Kent noted in his homoeopathic writings that the selection of potency is as important as the selection of a most fitting remedy (Balakrishnan 2014). Remedy potencies range from low to high. Low potencies span from below 30CH (for example 12CH, 2X, 3X), while 30CH is a medium potency, while potencies such as 200CH, 1M, 10M and beyond are high potencies. A 30CH potency prescription is considered a reasonably safe "opening" one (Leckridge 1997).

As reflected in Figure 4.32, the potency of Remedy 1 that was most frequently prescribed in this study was 200CH (31%), followed by 30CH+ (27%), 30CH (23%), 1M (10%), ascending potencies of 1-3/30CH, 4-5/200CH, 6/1M (4%), and mother tincture (2%). The most frequent potency prescribed for Remedy 2 (Potency 2) was 200CH, 30CH and 30CH+ at equal frequencies of 25% each (Table 4.15). This is in keeping with the findings for Remedy 1.

High potency prescriptions are favoured by several eminent practitioners of the past such as James Tyler Kent and E. B. Nash who strongly advocated the use of higher potencies and were forerunners in applying this in their regular practice. A high potency is said to be deeper acting to penetrate into deeper seated disease, and brings about deeper curative action rather than only transient cure. Also it is suggested that with miasms evolving and exhibiting more explicitly, higher potencies are required to resonate in a more powerful, deeper plane and for longer. Furthermore, it is recommended that the closer the degree of similarity of a remedy to a case, the higher the potency prescription should be (Balakrishnan 2014). This supports the findings of this study where a high potency of 200CH was most commonly seen (Figure 4.32). Lower potencies are more commonly used to address physical symptoms (Master 2001).

Mdluli (2019) and Smillie (2010) yielded different findings on potency at UNHCHC compared to this study; they noted that the most prescribed potency was 30CH+ (40%), followed by 30CH (31%) and 200CH (27%) (indicating the bulk of prescribing lying in medium potency selection), and moderate potency of 30CH followed by 200CH and 1M respectively.

It must also be noted that within these health care settings, homoeopathic students are guided on posology by the qualified homoeopathic clinicians present who develop their prescription strategy through their personal experience. This clinical experience that has been passed down is also evident in the history of homoeopathic practice over the past two centuries and the observations have indicated that homoeopathic medicines are more effective when prescribed in certain potencies (Leckridge 1997). This could be one of the reasons for the differing results obtained in the studies cited.

The potencies of the more frequently prescribed remedies as reflected in the Table of Remedy 1 Posology (Appendix N) were as follows:

- *Bryonia alba* was prescribed primarily in a 200CH potency (67%), followed by 30CH (25%) and 30CH+ (8%). This remedy has been recommended to be administered in higher potencies when indicated in acute cases (Master 2001) as was seen in the 5 cases of acute influenza (Table 4.20).
- *Natrum muriaticum* was prescribed primarily in a 1M potency (63%), followed by 30CH, 30CH+ and 200CH (at approximately 13% each). The more frequent prescription of the higher potency for this remedy could be corroborated by the aforementioned mental symptoms of these cases that require deeper action of a remedy. This is substantiated by recommendations in various literature that support high potency prescriptions where emotional and mental symptoms are distinctly present and require action on a deeper plane (Master 2001; Balakrishnan 2014).
- *Sulphur* was prescribed primarily in a 30CH+ potency (57%), followed by 30CH (43%). The moderate potency selection, particularly of *Sulphur*, is justified as *Sulphur* is not favoured in very high potency prescription and is recommended at lower potencies where skin disorders present with localised symptoms (Balakrishnan 2014; Master 2001) as was seen in its prescription for mainly dermatological cases in this study. This was also noted in the UNHCHC study on the prescription of *Sulphur* (Ford 2019), in which the most common potency prescribed was 30CH+ (61%), thereafter 30CH (39%), and 200CH (6%).
- *Stannum metallicum* was prescribed primarily in a 30CH+ potency (43%), followed by 30CH and 200CH (equally at 29% each). *Stannum metallicum* prescription has been recommended in 30CH potency by Boericke (2021) and according to Master (2001), it is a “heavy remedy” that should not be prescribed higher than 200CH, thus the more moderate 30CH+ and 30CH that were prescribed more frequently can be justified.

- *Cantharis versicatoria* prescriptions were primarily in a 200CH potency (57%), followed by 30CH (29%) and 30CH+ (14%). The primarily higher potency prescription could be attributed to the high degree of similarity of the case symptoms to the remedy and the intensity of the symptoms that would require deep action; conditions which favour high potency prescription according to Master (2001).
- *Arsenicum album* was prescribed primarily in a 30CH+ potency (67%), followed by 200CH (33%). As it is a very deep acting remedy (Phatak 2015), its prescription was therefore primarily in moderate potency of 30CH+.
- *Calcareo carbonicum* was prescribed primarily in a 30CH potency (40%), followed by 200CH, ascending potencies of 1-3/30CH, 4-5/200CH, 6/1M and 1M (at 20% each). The conditions for *Calcareo carbonicum* prescription were more physical, the 30CH potency was more favoured, while the higher potency and ascending potency prescriptions showed match to the fat, flabby typology of *Calcareo carbonicum* and in the others the taciturn, shyness and anxiety mental symptoms (Table 4.14) warranted higher potency prescription as recommended by Master (2001).
- *Thuja occidentalis* was prescribed mostly in a 200CH potency (75%). With the great similarity of the symptoms of the ailments and the remedy picture a high potency selection is corroborated as suggested by Balakrishnan (2014).
- *Nitricum acidum* was prescribed most commonly in a 30CH+ potency (50%), followed by 30CH and 200CH (at 25% each). The cases (H081, H092 and H102) with more physical symptoms justifiably were prescribed moderate 30CH potency while the case of leucorrhoea (H085) with distinct mental symptoms of irritability and quick anger (matching *Nitricum acidum* mental symptoms) was prescribed a higher 200CH potency. This is supported by potency recommendation according to Master (2001), who suggested that higher potencies will address physical and mental symptoms.

- *Mercurius solubilis* was prescribed primarily in a 200CH potency (50%), followed by 30CH and 30CH+ (at 25% each) (Table of Remedy 1 Posology Appendix N), the higher potency being favoured for deeper action in cases where the similarity between the case and the remedy is close as suggested by Master (2001).
- *Rhus toxicodendron* was prescribed primarily in a 200CH potency (75%), followed by 30CH+ (25%) for the herpes zoster (Appendix O), the higher potency prescription being favoured as it is a remedy that is typically prescribed for the advanced stage of Herpes zoster (Jouanny 1991). Furthermore, the strong match of the vesicular eruption of Herpes zoster to *Rhus toxicodendron* symptom picture warranting a higher potency according to potency guidance by Balakrishnan (2014) and Master (2001).
- *Ignatia amara* was prescribed only in a 1M potency for all the cases in which it was indicated (100%). As reflected in the Table of Mental and Emotional symptoms (Appendix J), there were distinct mental and emotional symptoms of betrayal, ailments from disappointment in love, stress, loss of a partner in these cases (H024, H037 and H129) and prescription of *Ignatia amara* was based on their strong feature that required deeper action of an applicable remedy. According to Master (2001), in cases with psychological or emotional issues where *Ignatia amara* is an indicated remedy, a 1M potency should be prescribed. Thus, supporting the finding of its high potency prescription in this study.

#### 5.6.1.2.2 Remedy medium

The most commonly prescribed medium for Remedy 1 was powder (55%) within the 113 case study sample Figure 4.33. This was followed by liquid (29%) and granules (15%). This can be accounted for by the 200CH potency being the most frequently prescribed potency and having being primarily given as powders rather than in a vial of granules. The 30CH+ being the second most commonly prescribed potency does



suggest the expected finding of a liquid medium being the second most prescribed medium. The results of the most commonly prescribed medium for Remedy 2 was powder (50%) and liquid medium at 33% (Table 4.16) was in keeping with Remedy 1 and expected.

Ford (2019) noted a different finding of the most frequently prescribed medium as liquid (61%), followed by powder (38%) and 1% granules at UNHCHC. Given that the most frequently prescribed potency for the Ford (2019) study was 30CH+ which can only be prepared in a liquid medium, the differing result stands to reason.

It should be noted that the 30CH+ potency requires the patient to succuss (i.e. shake the remedy bottle) up to 10 times typically before taking each dose and thus the requirement that it be in a liquid medium to carry this out. The rationale is that a given potency can be further dynamised or strengthened with each dose, ensuring that the exact same potency is not delivered and preventing possible tolerance to one particular dose. This becomes significant when remedies are required to be taken over a longer period of time (De Schepper 2006).

#### **5.6.1.2.3 Remedy mitte, dosage and frequency of dosage**

Figure 4.34 shows the different mitte (amount) prescribed for Remedy 1 (Mitte 1). The most commonly prescribed Mitte 1 was six powders (27%), while others that followed included three powders (16%), No. 1 vial (14%), 20ml (13%), 30ml (8%), 25ml (5%), five powders (5%), nine powders (4%), one powder, four powders, seven powders, 12 powders, ¼ No. 1 vial and 50ml (1% each), and 2% remained unspecified. to the most common mitte being powders can be attributed to the frequency of the 200CH potency prescribed and having being primarily administered as powders. Figure 4.18 and Table 4.19: Frequency of Remedy 2 dosage frequency (Frequency 2) reflect that the most commonly prescribed Mitte 2 (amount of medicine dispensed) was 20ml, three powders and No. 1 vial (20% each).

Differing results on mitte was observed in other studies at UNHCHC. According to Ford (2019), in a UNHCHC study on *Sulphur* prescription, 30ml in a dropper bottle for

liquids was the most common quantity given (mitte) as 30CH+ liquid medium was primarily prescribed in that study. In the Wulfsohn (2020) study on miasmatic medicine prescription, homoeopathic medicine prescription quantities (mitte) were mostly three powders (61%). This can be attributed to the thought that miasmatic remedy prescription (as is the focus of the Wulfsohn's 2020 study) is typically given at lower frequency of dosage (Master 2001). Mdluli (2019) reported a similar finding of the most common mitte prescribed as being three powders (23%).

Figure 4.35 shows the frequency of the dosages prescribed for Remedy 1 (Dosage 1). The most commonly prescribed Dosage 1 was one powder (51%). The dosage prescriptions that followed this was 10 drops after 10 succussions (20%), ¼ cap (8%), 10 granules (7%), 5 drops after 10 succussions (4%), one powder in numerical order (4%), 30 drops in water, 20 drops in water, one dose, 5-10 drops after 10 succussions, 10 drops and 15 drops after eight succussions (1% each). For Remedy 2, the most commonly prescribed Dosage 2 was one powder (45%), followed by 10 drops after 10 succussions (25%) and ¼ cap (15%).

Findings on remedy dosage at UNHCHC by Ford (2019) and Wulfsohn (2020) differed from this study due to different potencies and mediums being prescribed. The focus in these latter 2 studies related to *Sulphur* and miasmatic remedy prescriptions and not the range of HIV+ concomitant ailments and prescriptions that was the spotlight in this study. However, according to Mdluli (2019) in the clinical audit at UNHCHC, the most common dosage of one powder (56%) concurs with this study.

Figure 4.36 reflects the frequency of the doses prescribed for Remedy 1. The most commonly prescribed frequency for Remedy 1 is twice a day (29%), followed by three times a day (18%), daily in the morning (16%) and once a day (14%). For Remedy 2 it was once a day (25% including daily in the morning), twice a day (15% each), followed by three times a day. As a second remedy, one would not expect high frequency in mitte, dosage and frequency of administration, as can be seen in the results. According to the Mdluli (2019), Ford (2019) and Wulfsohn (2020) the most common frequency of dose at UNHCHC was once daily which differed with this study. Due to the high potency and the depth of action of miasmatic remedies, they are not

usually prescribed at frequent repetition (Balakrishnan 2014), accounting for the finding in the latter Wulfsohn (2020) research.

Furthermore, when a condition is physically deep seated as may be the case with HIV concomitant ailments, then high potency prescriptions should be repeated doses. This repetition helps toward more expedient recovery (Balakrishnan 2014). Thus, supporting frequency of doses found in this study.

### **5.6.2 Adjunctive medicine prescription**

As cases at UNHCHC present with several complaints at a time, the most pertinent of the complaints are managed first and adjunctive medication (whether as over the counter health supplements, herbal medicines, phytotherapeutic or as tissue salts) are also dispensed with homoeopathic remedies to attend to other accompanying ailments or to further assist in the main complaint. Adjunctive prescribing has a supportive role in homoeopathy as it serves as means of detoxifying, organ support, general improvement and enhancing biological processes such as immunity i.e. optimising physiological conditions while the homoeopathic medicine works (Lockhat 2015).

#### **5.6.2.1 Frequency of adjunctive medicine prescription**

Several adjunctive medicines were prescribed as supporting medicines including tissue salts, commercial herbal medicines and herbal tincture complexes as reflected in the Table of Adjunctive Medicine Prescriptions (Appendix P). These were sponsored by South African Natural Products and CoMed Health from the year 2015. They were prescribed frequently in the 2015-2016 period (corresponding to the period of study for this review). They were suitably dispensed when therapeutically indicated and at no cost to UNHCHC patients (Mdluli 2019).

In this study, Table 4.46 reflects that of the total number of 163 adjunctive medicines prescribed, Echinaforce® was the most commonly prescribed adjunctive medicine (22%), followed by Biostrath® (19%), Nephrosolid® (14%), Multiforce Alkaline Powder® (10%), Boldocynara® (8%), *Calendula officinalis* mother tincture in olive oil (7%),

Urinary tract infection complex, *Calendula officinalis* and *Urtica urens* mother tinctures in olive oil (4% each) and several others that were dispensed in less frequency.

### **Echinaforce®**

Products such as Echinaforce® which are prepared with the *Echinacea* herb have been reported to be the most commonly used complementary herbal medicines by HIV+ individuals (Moltó *et al.* 2012). Mdluli (2019) reported that Echinaforce® was also the most frequently prescribed adjunctive medication at 26% at UNHCHC, supporting the finding of this study.

Echinaforce® contains *Echinacea purpurea* root with an active alkylamide component. It is reported to assist in improving immune function, and to have antibacterial and antiviral properties to assist in the prevention or reduction of symptom severity or complications of upper respiratory tract infections. Research studies found that *Echinacea purpurea* demonstrated an effective virucidal effect on common cold coronaviruses such as HCoV-229E, SAR-CoV-1, SARS-CoV-2 (the Covid-19 pathogen) and MERS-CoVs and showed a protective effect on respiratory epithelium against the common cold virus HCoV-229E (Signer *et al.* 2020). Jawad *et al.* (2012) conducted a large randomised, double-blind, placebo-controlled clinical trial on the efficacy and safety of Echinaforce® and found that it reduced incidences of influenza, coronaviruses, parainfluenza and respiratory syncytial virus. Given that respiratory ailments (particularly influenza) were the most frequently occurring concomitant ailments in the current study, and that the study population comprised an immunocompromised group, the most common prescription of Echinaforce® is further expected and supported.

Reports have claimed that *Echinacea purpurea* has interactions with third line etravirine ARV regimen and with darunavir/ritonavir protease inhibitors. However, further studies have shown that *Echinacea purpurea* was well tolerated and safe when co-administered with these ARV drugs without any effect on their pharmacokinetics (Moltó *et al.* 2011; Moltó *et al.* 2012). Thus, dispelling contraindication of *Echinacea purpurea* in those HIV+ cases on ARV regimen.

### **Biostrath®**

Biostrath® was the second most commonly prescribed supporting adjunct (19%), as reflected in Table 4.46. This product has been reported to have several beneficial effects. It is a herbal supplement prepared from plasmolysed yeast said to assist in convalescence, improve immune function, reduce exhaustion, improve concentration and memory and nutrient absorption. Studies such as that by Joller (1996) showed that Biostrath® displayed better overall improvement in general condition, energy and concentration compared to a control group and one that had the influenza vaccine. Its prescription has varied benefits in different health conditions and is particularly understandable in an immunocompromised group such as the HIV+ sample of this study.

### **Nephrosolid®**

Nephrosolid® was dispensed in 14% of the cases (Table 4.46). This is a commercially prepared wild herb tonic to support the function and health of the urinary system i.e. the kidneys, the urinary bladder and associated tracts. It is reported to assist in managing UTIs and inflammation, renal calculi and its prevention, and oedema or fluid retention (A Vogel 2022). Thus, its prescription as an adjunctive medicine primarily in UTIs in this study is supported. It was further dispensed for cases in which there were abnormalities in urinalysis with primarily elevated leucocytes and in cases where burning urine, dysuria, pedal oedema were reported as other symptoms not related to the main complaint as shown in the Table of Findings on Physical Examination (Appendix M) and the Table of Particular symptoms (Appendix L)

### **Multiforce Alkaline Powder®**

As reflected in Table 4.46, Multiforce Alkaline Powder® was given in 10% of the cases. It is used to alkalise pH in blood, urine and other areas of the body. It is useful in cases where high acidity in the body manifests as joint pain, gastric acid, heartburn, bloating,

and indigestion (A Vogel 2022). Multiforce Alkaline Powder® was dispensed in a case each of UTI, joint pain, leucorrhoea, dermatitis in which there were also symptoms of heartburn, acid taste in the mouth, itchy skin rash that validated its prescription based on the aforementioned indications.

### **Boldocynara®**

Table 4.46 shows that Boldocynara® was prescribed in 8% of the study sample. Made from globe artichoke leaves as a commercial herbal preparation, this product is used to detoxify the liver, assist and support the gallbladder and liver in its function. It assists in digestion and is useful in times of overindulgence, symptoms of bloating, flatulence, nausea and skin complaints (A Vogel 2022). In this study, it was prescribed in a case of viral hepatitis, dermatitis and in cases with abnormalities in urinalysis such as elevated urobilinogen as well as abdominal bloating, tenderness and guarding on physical examination.

Echinaforce®, Nephrosolid® and Boldocynara® were sponsored for UNHCHC by South African Natural products.

### ***Calendula officinalis***

Smillie (2010) reported that *Calendula officinalis* (18%) was prescribed the most frequently of the phytotherapeutic medicines at UNHCHC. It had been prescribed in lesser frequency in this study and either as a mother tincture in olive oil (7%) or complexed with *Urtica urens* (4%) or *Thuja occidentalis* (Table 4.46).

According to Riffat, Nelofer and Andrabi (2017), *Calendula officinalis* has several phytochemicals that provide numerous beneficial medicinal effects such as assisting in wound healing, immunity, in HIV infection, glucose regulation and showing anti-inflammatory, antibacterial, antifungal and antioxidant properties. Thus, its prescription for cases of dermatitis, leucorrhoea, herpes zoster, anogenital warts and cystitis in this study are supported by the evidentiary therapeutic benefits. Olive oil that was used as a carrier medium for *Calendula officinalis* has the added benefit of moisturising skin

when used topically, and has properties of wound healing, anti-inflammatory and increased skin barrier protection (Lin, Zhong and Santiago 2017).

### **5.6.2.2 Adjunctive prescriptions for the common concomitant ailments**

Influenza, dermatitis and UTI are the top most frequently occurring HIV concomitant clinical ailment at 15%, 8% and 6% respectively (Table 4.8).

#### **5.6.2.2.1 Adjunctive prescriptions for influenza**

Echinaforce® has noticeably higher percentage prescription for influenza (47%) as seen in Figure 4.44. Biostrath® (29%) followed thereafter. Their prescription and use as adjunctive medicine are discussed above.

#### **5.6.2.2.2 Adjunctive prescriptions for dermatitis**

Figure 4.45 reflects that Biostrath® was most commonly prescribed for dermatitis (33%), followed by *Calendula officinalis* and *Urtica urens* mother tinctures, Echinaforce® and *Calendula officinalis* mother tincture in olive oil (22%). *Calendula officinalis* is usually used as a topical or oral medicine with antiseptic and anti-inflammatory action (Riffat, Nelofer and Andrabi 2017), thus having therapeutic value in dermatitis cases. As described by Boericke (2021), *Urtica urens*, also known as stinging nettle, is indicated where there is a heat and itchiness of skin or burning, stinging redness and swelling of the skin. It had thus been prescribed with *Calendula officinalis* in a complex for cases of dermatitis and herpes zoster in which there were burning sensations reported.

#### **5.6.2.2.3 Adjunctive prescriptions for UTI**

Nephrosolid® has noticeably the highest prescription count (57%) for UTI adjunctive medicine as reflected in Figure 4.46. This was followed by urinary tract infection complex made up of *Arctostaphylos uva ursi* and *Equisetum heimale* mother tinctures

(29%) both of which are clinical herbal medicines that are useful in UTIs, the former associated with haematuria while latter with chronic UTI (Lockhat 2015).

## 5.7 Conclusion

It can be concluded that this review revealed trends in commonly occurring HIV concomitant ailments, their homoeopathic management and posology. This is evident in the discussion of the results.

The results indicated that 81% of the 113 cases of HIV+ sample group comprised of females, 97% were of the black African demographic and the majority of the cases were between 30-34 years of age (21%), most were employed (44%), while 72% were single. The gender and race demographic distribution that emerged were supported by other studies conducted at UNHCHC and by virtue of the location of the study setting in eThekweni. Thus, the first objective was met.

The study revealed 124 HIV concomitant ailments. Respiratory ailments were the main ailment seen (22%), followed by dermatological conditions (20%). Overall, the most common ailments within the total sample were influenza (15%), dermatitis (8%), headache (7%), UTI (6%), leucorrhoea (4%) and herpes zoster (4%). The second objective of ascertaining the concomitant clinical conditions and the pathology trend that emerged amongst new patients that are HIV+ at a community health care centre was fulfilled.

There were matching guiding symptoms from materia medica case symptom pictures that supported homoeopathic remedy prescriptions, thereby fulfilling the third objective.

*Bryonia alba* was prescribed most frequently for various concomitant ailments followed by *Natrum muriaticum* (7%), *Stannum metallicum*, *Sulphur* and *Cantharis versicatoria* (6% each). The most frequently prescribed potency and medium was 200CH powder. *Bryonia alba* was most frequently indicated for influenza cases of this study (29%), while *Sulphur* was the most frequent prescription for dermatitis (45%) and *Cantharis*



*versicatoria* for UTI (57%). These prescriptions were also supported by literary evidence. Prescription of adjunctive medication revealed that Echinaforce® was the most commonly prescribed adjunctive medicine (22%) followed by Biostrath® (19%), Nephrosolid® (14%), Multiforce Alkaline Powder® (10%), Boldocynara® (8%) and *Calendula officinalis* mother tincture in olive oil (7%). Thus, the analysis of the data revealed the trends in the homoeopathic prescriptions and posology as well as the adjunctive medicine prescriptions in the management of the HIV concomitant clinical conditions. It can be concluded that the fourth objective was also achieved. With all of the objectives of the study achieved and the discussion of these analyses presented in Chapter 5, the overall aim of the study has been met.

## CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

### 6.1 Conclusion

HIV prevalence in South Africa is relatively high, particularly in KZN, placing a substantial burden on the health care system. While there is some literature on the use of homoeopathic medicines in HIV management, as far as it is known, there are no thematic analyses on the homoeopathic approach and remedies used for concomitant symptoms of HIV. This study may contribute to this sparse area of literature and possibly aid further research thereby allowing for the understanding of homoeopathy in the management of HIV.

Therefore, the aim of this study was to determine the homoeopathic management of concomitant ailments occurring in new patients that are HIV+, at a homoeopathic community health centre. The study setting was Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC) in the eThekweni municipality of KZN. The cases reviewed for the study were within the period 2015 to 2016. A minimum sample size of 100 was recommended through the expert advice of a statistician and as a conservative measure, a sample of 113 cases was used for this retrospective chart review study.

Cases of new patients that reported their HIV+ status were reviewed to obtain case details of demographics, clinical diagnoses which were considered as the concomitant ailments to HIV, the homoeopathic prescriptions and posology thereof, as well as overall case symptoms. The latter included mental and emotional symptoms, physical general and particular symptoms as well as findings on physical examinations. Keynote or guiding symptoms to the prescriptions were analysed to validate prescriptions on the basis of all these symptoms. The data collected was analysed to ascertain any trends in the concomitant ailments and trends in the corresponding homoeopathic management. These cases had informed patient consent permitting their chart review, and the study followed strict ethical considerations.

The results obtained showed that trends emerged in the more common organ systems affected, the more frequently occurring conditions within those systems and overall, as well as patterns in the homoeopathic prescriptions that were revealed in their management. Therefore, the aim was achieved through fulfilling the following study objectives:

- Recording the demographics of 113 new patients that were HIV+ patients and that were homoeopathically treated for their concomitant ailments at a community clinic (UNHCHC) within the period 2015 to 2016 (the sample size recommended to be approximately 100 by a statistician).
- Identifying the concomitant clinical conditions and the pathology trends that emerge from the homoeopathic management of concomitant ailments occurring in new patients that are HIV+, at a community clinic (UNHCHC) within the period 2015 to 2016.
- Identifying the guiding symptoms that were considered in the formulation of the prescription of the homoeopathic remedy that was prescribed in each case in which a concomitant ailment occurring in a new patient that was HIV+ and homoeopathically managed at a community clinic (UNHCHC) within the period 2015 to 2016.
- Recording the homoeopathic remedy, posology thereof and describing the prescription trends in the homoeopathic management of concomitant ailments occurring in new patients that were HIV+, at a community clinic (UNHCHC) within the period 2015 to 2016.

Of the 113 case sample size of HIV+ cases, 81% of the sample group comprised females, while 19% were male, 97% were from the black African race and the majority of the cases were between the ages of 30-34 years (21%). More of the cases reported employed status (44%) and 72% were reported to be single. Of the 113 cases, 73% were reported to be on ARVs, of which 4% were non-compliant with the ARV treatment and 16% reported ARV side effects.

It was observed that trends do exist in the pathology pattern (concomitant ailments) in HIV+ patients and their homoeopathic management. It was further observed that this management by way of homoeopathic remedy prescription was supported by guiding

symptoms that were validated according to homoeopathic materia medica. The resultant findings showed that respiratory, dermatological and gastrointestinal systems were the top three most commonly affected systems at 22%, 20% and 16% respectively. Overall, influenza (15%), dermatitis unspecified (8%), headaches (7%) (tension and unspecified combined), UTI (6%) and leucorrhoea (4%) were the top five most frequently recorded concomitant ailments amongst the 124 clinical diagnoses (concomitant ailments) recorded for the 113 cases. The respective remedy prescriptions for these conditions that were the most commonly reported were *Bryonia alba* in 29% of the influenza cases, *Sulphur* in 45% of the dermatitis cases, *Cantharis versicatoria* in 57% of the UTI diagnoses, and *Nitricum acidum* in 50% of the leucorrhoea cases. There was an even distribution of remedies for the four headache cases seen in the study review; *Atropa belladonna*, *Kreosotum*, *Calcarea carbonicum* and *Bryonia alba* accounted for 25% each of the headache prescriptions. These findings reveal the pattern of prescription.

Comparison of the presenting case symptomatology versus existing homoeopathic materia medica that was further carried out, showed correlation, thereby substantiating the clinically indicated prescriptions for the various concomitant ailments reported in the study. Further discussion on the results with reference to previous study findings and literature sources was also undertaken. There was evidence corroborating the findings of this study, which highlighted the greater susceptibility of HIV+ individuals to certain conditions due to immunocompromised levels. Thus, homoeopathic management that assists the body by stimulating the immune system to function more optimally, becomes of greater significance for an immunocompromised population.

Thus, the aim of this study to determine these possible trends highlights the benefit of complementary homoeopathic treatment of HIV concomitant ailments within the South African health care system. In doing so, homoeopathy can be considered on a larger scale to share in meeting the challenges of patient well-being, cost constraints, drug resistance and strained health care personnel availability, thereby assisting in alleviating these existing burdens.

## **6.2 Limitations of this study**

This study was limited to only cases that were newly attending for the study period of 2015-2016. The sample size of 113 can be increased and all HIV+ cases, not just new cases, could be included.

## **6.3 Recommendations**

### **6.3.1 Recommendations for improvement in evaluating concomitant ailment trends in people living with HIV at a homoeopathic community health centre**

The following recommendations are proposed:

- A chart review should be conducted for the follow up of the HIV+ cases attending UNHCHC to assess the effect of the homoeopathic prescription and benefit to overall health.
- A study should be conducted exploring the use and benefits of adjunctive therapies, in HIV+ cases attending UNHCHC, on overall health.
- A study should be conducted exploring the knowledge, attitudes and perceptions of HIV+ patients towards use and benefits of homoeopathy attending UNHCHC and other such HCHCs.

### **6.3.2 Recommendations for further study**

Recommendations for future research study:

- Chart reviews should be conducted at other homoeopathic community health centres servicing similar and varying socio economic settings compared to that of UNHCHC.
- Preliminary qualitative, phenomenological studies to document patient experiences of living with HIV in order to contribute towards homoeopathic exploration and presentation of HIV as a separate miasm (an overarching genetic or circumstantially acquired predisposition to disease presentation).

- Evaluation of the role and manifestation of the tubercular miasm amongst those living with HIV given the higher prevalence of TB amongst the HIV population and the greater affinity for respiratory ailments amongst those with HIV.

The incidence of HIV in South Africa and KZN is high and burdensome, often negatively impacting the patient, the healthcare systems and other socio-economic support structures. This study has explored and documented one aspect of the primary usage of homoeopathy in HIV management in one HCHC. A large amount of data has been generated in the study and may contribute to further research thereby allowing for the understanding of the role of homoeopathy in the management of HIV. Further exploration of this content and research may aid in the possible alleviation of the suffering to the patient and healthcare system by the cost effective, safe, gentle and holistic homoeopathic approach.

## REFERENCES

A Vogel. 2022. *Boldocynara* (online). 2022. Available: <https://www.avogel.co.za/products/herbals/boldocynara/> (Accessed 27 November 2022).

A Vogel. 2022. *Multiforce Alkaline Powder* (online). 2022. Available: <https://www.avogel.co.za/products/supplements/multiforce/index.php> (Accessed 27 November 2022).

A Vogel. 2022. *Nephrosolid* (online). 2022. Available: <https://www.avogel.co.za/products/herbals/nephrosolid/index.php>. (Accessed 27 November 2022).

Abdool Karim, S. S., Abdool Karim, Q. and Baxter, C. 2008. Overview of the book. In: Abdool Karim, S. S. and Abdool Karim, Q. eds. *HIV/AIDS in South Africa*. New York: Cambridge University Press, 43-44.

Allied Health Professions Council of South Africa. 2020. *Guidelines: state of disaster: guidelines for good practice hygiene in relation to SARS-COV-2*. Pretoria: Allied Health Professions Council of South Africa (online), Available: <https://ahpcsa.co.za/wp-content/uploads/2020/08/allied-health-professions-act-act-no-63-of-1982-the-act-ahpcsa-executive-committee-sars-cov-2-covid-19-directives-and-extraordinary-policy-decisions-10-march-2020-t.pdf> (Accessed 12 February 2021).

Allinder, S. M. 2022. *The world's largest HIV epidemic* (online). Available: <https://www.csis.org/features/worlds-largest-hiv-epidemic-0> (Accessed 2 November 2022).

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM). 2018. *Adverse effects of antiretroviral agents* (online). Available:

<https://arv.ashm.org.au/adverse-effects-of-antiretroviral-agents/> (Accessed 3 November 2022).

Awoyeni, A., Olaniran, O., Odetoyin, B. Hassan-Olajokun, R., Olopade, B., Afolayan, D. and Adekunle, O., 2017. Isolation and evaluation of *Candida* species and their association with CD4<sup>+</sup> T cells counts in HIV patients with diarrhoea. *African Health Sciences* (online), 17(2): 322-329. Available: <https://doi.org/10.4314/ahs.v17i2.5> (Accessed 11 December 2022).

Balakrishnan, E. 2014. *Homoeopathy: the scientific method part 1*. New Delhi: Unicorn Books Pvt Ltd.

Benito, N., Moreno, A., Miro, J. M. and Torres, A. 2012. Pulmonary infections in HIV-infected patients: an update in the 21st century. *European Respiratory Journal* (online), 39: 730-745. Available: <https://erj.ersjournals.com/content/39/3/730> (Accessed 4 November 2022).

Bhatt, D. D. and Vijaykumar, J. 2022. *Herpes simplex virus infection and homoeopathic management* (online). Available: <https://www.homeobook.com/herpes-simplex-virus-infection-and-homoeopathic-management/> (Accessed 19 January 2023).

Birhanu, M. Y., Habtegiorgis, S. D., Gietaneh, W., Alemu, S., Tsegaye, T. B. and Bekele, G. M. 2022. Magnitude and associated factors of urinary tract infections among adults living with HIV in Ethiopia: systematic review and meta-analysis. *PLoS ONE* (online), 17(4): e0264732. Available: <https://doi.org/10.1371/journal.pone.0264732> (Accessed 10 November 2022).

Bhaijee, F., Subramony, C., Tang, S. and Pepper, D. J. 2011. Human immunodeficiency virus-associated gastrointestinal disease: common endoscopic biopsy diagnoses. *Pathology Research International* (online). Available: <https://doi.org/10.4061/2011/247923> (Accessed 3 November 2022).



Boericke, W. 2021. *Pocket manual of homoeopathic materia medica*. 2<sup>nd</sup> ed. New Delhi: B. Jain Publishers (P) LTD.

Braun, B. J., Braun, K. P. and Mabuza, T. 2016. Retrospective observational study of people with HIV and AIDS receiving homeopathic treatment in Swaziland. *Homeopathy* (online), 105(1): 26-27. Available: <http://www.sciencedirect.com.dutlib.dut.ac.za/science/article/pii/S1475491615001459> (Accessed 26 July 2017).

Brewitt, B., Traub, M., Hangee-Bauer, C., Patrick, L. and Standish, L. J. 2002. Homeopathic growth factors as treatment for HIV: recovery of homeostasis and functional immune system. In: Standish, L. J., Calabrese, C. and Galantino, M. L. eds. *AIDS and complementary & alternative medicine: current science and practice*. Philadelphia: Churchill Livingstone.

Centers for Disease Control and Prevention (CDC). 2011. *Tuberculosis (TB)* (online). Available: <https://www.cdc.gov/tb/publications/factsheets/general/tb.htm#:~:text=The%20general%20symptoms%20of%20TB,the%20coughing%20up%20of%20blood>. (Accessed 9 November 2022).

Ceravolo, A., Orsi, A., Parodi, V. and Ansaldi, F. 2013. Influenza vaccination in HIV-positive subjects: latest evidence and future perspective. *Journal of Preventive Medicine and Hygiene* (online), 54(1):1-10. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4718365/#:~:text=Recent%20reports%20indicate%20that%20immunizations,load%20and%20CD4%2B%20cell%20counts> (Accessed 29 January 2024).

Chand, K.S. and Kapoor, P. 2020. Two case reports of integrated management of antibiotic-resistant urinary tract infection. *Homeopathy* (online), 109: 097–106. Available: <https://doi:10.1055/s-0039-1696992>. (Accessed 1 December 2022).

Coelho, C. D. P., Motta, P. D., Petrillo, M., Iovine, R. D. O., Dalboni, L. C., Santana, F. R., Correia, M. S. F., Casarin, R. C. V., Carvalho, V. M. and Bonamin, L. V. 2017. Homeopathic medicine *Cantharis* modulates Uropathogenic *E. coli* (UPEC)-induced cystitis in susceptible mice. *Cytokine* (online), (92): 103–109. Available: <https://doi:10.1016/j.cyto.2017.01.014>. (Accessed 1 December 2022).

Collins. 2022a. Definition: ailment (online). Available: <https://www.collinsdictionary.com/dictionary/english/ailment> (Accessed 31 October 2022).

Collins. 2022b. Definition: posology (online). Available: <https://www.collinsdictionary.com/dictionary/english/posology> (Accessed 31 October 2022).

Colvin, M. 2008. Impact of AIDS – the health care burden. In: Abdool Karim, S. S. and Abdool Karim, Q. eds. *HIV/AIDS in South Africa*. New York: Cambridge University Press.

Connelly, L. M. 2016. Trustworthiness in qualitative research. *Medsurg Nursing* (online), 25(6): 435-436. Available: <https://www.proquest.com/openview/44ffecf38cc6b67451f32f6f96a40c78/1?pq-origsite=gscholar&cbl=30764> (Accessed 22 October 2022).

De Schepper, L. 2006. *Hahnemann revisited: Hahnemannian textbook of classical homeopathy for the professional*. New Delhi: B. Jain Publishers (P) Ltd.

Dube, N. S. 2015. Patients' perceptions of their first homeopathic consultation at Ukuba Nesibindi Homeopathic Community Clinic. MTech: Homoeopathy, Durban University of Technology.

Evergreen. 2022. *Understanding confidentiality and anonymity* (online). Available: <https://www.evergreen.edu/humansubjectsreview/confidentiality#:~:text=Confidentiali>

[ty%20refers%20to%20a%20condition,from%20being%20discovered%20by%20othe](#)  
[rs.](#) (Accessed 21 October 2022).

Faiela, C., and Sevene, E. 2022. Antibiotic prescription for HIV-positive patients in primary health care in Mozambique: A cross-sectional study. *Southern African Journal of Infectious Diseases* (online), 28;37(1):340. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8905412/#:~:text=Antibiotic%20are%20often%20prescribed%20for,antifungals%2C%20antiparasitics%2C%20and%20antidiarrheals> (Accessed 31 January 2024).

Ford, A. 2019. Prescription trends of *Sulphur* as an anti-psoric in a homoeopathic community clinic in Ethekwini. MTech: Homoeopathy, Durban University of Technology.

Gouws, E. and Abdool Karim, Q. 2008. HIV Infection in South Africa: the evolving epidemic. In: Abdool Karim, S. S. and Abdool Karim, Q. eds. *HIV/AIDS in South Africa*. New York: Cambridge University Press.

Government of Canada. 2018. *Panel on research ethics: TCPS chapter 5* (online).. Available: [https://ethics.gc.ca/eng/tcps2-eptc2\\_2018\\_chapter5-chapitre5.html](https://ethics.gc.ca/eng/tcps2-eptc2_2018_chapter5-chapitre5.html). (Accessed 21 October 2022).

Helios Homoeopathy. 2022. *Pill and tablet forms* (online). Available: <https://www.helios.co.uk/en/remedies/pill-and-tablet-forms> (Accessed 5 December 2022).

Health Professions Council of South Africa (HPCSA). 2007. *Guidelines for good practice in the health care professions: confidentiality: protecting and providing information*. Pretoria: Health Professions Council of South Africa (online), Available: [http://www.hpcsa.co.za/downloads/conduct\\_ethics/rules/confidentiality\\_protecting\\_providing\\_info.pdf](http://www.hpcsa.co.za/downloads/conduct_ethics/rules/confidentiality_protecting_providing_info.pdf) (Accessed 27 July 2017).

Health Professions Council of South Africa (HPCSA). 2008. *Guidelines for good practice in the health care professions: ethical guidelines for good practice with regard to HIV*. Pretoria: Health Professions Council of South Africa (online), Available: [http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/conduct\\_ethics/rules/generic\\_ethical\\_rules/booklet\\_11\\_hiv.pdf](http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/conduct_ethics/rules/generic_ethical_rules/booklet_11_hiv.pdf) (Accessed 27 July 2017).

Hrbacek, J., Konopasek, P., Eis, V., Hamsíková, E., Tachezy, R., Urban, M., Pokorny, J., El-Balouly, K. and Haracek, J. 2010. Urologic complications of HIV infection. *Casopis Lékařů C* (online), 149(3): 115. Available: [https://www.researchgate.net/publication/43353310\\_Urologic\\_complications\\_of\\_HIV\\_infection](https://www.researchgate.net/publication/43353310_Urologic_complications_of_HIV_infection) (Accessed 9 November 2022).

Human Sciences Research Council (HSRC). 2018. *The fifth South African national HIV prevalence, incidence, behaviour and communication survey 2017: HIV impact assessment summary report*. Cape Town, HSRC Press (online), Available: [https://hsrc.ac.za/uploads/pageContent/9234/SABSSMV\\_Impact\\_Assessment\\_Summary\\_ZA\\_ADS\\_cleared\\_PDFA4.pdf](https://hsrc.ac.za/uploads/pageContent/9234/SABSSMV_Impact_Assessment_Summary_ZA_ADS_cleared_PDFA4.pdf) (Accessed 6 December 2022).

Ivers, L. C., Cullen, K. A., Freedberg, K. A., Block, S., Coates, J. and Webb, P. 2009. HIV/AIDS, undernutrition, and food insecurity. *Clinical Infectious Diseases* (online), 49(7): 1096-1102. Available: doi:10.1086/605573. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2831619/> (Accessed 10 November 2022).

Jadoun, A. S. 2020. Leucorrhoea and homoeopathy. *International Journal of Homoeopathic Sciences* (online), 4(2): 01-06. Available: [https://www.researchgate.net/publication/340939810\\_Leucorrhoea\\_and\\_Homoeopathy](https://www.researchgate.net/publication/340939810_Leucorrhoea_and_Homoeopathy) (Accessed 27 November 2022).

Jawad, M., Schoop, R., Suter, A., Klein, P. and Eccles, R. 2012. Safety and efficacy profile of *Echinacea purpurea* to prevent common cold episodes: a randomized, double-blind, placebo-controlled trial. *Evidence-Based Complementary and*

*Alternative Medicine* (online). Available: <https://doi:10.1155/2012/841315> (Accessed 27 November 2022).

Jouanny, J. 1991. *The essentials of homoeopathic therapeutics*. Paris: Editions Boiron.

Joller, P. W. 1996. Influenza and colds in winter: Prophylaxis with a herbal yeast preparation in comparison with influenza vaccination. Studies on the therapeutic efficacy of a herbal yeast preparation (Bio-Strath®). *Schweiz Zschr. GanzheitsMedizin* (online), 8(5): 225-230. Available: <https://www.stangest.com/wp-content/uploads/2018/01/Research-on-Bio-Strath-products.pdf> (Accessed 27 November 2022).

Katz, I. T., Ryu, A. E., Onuegbu, A. G., Psaros, C., Weiser, S. D., Bangsberg, D. R. and Tsai, A. C. 2013. Impact of HIV-related stigma on treatment adherence: systematic review and meta-synthesis. *Journal of the International AIDS Society* (online), 16 (3 Suppl 2). Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3833107/pdf/JIAS-16-18640.pdf> (Accessed 4 August 2017).

Kumar, V., Abbas, A. K., Fausto, N., Mitchell, R. N. 2007. *Robbins basic pathology*. 8<sup>th</sup> ed. Philadelphia: Saunders Elsevier.

Laher, A. E., Richards, G A., Paruk, F. and Venter, W. D. F. 2021. Antiretroviral therapy non-adherence among HIV-positive patients presenting to an emergency department in Johannesburg, South Africa: associations and reasons. *South African Medical Journal* (online), 111(8), 753-758. Available: <https://dx.doi.org/10.7196/samj.2021.v111i8.15604> Accessed 3 November 2022).

Leckridge, B. 1997. *Homeopathy in primary care*. New York: Churchill Livingstone.

Li, H. 2014. HIV/AIDS related respiratory diseases. In: Li, H. ed. *Radiology of HIV/AIDS* (online). Dordrecht: Springer. Available: [https://doi.org/10.1007/978-94-007-7823-8\\_17](https://doi.org/10.1007/978-94-007-7823-8_17) (Accessed 3 November 2022).

LifeLine. 2017. About us. Available: [http://www.lifelinedurban.org.za/About\\_us/about\\_us.html](http://www.lifelinedurban.org.za/About_us/about_us.html) (Accessed 27 July 2017).

Limper, A. H., Adenis, A., Le, T., Harrison, T. S. 2017. Fungal infections in HIV/AIDS. *Lancet Infectious Diseases* (online), 17(11): e334-e343. Available: <https://pubmed.ncbi.nlm.nih.gov/28774701/> (Accessed 11 December 2022).

Lin, T.K., Zhong, L. and Santiago, J. L. 2017. Anti-inflammatory and skin barrier repair effects of topical application of some plant oils. *International Journal of Molecular Sciences* (online), 19(1): 70. Available: <https://doi:10.3390/ijms19010070> (Accessed 29 November 2022).

Lockhat, I. 2015. Clinical herbal medicine, lecture notes distributed in the Department of Homoeopathy. Durban University of Technology.

Lombaerts, C. and Vanthuyne, H. 2018. Teaching midwives homoeopathy: a Belgian pilot project. *European Journal of Integrative Medicine* (online), 21: 16-23. Available: <https://reader.elsevier.com/reader/sd/pii/> (Accessed 31 May 2020).

Longmore, M., Wilkinson, I. B., Baldwin, A. and Wallin, E. 2014. *Oxford handbook of clinical medicine*. 9<sup>th</sup> ed. New York: Oxford University Press.

Lorenc, A., Ananthavarathan, P., Lorigan, J., Jowata, M. and Brook, G. 2014. The prevalence of comorbidities among people living with HIV in Brent: a diverse London Borough. *London Journal of Primary Care (Abingdon)* (online), 6(4): 84-90. Available: <https://doi:10.1080/17571472.2014.11493422> (Accessed 11 November 2022).

Mabaso, M., Makola, L., Naidoo, I., Mlangeni, L. L., Jooste, S. and Simbayi, L. 2019. HIV prevalence in South Africa through gender and racial lenses: results from the 2012

population-based national household survey. *International Journal for Equity in Health* (online), 18(167): 1-11. Available:

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-1055-6>

(Accessed 1 November 2022).

Maharaj, S. S. 2015. Exercise and rehabilitation: exercise in the era of HAART in South Africa. In: Watson, R. R. ed. *Health of HIV infected people: food, nutrition and lifestyle with antiretroviral drugs*. San Diego: Academic Press Elsevier.

Manchanda, R. K. 2016. Integrating homoeopathy in health care. *Indian Journal of Research in Homoeopathy* (online), 10(1): 1-5. Available: <http://www.ijrh.org/text.asp?2016/10/1/1/179149> (Accessed 21 June 2020).

Master, F. J. 2001. *The bedside organon of medicine*. New Delhi: B. Jain Publishers PVT. LTD.

Mdluli, Z. P. 2019. A nine-year comparative retrospective clinical audit of the Ukuba Nesibindi Homoeopathic Community Health Centre (online). MTech: Homoeopathy, Durban University of Technology. Available: <https://doi.org/10.51415/10321/3843> (Accessed 20 October 2022).

MedlinePlus (online). 2021. Definition: concomitant (online). Available: <https://medlineplus.gov/ency/article/002313.htm#:~:text=Concomitant%20means%200occurring%20during%20the,occur%20with%20a%20main%20symptom>. (Accessed 7 December 2022).

MedlinePlus. 2020. *HIV/AIDS in women* (online). Available: <https://medlineplus.gov/hivaidsinwomen.html> (Accessed 9 November 2022).

Merriam-Webster. 2022a. Definition: remedy (online). Available: <https://www.merriam-webster.com/dictionary/remedy> (Accessed 31 October 2022).

Merriam-Webster. 2022b. Definition: adjunctive (online). Available: <https://www.merriam-webster.com/medical/adjunctive> (Accessed 31 October 2022).

Moilola, M. R. A. 2000. *Manual of clinical homoeopathy*. Johannesburg: MRM.

Moltó, J., Valle, M., Miranda, C., Cedeño, S., Negredo, E., Barbanoj, M. J. and Clotet, B. 2011. Herb-drug interaction between *Echinacea purpurea* and darunavir-ritonavir in HIV-infected patients. *Antimicrobial Agents Chemotherapy* (online), 55(1): 326-330. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3019656/> (Accessed 27 November 2022).

Moltó, J., Valle, M., Miranda, C., Cedeño, S., Negredo, E. and Clotet, B. 2012. Herb-drug interaction between *Echinacea purpurea* and etravirine in HIV-infected patients. *Antimicrobial Agents Chemotherapy* 2012 (online), 56(10): 5328-5331. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3457385/> (Accessed 27 November 2022).

National Institute for Mental Health (NIMH) (online). 2019. *AIDS and HIV, Neurological Complications of*. Available: <https://www.ninds.nih.gov/neurological-complications-hiv-and-aids-fact-sheet> (Accessed 9 November 2022).

Ng Yu-Hin, D. 2011. A discussion: the future role of homoeopathy in the National Health Service (NHS). *Homoeopathy* (online), 100(3): 183-186. Available: <http://www.sciencedirect.com.dutlib.dut.ac.za/science/article/pii/S1475491611000348> (Accessed July 2017).

Ngobese, V. N. B. 2018. Experiences of returning patients at a homoeopathic community clinic (online). MTech: Homoeopathy, Durban University of Technology. Available: [https://openscholar.dut.ac.za/bitstream/10321/3152/1/NGOBESEVNB\\_2018.pdf](https://openscholar.dut.ac.za/bitstream/10321/3152/1/NGOBESEVNB_2018.pdf) (Accessed 20 October 2022).

Parliament of South Africa. 2019. Protection of Personal Information Act No. 4 of 2013 (online). Available: <https://popia.co.za/act/> (Accessed 21 October 2022).



Phatak, S. R. 2015. *Materia medica of homoeopathic medicines*. New Delhi: B. Jain Publishers (P) LTD.

Pour A. H., Salari, S. and Almani, P. G. N. 2018. Oropharyngeal candidiasis in HIV/AIDS patients and non-HIV subjects in the Southeast of Iran. *Current Medical Mycology* (online), 4 (4): 1-6. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6386505/> (Accessed 11 December 2022).

Quirk, T. and Sherr, J. 2015. Experiences with an integrative approach to treating HIV/AIDS in East Africa. *Journal of Medicine and the Person* (online), 13(1): 55-64. Available: <http://paolobellavite.it/files/15-JMAP-7-QuirkAfrica.pdf> (Accessed 4 August 2017).

Raina, A.H., Bhat, A., Bhat, F. A., Changal, K. H., Dhobi, G. N., Koul, P. A., Raina, M. A., Manzoor and Wani, F. A. 2013. Pulmonary tuberculosis presenting with acute respiratory distress syndrome (ARDS): a case report and review of literature. *Egyptian Journal of Chest Diseases and Tuberculosis* (online), 62 (4): 655-659. Available: <http://dx.doi.org/10.1016/j.ejcdt.2013.09.008> (Accessed 10 December 2022).

Relton, C., Cooper, K., Viksveen, P., Fibert, P. and Thomas, K. 2017. Prevalence of homeopathy use by the general population worldwide: a systematic review. *Homeopathy* (online), 106(2): 69-78. Available: <https://pubmed.ncbi.nlm.nih.gov/28552176/> (Accessed 4 August 2017).

Resourcepharm. 2022. *Pharmacy abbreviations* (online). Available: <https://www.resourcepharm.com/pre-reg-pharmacist/pharmacy-abbreviations.html> (Accessed 5 December 2022).

Riffat, J., Nelofer, J. and Andrabi, K. I. 2017. *Calendula officinalis* - An important medicinal plant with potential biological properties. *Proceedings of the Indian National Science Academy* (online), 83(4): 769-787. Available: [https://www.researchgate.net/publication/319189769\\_Calendula\\_Officinalis-](https://www.researchgate.net/publication/319189769_Calendula_Officinalis-)

[An Important Medicinal Plant with Potential Biological Properties](#) (Accessed 28 November 2022).

Root-Bernstein, R. S. and Merrill, S. J. 2002. Etiology and pathogenesis of AIDS. In: Standish, L. J., Calabrese, C. and Galantino, M. L. eds. *AIDS and complementary & alternative medicine: current science and practice*. Philadelphia: Churchill Livingstone.

Rossi, E., Crudeli, R., Endrizzi, C. and Garibaldi, D. 2009. Cost-benefit evaluation of homeopathic versus conventional therapy in respiratory diseases. *Homeopathy*, 98 (1): 2-10.

Sankaran, R. 1991. *The spirit of homoeopathy*. Bombay: Dr Rajan Sankaran.

Sankaran, R. 1997. *The soul of remedies*. Mumbai: Homoeopathic Medical Publishers.

Schlaeppli, C., Vanobberghen, F., Sikalengo, G., Glass, T.R., Ndege, R.C., Foe, G., Kuemmerle, A., Paris, D.H., Battegay, M., Marzolini, C., Weisser, M. and Kilombero and Ulanga Antiretroviral Cohort (KIULARCO) study group. 2020. Prevalence and management of drug-drug interactions with antiretroviral treatment in 2069 people living with HIV in rural Tanzania: a prospective cohort study. *HIV Medicine* (online), 21(1):53-63.

Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6916175/> (Accessed 31 January 2024).

Schroyens, F. ed. 2012. *Synthesis: repertorium homoeopathicum syntheticum*. Edition 9.1. London: Homoeopathic Book Publishers.

Schwartz, R. A. 2021. *Cutaneous manifestations of HIV* (online). Available: <https://emedicine.medscape.com/article/1133746-overview#a1> (Accessed 3 November 2022).

Shenton, A. K. 2004. Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information* (online), 22: 63-75. Available: <https://www.researchgate.net/publication/228708239> (Accessed 21 October 2022).

Sherr, L., Cluver, L. D., Betancourt, T. S., Kellerman, S. E., Richter, L. M. and Desmond, C. 2014. Evidence of impact: health, psychological and social effects of adult HIV on children. *Aids* (online) 28: S251-S259. Available: [https://www.msh.org/sites/msh.org/files/evidence\\_of\\_impact\\_health\\_psychological\\_and.5.pdf](https://www.msh.org/sites/msh.org/files/evidence_of_impact_health_psychological_and.5.pdf) (Accessed 4 August 2017).

Shisana, O., Rehle, T., Simbayi, L. C., Zuma, K., Jooste, S., Zungu, N., Labadarios, D. and Onoya, D. 2014. *South African National HIV Prevalence, Incidence and Behaviour Survey 2012* (online). Cape Town: HSRC Press. Available: <http://www.hsrc.ac.za/uploads/pageContent/4565/SABSSM%20IV%20LEO%20final.pdf> (Accessed 24 July 2017).

Signer, J., Jonsdottir, H. R., Albrich, W. C., Strasser, M., Züst, R., Ryter, S., Ackermann-Gäumann, R., Lenz, N., Siegrist, D., Suter, A., Schoop, R. and Engler, O. B. 2020. In vitro virucidal activity of Echinaforce®, an *Echinacea purpurea* preparation, against coronaviruses, including common cold coronavirus 229E and SARS-CoV-2. *Virology Journal* (online), 17: 136. Available: <https://doi.org/10.1186/s12985-020-01401-2> (Accessed 27 November 2022).

Singh, V. and Watson, R. R. 2015. Effects of omega-3 fatty acids on body composition and health in HIV/AIDS during HAART therapy. In: Watson, R. R. ed. *Health of HIV infected people: food, nutrition and lifestyle with antiretroviral drugs*. San Diego: Academic Press Elsevier, 79-81, 83-84.

Smillie, T. 2010. A clinical audit of the Durban University of Technology homoeopathic satellite clinic established at Ukuba Nesibindi. MTech: Homoeopathy, Durban University of Technology.

South African Medicines Formulary (SAMF). 2020. 13<sup>th</sup> ed. Pretoria: Division of Clinical Pharmacology Faculty of Health Sciences University of Cape Town and South African Medical Association.

Stallick, J. 1996. *AIDS the homoeopathic challenge*. North Yorkshire: Ribble Press.

Standish, L. J. 2002. Introduction to Homeopathy. In: Standish, L. J., Calabrese, C. and Galantino, M. L. eds. *AIDS and complementary & alternative medicine: current science and practice*. Philadelphia: Churchill Livingstone.

Standish, L. J., Calabrese, C. and Galantino, M. L. 2002. AIDS and CAM: how we got here. In: Standish, L. J., Calabrese, C. and Galantino, M. L. eds. *AIDS and complementary & alternative medicine: current science and practice*. Philadelphia: Churchill Livingstone.

Stats SA. 2017a. *Mid-year population estimates 2017* (online). Pretoria: User Information Services. Available: <http://www.statssa.gov.za/publications/P0302/P03022017.pdf> (Accessed 10 August 2017).

Stats SA. 2017b. *Quarterly labour force survey* (online). Available: [https://www.statssa.gov.za/?p=9561&gclid=CjwKCAjw8JKbBhBYEiwAs3sxN8sdlbYU59-DCD7I8AwCl6WEPqCMQlo8Z8oRkQ35BDqHce1yAJNnWBoCY8cQAvD\\_BwE](https://www.statssa.gov.za/?p=9561&gclid=CjwKCAjw8JKbBhBYEiwAs3sxN8sdlbYU59-DCD7I8AwCl6WEPqCMQlo8Z8oRkQ35BDqHce1yAJNnWBoCY8cQAvD_BwE) (Accessed 4 November 2022).

Stats SA. 2022. *Mid-year population estimates 2021* (online). Pretoria: User Information Services. Available: <https://www.statssa.gov.za/publications/P0302/P03022021.pdf> (Accessed 21 October 2022).

Swayne, J. 1998. *Homeopathic method: implications for clinical practice and medical science*. New York: Churchill Livingstone.

Talluri, S., Prabhala, N. D. and Prabhala, R. H. 2015. Influence of nutrition on human immunodeficiency virus infection. In: Watson, R. R. ed. *Health of HIV infected people: food, nutrition and lifestyle with antiretroviral drugs*. San Diego: Academic Press Elsevier, 117-118.

Ullman, D. 2003. Controlled clinical trials evaluating the homeopathic treatment of people with human immunodeficiency virus or acquired immune deficiency syndrome. *The Journal of Alternative and Complementary Medicine* (online), 9(1): 133-141. Available: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.496.6109&rep=rep1&type=pdf> (Accessed 22 July 2017).

Ullman, D. 2017. *Books on materia medica* (online). Available: <https://homeopathic.com/how-to-learn-homeopathy-materia-medica/> (Accessed 31 October 2022).

UNAIDS. 2017. *UNAIDS fact sheet*. Geneva: Communications and Global Advocacy (online). Available: [http://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_FactSheet\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf) (Accessed 10 August 2017).

US Department of Veteran's Affairs. 2018. *HIV for healthcare workers* (online). Available: <https://www.hiv.va.gov/provider/image-library/index.asp> (Accessed 11 December 2022).

Van de Water, B.J., Fulcher, I., Cilliers, S., Meyer, N., Wilson, M., Young, C., Gaunt, B. and le Roux, K. 2022. Association of HIV infection and antiretroviral therapy with the occurrence of an unfavorable TB treatment outcome in a rural district hospital in Eastern Cape, South Africa: a retrospective cohort study. *PLoS ONE* (online), 17(4): e0266082. Available: <https://doi.org/10.1371/journal.pone.0266082> (Accessed 9 November 2022).

Vassar, M. and Holzmann, M. 2013. The retrospective chart review: important methodological considerations. *Journal of Educational Evaluation for Health Professions* (online), 10: 12. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3853868/> (Accessed 28 July 2017).

Vermeulen, F. 2002. *Prisma: The arcana of materia medica illuminated: similars and parallels between substance and remedy*. Haarlem: Emryss.

Vithoulkas, G. 2004. *The science of homoeopathy*. New Delhi: B Jain Publishers (P) Ltd.

Walker-Bone, K., Doherty, E., Sanyal, K. and Churchill, D. 2017. Assessment and management of musculoskeletal disorders among patients living with HIV. *Rheumatology (Oxford)* (online), 1;56(10): 1648-1661. Available: [https://doi: 10.1093/rheumatology/kew418](https://doi.org/10.1093/rheumatology/kew418). (Accessed 9 November 2022).

Watson, T. 2014. A patient benefit and perception survey of the Durban University of Technology homoeopathic satellite clinic established at Ukuba Nesibindi. MTech: Homoeopathy, Durban University of Technology.

Wcislo, G. and Szarlej-Wcislo, K. 2015. Human immunodeficiency virus infection – associated cancer and mycotoxins in food. In: Watson, R. R. ed. *Health of HIV infected people: food, nutrition and lifestyle with antiretroviral drugs*. San Diego: Academic Press Elsevier, 59-61.

Wilson, D. and Fairall, L. 2008. Challenges in managing AIDS in South Africa. In: Abdool Karim, S. S. and Abdool Karim, Q. eds. *HIV/AIDS in South Africa*. New York: Cambridge University Press, 477-480.

Wilson, M. G., Chambers, L., Bacon, J., Rueda, S., Ragan, M. and Rourke, S. B. 2010. *Issues of comorbidity in HIV/AIDS: an overview of systematic reviews*. Toronto: Ontario HIV Treatment Network (online). Available: <http://www.a-id.org/pdf/issues-of->

[comorbidity-in-hiv-aids-an-overview-of-systematic-reviews-roundtable-draft.pdf](#)

(Accessed 22 July 2017).

World Health Organisation (WHO). 2016. *What are integrated people-centred health services?* (online). Available:

<https://www.who.int/servicedeliverysafety/areas/people-centred-care/ipchs-what/en/>

(Accessed 22 June 2020).

World Health Organisation (WHO). 2008. *HIV/AIDS and mental health* (online).

Available: [https://apps.who.int/gb/archive/pdf\\_files/EB124/B124\\_6-en.pdf](https://apps.who.int/gb/archive/pdf_files/EB124/B124_6-en.pdf) (Accessed 11 November 2022).

Wulfsohn, K. 2020. The evaluation of miasmatic nosode prescriptions at a homoeopathic community clinic. MTech: Homoeopathy, Durban University of Technology.

Zimmerman, K. 2012. Basics of homeopathy: treatment options in pregnancy. *International Journal of Childbirth Education* (online), 27(3): 21-25.

Available: <https://search.proquest.com/docview/1039291526?pq-origsite=summon&accountid=10612> (Accessed 17 June 2020).

Zuma, K. Simabyi, L. Zungu, N. Moyo, S. Marinda, E. Jooste, S. North, A. Nadol, P. Aynalem, G. Igumbor, E. Dietrich, C. Sigida, S. Chibi, B. Makola, L. Kondlo, L. Porter and S. Ramlagan, S. 2022. The HIV epidemic in South Africa: key findings from 2017 national population-based survey. *International Journal of Environmental Research and Public Health* (online), 19(13): 8125. Available: <https://doi.org/10.3390/ijerph19138125> (Accessed 2 November 2022).

# APPENDICES

## APPENDIX A: GATEKEEPER LETTER DR HALL

### APPENDIX A

23 April 2021

Unit 1  
45 Rhodes Avenue  
Westville  
3630

---

#### **Request for Permission to Conduct Research**

---

Dear Dr C. Hall,

My name is Aisha Khan, an MHSc Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Master's dissertation involves a retrospective chart review on the Homoeopathic management of concomitant ailments occurring in HIV positive patients, at a Homoeopathic community health centre.

I am hereby seeking your consent to review charts of newly treated HIV cases during the years, 2015 and 2016 at Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC).

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the provisional approval letter which I received from the Institutional Research Ethics Committee (IREC). My proposal has been allocated an Ethical Clearance number of IREC 056/21.

If you require any further information, please do not hesitate to contact me at 0836118620 or 0312661732 or via email to abharoochi@gmail.com. Thank you for your time and consideration in this matter.

| Yours sincerely,

Aisha Khan  
Durban University of Technology

Research Co-ordinator (DUT)  
Dr C. Hall



## APPENDIX B: GATEKEEPER LETTER DR HARRIPERSHAD

### APPENDIX B

23 April 2021

Unit 1  
45 Rhodes Avenue  
Westville  
3630

#### Request for Permission to Conduct Research

Dear Dr S. Harripershad,

My name is Aisha Khan, an MHSoc Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Master's dissertation involves a retrospective chart review on the Homoeopathic management of concomitant ailments occurring in HIV positive patients, at a Homoeopathic community health centre.

I am hereby seeking your consent to review charts of newly treated HIV cases during the years, 2015 and 2016 at Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC).

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the provisional approval letter which I received from the Institutional Research Ethics Committee (IREC). My proposal has been allocated an Ethical Clearance number of IREC 056/21.

If you require any further information, please do not hesitate to contact me at 0836118620 or 0312661732 or via email to abharoochi@gmail.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Aisha Khan  
Durban University of Technology

Ukuba Nesibindi Homoeopathic Community Health Centre Director  
Dr S. Harripershad

## APPENDIX C: GATEKEEPER LETTER DR COUCHMAN

### APPENDIX C

23 April 2021

Unit 1  
45 Rhodes Avenue  
Westville  
3630

---

#### **Request for Permission to Conduct Research**

---

Dear Dr I. Couchman,

My name is Aisha Khan, an MHS Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Master's dissertation involves a retrospective chart review on the Homoeopathic management of concomitant ailments occurring in HIV positive patients, at a Homoeopathic community health centre.

I am hereby seeking your consent to review charts of newly treated HIV cases during the years, 2015 and 2016 at Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC).

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/or assent forms to be used in the research process, as well as a copy of the provisional approval letter which I received from the Institutional Research Ethics Committee (IREC). My proposal has been allocated an Ethical Clearance number of IREC 056/21.

If you require any further information, please do not hesitate to contact me at 0836118620 or 0312661732 or via email to abharoochi@gmail.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Aisha Khan  
Durban University of Technology

Dr I. Couchman  
Head of Department (DUT)

## APPENDIX D: GATEKEEPER LETTER DR DHANAPLAN

### APPENDIX D

10 May 2021

Unit 1  
45 Rhodes Avenue  
Westville  
3630

---

#### **Request for Permission to Conduct Research**

---

Dear Ms Pravisha Dhanaplan,

My name is Aisha Khan, an MHSc Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Master's dissertation involves a retrospective chart review on the Homoeopathic management of concomitant ailments occurring in HIV positive patients, at a Homoeopathic community health centre.

I am hereby seeking your consent to review charts of newly treated HIV cases during the years, 2015 and 2016 at Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC).

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the provisional approval letter which I received from the Institutional Research Ethics Committee (IREC). My proposal has been allocated an Ethical Clearance number of IREC 056/21.

If you require any further information, please do not hesitate to contact me at 0836118620 or 0312661732 or via email to [abharoochi@gmail.com](mailto:abharoochi@gmail.com). Thank you for your time and consideration in this matter.

| Yours sincerely,

✓

Aisha Khan  
Durban University of Technology

Ms Pravisha Dhanaplan  
Lifeline Co-ordinator

## APPENDIX E: RUBRIC FOR RECORDING DATA

### APPENDIX E

#### RUBRIC FOR RECORDING DATA FROM CASE FILES

|   |               |                      |                                 |       |           |                                  |               |                               |           |       |       |     |
|---|---------------|----------------------|---------------------------------|-------|-----------|----------------------------------|---------------|-------------------------------|-----------|-------|-------|-----|
| CASE NUMBER                                   |               | Date of consultation |                                 |       |           |                                  |               | 20-                           |           | 15    | 16    |     |
| Gender (x appropriate)                        |               | Male                 |                                 |       |           |                                  |               | Female                        |           |       |       |     |
| Age in years (x appropriate)                  | 0-10          | 11-15                | 15-19                           | 20-25 | 26-29     | 30-34                            | 35-39         | 40-44                         | 45-49     | 50-54 | 55-59 | >60 |
| Patient race (x appropriate)                  | African Black |                      | White                           |       | Coloured  |                                  | Indian        |                               | Other     |       |       |     |
| Occupation (x appropriate)                    | Employed      |                      | Unemployed                      |       | Pensioner |                                  | Student       |                               | Child     |       |       |     |
| Marital Status (x appropriate)                | Single        |                      | Married                         |       | Widowed   |                                  | Divorced      |                               | Separated |       |       |     |
| Description of complaint (CLAMST)             | Concomitant – |                      |                                 |       |           |                                  | POSLOGY       | Homeopathic remedy prescribed |           |       |       |     |
|   | Location –    |                      |                                 |       |           |                                  |               | Potency                       |           |       |       |     |
|   | Aetiology –   |                      |                                 |       |           |                                  |               | Medium                        |           |       |       |     |
|   | Modality –    |                      |                                 |       |           |                                  |               | Dosage                        |           |       |       |     |
|   | Sensation –   |                      |                                 |       |           |                                  |               | Frequency                     |           |       |       |     |
|   | Intensity –   |                      |                                 |       |           |                                  |               |                               |           |       |       |     |
|   | Time –        |                      |                                 |       |           |                                  |               |                               |           |       |       |     |
| Concomitant Ailment                           |               |                      | Clinical diagnosis of complaint |       |           |                                  | ART treatment |                               |           |       |       |     |
| Mental symptoms                               |               |                      |                                 |       |           | Emotional symptoms               |               |                               |           |       |       |     |
|   |               |                      |                                 |       |           |                                  |               |                               |           |       |       |     |
|   |               |                      |                                 |       |           |                                  |               |                               |           |       |       |     |
|   |               |                      |                                 |       |           |                                  |               |                               |           |       |       |     |
|   |               |                      |                                 |       |           |                                  |               |                               |           |       |       |     |
| Physical General symptoms                     |               |                      |                                 |       |           | Particular symptoms              |               |                               |           |       |       |     |
|   |               |                      |                                 |       |           |                                  |               |                               |           |       |       |     |
|   |               |                      |                                 |       |           |                                  |               |                               |           |       |       |     |
|   |               |                      |                                 |       |           |                                  |               |                               |           |       |       |     |
|   |               |                      |                                 |       |           |                                  |               |                               |           |       |       |     |
| Keynote symptoms (Strange, rare and peculiar) |               |                      |                                 |       |           | Findings on physical examination |               |                               |           |       |       |     |
|   |               |                      |                                 |       |           |                                  |               |                               |           |       |       |     |
|   |               |                      |                                 |       |           |                                  |               |                               |           |       |       |     |
|   |               |                      |                                 |       |           |                                  |               |                               |           |       |       |     |
|   |               |                      |                                 |       |           |                                  |               |                               |           |       |       |     |

## APPENDIX F: CONSENT FORM – ENGLISH

**APPENDIX F**

**DUT**  
DURBAN  
UNIVERSITY OF  
TECHNOLOGY

**FACULTY OF  
HEALTH  
SCIENCES**

**UKUBA NESIBINDI  
HOMOEOPATHIC COMMUNITY  
CLINIC-WARWICK JUNCTION**

**HOMOEOPATHY DEPARTMENT**

[DUT]-11 RITSON ROAD, BEREA,  
DURBAN, 4001  
P.O. BOX 953, DURBAN, 4001  
TEL: (031) 373 2041  
FAX: (031) 202 3002

**IFOMU LESIGULI LESIVUMELWANO PATIENT CON**

**PLEASE READ AND FILL IN THIS FORM.**

DATE: ...../...../20.....

TITLE: DR/ MR./MRS./MS./MASTER/PASTOR (please circle)

Gender: Male / female (Please circle)

SURNAME: ..... FIRST NAMES: .....

DATE OF BIRTH: ..... IDENTITY NUMBER: .....

CONTACT DETAILS: (TEL.) ..... (CELL) ..... (WORK) .....

POSTAL ADDRESS: ..... AREA ..... CODE .....

**TO BE COMPLETED BY THE PARENT/ LEGAL GUARDIAN IN THE CASE OF PATIENTS UNDER THE AGE OF 18 YEARS:**

I hereby give consent for ..... who is a minor, to be examined and treated at Ukuba Nesibindi homoeopathic community clinic.

NAME OF PARENT/ GUARDIAN: .....

RELATIONSHIP OF PARENT/ GUARDIAN TO MINOR: .....

SIGNATURE OF PARENT/GUARDIAN: .....

**PLEASE READ AND SIGN THE FOLLOWING:**

AS A PATIENT AT THIS CLINIC, I UNDERSTAND THAT I AM ATTENDING A TEACHING INSTITUTE. I HEREBY GIVE PERMISSION TO ALLOW CLINICAL OBSERVATION AND DIAGNOSIS TO BE PERFORMED AS WELL AS TREATMENT TO BE PRESCRIBED FOR MYSELF BY A SENIOR HOMOEOPATHIC STUDENT PRACTITIONER, SUPERVISED BY A QUALIFIED AND REGISTERED HOMOEOPATHIC CLINICIAN. I ALSO GIVE CONSENT TO DATA OBTAINED FROM MY FILE BE USED IN CASE OF RESEARCH PURPOSES, HOWEVER NO DISCLOSURE OF PERSONAL DETAILS AND CONFIDENTIALITY MUST BE MAINTAINED AT ALL TIMES ACCORDING TO ALL REGULATIONS, ETHICAL CODE OF CONDUCT AND BY LAW.

SIGNATURE: ..... DATE: .....

PARENT/ GUARDIAN ..... (IF PATIENT IS UNDER 18 YEARS)

## APPENDIX G: CONSENT FORM – ISIZULU

|  |  |   |
|--|--|---|
| <p><b>APPENDIX G</b></p> <p><b>DUT</b><br/>DURBAN<br/>UNIVERSITY OF<br/>TECHNOLOGY</p> | <p><b>FACULTY OF<br/>HEALTH<br/>SCIENCES</b></p> <p><b>DEPARTMENT OF<br/>HOMOEOPATHY</b></p> | <p><b>UKUBA NESIBINDI<br/>HOMOEOPATHIC COMMUNITY<br/>CLINIC-WARWICK JUNCTION</b></p> <p><b>HOMOEOPATHY DEPARTMENT</b></p> <p>[DUT]-11 RITSON ROAD, BEREA,<br/>DURBAN, 4001<br/>P.O. BOX 953, DURBAN, 4001<br/>TEL: (031) 373 2041<br/>FAX: (031) 202 3002</p> |
|--|--|---|

**IFOMU LESIGULI LESIVUMELWANO**

**SICELA UFUNDISE LELIFOMU BESE ULIGCWALISA NGOKUFANELEKILE.**

USUKU: ...../...../20.....

Dkt./ Mnu./Nkz./Nks./uMASTER/uMfundisi (sicela uzongeleze)

UBULILI: Owesilisa / owesifazane (Sicela uzongeleze)

ISIBONGO: .....AMAGAMA: .....

USUKU LOKUZALWA: .....INOMBOLO KAMAZISI: .....

IMNININGWANE YOKUXHUMANA.(UCINGO.).....(I-CELL).....  
(EYOMSEBENZI).....

IKHELI  
LEPOSI: .....INDAWO.....IKHODI.....

**LENGXENYE KUMELE IGCWALISWE UMZALI NOMA UMBHEKI OSEMTHETHWENI  
WONTWANA LAPHO ISIGULI SINEMINYAKA ENGAPHANSI KWENGU 18 UBUDALA:**

Lapha nginikeza igunya nemvume ka.....omununcane  
ngokweminyaka ngokomthetho ukuba azimele ukugunyaza ukuba ahlolwe futhi axilongwe  
kulomtholampilo Ukuba Nesibindi homoeopathic community clinic.

IGAMA LOMZALI/ UMBHEKI:.....

UBUDLELWANE BOMZALI/ UMBHEKI NOMNTWANA:.....

UPHAWU LWESIVUMELWANO LUKAMZALI/UMBHEKI: .....

**SICELA UFUNDE LENDIMA ELANDELAYO BESE USAYINA NGOKUFANELEKILE:**

NJENGESIGULI KULOMTHOLAMPILO, NGIYAQONDA UKUTHI NGIHAMBELA ISIKHUNGO  
SEZEMFUNDO. LAPHA NGINIKEZA IGUNYA LOKUGUNYAZA UKUFUNDA KWABAFUNDI ABENZA  
IZINGA LESINE KANYE NELESILANU NGEZEMPILO NOKUCWANINGA OKUFANELEKILE  
NOKUBHEKISISA KANYE NOKUHLOLA BAVEZE LOKHO OKUYIMBANGELA YOKUGULA KWAMI, BESE  
BENGINIKEZA LAWOMAKHAMBANI NEMITHI EFANELEKILE UKWELAPHA UKUGULA KWAMI,  
BEKWENZA LOKHU NGAPHANSI KOMHLOLI NOMQAPHI ONEZIQU NOKUGODELE  
WAKUBHALISELA UKWELAPHA NGENDLELA YEHOMOEOPATHY. NGIYAGUNYAZA  
UKUSETSHENZISWA KWEMININGWANE YAMI ESEFAYELINI LAMI EZIMWENI ZOCWANINGO KEPHA  
KUNGADALULWA IGAMA NESIBONGO, NOMAZISI, NEKHELI KANYE NEZINOMBOLO ZAMI ZOCINGO.  
FUTHI KUGWENYE UKUDALULWA MFILO NGAMI NJENGALOKHU UGAQO SISEKELO  
WAMALUNGELO OMTHETHO ESHO.

UPHAWU LWESIVUMELWANO: .....USUKU:.....

UPHAWU LWESIVUMELWANO LUKAMZALI/UMBHEKI: .....

## APPENDIX H: TABLE OF CONCOMITANT AILMENTS DESCRIPTION

| CASE CODE | CONCOMITANT AILMENT (CLINICAL DIAGNOSIS) | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)  |
|-----------|--|--|
| H004      | Dermatitis unspecified, Cystitis chronic | Skin of left upper arm itching but painless with bruised appearance. Very itchy "pimple" eruption, < day, < hot weather, > continuous scratching. Urinary retention / incomplete emptying of bladder. Burning urine. Urinary frequency.  |
| H005      | Influenza unspecified, Tension Headache  | Onset after rainy weather and change in weather, Cough hard, dry and barking, Chest pain on coughing, Chest coldness with sensation of sore or hole in chest, < rainy weather, < change of weather. Painful throat on swallowing, Headache with pain at the back of the neck, < cough. Head hot in frontal sinus region, Blocked nose as well as bilateral coryza. |
| H006      | Acute gingivitis, HIV sequelae           | Sudden onset, gum pain (gingivitis), < swallowing, < morning on waking, > hot water, > chewing, > hard food, > pressure. Sensation of sores present on gums but none seen. Headache over left eyebrow with gum pain, heavy pain, < pain of teeth, > sleep, < after sleep.  |
| H007      | Emaciation, HIV wasting syndrome         | Weight loss over previous 2 years (2013- 2015). Emaciation.  |
| H008      | Influenza unspecified, Tension Headache  | Frontal headache > cold water, < morning. Congested nose. Cannot keep eyes open (eyes closing).  |
| H009      | Secondary dysmenorrhoea                  | Menses irregular and occurring twice a month. Lower abdominal cramps during menses, clots passed with menstrual bleed, pelvic pain with a cramping sensation, radiating to the lower back. Dysuria during menses, burning sensation of urine during menses, occasional dribbling of urine, < coition, pain and burning after coition, > tight pressure.            |
| H010      | Myalgia                                  | Since ARVS in 2004. Neck and arm pain, < left side, muscular pain, shooting pain from left shoulder to index finger, < sleep, < stooping, < bending forward. Dorsocervical fat pad ("buffalo hump").   |
| H012      | Headache unspecified                     | Frontal headache with pressing pain, < sun, < light, < afternoon, heavy sensation and fullness on forehead.  |
| H013      | Dermatitis unspecified                   | Skin of foot darkened / discoloured black, with itchy pustules that discharge white fluid / thick white pus that dries, < left foot, < scratching, scratching results in burning sensation and in bleeding sores that are < heat and > salt water. Burning sensation of feet with shoes on.  |
| H014      | Renal failure                            | Haematuria. Lower back pain on micturition. Kidney pain bilaterally, sharp pain, < morning   |
| H015      | Headache unspecified and uterine pain    | Headache temporal pain < sun. Vaginal discharge brown colour and offensive odour. Sharp uterine/abdominal pain after coition < every motion, < sitting. Onset since coition (uterine pain aetiology) and heat (headache aetiology).  |

| CASE CODE | CONCOMITANT AILMENT (CLINICAL DIAGNOSIS) | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   |
|-----------|--|---|
| H016      | Herpes simplex                           | Painless herpetic penile lesion with a clear discharge > salt water. Painless lesion on gluteal region.   |
| H017      | Tension headache                         | Throbbing frontal headache radiating to back of head, < sun, < thinking, > drinking. Neck pain. Nausea and vomiting. Onset from anxiety.  |
| H019      | Metrorrhagia                             | Menses copious / excessive bleed, Frequent menses, red pink blood with foul odour.  |
| H020      | Anogenital warts                         | Vagina and vulva with cauliflower like warts, Pain of warts a stitching / stinging sensation, < sitting, < tight clothing, > changing sitting position. Accompanied by vaginal discharge / leucorrhoea  |
| H021      | Suspected Tuberculosis (Chest infection) | Cough with much sputum that is clear (sputum quantity can vary), > expectoration. Dry cough as well, continuous cough. Chest painful, < morning and night. Nose with a burning sensation as though bleeding.  |
| H022      | Dental abscess                           | Teeth with cavities, Painful gums and teeth. Headache < sun, < heat, < bending head forward. Head pain as if must lift head.  |
| H023      | Urinary Tract Infection                  | Urine with clear discharge, foul smell, pain on urination.  |
| H024      | Abdominal pain                           | Abdominal pain that radiates down the legs, severe pain. Only small amounts of food can be eaten, < passing stool, < eating, < motion, > night. Pain of a hot, burning, constricting sensation.   |
| H026      | Acute stress reaction                    | Onset of stomach pain from stress and anger, sharp pain, sensation of snake within, > lying on stomach, < stress, < anger. Occipital headache, < stress. Burning sensation on urination, urine stops starts and with a foul smell. Erectile dysfunction with thin "watery" ejaculation.   |
| H027      | Influenza unspecified                    | Influenza from cold exposure. Headache with throbbing pain at vertex. Nasal congestion bilaterally. Eye pain with redness and lacrimation, < waking in the morning. Upper eyelid pain > cold water washing. Throat dry and painful, > swallowing saliva or tepid (tap) water and < cough. |
| H028      | Influenza unspecified                    | Nose congested. Congestion > night, yellow mucous at night, Throat pain on left side < swallowing, feels obstructed. Clear salty sputum. Headache with pounding pain at left temple. Left eye itchy.  |
| H031      | Hypertension                             | Headache on vertex radiating to left eye. Stabbing pain of headache, < sun. Nosebleed bilaterally with dark blood flowing like water, < day. Aetiology of grief (Loss of 2 children, 2009 and 2010 ). Stroke on left side (mild).   |
| H033      | Primary Tuberculosis                     | Cough since Tuberculosis onset 3 months prior. Chest pain on coughing. Headache temporal, < morning.  |
| H035      | Atopic dermatitis                        | Voluptuous itchy skin, burning sensation. Scaling skin. Scratches until bleeds, < scratching. Severe itching all day but < evening and night, < bathing (hot and cold water).   |
| H037      | Dermatitis unspecified                   | Skin eruption of round lightly coloured or red lesions on neck and arms, < evening, < heat.   |
| H040      | Cramps and spasms, Pinched nerve         | Painful spasms of the chest wall 2-3 times a day. Right sided pains, < breathing. Poking and stabbing pain sensation, < evening. Suspected pinched nerve.   |



| CASE CODE | CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)  |
|-----------|--|--|
| H041      | Constipation   | Stomach cramping pain, poking sensation, < touch. Head pain with difficulty seeing.  |
| H042      | Constipation, Dyspepsia  | Cramping stomach pain. Constipation. Flatulence, < meat, < spicy foods.  |
| H044      | Acute Upper respiratory tract infection unspecified                                  | Cough with white sputum, < cold, < night, > inducing vomit (emesis). Chest feels closed. Dyspnoea and cough on walking fast. Clear coryza < morning and < afternoon. Acute occurrences since Tuberculosis diagnosis (1998, 2006, 2011).  |
| H045      | Post herpetic neuralgia  | Post herpetic neuralgia on right side and back. Burning itchy skin with sharp pain on affected part, < hot weather, < touch of clothes, > bathing in hot or cold water, > rubbing with herb oil, < lying on affected part. Onset since Herpes zoster after HIV diagnosis in 2004.  |
| H047      | Tuberculosis of lung without mention of bacteriological or histological confirmation | Cough with green sputum expectorant, pain on coughing, < bending, < night, < walking. Watery nasal discharge / coryza. Sore throat. Sensation of something lodged in throat. Salty taste.  |
| H048      | Influenza unspecified  | Cough dry and difficult to expectorate at first. Progressed to wet cough with white mucous expectoration. Headache frontal radiating to the back (occiput) with eye pain. Throbbing headache, with repeated sensation of hammer strike on occiput, < sun, < chewing. Bounding palpitations. Bilateral cramping calf pain, calves hard like stone, < walking < movement > rest. |
| H049      | Tonsillitis  | Throat burning sensation with difficulty eating, < eating. Chronic recurrent throat complaint. Ethmoidal sinusitis.  |
| H050      | Haemorrhoids, internal with complications  | Internal haemorrhoids left sided, painless, but itching. Blood passed on straining at stool and on defaecation.  |
| H051      | Herpes Zoster  | Skin eruption and pain along dermatome on right side of abdomen up to chest (ascending pain from abdomen to chest). Burning sensation of eruption, < standing, > sleeping on unaffected side.  |
| H052      | Tonsillitis  | Tonsils enlarged and intensely painful. Since exposure to cold which also further aggravates.  |
| H053      | Herpes Zoster  | Herpes Zoster eruption (Shingles) with itching and burning.  |
| H054      | Impetigo   | Skin eruption on face. Crusty with inflammation of the skin. Dry, crusty upper lip discharging a clear fluid.  |
| H055      | Cystitis chronic   | Recurring episode of dark yellow and "dirty" appearing urine. Burning bladder pain when urinating (like acid), pain radiates to the back, in umbilicus. Urogenital discharge, cream white, foul smelling discharge. Frequency of urination but in small amounts. Vaginal eruption and itching, > scratching. Pain after coition.   |
| H058      | Viral Hepatitis unspecified without hepatic coma                                     | Abdominal tenderness (right sided), particularly the right hypochondrium, Poking pain and stabbing pain sensation, < lifting, > lying down, < physical exertion, has to sit properly. Bloating due to ARVs. Skin itchy and swollen. Easy bruising of skin.   |

| CASE CODE | CONCOMITANT AILMENT (CLINICAL DIAGNOSIS) | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)  |
|-----------|--|--|
| H059      | Joint pain                               | Joints, shoulder, sternum, spine - aching, biting pain, shoulders feel separated when sleeping, < cold, < sitting, < sleeping. Burning pain of other joints. > Bending hands. Aetiology of prolonged exposure to cold (Employed in refrigerated environment of butchery, joint pain for 5 years).  |
| H060      | Major depressive disorder                | Indignation. Abuse (History of abuse by uncle). Stress (children, loss, abuse). Grief (loss of partner and of parents), unprocessed grief (no counsel or support for losses and abuse). Decreased libido, fears sexual activity, fears sexual organs not working. Overthinking. Sexual relationship with a young boy. Since ARV treatment (1 year prior). > Smoking Cannabis.  |
| H061      | Furunculosis                             | Axillary furuncle hypersensitive and painful, < night, < cold, < damp weather.   |
| H063      | Functional diarrhoea                     | Diarrhoea with yellow stool of very foul odour like spoiled food, much flatulence with stool, occurring since ARV treatment. Bright red blood passed on defaecation, pushing sensation of stool. Pain in rectum particularly on passing stool. Rectum hot to touch with sensation of heat. Urge to pass stool even in sleep. < Apples, < Fruit, < Juice, < Meat, < Chicken, < Fish, < Beef, < Spinach, < Beans, Frequent diarrhoea - 3 to 4 times a day, every 2 minutes on occasion. Flatulence and bloating < eating, < juice. Accompanied by haemorrhoids with hanging sensation. |
| H064      | Arthritis unspecified                    | Joint pain burning. Choking pain in back with morning stiffness, burning sensation and heaviness of back muscles. Right arm numbness. Sensation of hole in the spine, < cold, < change in weather, < resting.  |
| H065      | Urinary tract infection                  | Frequency of urination, dysuria (pain on urination) and genital itchiness, < urination, < coition.   |
| H067      | Eczema                                   | Eczema on face, very pruritic, > scratching, > oozing, < sunlight, < winter, < afternoon.  |
| H068      | Intestinal parasitism                    | Bloody stool (pink blood). Diarrhoea watery, dark stool. Worms thin, long and black. Pruritic anus, > walking, < sitting.  |
| H069      | Dermatitis unspecified                   | Vesicular skin eruption on arms. Burning sensation, pruritic (Itchy), > scratching, > washing, < night.  |
| H071      | Acute nephritic syndrome unspecified     | Oedema / swelling of hands, fingers, face, feet, > rest, < walking, < standing, < acidic foods, < coke. Severe stabbing pain in feet. Limping due to pain. Urine with thin white discharge.  |
| H072      | Cough                                    | Cough dry, hacking, much sputum, < night. Cough since taking ARVs. Nose congested. Hot sensation in chest. Cough accompanied by a temporal headache with pain and burning of eyes.   |
| H073      | Leucorrhoea unspecified                  | Vaginal discharge / Leucorrhoea foul smelling like rotten eggs, yellow / creamy white in colour. Vulval itching, < bathing, < night. Burning urine, acrid like acid. Uterine pain at any time.   |
| H075      | Hearing loss unspecified                 | Right ear partial hearing loss, < morning.   |

| CASE CODE | CONCOMITANT AILMENT (CLINICAL DIAGNOSIS) | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)  |
|-----------|--|--|
| H076      | Influenza unspecified, Stress            | Fever, body pain, weakness, night sweats. Loss of appetite, heartburn. Poking pain in legs. Anger, Betrayed, Stress (due to Betrayal), Suppressed anger, Cheerful façade, Post traumatic stress, Resignation (to current partner).   |
| H077      | Attention Deficit Hyperactivity Disorder | Behaviour change since passing of mother. Extreme mental and physical restlessness (cannot sit still), Violent, laughs at serious matters. Preoccupied, shy, failing at school, averse to study. Unclean (refuses to wash).  |
| H078      | Influenza unspecified                    | Nose pain with clear watery discharge. Deep cough with wet, watery, clear sputum or expectorant, < cold weather, < evening and night, with constant temporal headache of twisting pain < night. Gum pain, < chewing.   |
| H079      | Urinary Tract Infection                  | Kidney pain, < left side. Pain on urination, sensation of retained urine. Recurrent episode, first occurrence post unprotected coition in previous year.   |
| H080      | Influenza unspecified                    | Dry cough at night, < lying down. Cough starts before going to sleep, < cold weather, < ascending stairs. Shortness of breath, difficulty breathing. Sore throat, < eating, < swallowing liquids. Pulsating pain of eyes, swelling of eyes, watery eyes. Dryness of nose that bleeds, < cutting grass. |
| H081      | Urinary Tract Infection                  | Dark yellow urine with strong smell, needs to strain, incomplete emptying in small amounts, burning like fire and sensation of sores.  |
| H082      | Anogenital warts                         | Brown wart (sore) with clear watery discharge on vaginal labia, itchy / pruritic, > scratching. No pain, hot steam sensation, hot to touch, < coition (pain on coition), < hot water, > cream. Burning urine, foul odour, pain in urethra.   |
| H083      | Acute sinusitis                          | Nasal congestion with clear watery discharge, Buzzing sound in ear.  |
| H084      | Influenza unspecified                    | Sneezing due to change of weather, watery coryza. Cough with white thick expectorant. Throbbing temporal headache from neck. Throbbing pain and redness of eye > closing eyes. < Evening, < night, < morning.  |
| H085      | Leucorrhoea unspecified                  | Brown vaginal discharge, with spots of blood, itchy and with accompanying abdominal cramp. Suspected due to sexual intercourse.  |
| H087      | Arthritis unspecified                    | Swelling of knee on left side, < walking, > sitting, stabbing pain, radiating down calves and locking of joint. Pulsating lower back pain radiating to shoulder, < standing long periods. Aetiology from exercise.   |
| H088      | Influenza unspecified                    | Nasal congestion and itchiness bilaterally, Dry cough. Headache frontal, < bending forward. Hot and cold sensation of body. < night, < afternoon.  |
| H090      | Arthritis unspecified                    | Arthritis of joints. Sensation of heat inside bones. Stabbing pains, < cold, < water, < air, < movement. Swelling of joints. Onset since exposure to cold.   |

| CASE CODE | CONCOMITANT AILMENT (CLINICAL DIAGNOSIS) | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   |
|-----------|--|---|
| H092      | Vaginitis                                | Vaginal rash like ringworm, itchy, painful, raw on scratching, < scratching, < water, < sweating, < moist, < heat, < night, > lukewarm bath.  |
| H093      | Influenza unspecified                    | Cough with green sputum and mucous, < rainy weather, < night. Cough leading to one episode of emesis. Onset from rainy weather and flooding of home. Dizziness. Throbbing frontal headache and on vertex, can radiate to occiput, < sun, < emotion (upset).   |
| H094      | Non-Insulin Dependent Diabetes Mellitus  | Skin of right leg discoloured as red/dark and itchy. Started 2 months prior. Cellulitis of affected area (drained out clear fluid 2 weeks prior). Urinary incontinence / involuntary urination. Diabetes mellitus Type 2 (Non Insulin Dependent Diabetes Mellitus diagnosed in 2012)  |
| H095      | Acute Bronchitis unspecified             | Painful cough. Feeling of something present in chest. Pain on coughing. Wet cough, < night, < lying down. Sharp pain of frontal headache < during day.  |
| H097      | Dermatitis unspecified, Hypertension     | Itchy feet, < hot weather, > warm water with salt / Epsom salt. Skin of feet dry. Depigmented skin of face and itchy eruption on face, < sweating.  |
| H098      | Generalised enlarged lymph nodes         | Cervical region painful and swollen. < Touch, < movement (every movement). Mass in cervical region. Dry cough, pain on coughing, < cold, < day. Beating pain. Headache.   |
| H099      | Cystitis acute                           | Pain on urination, burning sensation on urination, urinary frequency and urgency, yellow colour urine.  |
| H101      | Iron deficiency Anaemia                  | Craving soil before or after menses (pica). Menses - menarche at 17 years. Dark, big black clots during menses. Heavy flow. Heart palpitations.   |
| H102      | Leucorrhoea unspecified                  | Vaginal discharge / leucorrhoea brown, profuse, offensive foul odour of "rotten rat", watery, itchy, < night, < vaginal itch, > bathing. Eruptions on gluteal region. Onset since ARV treatment began 7 months prior to consultation. Bladder pain with burning urine, foul odour, urinary frequency and incontinence, pain as if uterus opening (cervix described as "wide open"). |
| H103      | Otitis externa unspecified               | Right ear painful, pressure sensation of pain, < touch, < pressure, feels wet.  |
| H106      | Urinary Tract Infection                  | Dysuria (pain on urination), urinary frequency, concentrated urine, stinging pain, thick white odorous genitourinary discharge, itchy genitals. < urination (Cramps in abdomen after passing urine).  |
| H107      | Leucorrhoea unspecified                  | Vagina itchy, thick white vaginal discharge, burning pain during urination, > warm water. Lower abdominal pain after intercourse.   |
| H109      | Hypertension                             | Hypertension in medical history. Quite elevated blood pressure of 160/110 mmHg.   |
| H110      | Suspected Tuberculosis                   | Dry cough, < Night, Cough morning and day as well, Sore throat with tingling sensation that triggers the cough. Night sweats.   |

| CASE CODE | CONCOMITANT AILMENT (CLINICAL DIAGNOSIS) | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)  |
|-----------|--|--|
| H112      | Herpes Zoster                            | Shingles prodrome as upper quadrant abdominal pain, stabbing pain on side of chest (along floating ribs), burning and hot body.  |
| H113      | Eczema                                   | Dry, itchy skin, desire to scratch, > scratching, pleasurable itch, doesn't bleed, < very hot water, black eruptions. Eczema started 3 years ago after stressful period, depression and suicidal thoughts post-divorce.  |
| H114      | Influenza unspecified                    | Yellow, burning, watery coryza from nose. Dry cough. Throbbing frontal headache with hot sensation, > drinking water. Onset from change of weather. Chilly and hot. Post nasal drip. Loss of appetite.   |
| H116      | Anogenital warts                         | Vagina with itchy warts and white frothy foul odoured vaginal discharge.   |
| H117      | Scabies                                  | Nodules in skin of groin, burning and itching of skin over whole body, < night, > hot water, dry and pustular skin.  |
| H120      | Herpes Zoster                            | Vesicular skin eruption of Shingles (Herpes zoster), < heat, > night. Started 3 days prior as vesicles on skin. Much itchiness, burning, stitching pain.   |
| H122      | Dermatitis unspecified                   | Itchy suppurative skin sores (yellow pus) all over body, < heat, > scratching (becomes numb), crustiness of sores, started on legs, > bathing, scratches until bleeds. Sores in folds of skin especially genital area.   |
| H123      | Recurrent oral aphthae                   | Tongue with white coating / patch. Recurring oral thrush and aphthae. Loss of appetite. Desire only to drink. Desire for porridge. Aversion to food. Fatigue and decreased energy.   |
| H124      | Influenza unspecified                    | Cough, chest pain on coughing, < cough. Nose blocked and watery discharge. Back pain of severe intensity since influenza. Burning pain of back. Headache of pressing pain from back of neck to temple, < bending. Throat ache. > Rest. Decreased energy and weakness. < Movement. Extreme body pain. Increased thirst for water. |
| H125      | Dermatitis unspecified                   | Lower limb eruptions with pustules (pus filled yellow pimple). Painful on growth. Redness around pimple. Pustules ulcerate and pass watery discharge, < Water, > scratching. Hot sensation of limbs.   |
| H127      | Anxiety disorder unspecified             | Insomnia. Suppressed anger. Stress, overthinking. Betrayal of previous partner. Loss of trust in current partner, Relationship tentative (Threatened breakup). Processing recent positive result of HIV test (February 2016). Headache temporal radiating to neck, > rubbing forehead.   |
| H128      | External ear abscess                     | Sudden onset of ear pain. Right ear painful and inflamed with sharp throbbing pain within. Feels hot and painful on swallowing and opening mouth. Frontal headache throbbing and cyclic occurrence.  |
| H129      | Dermatitis unspecified                   | Foot rash / eruption bilaterally (reported as Fungal). White, watery discharge from foot eruption, very pruritic (itchy), < wearing shoes.   |

| CASE CODE | CONCOMITANT AILMENT (CLINICAL DIAGNOSIS) | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)  |
|-----------|--|--|
| H130      | Polyarthritis unspecified                | Ankles and knees swollen with burning and throbbing pain, < touch, < motion, < cold, < damp place, < night, > warm bath, < walking on cold surface (tiles) with feet uncovered. Weakness. Painful and tired body. Myalgia.   |
| H131      | Muscle strain ankle                      | Ankle joints swollen and painful with stabbing pain, pain radiating up to knee, < exertion (working), < walking, > sitting, > warm water application.  |
| H132      | Influenza unspecified                    | Sneezing, coughing, aching back pain, aching pain in extremities. Legs painful with cramping sensation, > cool application. Loss of appetite. Craves fatty foods. Thirstless.  |
| H133      | General malaise                          | General malaise. Right ankle with burning pain. Tired feet, < night. Accompanied by left nostril coryza (runny discharge), sharp and itchy pain in nose, and headache, < heat.   |
| H134      | Influenza unspecified                    | Cough with sweet tasting green expectorant. Easily expectorated. < Night, < evening, < on waking. Pain and soreness of chest. Nasal congestion. Throbbing frontal headache. Decreased energy, fatigue, increased thirst and sleep.   |
| H135      | Headache unspecified                     | Headache at occiput with throbbing pain and pain at nape of neck, > lying down, < bending. Accompanied by sharp lower back pain, < bending, < sitting straight (since 2013, Ailments from C-section).  |
| H136      | Irritable Bowel syndrome with diarrhoea  | Diarrhoea with watery, very foul odoured stool. Pain on defaecation, blood in stool, increased flatulence, foul eructation.  |
| H137      | Dermatitis unspecified                   | Itchy skin rash / eruption over whole body, < face, < wool clothing, < sun, < heat, < hot water, > rubbing, > scratching, > uncovering. Body feels hot. Onset from hot weather.  |
| H139      | Anxiety disorder unspecified             | Anxiety, betrayed (August 2015), suppressed sadness and anger. Insomnia. Diarrhoea of green, watery stool with increased offensive flatulence.   |
| H140      | Influenza unspecified                    | Dry cough, chest pain during cough, < morning. Pressing and tight sensation of chest. < morning, < night. Headache from forehead to posterior auricular area. Sharp, stabbing pain of headache with difficulty keeping eyes open. Lower back pain, > standing, < bending forward, < waking up. Loss of appetite, increased thirst, weakness from influenza, decreased energy, fatigue (prodrome to influenza). |
| H141      | Urinary Tract Infection                  | Urinary burning and frequency of urination, tenesmus, dribbling. Urine brown with foul odour. Throbbing inguinal pain when about to pass urine.  |
| H142      | Gastric ulcer                            | Grief, sadness, anger, stress. Stomach ulcer with stabbing pain. Bloating. Constipation.   |
| H143      | Upper abdominal pain unspecified         | Upper abdominal pain (subcostal) all day, < movement, < work, < exertion. Stomach pain twisting and cramping pain.   |

| CASE CODE | CONCOMITANT AILMENT (CLINICAL DIAGNOSIS) | DESCRIPTION OF CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   |
|-----------|--|---|
| H144      | Tinea capitis                            | Scalp of head itching in patches, < scratching, < night, < sulphur. Clear watery discharge from skin eruption.  |
| H149      | Skin abscess                             | Left lower limb anterior tibial skin area with eruption of boils. Dark discolouration of boils. Mild swelling of affected skin area. Itchiness of eruption on occasion, < hard pressure, < touch. Started as multiple small boils with dark discolouration and slight swelling.   |
| H151      | Influenza unspecified                    | Body ache and night sweats on onset of influenza. Initial symptoms of sore throat, blocked nose, constant coughing and much sneezing. Cough violent with yellow salty expectorant. Expectorant a jelly like consistency. Much mucus but difficult to expectorate, < night. Difficulty sleeping. Bilateral nasal congestion with yellow and blood-tinged mucous. Shortness of breath < ascending stairs. Water tastes sour. Desire to vomit. Dust sensation in chest below manubrium. Chest pain on cough, < cold, < coughing. Chilly. Decreased energy. |
| H152      | Headache unspecified                     | Chronic headache, < mental exertion (straining), < hunger.  |
| H153      | Loss of appetite, Dyspepsia              | Loss of appetite. Desire for liquids and fruit only (Averse to eating solid foods). Dyspepsia. Heartburn, burning hot sensation, < night when sleeping. Mouth ulcers healed after antibiotics (2 weeks prior) but periodically occurs. Induces vomit with antacid in order to eat fruit or drink. Loss of taste. Bitter taste in mouth on waking, Fatigue (Tires easily).   |
| H155      | Urinary Tract Infection                  | Pain on urination, burning urine passed in small drops despite urgency, incomplete emptying of bladder, burns like acid (last 2 drops of urine).  |

## APPENDIX I: TABLE OF MODALITIES AND SENSATIONS

| CASE NUMBER | CONCOMITANT AILMENT (CLINICAL DIAGNOSIS) | MODALITIES   | SENSATIONS   |
|-------------|--|--|--|
| H004        | Dermatitis unspecified, Cystitis chronic | < Day, < Hot Weather, > Continuous Scratching  | Very itchy (Left arm and pimples), Painless                              |
| H005        | Influenza unspecified, Tension Headache  | < Swallowing, < Rainy Weather, < Coughing (Headache)                                   | Hole or sore (in chest), Hot (frontal sinus), Hard, dry, barking (cough) |
| H006        | Acute gingivitis, HIV sequelae           | > Hot Water, > Chewing, < For Swallowing, > Hard Food, > Pressure                      | Heavy pain sensation, Sensation of sores (on gums but none observed)     |
| H007        | Emaciation, HIV wasting syndrome         | Unspecified  | unspecified  |
| H008        | Influenza unspecified, Tension Headache  | < Morning<br>> Cold Water  | Feels like eyes are closing, cannot keep eyes open                       |
| H009        | Secondary dysmenorrhoea                  | > Pressure (Tight)   | Cramping pain  |
| H010        | Myalgia                                  | < Sleep, < Left Side, < Stooping, < Bending Forward                                    | Muscular Pain, Shooting pain (Left shoulder to left index finger)        |
| H012        | Headache unspecified                     | < Sun, < Light   | Pressing Pain, Heavy Sensation, Fullness (on Forehead)                   |
| H013        | Dermatitis unspecified                   | < Getting Hot, < Pure Water (Pimples And Desire To Scratch), > Washing With Salt Water | Burning, Sore (after scratching), Burning pain (with shoes on)           |
| H014        | Renal failure                            | < Morning, < Night (Sweats And Becomes Weak)   | Sharp pains  |
| H015        | Headache unspecified and uterine pain    | < Sun (Headache), < Every Motion, < Sitting (Uterine/Abdominal Pain)                   | Itchy (rash), Sharp (abdominal pain)                                     |
| H016        | Herpes simplex                           | Unspecified  | Painless > salt water  |
| H017        | Tension headache                         | < Thinking, < Sun, > Drinking  | Throbbing pain   |
| H019        | Metrorrhagia                             | Unspecified  | Itchy, Burning (urine)   |
| H020        | Anogenital warts                         | < Sitting, < Tight Clothing, > Changing Sitting Position                               | Stitching / stinging pain  |



| CASE NUMBER | CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)            | MODALITIES  | SENSATIONS  |
|-------------|---|---|---|
| H021        | Suspected Tuberculosis (Chest infection)            | < Morning And Night, > Expectoration Of Mucous  | unspecified   |
| H022        | Dental abscess                                      | < Sun, < Heat, < Bending Head Forward (Headache)  | Pain (gums)   |
| H023        | Urinary Tract Infection                             | Unspecified   | Pain (on urination)   |
| H024        | Abdominal pain                                      | < Motion, > Night   | Constricting pain, Burning pain   |
| H026        | Acute stress reaction                               | > Lying On Stomach, < Stress, < Anger   | Sensation of snake (inside stomach), Sharp pain   |
| H027        | Influenza unspecified                               | < On Waking In The Morning, < Cough   | Throbbing pain (on vertex)  |
| H028        | Influenza unspecified                               | > Night (Nasal Congestion), < Swallowing (Throat Pain Left Side)                            | something blocking airway' (throat), Pounding (left side of temple), Itchy (Left eye) and sensation of something inside |
| H031        | Hypertension  | < Sun, < During Day (Nosebleed)   | Stabbing pain (headache), Sensation as though dust in eye, Sharp, Shocking pain (back)                                  |
| H033        | Primary Tuberculosis                                | < Leaning Forward (Leg Pain)  | As though dead (Legs)   |
| H035        | Atopic dermatitis                                   | < Scratching, < Evening, < After Bathing (Both Hot And Cold Water)                          | Voluptuous itch, Burning  |
| H037        | Dermatitis unspecified                              | < After Eating Food (Epigastric Pain), < Heat (Rash)  | No sensation of rash, Internal Scratching /'stitching' irritation (epigastric pain)                                     |
| H040        | Cramps and spasms, Pinched nerve                    | < Evening, < Breathing In And Out   | Stabbing pain   |
| H041        | Constipation  | < Touch (Abdominal Pain)  | Cramping pain, Poking sensation   |
| H042        | Constipation, Dyspepsia                             | < Meat, < Spicy Foods   | Cramping pain   |
| H044        | Acute Upper respiratory tract infection unspecified | < Walking Fast, > Inducing Emesis   | Closed (chest)  |
| H045        | Post herpetic neuralgia                             | < Hot Weather, < Touch Of Clothes, > Bathing (Cold And Hot Water), < Lying On Affected Part | Sharp pain, Burning sensation, Pruritic   |

| CASE NUMBER | CONCOMITANT AILMENT (CLINICAL DIAGNOSIS)   | MODALITIES  | SENSATIONS   |
|-------------|--|---|--|
| H047        | Tuberculosis of lung without mention of bacteriological or histological confirmation | < Bending (Pain On Cough), < Night, < Walking                                     | Something lodged in throat   |
| H048        | Influenza unspecified  | < Sunlight, < Chewing (Headache)  | Throbbing, Repeated hammer strike (occipital headache), Bounding palpitations  |
| H049        | Tonsillitis  | < Eating  | Burning (throat)   |
| H050        | Haemorrhoids, internal with complications  | Unspecified   | Itchy, Painless  |
| H051        | Herpes Zoster  | < Standing, > Sleeping On Unaffected Side (Pain Modalities)                       | Ascending pain from abdomen to chest, Burning sensation  |
| H052        | Tonsillitis  | Unspecified   | Pain   |
| H053        | Herpes Zoster  | Unspecified   | Burning, Itching   |
| H054        | Impetigo   | Unspecified   | unspecified  |
| H055        | Cystitis chronic   | > Scratching (Itch)   | Burning sensation like acid (on urinating)   |
| H058        | Viral Hepatitis unspecified without hepatic coma                                     | Pain, < Lifting, > Lying Down, < Physical Exertion, Has To Sit Properly           | Poking sensation, Stabbing sensation   |
| H059        | Joint pain   | < Sitting, < Sleeping   | Aching, Biting (Joint pain), Burning, Itchy (nose), Shoulders feel separated when sleeping   |
| H060        | Major depressive disorder  | > Smoking Cannabis  | unspecified  |
| H061        | Furunculosis   | < Night, < Exposure To Cold, < Damp Weather                                       | Painful  |
| H063        | Functional diarrhoea   | < Apples, < Fruit, < Juice, < Meat, < Chicken, < Fish, < Beef, < Spinach, < Beans | Hanging out sensation (haemorrhoids), Pushing sensation (diarrhoea)  |
| H064        | Arthritis unspecified  | < Cold, < Change In Weather, < Resting  | Choking pain (back), Stiffness (in morning), Burning pain, Heaviness (back muscles), Sensation of hole (spine), Numbness (Right arm) |
| H065        | Urinary tract infection  | < Urination, < Clothing, < Coition (Unbearable)                                   | Pain (on passing urine), Itching   |
| H067        | Eczema   | > Scratching, > Oozing, < Sunlight, < Winter                                      | Very itchy   |

| CASE NUMBER | CONCOMITANT AILMENT (CLINICAL DIAGNOSIS) | MODALITIES   | SENSATIONS   |
|-------------|--|--|--|
| H068        | Intestinal parasitism                    | < Sitting (Pain)   | Pulsating (pain in head), Water noises (in ears)       |
| H069        | Dermatitis unspecified                   | > Scratching, > Washing  | Itching, Burning sensation                             |
| H071        | Acute nephritic syndrome unspecified     | > Rest, < Walking, < Standing, < Acidic Foods, < Coke                            | Stabbing pain (feet)                                   |
| H072        | Cough                                    | Unspecified  | Hot sensation (pain in chest)                          |
| H073        | Leucorrhoea unspecified                  | < Bathing  | Itching (on vulva)                                     |
| H075        | Hearing loss unspecified                 | Unspecified  | unspecified  |
| H076        | Influenza unspecified, Stress            | Unspecified  | Poking sensation (legs)                                |
| H077        | Attention Deficit Hyperactivity Disorder | Unspecified  | unspecified  |
| H078        | Influenza unspecified                    | < Cold Weather   | Twisting constant pain (headache)                      |
| H079        | Urinary Tract Infection                  | Unspecified  | Sensation of retained urine                            |
| H080        | Influenza unspecified                    | < Lying Down, < Cold Weather, < Before Sleep, < When Swallowing Liquids (Throat) | unspecified  |
| H081        | Urinary Tract Infection                  | Unspecified  | Burning like fire, Like sores                          |
| H082        | Anogenital warts                         | < Hot Water, > Cream, < Coition  | Itching, Hot steam sensation                           |
| H083        | Acute sinusitis                          | > Cold Application (Night Sweats)  | unspecified  |
| H084        | Influenza unspecified                    | Unspecified  | Throbbing (headache and eye pain)                      |
| H085        | Leucorrhoea unspecified                  | Unspecified  | Itchy  |
| H087        | Arthritis unspecified                    | < Walking, > Sitting   | Stabbing pain (knees), Pulsating pain (lower back)     |
| H088        | Influenza unspecified                    | Unspecified  | Hot and cold sensation (body)                          |
| H090        | Arthritis unspecified                    | < Water, < Air, < Movement   | Heat (sensation inside bones), Stabbing pain           |
| H092        | Vaginitis                                | < Scratching, < Water, < Sweating, < Heat, < Night, < Moist, > Lukewarm Bath     | Itchy, Raw   |
| H093        | Influenza unspecified                    | < Rainy Weather, < Looking At Objects For Long, < Sun (Headache)                 | Throbbing (headache), Pulling sensation (back of head) |

| CASE NUMBER | CONCOMITANT AILMENT (CLINICAL DIAGNOSIS) | MODALITIES  | SENSATIONS  |
|-------------|--|---|---|
| H094        | Non-Insulin Dependent Diabetes Mellitus  | Unspecified   | Itchy   |
| H095        | Acute Bronchitis unspecified             | < Night, < Lying                                    | Feeling of something present (in chest), Pain (on coughing) |
| H097        | Dermatitis unspecified, Hypertension     | < Heat, < Hot Weather                               | Itchy   |
| H098        | Generalised enlarged lymph nodes         | < Touch, < Movement (Every Movement)                | Beating Pain  |
| H099        | Cystitis acute                           | Unspecified   | Burning   |
| H101        | Iron deficiency Anaemia                  | > Coffee, > Warmth (Cramps)                         | Cramping pain (in back radiating to abdomen)                |
| H102        | Leucorrhoea unspecified                  | > Bathing (Itchiness)                               | Itchy   |
| H103        | Otitis externa unspecified               | Unspecified   | Pressure pain (ear), Itchy (lower eyelid)                   |
| H106        | Urinary Tract Infection                  | < Urination (Cramps In Abdomen After Passing Urine) | Stinging pain, Itchy (genital area)                         |
| H107        | Leucorrhoea unspecified                  | > Warm Water  | Itchy, Burning pain   |
| H109        | Hypertension                             | Unspecified   | unspecified   |
| H110        | Suspected Tuberculosis                   | Unspecified   | Tingling sensation (in throat - trigger for cough)          |
| H112        | Herpes Zoster                            | Unspecified   | Stabbing pains  |
| H113        | Eczema                                   | > Scratch (Pleasurable Itch), < Hot Water           | Itchy   |
| H114        | Influenza unspecified                    | > Drinking Water (Headache)                         | Burning (coryza), Throbbing and hot (headache)              |
| H116        | Anogenital warts                         | Unspecified   | Itchy   |
| H117        | Scabies                                  | > Hot Water   | Burning, Itching  |
| H120        | Herpes Zoster                            | < Heat, > Night                                     | Much itchiness, Burning, Stitching pain                     |
| H122        | Dermatitis unspecified                   | < Heat, > Scratching, > Bathing                     | Itchy   |
| H123        | Recurrent oral aphthae                   | < Night   | unspecified   |
| H124        | Influenza unspecified                    | > Rest, < Bending (Headache)                        | Burning pain (backache), Pressing pain (headache)           |

| CASE NUMBER | CONCOMITANT AILMENT (CLINICAL DIAGNOSIS) | MODALITIES  | SENSATIONS  |
|-------------|--|---|---|
| H125        | Dermatitis unspecified                   | < Water, > Scratching   | Hot sensation of limbs  |
| H127        | Anxiety disorder unspecified             | > Rubbing Forehead  | unspecified   |
| H128        | External ear abscess                     | < Swallowing, < Opening Mouth   | Sharp, Throbbing, Hot and painful when opening mouth (ear), Throbbing (Headache)                            |
| H129        | Dermatitis unspecified                   | < Wearing Shoes   | Much itching  |
| H130        | Polyarthritis unspecified                | < Touch, < Motion, < Cold, < Damp Places, < Walking On Tiles Without Socks, > Warm Bath | Burning sensation, Throbbing pain   |
| H131        | Muscle strain ankle                      | > Sitting, < Walking  | Stabbing pain   |
| H132        | Influenza unspecified                    | Unspecified   | Aching pain   |
| H133        | General malaise                          | Unspecified   | Sensation of fullness (headache)  |
| H134        | Influenza unspecified                    | Unspecified   | Throbbing pain (headache), Soreness (chest)   |
| H135        | Headache unspecified                     | > Lying Down, < Bending, < Sitting Straight (Backache)                                  | Throbbing (headache), Sharp pain (back)   |
| H136        | Irritable Bowel syndrome with diarrhoea  | Unspecified   | Pain (on defaecation)   |
| H137        | Dermatitis unspecified                   | < Heat, > Rubbing, > Scratching, > Uncovering   | Itchy, Hot (body)   |
| H139        | Anxiety disorder unspecified             | Unspecified   | Unspecified   |
| H140        | Influenza unspecified                    | Unspecified   | Dryness (Cough), Pressing tight (chest), Sharp stabbing (Headache)  |
| H141        | Urinary Tract Infection                  | Unspecified   | Throbbing pain (inguinal regions bilaterally), Sensation of something present (in stomach), Burning (urine) |
| H142        | Gastric ulcer                            | Unspecified   | Stabbing pain   |
| H143        | Upper abdominal pain unspecified         | < Exertion, < Movement  | Cramping, Twisting pain (stomach), Pulsating (headache)   |
| H144        | Tinea capitis                            | < Scratching  | Itching   |

| <b>CASE<br/>NUMBER</b> | <b>CONCOMITANT AILMENT<br/>(CLINICAL DIAGNOSIS)</b> | <b>MODALITIES</b>               | <b>SENSATIONS</b>  |
|------------------------|---|---------------------------------|--|
| H149                   | Skin abscess  | < Hard Pressure, < Touch        | Itchy (on occasion)  |
| H151                   | Influenza unspecified                               | < Coughing, < Cold (Chest Pain) | Dust sensation (in chest below manubrium)                    |
| H152                   | Headache unspecified                                | Unspecified                     | Sharp, Tickling  |
| H153                   | Loss of appetite, Dyspepsia                         | Unspecified                     | Burning, Hot sensation (heartburn)                           |
| H155                   | Urinary Tract Infection                             | Unspecified                     | Burns like Acid (last 2 drops of urine), Pain (on urination) |

## APPENDIX J: TABLE OF MENTAL AND EMOTIONAL SYMPTOMS

| CASE NUMBER | MENTAL  | EMOTIONAL   |
|-------------|---|---|
| H004        | "Everything is fine." (Mentally good).  | unspecified   |
| H005        | Ailments from sexual abuse.   | unspecified   |
| H006        | Worry over illness - for family and for self.   | unspecified   |
| H007        | < sympathy (it angers her), < company, < looking at the mirror, < being looked at, Dreams - about child and future - makes her happy.                               | Unhappy.  |
| H008        | Relaxed, Mentally good.   | unspecified   |
| H009        | Unspecified   | unspecified   |
| H010        | < Criticism, Desire to be liked (insecure), Closed, Anger, Fears - dogs and cats, Humble.   | Anger, Sad - if her belongings are stolen, from being teased, Collapses when sad or angry, (Sensitive).   |
| H012        | Closed off, Hears voices while napping, Delusion of animals being there to fetch her, Unafraid of these animals, Likes business.                                    | Grief (Loss of children when they were young).  |
| H013        | Dreams of dead mum after praying (Mum is laughing in the dream), Happy to clean and be at home.   | Weeping (Cries and gasps for breath when she thinks of mother), Regret for not communicating more with mum, Embarrassed, Shy about skin pustules on foot. |
| H014        | Lack of self-worth due to illness.  | unspecified   |
| H015        | Moody, Averse to talking.   | unspecified   |
| H016        | Loves money, Loves food.  | unspecified   |
| H017        | Fear - fight / family discord (confrontation), Anxiety, Suppressed emotions, Averse to talking, Dreams of fighting with brothers, Decreased libido (before menses). | Much weeping, Suppression of emotions (Internalising troubles), Emotional fatigue.  |
| H019        | Anxiety (about finances), Worry (family and child), Decreased libido.   | Helplessness, Feeling weak.   |
| H020        | Worry (about warts and HIV status, shame), Fear (being judged), hiding.   | unspecified   |
| H021        | Stress about finances, Depression due to lack of financial support, Addiction to drugs.   | unspecified   |
| H022        | Angry, Loses breath when angered, Decreased libido.   | Anger.  |
| H023        | Easily irritated, Mood swings.  | unspecified   |
| H024        | Weeping during consultation.  | Weeping.  |

| CASE NUMBER | MENTAL  | EMOTIONAL  |
|-------------|---|--|
| H026        | Desire for isolation, Stress (children taken away, wife's death), Depressed, Desire to be alone, Grief (loss of father), Overthinking, Decreased libido, Dreams about dead, father pursuing them.   | Anger (towards mother and children been taken away), Abandoned, Alone (lonely), Grief. |
| H027        | Mentally good (Nothing wrong).  | unspecified  |
| H028        | Happy (and smiling) despite illness, mentally good.   | Happy.   |
| H031        | Loquacious, Dreams - of defaecating, breastfeeding.   | Grief (loss of children, a Stillborn baby and a 2yr old passed away).                  |
| H033        | Depressed (feels down), Feels as though useless, Suicidal thoughts, Fears death and slow death.   | Sad (feels down ), Feels useless.  |
| H035        | Desire for escape, Indifference / apathy (about self), Loss of hope.  | Anger (at absent father and not being raised properly).                                |
| H040        | Feels ok if ARVs are taken.   | unspecified  |
| H041        | Desire for company (enjoys people around), Open, Forthright, (Confronts a person should there be a need and moves on, Can speak her mind).  | unspecified  |
| H042        | Desire to be alone, > Alone, Introvert, Anxiety, Desire for music, > Music.   | Irritable (easily).  |
| H044        | Anxiety (health and death), Stress (being in a relationship), Dreams about dead people which feels nice, Fears car accident and resulting disability.   | Happy, Cheerful, Friendly (observation in consultation).                               |
| H045        | Indifference (on occasion), Upset over trifles.   | Grief (death of husband), Betrayed (husband's infidelity).                             |
| H047        | Intolerance to lies, Violent when lied to, Fears thunderstorms, Intolerant to being fooled, Desire for company (loves people normally).   | Anger, Poor anger management.  |
| H048        | Sad (losing money), Gambling addiction/habit, Short tempered (easily angered), Intolerant to hypocrites, Helpful, Loves people, Confrontational, Decreased libido, Dreams - people plotting against her, fighting over fish.  | Sad.   |
| H049        | Isolation, No desire to talk, Desire for quiet, Overwhelmed (too much to handle), Reserved, Suppressed emotions (keeps it to herself), Depression, Weeps much, Decreased libido, Fears - rejection and expression, Foster home history, Raped by uncle (Ailment from sexual abuse). | Anger, Weeping.  |
| H050        | Disappointment, Desire to remain indoors (home), Burdened, Alone, Dreams - Snakes either playing with or being chased by, waterfalls, water and of falling, Talks, screams, moves hands while dreaming.   | Happy with complete life, Sexual orientation/preference - Lesbian.                     |



| CASE NUMBER | MENTAL  | EMOTIONAL   |
|-------------|---|---|
| H051        | Humble, Decreased libido, Fear - not being able to support children, Dreams - grandmother warning of impending danger.  | Prone to extreme anger, Expresses anger vehemently.   |
| H052        | Unspecified   | Irritable, Sad (about illness and health).  |
| H053        | Calm, Open, Can deal with situations when necessary.  | unspecified   |
| H054        | Apathetic, Stress.  | unspecified   |
| H055        | Easily angered, > Crying, Outspoken (Forthright), Desires company (loves to be around people).  | Anger > crying.   |
| H058        | Quiet person, Introverted, Prays much, Fears - snakes.  | Anger, Fearful, Grief - loss of son 3 months prior to consultation.                                     |
| H059        | Happy, Bears no grudges (forgiving).  | Happy.  |
| H060        | Indignation, Abuse (History of abuse by uncle), Stress (children, loss, abuse), Decreased libido, Fears sexual activity, Fears sexual organs not working, Overthinking, Sexual relationship with a young boy.   | Grief (loss of partner and of parents), Unprocessed grief (no counsel or support for losses and abuse). |
| H061        | Easily angered, Open and friendly, Fears - snakes, toads, animals.  | unspecified   |
| H063        | Unspecified   | unspecified   |
| H064        | Optimistic, Angered quickly, Averse to being disturbed, Aggressive, Violent (used to hit husband while he was alive), Laughing at serious matters (laughing at husband's death ), Discord in marriage, Betrayed, Verbally abused (by husband), Unappreciated, Dreams witchcraft - being attacked by people. | Anger, Irritable, Emotional, Betrayed, Unappreciated.   |
| H065        | Mental fatigue, Poor concentration, Talks slowly, Difficultly thinking, Slow to recall (slow memory), Lack of confidence (not perfect- compared to sister by father) , Dreams - Family, Death, Children, Numbers.   | unspecified   |
| H067        | Perfectionist, Organised, Likes to advise others, Likes to travel, Shies away from confrontation, Fears - cars, snakes, dogs, oceans, heights.  | unspecified   |
| H068        | Anxiety (health), Fear - dying, severe illness.   | unspecified   |
| H069        | Anxiety, Delusion of stroke in left leg, Stress, Smiling, cheerful façade, Hiding unhappiness, Dreams - being left behind.  | Sad.  |
| H071        | Wants to be consoled, Attention seeking, Talks to inanimate objects, Disconnected (Unaware of being spoken to by another), Stress syndrome (2015), Feels insulted, Trauma (robbed in 2014), Dreams of being killed by choking.  | Abandoned, Insulted.  |

| CASE NUMBER | MENTAL  | EMOTIONAL  |
|-------------|---|--|
| H072        | Unspecified   | unspecified  |
| H073        | Short tempered (easily angered), Averse to confrontation, Makes friends easily, Enjoys laughing, Loves company (Desire for company / Social).   | unspecified  |
| H075        | Acceptance of HIV+ status, Feels fine mentally/emotionally, Can't recall dreams, Talks in sleep.  | unspecified  |
| H076        | Stress (due to Betrayal), Cheerful façade, Post trauma stress, Resignation (to current partner).  | Anger (suppressed anger), Betrayed.  |
| H077        | Extreme restlessness, Violent, Laughs at serious matters, Preoccupied, Shy (makes fists and covers face with hat during consultation), Loves to dance, Caring and helpful nature, Artistic (enjoys drawing), Failing at school, Averse to study, Feels no pain when hit, Likes leopards and cheetahs (as they can run). | Grief (loss of Mum), Abuse (physical and emotional by uncle for making funny expressions). |
| H078        | Extroverted, Sociable (Desire for company), Calm, Fears - Death.  | Happy.   |
| H079        | Worry (desires a divorce), Fears - snakes, rats, Anger towards husband for infecting her.   | Anger.   |
| H080        | Anxiety, Worry.   | Grief (loss of child from Tuberculosis).   |
| H081        | Dreams - own funeral with family members opposite coffin, Increased libido (Frequent sexual activity).  | unspecified  |
| H082        | Worry, Overthinking (about child being abused).   | unspecified  |
| H083        | Unspecified   | unspecified  |
| H084        | Stress (unemployment and no finances), Dreams - being in the toilet, drinking alcohol.  | Happy.   |
| H085        | Stress (with partner because of money issue), Moody but "easy going", Intolerant of inaccuracies of others, Loves money (sexual intercourse for money and multiple sexual partners).  | Irritable (due to Partners "obsession" with her), Anger quickly.                           |
| H087        | Impatient/hurried ("doesn't have time to sit around"), Dreams - of enemies, Enjoys talking to people.   | unspecified  |
| H088        | Unspecified   | unspecified  |
| H090        | Unspecified   | unspecified  |
| H092        | Unspecified   | unspecified  |
| H093        | Social person (desire for company), Counsels others, Knitting hobby.  | unspecified  |

| CASE NUMBER | MENTAL   | EMOTIONAL  |
|-------------|--|--|
| H094        | > Family, < Confrontation (Fighting), < Alcohol abuse in others, Dreams - pursued by dogs, escaping from chasing horses or snakes, Fears - storms, lightning, Likes music. | Sad (not getting enough help, about illness).                  |
| H095        | Unspecified  | unspecified  |
| H097        | Unspecified  | Sad (poor health).   |
| H098        | Unspecified  | unspecified  |
| H099        | Worry (health), Dreams - ghost.  | unspecified  |
| H101        | Unspecified  | unspecified  |
| H102        | Weeping, Anxiety (at night), Ailments from loss of mother.   | Grief (loss of mother), Weeping.                               |
| H103        | Unspecified  | unspecified  |
| H106        | Early responsibility for family (Mum passed away in 2004 and Patient 10 years old), Dreams - being pursued.  | unspecified  |
| H107        | Much responsibility for family, Difficulty accepting HIV status, Weeps, Feels 'used' (taken advantage of), Likes people (desire for company).                              | Weeping, Feels 'used'.   |
| H109        | Worry (suspects pregnancy and no desire for more children), Stress, Intolerant of lies, < Being lied to, Dreams - swimming, Fears - snakes, monkeys, Likes - cats, dogs.   | unspecified  |
| H110        | Fears illness, Quiet person (Reserved).  | Doesn't get sad, Alcohol brings happiness.                     |
| H112        | Unspecified  | unspecified  |
| H113        | Suicidal thoughts, Stress, Depression in history (6 years ago after divorce), > counselling.   | Emotionally recovered after counselling.                       |
| H114        | Unspecified  | unspecified  |
| H116        | Desire to be alone, Cries easily, Negative mindset ("bad things happen"), Fears - snakes, failure.   | unspecified  |
| H117        | Unspecified  | unspecified  |
| H120        | Unspecified  | unspecified  |
| H122        | Confused, Uncomfortable.   | unspecified  |
| H123        | Forgetful (Tasks and people), Can become very angry (easily angered - behavioural change), Remorseful (about anger).   | Grief (2 deceased children, Husband violently killed in 2004). |
| H124        | Mental fatigue and weakness, Doesn't feel like self.   | unspecified  |

| CASE NUMBER | MENTAL   | EMOTIONAL  |
|-------------|--|--|
| H125        | Unspecified  | unspecified  |
| H127        | Reserved (keeps things to herself), Shy, Anxiety, Disappointment in love, Ailments from anger and stress, Overthinking. Processing recent positive result of HIV test in February 2016 (Difficulty accepting HIV+ status). | Betrayed (previous partner), Anger, Suppressed anger, Loss of trust / mistrust (current partner), Relationship tentative (Threatened break). |
| H128        | Not easily angered, Likes company (desire for company), Averse to confrontation, Averse to noise.  | Sad (being in pain and illness).   |
| H129        | Stress (loss of full time job, HIV status, loss of partner from broken relationship), Tense, Depression, but optimistic, Worry.  | Partner left him - Tension and feels upset.  |
| H130        | Doesn't forgive easily, Loves music (desire for music), Desire to be alone (but social with family and others).  | Mistrust.  |
| H131        | Acceptance of HIV positive status, Relaxed and happy.  | unspecified  |
| H132        | Dreams - of late husband.  | unspecified  |
| H133        | Unsupported, Increased responsibility, Dreams - naked on beach, Fears - frogs.   | Anger, Betrayed.   |
| H134        | Unspecified  | unspecified  |
| H135        | Extreme shyness, Asocial (Doesn't socialise - desire to be alone), Difficult to get along with   | unspecified  |
| H136        | Unspecified  | unspecified  |
| H137        | Stress (discord with partner), Desire for loving and caring company, Dreams - of animals, of being attacked by people.   | Sad (loss of "identity", doesn't feel like self).  |
| H139        | Fastidious (likes things clean and neat), Anxiety, Happy façade, > Singing, Dreams - about money and late sister, Fears - being alone, robbers at night, dying.  | Betrayed (August 2015), Sad (suppressed), Anger (suppressed).  |
| H140        | Social (likes people - desire for company), Expects acceptance from others.  | Happy.   |
| H141        | Desire to be alone, Forgetful (short term memory), Enjoys music (desire for music), Spiritual (Enjoys church).   | unspecified  |
| H142        | Stress, Increased responsibility, Fright, Shock (Post traumatic stress), Fear - Rape (history of rape which resulted in HIV+ status), Clairvoyant - dreams of bad occurrences that come true.                              | Grief, Sad, Anger.   |
| H143        | Unspecified  | unspecified  |

| <b>CASE<br/>NUMBER</b> | <b>MENTAL</b>  | <b>EMOTIONAL</b>                               |
|------------------------|--|--|
| H144                   | Lonely, Answers yes or no to questions, > Church attendance (spiritual), Overthinking (at night), Fears - guns, Decreased libido.  | unspecified                                    |
| H149                   | Loves people (desire for company), Kind, No fears/worries.   | unspecified                                    |
| H151                   | Unspecified  | unspecified                                    |
| H152                   | Unspecified  | unspecified                                    |
| H153                   | Worry (about poor appetite), Mental fatigue / exhaustion, Stress (health, suspects kidney failure, finances as breadwinner, health of family members), Responsibility too much (Increased responsibility), Overcare (for family, especially mother despite own poor health). | Sad, Relief (to get help and talk to someone). |
| H155                   | Unspecified  | unspecified                                    |

## APPENDIX K: TABLE OF PHYSICAL GENERAL SYMPTOMS

| CASE NUMBER | PHYSICAL GENERAL   |
|-------------|--|
| H004        | < heat.  |
| H005        | < change in weather, < rain.   |
| H006        | Cold and clammy skin, History of Tuberculosis.   |
| H007        | < milk, < cold water, > tea with sugar, 3-5 am Insomnia, Muscular dystrophy diagnosis, History of Tuberculosis.  |
| H008        | > cold water and juice, < hot weather, Desire for fruit, chicken and chips, Sleep and energy good.   |
| H009        | < Beans (rash like eruption all over the body), Increased appetite, Sleeps on stomach, Seasonal rash on body (yearly occurrence), Itchy eruptions, Rash cause scarring of skin, History of ectopic pregnancy (2010), History of sexually transmitted disease (2009). |
| H010        | Morning tiredness, > Winter, Averse to apple and mango, Thirst increased for water, Averse to cold water, < Sleeping on chest, Epilepsy, History of Tuberculosis, No childhood illness.  |
| H012        | Fatigue (tired) < Sun, < Light, < Afternoon.   |
| H013        | > cold weather, Thirsty, History of miscarriage (1996).  |
| H014        | Weakness, Thirst increased for water, Good appetite, Averse to pork, Sleeps on sides, Poor sleep due to pain, < Night, Perspires and weakness thereafter, No childhood illness, History of pneumonia, HIV+ diagnosis 2010.   |
| H015        | Fatigue, sleeps 10 hours, Loss of appetite, Desire for liquids (cold drink mixed with water).  |
| H016        | Thirst increased for cool drinks and water, Fatigue, Sleepy after meals, Great desire for food, History of Tuberculosis (1998), 1 functioning lung remaining, History of Sexually transmitted disease, History of Erectile dysfunction and early ejaculation.        |
| H017        | Loss of appetite, Loss of taste, Averse to water, Feels as though will fall, < Potatoes (heartburn), < Change of season, Decreased energy, Fatigue, Insomnia (2 hours at night), HIV+ diagnosis 2013.  |
| H019        | Weakness, Loss of appetite.  |
| H020        | History of Tuberculosis.   |
| H021        | Increased thirst for water, Increased appetite, Decreased energy, Disturbed sleep since cough started, Decreased libido, Night sweats, < Morning and night, HIV+ (6 months ago), Tuberculosis in history (2007 and 2009).  |
| H022        | Needs to smoke in order to sleep, Desire for cigarette and marijuana, < Warm weather, < Sun, Desires custard and yoghurt, Averse to sweets, Averse to water, Thirstless, Desire for juice and cooldrink, 2 glasses a day, History of Tuberculosis (2004).            |
| H023        | Decreased appetite, Weight loss, Night sweats, Feels cold, Desire for liver and vegetables, Prefers winter normally, Desire for alcohol, Daily consumption of ciders, History of pneumonia.  |

| CASE NUMBER | PHYSICAL GENERAL   |
|-------------|--|
| H024        | Sleeps in small / short amounts, Can only eat small amounts, Hirsutism noted, Right leg removed, History of Tuberculosis (completed treatment last year).  |
| H026        | Loss of appetite, Thirst increased for water, < night, Chilly, Sensitive to heat though, > Autumn, Fatigue (Decreased energy), Loss of strength, Dizziness, Poor Sleep, Increased perspiration, History of Tuberculosis and treatment. |
| H027        | Thirst increased, < cold.  |
| H028        | Craves sour things and citrus, > Sun, Loss of appetite, Body pain, Thirst increased, > Cold drinks, > hot weather, Poor sleep, Wakes up frequently at night, Fatigue (Decreased energy), Desire for alcohol daily.                     |
| H031        | < Day, Hypertension (since 2009 after death of daughter), History of tuberculosis and treatment (2010), History of mild stroke on left side (on 5/06/2015).  |
| H033        | Dizziness, Lack of strength, Difficulty sleeping (Sleep poor since being ill), HIV + diagnosis 2 months ago (March 2015), History of Tuberculosis, History of chicken pox.   |
| H035        | Increased hunger, Desires meat, Aversion to bread, Increased sleep, Weakness, Dizziness, Night sweats, < Bathing/washing, < Evening, HIV+ 2009.  |
| H037        | < Heat, HIV+ diagnosis 2011, No childhood diseases, History of fibula fracture 2014.   |
| H040        | Increased appetite, HIV+ diagnosis April 2015, Craves meat, Deep sleep, Low energy, Fatigue, Sleeps during the day, < evening, Arthritis of joints, particularly, hands & legs.  |
| H041        | Decreased Energy, Insomnia   |
| H042        | < winter, < cold, Increased thirst for water, < meat, < spicy foods, Fatigue, Body pain when sleeping.   |
| H044        | < cold weather, Thirst increased for cold water (drinking in large gulps), Increased appetite, Desire for meat (beef and chicken), History of Tuberculosis (1998, 2006, 2011).   |
| H045        | Increased perspiration (all day and mostly on face), Increased thirst at night, Menopause at 53 years of age, History of ulcers and hip replacement.   |
| H047        | < Thunderstorms, < night, < working, Loss of appetite, Thirstless, Fatigue, Chilly, > sunny weather, Unrefreshed sleep, History of Tuberculosis and treatment (2008).  |
| H048        | Pyrexia, Chilly, Loss of appetite, Desire for apples and bananas, Desire for fruits, < Sun, > Dark, < Beans (heartburn), History of Tuberculosis, No childhood illnesses, Menopausal in 2000 (Age of 41 years).                        |
| H049        | < night, Fatigue (Tired, Low energy), > Cold, > Pressure, Insomnia, Unrefreshed, History of drug overdose, History of depression, History of ovarian cyst (surgically removed), History of kidney failure, Pedal oedema.               |

| CASE NUMBER | PHYSICAL GENERAL  |
|-------------|---|
| H050        | Fatigue (excessive), Perspiration (excessive), Desire for Meat, Desire for Pasta, Averse to rice, HIV+ 2005, History of elevated Blood Cholesterol, History of Pneumonia.   |
| H051        | Averse to sexual activity, HIV+ diagnosis 2008.   |
| H052        | Fatigue (decreased energy), Poor sleep (Difficulty breathing), Loss of appetite, > cold porridge, Thirst increased for water.   |
| H053        | Insomnia (2hr of sleep), < Spinach- causes diarrhoea, Loss of appetite, Decreased energy levels, Increased thirst for water, HIV diagnosis in 2007, Menopause around 2012 - perimenopausal from 2007, History of Tuberculosis of brain causing Meningitis (2007). |
| H054        | Loss of appetite, Weakness, Thirst increased for tap water, < Winter, History of asthma, Difficulty breathing since winter.   |
| H055        | Sleep is poor, Disturbed sleep (wakes up every 3 hours), Thirst increased for juice, < spicy (eating chillies), > summer.   |
| H058        | > Rest, < Physical exertion, < Cold, < Brown bread, Craves spinach, No history of alcohol abuse, History of complete hysterectomy.  |
| H059        | < Sleep, < Cold, < ARV tablet, Perimenopausal.  |
| H060        | not reported  |
| H061        | Fatigue, Poor sleep (due to boils), Loss of appetite, Increased perspiration, > cold drinks, drinks in gulps, Desire for juice, Desire for sour foods like oranges, < beans and samp, History of childhood Asthma.  |
| H063        | Much weight loss, Decreased strength, Erectile dysfunction, < Apple, < Beans, < Meat.   |
| H064        | Fatigue (constant), Desires much sleep, Insomnia, < Spicy, < Salty, < Sour foods, Craves mild food, Hot flushes (Menopausal at 40 years ), Night sweats, History of gastric ulcer, HIV + (1999).  |
| H065        | Fatigue (constant), Weak, Sleepy, Decreased thirst, Aversion to oily foods.   |
| H067        | Fatigue (Low energy levels), Craves meat, > cooler weather, Thirst increased for water, Childhood eczema of head, History of Tuberculosis and treatment (2012), Hot at night, Doesn't sweat though, HIV positive since 2004.                                      |
| H068        | Fatigue, Sleepy, Weight loss, Decreased energy, > sleeping, HIV+ 2006, Loss of appetite, Averse to meat, rice and beans, Chemotherapy and Hx of cervical cancer (2013 - Radiation treatment until 2014).  |
| H069        | Always hungry , can't see properly when hungry, Fatigue, Craves cranberry juice, beef and rice, < night, History of miscarriage in 2014 (3 months pregnant).  |
| H071        | Difficulty sleeping, Thirst increased for water and cold drink, Craves chicken (KFC), HIV+ 2013.  |
| H072        | Fatigue (most of the day), Night sweats, Sweats during the day, Loss of energy, Weakness, Weakness of joints, History of asthma, History of Chicken pox.  |
| H073        | < night, Sleeps on abdomen and left side, Cannabis use, History of Tuberculosis and its treatment.  |



| CASE NUMBER | PHYSICAL GENERAL  |
|-------------|---|
| H075        | Loss of appetite, Unrefreshed sleep, Fatigue (Decreased/loss of energy levels), Lethargy, Loss of energy, < morning, History of Chicken Pox, History of Herpes Zoster.  |
| H076        | Loss of appetite, Fever, Night sweats, Body pain, Weakness.   |
| H077        | Physical restlessness (cannot sit still), Unclean (refuses to wash), > summer, > beach, Loss of appetite for solids, Desire for liquid foods like porridge and to drink rather than eat, Desire for strawberries, HIV+ since birth, History of Tuberculosis (4 years old).                                      |
| H078        | Insomnia, Thirst increased for water, < Cold weather, < Night, History of Gonorrhoea.   |
| H079        | Thirst increased for water, Averse to green vegetables, Fatigue (Decreased energy), Increased perspiration, Normally chilly, < Coffee (results in palpitation), History of herpes (2014) - pustular eruptions that burst, HIV+ 2013.  |
| H080        | > bathing, Suspected pregnancy, Intolerance of smell of smoke, petrol, sweet smells, chicken taste, History of Asthma, History of Eczema, History of Tuberculosis, History of 1 miscarriage.  |
| H081        | Fatigue, Thirstless.  |
| H082        | Loss of appetite, Fatigue, Sleepy, Desire for alcohol (beer and much wine), Unprotected sexual activity, HIV+ for 11 years.   |
| H083        | Loss of appetite, Night sweats > cold application, Averse to fats, Averse to spicy food, Craves fruits and yoghurt, HIV+ (2014).  |
| H084        | < hot sun, Loss of appetite, Thirst increased for room temperature water, feeling, Chilly, Chills during influenza, > afternoon, < evening, < morning, < night, No childhood illnesses.   |
| H085        | Insomnia (due to stress), HIV+ from February 2015, History of 4 month hospitalisation after an accident, History of gallstone operation.  |
| H087        | Fatigue (during day), History of car accident (2005) cervical injury - < heavy carrying.  |
| H088        | < Night, Hot and cold sensation of body, Loss of appetite, Desire for porridge only, Thirst increased for tap water, < Walking long distance, Fatigue, Weakness, Weight loss.   |
| H090        | < Exposure to cold, < Water, < Movement, < Air, Decreased libido, Menopausal (vaginal dryness), History of Tuberculosis.  |
| H092        | Weight loss 107kg to 95kg in 2 months, < Heat, < Night.   |
| H093        | Fatigue, Loss of appetite, Nausea when eating, Thirst increased for water (more at night), Averse to meat, Craves 'hot' foods, History of accident, Hospitalised for 1 year for head injury and other fractures.  |
| H094        | > Rain, > Winter, Menopause at 45 years of age, Craves bananas, >Tea, > Meat, < Samp as diarrhoea results, < Fish smell, Increased thirst for water, History of mumps in childhood, Increased perspiration, Hypertension, Diabetes mellitus Type 2 (Non-Insulin Dependent Diabetes Mellitus diagnosed in 2012). |
| H095        | Increased perspiration (excessive), Luke warm sweat, Insomnia (since 2010), HIV + since 2010, History of Tuberculosis and its treatment (2012).   |

| CASE NUMBER | PHYSICAL GENERAL   |
|-------------|--|
| H097        | No dreams, Refreshed after sleep, Good appetite, Craves cabbage, Increased thirst for Coca Cola (6 litres), History of abdominal Tuberculosis (1992), History of Hypertension, History of Kidney damage.   |
| H098        | Loss of appetite, Fatigue, Weakness, < Eating, < Movement, Increased perspiration (all day,) History of Tuberculosis and its treatment.  |
| H099        | Desire for alcohol (18 cans of cider, per week), HIV + 2012, History of Tuberculosis treatment (2012).   |
| H101        | Pica, Red meat "allergy", Loves chicken, Weak after menses > soil, Dizziness < menstruation.   |
| H102        | Insomnia / Sleeplessness, Craves meat, > Cold weather, History of meningitis, Menopause at 41 years of age, History of sinusitis, History of hypertension.   |
| H103        | < Touch, < Pressure, Sensitivity to beef and pork, Irritable bowel, Fatigue (Decreased energy), Increased sleep required but difficulty falling off to sleep, HIV+ since 2007, History of Steven Johnson Syndrome (2010).  |
| H106        | > Summer, Craves chicken, HIV+ 2014, History of sexually transmitted disease (December 2015), CD4 count 98 in December 2015.   |
| H107        | < Beans, < Spicy food (causing diarrhoea), < Cold weather.   |
| H109        | > winter, Feels hot, > Juice, > Cold, < Samp, HIV+ 2009, Hypertension.   |
| H110        | < Night, Night sweats, Poor sleep (due to cough), Feels hot, History of gonorrhoea, History of being hospitalised for stab wound.  |
| H112        | Weakness and inactivity, Increased perspiration (feet and whole body) and fatigue at night, Painful joints, > Stretching, > Movements, < Pressure, < Sitting, < Bending forward, > Mild weather, > Resting, History of uterine bleeding for which hospitalised and received blood transfusion. |
| H113        | > Sunny weather, > Cold drinks, desires soda and cold drinks, Loves to sleep, Daytime rest required.   |
| H114        | Feeling hot and chilly, Loss of appetite, < Change of weather.   |
| H116        | Fatigue, Body pains (heaviness on back), Bread aggravates (averse to bread), Desire for apples and bananas, Thirst for tap water increased, History of Herpes Zoster and post herpetic neuralgia, Sleep position on abdomen, HIV + 22 March 2016 (day before consultation)                     |
| H117        | HIV+ 2007.   |
| H120        | Chilly, > Night, Great desire for cigarettes (Smokes 20 cigarettes/day).   |
| H122        | Increased perspiration especially head and face, Hot at night, Desire for alcohol (24x500ml wine bottles/weekend), No chicken pox in past medical history, Awaiting pap smear results for cancer   |
| H123        | Loss of appetite, Decreased energy, Fatigue (tired, exhausted), Weight loss, Desire only to drink, Desire for porridge, Aversion to food, < Heat, > cold, Menopause 1992, HIV+ August 2015.  |
| H124        | Decreased energy, Weakness, Can't move, < Movement, < Coughing, < Bending, > Straightening up, Extreme body pain, Dizziness, Increased perspiration (on face), Increased thirst for water, History of car accident (back pain since).  |

| CASE NUMBER | PHYSICAL GENERAL  |
|-------------|---|
| H125        | < Water, > Scratching, Fatigue (Low energy levels), HIV+ (2012).  |
| H127        | Insomnia (from overthinking), Fatigue (Tired, Exhausted), Desire for sour milk, < Beans (bloating), HIV + diagnosis February 2016, History of Tuberculosis (2000).  |
| H128        | Prefers cold dry weather, Sleeplessness (Sleep poor), Loss of appetite (no desire to eat), Increased thirst for water, Desire for alcohol (consumption of 16 bottles of beer and shared 3 bottles of vodka per week).   |
| H129        | Always hungry, Fatigue (Tired, Decreased energy), Increased perspiration at night, Feels chilly, HIV + March 2015.  |
| H130        | Fatigue, Lassitude, Weakness, Desire to sit down or sleep, Hyperhidrosis (excessive sweating in heat and cold), Myalgia, Painful and tired body, Prefers cool weather, HIV +2011, History of hysterectomy (uterine cancer) 2014, Menses stopped at 34 years of age, History of Tuberculosis (2015). |
| H131        | Tires easily, Sore body, < Working, > Sitting, > Warm water, Itchy skin, HIV+ diagnosis 8 months prior (+/- August 2015).   |
| H132        | Loss of appetite, Craves fatty foods, Thirstless (Doesn't drink much water), > Cold temperature but < Cold water, History of 2 miscarriages, Hypertension.  |
| H133        | General malaise, > Winter, < Night, Fatigue, Craves ice, History of Tuberculosis (2008 - treatment for 1 month only), History of Meningitis (2004).   |
| H134        | Decreased energy, Fatigue, Increased sleep, > winter, Craves bread, Increased thirst (3-4 litres a day).  |
| H135        | > Hot weather, No childhood diseases, History of sexually transmitted infection (2015).   |
| H136        | Insomnia and Energy decreased (since taking ARVs), History of Tuberculosis (2013).  |
| H137        | > cold weather (winter), < Sun, < hot Weather, < Wool clothing, < Beans (heartburn), Desire for alcohol 6 ciders per week, Poor and little sleep, History of pneumonia.   |
| H139        | Weight loss (since January 2016 despite eating), Insomnia (despite being tired), Dizziness, Weakness, Fatigue, HIV + 2012, History of Tuberculosis (1978).  |
| H140        | Loss of appetite, Increased thirst, Weakness from influenza, Decreased energy, Fatigue (prodrome to influenza), HIV+ 1998, History of Tuberculosis (2013).  |
| H141        | Fatigue, Craves meat and fish, > cold weather, Increased thirst for soft drinks, HIV +2010.   |
| H142        | Decreased energy, Fatigue, History of Tuberculosis, HIV+ 2003.  |
| H143        | Loss of appetite, Weight loss, History of Diabetes mellitus and Hypertension, HIV+ 2010.  |
| H144        | Insomnia, Restlessness, > Summer, Decreased energy (5/10), Sulphur allergy.   |
| H149        | > warm weather, HIV+ diagnosis 9 hours before consult, Diabetes Mellitus (since 2002), Insulin injections required to control blood sugar.  |

| CASE<br>NUMBER | PHYSICAL GENERAL  |
|----------------|---|
| H151           | Chilly, Takes cold easily, Body pain (ache) and night sweats on onset of symptoms (no longer occurring), Water tastes sour, Desire to vomit, Poor sleep (awake between 12am-2am), Decreased energy, > hot weather, HIV+ 2009, Boil in axilla removed through surgery.   |
| H152           | Gets very hungry (ravenous hunger), Thirst increased at night, > Cold weather.  |
| H153           | Loss of taste, Bitter taste in mouth on waking, Fatigue (Tires easily), > sunny weather, Loss of appetite, Averse to eating solid foods, Desire for fluids only (juice) or eating of fruit (pears, grapes, bananas), Exhaustion, History of uterine fibroids and hysterectomy (2011), Hypertensive (possibly hereditary as in family history), History of Tuberculosis, History of weight loss (HIV test and subsequent TB test done due to weight loss - both positive in June 2015), No childhood diseases. |
| H155           | Weight loss, Desire for cigarettes (Smokes 20 cigarettes per day), Night sweats, no childhood illnesses, HIV+ in 2011 (refused treatment)   |

## APPENDIX L: TABLE OF PARTICULAR SYMPTOMS

| CASE CODE | PARTICULAR SYMPTOMS   |
|-----------|---|
| H004      | Skin of left upper arm itching but painless with bruised appearance. Very itchy "pimple" eruption, < day, < hot weather, > continuous scratching. Urinary retention / incomplete emptying of bladder. Burning urine. Urinary frequency.   |
| H005      | Onset after rainy weather and change in weather. Cough hard, dry and barking, chest pain on coughing, Chest coldness with sensation of sore or hole in chest, < rainy weather, < change of weather. Painful throat on swallowing, Headache with pain at the back of the neck, < cough. Head hot in frontal sinus region, Blocked nose as well as bilateral coryza.  |
| H006      | Sudden onset, gum pain (gingivitis), < swallowing, < morning on waking, > hot water, > chewing, > hard food, > pressure. Sensation of sores present on gums but none seen. Headache over left eyebrow with gum pain, heavy pain, < pain of teeth, > sleep, < after sleep.   |
| H007      | Weight loss over previous 2 years (2013- 2015). Emaciation. Vaginal thrush occurring during menses.   |
| H008      | Frontal headache > cold water, < morning. Congested nose. Cannot keep eyes open.  |
| H009      | Menses irregular and occurring twice a month. Lower abdominal cramps during menses, clots passed with menstrual bleed, pelvic pain with a cramping sensation, radiating to the lower back. Dysuria during menses, burning sensation of urine during menses, occasional dribbling of urine, < coition, pain and burning after coition, > tight pressure. Vaginal discharge of white, foul, watery nature. Seasonal itchy skin eruption on body that scars. |
| H010      | Since ARVS in 2004. Neck and arm pain, < left side, muscular pain, shooting pain from left shoulder to index finger, < sleep, < stooping, < bending forward. Dorsocervical fat pad ("buffalo hump"). Headache frontal to occiput, < heat. Diarrhoea < spicy food, < night.  |
| H012      | Frontal headache with pressing pain, < sun, < light, < afternoon, heavy sensation and fullness on forehead. Skin eruption / pustular acne on face. Pustules dry out and resolve as scars.   |
| H013      | Skin of foot darkened / discoloured black, with itchy pustules that discharge white fluid / thick white pus that dries, < left foot, < scratching, scratching results in burning sensation and in bleeding sores that are < heat and > salt water. Burning sensation of feet with shoes on. Stomach / abdominal cramps, < eating breakfast, diarrhoea and vomiting from ARV medication. Pimples on forehead since ARV. Frequent urination.                |
| H014      | Haematuria. Lower back pain on micturition. Kidney pain bilaterally, sharp pain, < morning. Constipation, stool greenish yellow with blood. Pain on defaecation. Headache temporal.   |
| H015      | Headache temporal pain, < sun. Vaginal discharge brown colour and offensive odour. Sharp uterine / abdominal pain after coition < every motion, < sitting. Onset since coition (uterine pain aetiology) and heat (headache aetiology). Pruritic skin eruption.  |
| H016      | Painless herpetic penile lesion with a clear discharge, > salt water. Painless lesion on gluteal region. Sharp chest pain on left side. Stool bloody, loose, light brown. Feet pain bilaterally with a dull sensation, > sitting, > putting feet down, > walking.   |

| CASE CODE | PARTICULAR SYMPTOMS   |
|-----------|---|
| H017      | Throbbing frontal headache radiating to back of head, < sun, < thinking, > drinking. Neck pain. Nausea and vomiting. Onset from anxiety. Cough with wheezing and white sputum. Stool hard, < change of season.  |
| H019      | Menses copious / excessive bleed. Frequent menses, red pink blood with foul odour. Vaginal itch > scratching, < urinating, Burning sensation during urination, Lower abdominal skin itchy > scratching, < night after bathing.  |
| H020      | Vagina and vulva with cauliflower like warts, Pain of warts a stitching / stinging sensation, < sitting, < tight clothing, > changing sitting position. Accompanied by vaginal discharge / leucorrhoea.   |
| H021      | Cough with much sputum that is clear (sputum quantity can vary), > expectoration. Dry cough as well, continuous cough. Chest painful, < morning and night. Nose with a burning sensation as though bleeding. Increased frequency in urination, burning pain on urination, incomplete emptying of bladder.   |
| H022      | Teeth with cavities, Painful gums and teeth. Headache < sun, < heat, < bending head forward. Head pain as if must lift head. Yellow watery diarrhoea. Vaginal itchy rash that is itching, red on scratching. It occurs on one side along the inguinal and vaginal region. Painful intercourse. Dryness of vagina > taking warm bath.  |
| H023      | Urine with clear discharge, foul smell, pain on urination. Cough with green expectorant.  |
| H024      | Abdominal pain that radiates down the legs, severe pain. Only small amounts of food can be eaten, < passing stool, < eating, < motion, > night. Pain of a hot, burning, constricting sensation. Productive cough  |
| H026      | Onset of stomach pain from stress and anger, sharp pain, sensation of snake within, > lying on stomach, < stress, < anger. Occipital headache, < stress. Burning sensation on urination, urine stops starts and with a foul smell. Erectile dysfunction with thin "watery" ejaculation. Constipation, hard black stools with blood and pain on defaecation.                     |
| H027      | Influenza from cold exposure. Headache with throbbing pain at vertex. Nasal congestion bilaterally. Eye pain with redness and lacrimation, < waking in the morning. Upper eyelid pain > cold water washing. Throat dry and painful, > swallowing saliva or tepid (tap) water and < cough. Skin with itchy, dark eruptions on shoulder, face, pinna of ears. Skin dry and flaky. |
| H028      | Nose congested. Congestion > night, yellow mucous at night, Throat pain on left side < swallowing, feels obstructed. Clear salty sputum. Headache with pounding pain at left temple. Left eye itchy. Heartburn since taking ARVs.   |
| H031      | Headache on vertex radiating to left eye. Stabbing pain of headache, < sun. Sensation of dust in the eye. Nosebleed bilaterally with dark blood flowing like water, < day. Aetiology of grief (Loss of 2 children, 2009 and 2010 ). Stroke on left side (mild). Back pain that is sharp and shocking moving from right to left side.  |
| H033      | Cough since Tuberculosis onset 3 months prior. Chest pain on coughing. Headache temporal, < morning. Left leg and arm numbness.   |
| H035      | Voluptuous itchy skin, burning sensation. Scaling skin. Scratches until bleeds, < scratching. Severe itching all day but < evening and night, < bathing (hot and cold water). Penile ulceration that is burning, painful and discharging. Pain on urination. Split and weak stream of urine.  |

| CASE CODE | PARTICULAR SYMPTOMS  |
|-----------|--|
| H037      | Skin eruption of round lightly coloured or red lesions on neck and arms, < evening, < heat. Stomach / Epigastric stitching pain. Genitalia white offensive discharge ('thrush' / Candidiasis). Menses irregular and copious with clots and dysmenorrhoea.  |
| H040      | Painful spasms of the chest wall 2-3 times a day. Right sided pains, < breathing. Poking and stabbing pain sensation, < evening. Suspected pinched nerve. Bilateral arthritic effects on knees and ankles. Constipation.   |
| H041      | Stomach cramping pain, poking sensation, < touch. Head pain with difficulty seeing.  |
| H042      | Cramping stomach pain. Constipation. Flatulence, < meat, < spicy foods. Knee pain, < cold. Headache throbbing from hunger. Tonsillitis < eating. Sinusitis < warm air, < warm room, < winter and accompanied by nosebleeds.  |
| H044      | Cough with white sputum, < cold, < night, > inducing vomit (emesis). Chest feels closed. Dyspnoea and cough on walking fast. Clear coryza < morning and < afternoon.   |
| H045      | Post herpetic neuralgia on right side and back. Burning itchy skin with sharp pain on affected part, < hot weather, < touch of clothes, > bathing in hot or cold water, > rubbing with herb oil, < lying on affected part. Onset since Herpes zoster after HIV diagnosis in 2004. Temporal Headache after anger. Heartburn < after food. Cough from tickling sensation in throat. Heart palpitations. Ascites.   |
| H047      | Cough with green sputum expectorant, pain on coughing, < bending, < night, < walking. Watery nasal discharge / coryza. Sore throat. Sensation of something lodged in throat. Salty taste.  |
| H048      | Cough dry and difficult to expectorate at first. Progressed to wet cough with white mucous expectoration. Headache frontal radiating to the back (occiput) with eye pain. Throbbing headache, with repeated sensation of hammer strike on occiput, < sun, < chewing. Bounding palpitations. Bilateral cramping calf pain, calves hard like stone, < walking, < movement, > rest.   |
| H049      | Throat burning sensation with difficulty eating, < eating. Chronic recurrent throat complaint. Ethmoidal sinusitis. Constipation with bloating and cramping pain, < night. Bleeding and burning when passing stool. Vaginal labia "boils" that occur alternately on left and right. Stinging pain of these 1-2cm "boils" (pustules or abscesses) which can be superficial or deep at times. Pustules discharge yellowish, blood tinged matter and recur monthly. |
| H050      | Internal haemorrhoids left sided, painless, but itching. Blood passed on straining at stool and on defaecation. Back pain < bending. Shortness of breath, Joint pain, < acidic food.   |
| H051      | Skin eruption and pain along dermatome on right side of abdomen up to chest (ascending pain from abdomen to chest). Burning sensation of eruption, < standing, > sleeping on unaffected side. Vitiligo of skin, Vaginal discharge copious, purulent, foul smelling with vaginal redness, pain and intense itchiness, Menses of copious bleed with menstruation days reduced to 3 from 7 days.  |
| H052      | Tonsils enlarged and intensely painful. Since exposure to cold which also further aggravates. Pain in right leg radiating to gluteal region and right inguinal lymph nodes. Pain in eyes, < looking up.  |
| H053      | Herpes Zoster eruption (Shingles) with itching and burning. Tonsils enlarged / inflamed. Dry, constant cough, < fast walking. Head pain on sides radiating to rest of head.  |

| CASE CODE | PARTICULAR SYMPTOMS   |
|-----------|---|
| H054      | Skin eruption on face. Crusty with inflammation of the skin. Dry, crusty upper lip discharging a clear fluid.   |
| H055      | Recurring episode of dark yellow and "dirty" appearing urine. Burning bladder pain when urinating (like acid), pain radiates to the back, and in umbilicus. Urogenital discharge, cream white, foul smelling discharge. Frequency of urination but in small amounts. Vaginal eruption and itching, > scratching. Pain after coition. Flatulence, > passing flatus. Menses bleed dark red with clots. Premenstrual pain 2 days before onset of menses.   |
| H058      | Abdominal tenderness (right sided), particularly the right hypochondrium, Poking pain and stabbing pain sensation, < lifting, > lying down, < physical exertion, has to sit properly. Bloating due to ARVs. Skin itchy and swollen. Easy bruising of skin. Chronic white vaginal discharge (Candidiasis). Arthritis of right side, particularly hip and shoulder. Dull arthritic pain, < motion.  |
| H059      | Joints, shoulder, sternum, spine - aching, biting pain, shoulders feel separated when sleeping, < cold, < sitting, < sleeping. Burning pain of other joints. > Bending hands. Aetiology of prolonged exposure to cold (Employed in refrigerated environment of butchery, joint pain for 5 years). Headache on left temple. Influenza with cough, congestion, itchiness and redness of nose. Chest skin with pustular painful acne. Urine change in colour and odour due to ARV medication.  |
| H060      | Vaginal dryness. Wart on vaginal labia (fundus of vagina). Odorous urine. Gastrointestinal < chillies.  |
| H061      | Axillary furuncle hypersensitive and painful, < night, < cold, < damp weather. Cough with dry feeling of chest. White mucous expectorated on occasion, < morning. Loss of taste. Headache temporal with throbbing sensation, < cough.   |
| H063      | Diarrhoea with yellow stool of very foul odour like spoilt food, much flatulence with stool, occurring since ARV treatment. Bright red blood passed on defaecation, pushing sensation of stool. Pain in rectum particularly on passing stool. Rectum hot to touch with sensation of heat. Urge to pass stool even in sleep. < Apples, < Fruit, < Juice, < Meat, < Chicken, < Fish, < Beef, < Spinach, < Beans, Frequent diarrhoea - 3 to 4 times a day, every 2 minutes on occasion. Flatulence and bloating < eating, < juice. Accompanied by haemorrhoids with hanging sensation. Difficulty in producing an erection (erectile dysfunction). Biting pain at base of penis. |
| H064      | Joint pain burning. Choking pain in back with morning stiffness, burning sensation and heaviness of back muscles. Right arm numbness. Sensation of hole in the spine, < cold, < change in weather, < resting. Stomach ulcers with needle like pain, vomiting of blood, ulcer < salty foods, < sour foods, < spicy foods. Burning and cutting pain of ulcer. Throbbing headache temporal radiating to vertex and eyes. Dizziness and emesis with headache. Vaginal discharge / "thrush", yellow in colour, causing itching, burning, red spots, scratching and < cold. Pain on cough, with yellow, foul smelling mucous.   |
| H065      | Frequency of urination, dysuria (pain on urination) and genital itchiness, < urination, < coition. Menses in irregular cycle with excessive flow. Headache temporal, < Sleep, > Drinking water. Nausea. Abdominal pain sharp, sudden, on right side under mammae. Back pain concomitant to abdominal pain, < breathing.   |
| H067      | Eczema on face, very pruritic, > scratching, > oozing, < sunlight, < winter, < afternoon. Vaginal discharge brown in colour, offensive foul odour. Bone pain in hands, < washing clothes in hot water, < night, desire to scratch bones. High grade squamous intraepithelial lesion with features suspicious for invasion in cervix. Cervical biopsy scheduled.   |



| CASE CODE | PARTICULAR SYMPTOMS  |
|-----------|--|
| H068      | Bloody stool (pink blood). Diarrhoea watery, dark stool. Worms thin, long and black. Pruritic anus, > walking, < sitting. Retention of urine, burning urine. Menses stopped after radiation. Headache pulsating, throbbing. Vertigo/ dizziness. Water noise in ears. Feels as though going to fall. Bloating at night with audible bowel sounds.   |
| H069      | Vesicular skin eruption on arms. Burning sensation, pruritic (Itchy), > scratching, > washing, < night. Vaginal itch > shaving. Shaking of left leg from hip joint to knee even when sitting, < after walking. Previous hospitalisation for leg complaint in which legs felt broken. Burning pain in legs since ARVs.  |
| H071      | Oedema / swelling of hands, fingers, face, feet, > rest, < walking, < standing, < acidic foods, < coke. Severe stabbing pain in feet. Limping due to pain. Urine with thin white discharge. Stool passed twice a day and feels like fire.  |
| H072      | Cough dry, hacking, much sputum, < night. Cough since taking ARVs. Nose congested. Hot sensation in chest. Cough accompanied by a temporal headache with pain and burning of eyes. Right axilla odorous and with sores.  |
| H073      | Vaginal discharge / Leucorrhoea foul smelling like rotten eggs, yellow / creamy white in colour. Vulval itching, < bathing, < night. Burning urine, acrid like acid. Uterine pain at any time. Itchiness of body, < night. Cough, < night only, green expectorant. Stomach cramps, diarrhoea, < chill.   |
| H075      | Right ear partial hearing loss, < morning. Right arm painful, > rubbing.   |
| H076      | Fever, body pain, weakness, night sweats. Loss of appetite, heartburn. Poking pain in legs.  |
| H077      | Stool hot, burning, dark brown and pain on defaecation. Extreme mental and physical restlessness.  |
| H078      | Nose pain with clear watery discharge. Deep cough with wet, watery, clear sputum or expectorant, < cold weather, < evening and night, with constant temporal headache of twisting pain < night. Gum pain, < chewing.   |
| H079      | Kidney pain, < left side. Pain on urination, sensation of retained urine. Recurrent episode, first occurrence post unprotected coition in previous year. Joints of hands and knees painful, < cold. Back pain during menses. Large, dark clots passed during menses.   |
| H080      | Dry cough at night, < lying down. Cough starts before going to sleep, < cold weather, < ascending stairs. Shortness of breath, difficulty breathing. Sore throat, < eating, < swallowing liquids. Pulsating pain of eyes, swelling of eyes, watery eyes. Dryness of nose that bleeds, < cutting grass. Skin of head and face with very itchy eczema, scratches until break in skin, < hot weather, < soap, > bathing (hot water) < bathing head. Nausea with preceding sour brash. |
| H081      | Dark yellow urine with strong smell, needs to strain, incomplete emptying in small amounts, burning like fire and sensation of sores. Dry cough. Green/yellow mucous from nose, Itchy throat.  |
| H082      | Brown wart (sore) with clear watery discharge on vaginal labia, itchy / pruritic, > scratching. No pain, hot steam sensation, hot to touch, < coition (pain on coition), < hot water, > cream. Burning urine, foul odour, pain in urethra.   |
| H083      | Nasal congestion with clear watery discharge, Buzzing sound in ear. Constipation with ineffectual urge to defaecate.   |

| CASE CODE | PARTICULAR SYMPTOMS   |
|-----------|---|
| H084      | Sneezing due to change of weather, watery coryza. Cough with white thick expectorant. Throbbing temporal headache from neck. Throbbing pain and redness of eye, > closing eyes. < Evening, < night, < morning. Toothache. Irregular menses, dysmenorrhoea with black menstrual blood. Haemorrhoids with pain on defaecation. Stomach ulcer burning, < spicy.  |
| H085      | Brown vaginal discharge, with spots of blood, itchy and with accompanying abdominal cramp. Suspected due to sexual intercourse. Wet cough with cream expectoration and accompanying perspiration. Irregular menses alternating heavy and light flow with red blood and clots.   |
| H087      | Swelling of knee on left side, < walking, > sitting, stabbing pain, radiating down calves and locking of joint. Pulsating lower back pain radiating to shoulder, < standing long periods. Aetiology from exercise. Skin of inguinal area with itchy and painful dry white eruptions.  |
| H088      | Nasal congestion and itchiness bilaterally, Dry cough. Headache frontal, < bending forward. Hot and cold sensation of body. < Night, < afternoon. Flatulence. Irregular menses. Ecchymosis and bruising of legs, < right leg, < touch. Right arm and back pain, < bathing with warm water. Irregular menses.  |
| H090      | Arthritis of joints. Sensation of heat inside bones. Stabbing pains, < cold, < water, < air, < movement. Swelling of joints. Onset since exposure to cold. Heartburn < night. Dysuria (pain on urination), as though ulcer on vagina, < coition.  |
| H092      | Vaginal rash like ringworm, itchy, painful, raw on scratching, < scratching, < water, < sweating, < moist, < heat, < night, > lukewarm bath.  |
| H093      | Cough with green sputum and mucous, < rainy weather, < night. Cough leading to one episode of emesis. Onset from rainy weather and flooding of home. Dizziness. Throbbing frontal headache and on vertex, can radiate to occiput, < sun, < emotion (upset). < Looking at objects for a while leading to flickering in eyes. Feet swollen. Constipation. Tenesmus after passing stool. Stool hard initially and then becomes soft. Burning urine passed in small quantities. |
| H094      | Skin of right leg discoloured as red/dark and itchy. Started 2 months prior. Cellulitis of affected area (drained out clear fluid 2 weeks prior). Urinary incontinence / involuntary urination. Hard stool. Diabetes mellitus Type 2 (Non -Insulin Dependent Diabetes Mellitus diagnosed in 2012)   |
| H095      | Painful cough. Feeling of something present in chest. Pain on coughing. Wet cough, < night, < lying down. Sharp pain of frontal headache < during day. Abdominal pain cramping and squeezing sensation, < walking. Menses with heavy bleeding of 3 day duration. Masses / "lumps" on legs.  |
| H097      | Itchy feet, < hot weather, > warm water with salt / Epsom salt. Skin of feet dry. Depigmented skin of face and itchy eruption on face, < sweating. Throat dry and coughs up sputum at 3-4 am. Pain in anus > lubricating with soap.   |
| H098      | Cervical region painful and swollen, < touch, < movement (every movement). Mass in cervical region. Dry cough, pain on coughing, < cold, < day. Beating pain. Headache. Knees painful.  |
| H099      | Pain on urination, burning sensation on urination, urinary frequency and urgency, yellow colour urine. Left breast swelling, pain and white fluid discharge (oozing). Sores around nipple, swelling and itching of nipple, Eyes painful, < rubbing, < reading, > ointment. Much swelling around eyes since birth.   |

| CASE CODE | PARTICULAR SYMPTOMS  |
|-----------|--|
| H101      | Craving soil before or after menses (pica). Menses - menarche at 17 years. Dark, big black clots during menses. Heavy flow. Heart palpitations. Dysmenorrhoea - back pain radiating to abdomen. Abdominal cramping, > caffeine, > warmth. Skin eruption (rash) under breast.   |
| H102      | Vaginal discharge / leucorrhoea brown, profuse, offensive foul odour of "rotten rat", watery, itchy, < night, < vaginal itch, > bathing. Eruptions on gluteal region. Onset since ARV treatment began 7 months prior to consultation. Bladder pain with burning urine, foul odour, urinary frequency and incontinence, pain as if uterus opening (cervix described as "wide open"). Cold hands and feet.   |
| H103      | Right ear painful, pressure sensation of pain, < touch, < pressure, feels wet. Midclavicular region painful. Arms painful. Constipation periodically.  |
| H106      | Dysuria (pain on urination), urinary frequency, concentrated urine, stinging pain, thick white odorous genitourinary discharge, itchy genitals. < urination (Cramps in abdomen after passing urine). Dysmenorrhoea - uterine pain during menses, menses for 8 days with dark red blood and clots. Early menarche at 10 years of age.   |
| H107      | Vagina itchy, thick white vaginal discharge, burning pain during urination, > warm water. Lower abdominal pain after intercourse. Heartburn and nausea, < beans, < potatoes, < sweet potatoes, < spicy food, > vomiting. Increased eructations. Influenza with dry cough from cold weather. Chest pain from coughing, < night.   |
| H109      | Hypertension in medical history. Skin rash on arms and legs, red and Itchy eruption. Menses scanty flow of dark blood.   |
| H110      | Dry cough, < night. Cough morning and day as well. Sore throat with tingling sensation that triggers the cough.  |
| H112      | Shingles prodrome as upper quadrant abdominal pain, stabbing pain on side of chest (along floating ribs), burning and hot body. Bloating > pear. Urine burning. Constipation.  |
| H113      | Dry, itchy skin, desire to scratch, > scratching, pleasurable itch, doesn't bleed, < very hot water, black eruptions. Eczema started 3 years ago after stressful period, depression and suicidal thoughts post-divorce.  |
| H114      | Yellow, burning, watery coryza from nose. Dry cough. Throbbing frontal headache with hot sensation, > drinking water. Onset from change of weather. Chilly and hot. Post nasal drip.   |
| H116      | Vagina with itchy warts and white frothy foul odoured vaginal discharge. Menses flow for 2-3 days only, dark menstrual blood with premenstrual cramping pain. Right ear with posterior auricular lesion with itchy, white discharge (a recurring lesion beginning as an eruption). Pulsating temporal headache, <night, <afternoon. Body pain, > rubbing, > movement, < sitting, < lying down. Heaviness on back with cold sensation going downwards, < morning. Skin eruptions, itchy, vesicular, on limbs, breaks and bleeds, healing as dark scars. |
| H117      | Nodules in skin of groin, burning and itching of skin over whole body, < night, > hot water, dry and pustular skin. Chest pain < certain movements   |
| H120      | Vesicular skin eruption of Shingles (Herpes zoster), < heat, > night. Started 3 days prior as vesicles on skin. Much itchiness, burning, stitching pain. Carbuncle eruption on occiput of head for 2 months. Recurring gluteal boils like carbuncles. Occasional premature ejaculation.  |
| H122      | Itchy suppurative skin sores (yellow pus) all over body, < heat, > scratching (becomes numb), crustiness of sores, started on legs, > bathing, scratches until bleeds. Sores in folds of skin especially genital area. Vaginal (genital) warts, < right side, brown odorous warts. Stomach pain  |

| CASE CODE | PARTICULAR SYMPTOMS   |
|-----------|---|
|           | on passing stool, stool yellow after alcohol. Headache every 2 weeks. Heavy menstrual flow odorous with lower back pain. Menses of 3 days duration.   |
| H123      | Tongue with white coating / patch. Recurring oral thrush and aphthae. Lower limbs bilateral cramps, < night. Headache left temporal radiating to neck. Nausea, < morning, > water. Acid reflux. Itchy chest, < drinking. Flank pain. Constipation. Pain in rectum.  |
| H124      | Cough, chest pain on coughing, < cough. Nose blocked and watery discharge. Back pain of severe intensity since influenza. Burning pain of back. Headache of pressing pain from back of neck to temple, < bending. Throat ache. > Rest.  |
| H125      | Lower limb eruptions with pustules (pus filled yellow pimple). Painful on growth. Redness around pimple. Pustules ulcerate and pass watery discharge, < water, > scratching. Hot sensation of limbs. Strabismus. Heartburn, < spicy foods.  |
| H127      | Headache temporal radiating to neck, > rubbing forehead.  |
| H128      | Sudden onset of ear pain. Right ear painful and inflamed with sharp throbbing pain within. Feels hot and painful on swallowing and opening mouth. Frontal headache throbbing and cyclic occurrence. Skin itchiness constant, > after bathing. Heartburn, < spicy foods.   |
| H129      | Foot rash / eruption bilaterally (reported as Fungal). White, watery discharge from foot eruption, very pruritic (itchy), < wearing shoes. Ears blocked, painful, < swimming, left ear dryness. Chest pain with a heavy sensation, > relaxing. Pain on urination. Stool passed soon after eating and painful. Weak penile erection, premature ejaculation. Frontal headache radiating to neck in the afternoon, hot / burning, < touch, > eating, < not eating or drinking. |
| H130      | Ankles and knees swollen with burning and throbbing pain, < touch, < motion, < cold, < damp place, < night, > warm bath, < walking on cold surface (tiles) with feet uncovered. Frontal headache like a band sensation over head. Sensation of sand in eyes. Inguinal area in burning pain with lower back pain since June 2015, dysuria with hot burning urine, twisting pain, < bending over. Bloating. Kidney and liver dysfunction reported.                            |
| H131      | Ankle joints swollen and painful with stabbing pain, pain radiating up to knee, < exertion (working), < walking, > sitting, > warm water application. Headache with violent hammering pain. Skin blisters which result in sores after scratching, occurring since ARVs. Heartburn, diarrhoea and headache after having ARV medication.  |
| H132      | Sneezing, coughing, aching back pain, aching pain in extremities. Legs painful with cramping sensation, > cool application. Sensitivity to cold water. Skin dry and wrinkly.  |
| H133      | General malaise. Right ankle with burning pain. Tired feet, < night. Accompanied by left nostril coryza (runny discharge), sharp and itchy pain in nose, and headache, < heat.  |
| H134      | Productive cough with sweet tasting green expectorant. Easily expectorated. < Night, < evening, < on waking. Pain and soreness of chest. Nasal congestion. Throbbing frontal headache.  |

| CASE CODE | PARTICULAR SYMPTOMS  |
|-----------|--|
| H135      | Headache at occiput with throbbing pain and pain at nape of neck, > lying down, < bending. Accompanied by sharp lower back pain, < bending, < sitting straight (since 2013, Ailments from C-section). Heartburn in upper epigastrium with bloating and back pain, burning hot epigastric pain, < yeast, < spicy food, < sour food. Allergic rhinitis with sneezing. Hirsutism.   |
| H136      | Diarrhoea with watery, very foul odoured stool. Pain on defaecation, blood in stool, increased flatulence, foul eructation. Itchy genital warts. Very pruritic skin spots and pimples over body (since ARV treatment).   |
| H137      | Itchy skin rash / eruption over whole body, < face, < wool clothing, < sun, < heat, < hot water, > rubbing, > scratching, > uncovering. Body feels hot. Onset from hot weather. Heartburn felt as a hot sensation in chest, < beans. Acid taste in mouth, > water. Temporal headache, < stress.  |
| H139      | Anxiety, betrayed (August 2015), suppressed sadness and anger. Insomnia. Diarrhoea of green, watery stool with increased offensive flatulence.   |
| H140      | Dry cough, chest pain during cough, < morning. Pressing and tight sensation of chest. < morning, < night. Headache from forehead to posterior auricular area. Sharp, stabbing pain of headache with difficulty keeping eyes open. Lower back pain, > standing, < bending forward, < waking up.   |
| H141      | Urinary burning and frequency of urination, tenesmus, dribbling. Urine brown with foul odour. Throbbing inguinal pain when about to pass urine. Throbbing headache over eyes, > closing eyes, < heat, < getting upset, < exertion (too much work). Back pain since starting work. Menses profuse occurring every second week.  |
| H142      | Stomach ulcer with stabbing pain. Bloating. Constipation. Temporal headache, > rubbing, > pressure. Burning urine, blood in urine. Irregular menses. Aching joints, < cold water.  |
| H143      | Upper abdominal pain (subcostal) all day, < movement, < work, < exertion. Stomach pain twisting and cramping pain. Haemorrhoids. Need to strain to pass stool. Dry cough. Sore throat. Perimenopause (3 years ago). Hot flushes particularly in head and back, < night.  |
| H144      | Scalp of head itching in patches, < scratching, < night, < sulphur. Clear watery discharge from skin eruption. Cough, < night. Right knee pain and crepitus, < ascending and descending stairs. Menses occurring twice a month with scanty bleed.  |
| H149      | Left lower limb anterior tibial skin area with eruption of boils. Dark discolouration of boils. Mild swelling of affected skin area. Itchiness of eruption on occasion, < hard pressure, < touch. Started as multiple small boils with dark discolouration and slight swelling.  |
| H151      | Initial symptoms of sore throat, blocked nose, constant coughing and much sneezing. Cough violent with yellow salty expectorant. Expectorant a jelly like consistency. Much mucus but difficult to expectorate, < night. Difficulty sleeping. Bilateral nasal congestion with yellow and blood-tinged mucous. Shortness of breath, < ascending stairs. Water tastes sour. Desire to vomit. Dust sensation in chest below manubrium. Chest pain on cough, < cold, < coughing. Chronic constipation with stools like stones. |
| H152      | Chronic headache, < mental exertion (straining), < hunger. Unclear vision. Dry cough with sharp and tickling sensation. Arthritic dull and aching knee pain (fall on knees 10 years ago), < cold, < movement, > resting. Upper Limb cramping pain (since 10 years ago), < night, < sleeping. Cramping pain in hands > cold exposure.   |

| CASE CODE | PARTICULAR SYMPTOMS  |
|-----------|--|
| H153      | Desire for liquids and fruit only (Averse to eating solid foods). Dyspepsia. Heartburn, burning hot sensation, < night when sleeping. Mouth ulcers healed after antibiotics (2 weeks prior) but periodically occurs. Induces vomit with antacid in order to eat fruit or drink. Loss of taste. Bitter taste in mouth on waking. Shoulder pain for 3 months, < carrying, > rubbing. Muscles feel "swollen" and tender with pain extending to the head. Skin flaky and desquamating (began April 2016 and suspected as a reaction to a change in ARV tablets). |
| H155      | Pain on urination Burning urine passed in small drops despite urgency, incomplete emptying of bladder. Burns like acid (last 2 drops of urine). Pruritis ani with irritation. Worms exiting from anus (1 year since onset in 2015). Cough with yellow expectorant (several months since onset).  |

## APPENDIX M: TABLE OF FINDINGS ON PHYSICAL EXAMINATION

| CASE NUMBER | FINDINGS ON PHYSICAL EXAMINATION   |
|-------------|--|
| H004        | Skin appears bruised on affected parts, Urinalysis: Protein 100, Specific gravity 1.030, pH 6  |
| H005        | Urinalysis: Elevated nitrate, Pain on palpating submandibular lymph nodes and right posterior auricular lymph node   |
| H006        | Elevated tonsillar lymph nodes, Urinalysis: specific gravity of 1.005, Pink gums observed - bleeding reported on brushing of teeth   |
| H007        | Unspecified  |
| H008        | Urinalysis: pH 6, Protein +Elevated pulse of 100 beats per minute  |
| H009        | Pain in lower pubic and inguinal region, Rotational pain on the side   |
| H010        | Irregular pulse, Pain on any movement of left arm  |
| H012        | Pustules on face, Dried out and scarring Mildly elevated Pulse of 84bpm, Mild elevation of Respiratory rate at 24bpm, Overweight at 122kg  |
| H013        | Left foot - black discolouration and pustules around last 4 toes   |
| H014        | Patient collapsed at consultation - Carbo vegetabilis administered immediately to revive, Patient refused hospitalisation, Urinalysis: Specific gravity very high, Positive Kidney punch bilaterally (pain elicited on both kidneys) |
| H015        | Unspecified  |
| H016        | Lesions on penis and buttocks noted, Elevated blood pressure at 130/100mmHg  |
| H017        | Wheezing heard on auscultation of lung field, Urinalysis: White sediments noted and specific gravity of 1.03   |
| H019        | Left pre-auricular lymph node elevated and painful, Circular vesicular eruption on left foot, Vesicular eruption on abdomen and gluteal region   |
| H020        | Warts from thighs, vulva up to gluteal region. They have a cauliflower like appearance, Urinalysis: pH 6   |
| H021        | Unspecified  |
| H022        | Pain on palpating frontal sinus, Teeth possible abscess noted, several cavities observed   |
| H023        | Urinalysis: Leucocytes 500, Blood 25   |
| H024        | Patient appears very thin, weighing at 41.5kg and looks unwell, Patient was crying in consult, Lymph nodes are elevated, Respiratory rate is elevated at 28 breaths per minute, Blood pressure is low at 88/58 mmHg.                 |
| H026        | Unspecified  |
| H027        | Pre-auricular lymph nodes elevated, Pain on palpation of right pre-auricular lymph node.   |
| H028        | Throat - red and inflamed, Nose - slight inflammation, Mild diastolic blood pressure (BP) elevation, BP = 110/92 mmHg  |
| H031        | Systolic blood pressure elevated at 140/83 mmHg  |
| H033        | Unspecified  |
| H035        | Scaling skin, Bleeding eruption, Urinalysis: Leucocytes +, Hb and Erythrocytes +, Urobilinogen +   |
| H037        | Skin - macular, papular (raised) red discoloured lesions noted   |
| H040        | Circular lesions on arms are noted, Tenderness on palpation of intercostal region on right chest wall is noted.  |
| H041        | Slight elevation of Lymph nodes, Loud bowel sounds on abdominal auscultation, Pain on palpation of abdomen   |
| H042        | Crepitus at knee joints  |
| H044        | Enlarged, painless, erythematous uvula   |

| CASE NUMBER | FINDINGS ON PHYSICAL EXAMINATION  |
|-------------|---|
| H045        | Healed skin on right side over affected dermatome on Herpes Zoster viral eruption   |
| H047        | Sublingual lymph nodes raised, Chest pain on cough, Frictional rub and wheezing sound on auscultation   |
| H048        | Pallor, Wheezing sound on auscultation of lung fields, Mild fever (pyrexia) Temperature = 37.6 degrees Celsius  |
| H049        | Mild oedema of legs, Bilateral tonsillitis  |
| H050        | Unspecified   |
| H051        | Low pulse of 54 beats a minute, Anaemia - Centrally and peripherally  |
| H052        | Tonsils and tongue enlarged, Mild dehydration, Cervical and tonsillar lymph nodes elevated, Left frontal and maxillary sinusitis, Low pulse of 52 beats per minute, Urinalysis: Protein, Urobilinogen and Glucose detected, Patient observed as being tired, irritable and in much pain |
| H053        | Much wheezing sounds on auscultation of lung fields   |
| H054        | Slightly elevated blood pressure of 130/90 mmHg noted.  |
| H055        | Urinalysis: Leucocytes +, Nitrates +, pH 6, Protein +.  |
| H058        | Elevated BP of 140/80mmHg, Right upper and lower quadrants of abdomen tender on palpation, Abdominal bloatedness and swelling, Negative Murphy's sign and no erythema   |
| H059        | Pre-auricular lymph node elevated, Reduced range of motion at shoulders, Unable to flex and rotate shoulders, Butcher's warts on left hand (HPV7 papillomavirus)  |
| H060        | Unspecified   |
| H061        | Cracking/rattling sounds on auscultation of lung fields , < Left side on inspiration  |
| H063        | Unspecified   |
| H064        | Back - bilaterally hard masses/"lumps" noted (masses reported to be increasing in size)   |
| H065        | Poor circulation noted, Urinalysis: moderate Leucocytes   |
| H067        | Eczema on feet observed as well   |
| H068        | Unspecified   |
| H069        | Observation - vesicular rash with scarring on most of body  |
| H071        | Swelling of hands, feet, fingers, face, Periorbital oedema, Urinalysis: pH 6, Specific gravity 1.001, Leucocytes +25, Traces of protein, Trace blood, Elevated pulse of 104 beats/minute, Tonsillar lymph nodes elevated  |
| H072        | Unspecified   |
| H073        | Mild elevation of body temperature = 37.4 degrees Celsius   |
| H075        | Unspecified   |
| H076        | Weight loss reported (loss of 5kg)  |
| H077        | Restlessness observed - constant movement and leaning into guardian during consultation   |
| H078        | All lymph nodes elevated  |
| H079        | Positive kidney punch, Urinalysis: Leucocytes +25, Blood detected, Specific gravity 1.020   |
| H080        | Erythematous throat wall  |
| H081        | Urinalysis: Murky/cloudy appearance, very strong smell/odour, Protein ++, Specific gravity 1.010, Leucocytes +++  |
| H082        | Brown genital wart observed, Urinalysis: Leucocytes +, Specific gravity 1.015, pH 7   |
| H083        | Anaemia - peripheral pallor   |
| H084        | Throat - slightly erythematous, Low pulse of 56 beats per minute, Hyper-resonance of lower left lung  |
| H085        | Referred to clinic for sexually transmitted infection screening   |



| CASE NUMBER | FINDINGS ON PHYSICAL EXAMINATION  |
|-------------|---|
| H087        | Oedema of feet bilaterally up to knees  |
| H088        | Unspecified   |
| H090        | Urinalysis: Leucocytes ++75, Swelling of arms and legs, Pain on arm movements bilaterally (right +2, left +3)   |
| H092        | Unspecified   |
| H093        | Bilateral lower limb pedal oedema, Mild pyrexia, Temperature = 37.19 degrees Celsius  |
| H094        | Pale conjunctiva, Right leg cellulitis, Blood glucose = 5.8   |
| H095        | Signs of anaemia  |
| H097        | Throat - inflamed and erythematous, Elevated blood pressure (BP) at 150/100mmHg (BP not responding to medication- Atenolol, Amlodipine, Hydrochlorothiazide, Soluspirin and Cardugen)   |
| H098        | Swelling in cervical region - right hand side - painful.  |
| H099        | Nodules in the axilla, Swollen breast, Urinalysis: Protein detected, Negative for pregnancy, Pre-auricular and epitrochlear lymph nodes elevated.   |
| H101        | Pale conjunctiva, Submammary eczema, eczema of pubic area, nasal polyps in right nasal passage, koilonychia, elevated respiratory rate of 28 breaths per minute   |
| H102        | Unspecified   |
| H103        | Pain elicited on palpating tragus   |
| H106        | Urinalysis: Bilirubin +, Leucocytes ++, proteins detected, nitrates detected, pH 7  |
| H107        | Unspecified   |
| H109        | Quite elevated blood pressure of 160/110 mmHg, pale conjunctiva, Urinalysis: Bilirubin 1+, Urobilinogen 1+, Protein trace, Blood 3+   |
| H110        | Unspecified   |
| H112        | Unspecified   |
| H113        | Unspecified   |
| H114        | Unspecified   |
| H116        | Warts - raised, white, less than 1cm in diameter in pubic area, Flat, dark, clustered warts, Glucose 4.9mmol/l, Rash/eruption - healing with scarring.  |
| H117        | Unspecified   |
| H120        | Unspecified   |
| H122        | Sublingual nodes elevated.  |
| H123        | Weight loss, emaciation, pain on palpation of legs, bone spurs in both feet, white coating on tongue, abdominal pain in left upper quadrant.  |
| H124        | Throat inflamed, Body is sore and tender, Range of motion at hip reduced and painful, Tonsillar, Occipital and Cervical lymph nodes elevated, Abdominal pain noted  |
| H125        | Skin on legs pustular, ulcerated and inflamed   |
| H127        | Small warts on face   |
| H128        | Pale conjunctiva, White coating on tongue, Around left ear, pre- and posterior auricular lymph nodes elevated, Sweaty palms, Lesions on hands from scratching itchy skin (also all over body), Right ear hairs and compacted cerumen obstructing view of cone of light on tympanic membrane, Left ear with white creamy cheese like discharge |
| H129        | Left ear dryness, Sublingual lymph nodes elevated and palpable, Feet bilateral infection with white discharge   |
| H130        | Oedema of knees and ankles, Crepitus in knees bilaterally   |
| H131        | Ankle oedema  |

| CASE NUMBER | FINDINGS ON PHYSICAL EXAMINATION   |
|-------------|--|
| H132        | Mild oedema and pain of legs bilaterally , Mild dehydration, Shallow dyspnoea, Shallow breathing notes, Grossly elevated respiratory rate of 40 breaths per minute, Blood pressure elevated at 160/90 mmHg |
| H133        | Pulse - right side 88 beats per minute, left side 45 beats per minute, Low respiratory rate of 8 breaths per minute, Pallor  |
| H134        | Unspecified  |
| H135        | Unspecified  |
| H136        | Dehydration, Lymph nodes elevated, Low blood pressure of 90/50 mmHg, High pulse at 104 beats per minute  |
| H137        | Unspecified  |
| H139        | Low Blood pressure of 93/61 mmHg   |
| H140        | Dehydration, Pallor, Respiratory rate elevated 28 breaths per minute   |
| H141        | Unspecified  |
| H142        | Elevated blood pressure of 140/90mmHg, Slow capillary refill, Painless cervical lymphadenopathy  |
| H143        | Abdominal tenderness and guarding (pain on palpation)  |
| H144        | Pale conjunctiva, Right knee pain and crepitus   |
| H149        | Discoloration of skin around skin lesion (boil/abscess), Elevated Blood pressure of 130/90mmHg   |
| H151        | Elevated blood pressure of 130/90mmHg, Tachycardia, rattling and wheezing sounds on auscultation of posterior lung fields, Submandibular and submental lymph nodes elevated.                               |
| H152        | Elevated Diastolic Blood pressure at 120/90mmHg  |
| H153        | Yellow-cream coating on tongue, Skin - dry and peeling, Teeth - gaps and caries  |
| H155        | Wheezing, Bubbling sound on auscultation of lung fields.   |

## APPENDIX N: TABLE OF REMEDY 1 POSOLOGY

| CASE CODE | REMEDY 1   | POTENCY 1                 | MITTE 1    | DOSAGE 1 AND FREQUENCY 1   |
|-----------|--|---------------------------|------------|--|
| H004      | <i>Cantharis versicatoria</i>                    | 200CH                     | no. 1 vial | 10 granules twice a day  |
| H005      | <i>Drosera rotundifolia</i>                      | 30CH                      | 3 powders  | 1 powder daily in the morning  |
| H006      | <i>Mercurius solubilis</i>                       | 200CH                     | 6 powders  | 1 powder twice a day   |
| H007      | <i>Tuberculinum</i>                              | 30CH+                     | 30ml       | 10 drops twice a day   |
| H008      | <i>Pulsatilla praetensis</i>                     | 200CH                     | 3 powders  | 1 powder once a day  |
| H009      | <i>Magnesium phosphoricum</i>                    | 30CH                      | no. 1 vial | 10 granules as needed  |
| H010      | <i>Calcarea carbonicum</i>                       | 200CH                     | 5 powders  | 1 powder immediately, in evening, next morning, after 1 week and after 2 weeks |
| H012      | <i>Atropa belladonna</i>                         | 30CH+                     | 20ml       | 5 drops after 10 succussions as needed   |
| H013      | <i>Daphne mezereum</i>                           | 30CH+                     | 25ml       | 15 drops after 8 succussions once a day  |
| H014      | <i>Carbo vegetabilis</i>                         | n/a                       | 1 dose     | 1 dose immediately   |
| H015      | <i>Kreosotum</i>                                 | 30CH                      | no. 1 vial | 10 granules 3 times a day  |
| H016      | <i>Thuja occidentalis</i>                        | n/a                       | 3 powders  | 1 powder once a day  |
| H017      | <i>Natrum muriaticum</i>                         | 200CH                     | 3 powders  | 1 powder daily in the morning  |
| H019      | <i>Kreosotum</i>                                 | 30CH+                     | 25ml       | 10 drops after 10 succussions twice a day, morning and night                   |
| H020      | <i>Thuja occidentalis</i>                        | 200CH                     | no. 1 vial | 10 granules twice a day  |
| H021      | <i>Stannum metallicum</i>                        | 30CH                      | no. 1 vial | 10 granules every 2 hours  |
| H022      | <i>Mercurius solubilis</i>                       | 30CH+                     | n/a        | 5 drops after 10 succussions twice a day                                       |
| H023      | <i>Pulsatilla praetensis and Thymus vulgaris</i> | mother tincture           | 30ml       | 20 drops in water 4 times a day  |
| H024      | <i>Ignatia amara</i>                             | 1M                        | 3 powders  | 1 powder once a day  |
| H026      | <i>Natrum muriaticum</i>                         | 1M                        | 3 powders  | 1 powder daily in the morning  |
| H027      | <i>Argentum nitricum</i>                         | 30CH                      | 9 powders  | 1 powder 3 times a day   |
| H028      | <i>Natrum muriaticum</i>                         | 1M                        | 3 powders  | 1 powder once a day  |
| H031      | <i>Sanguinaria canadensis</i>                    | 30CH+                     | 20ml       | 5 drops after 10 succussions twice a day                                       |
| H033      | <i>Arsenicum album</i>                           | 30CH+                     | 20ml       | 10 drops after 10 succussions daily in the morning                             |
| H035      | <i>Sulphur</i>                                   | 30CH                      | 3 powders  | 1 powder once a day  |
| H037      | <i>Ignatia amara</i>                             | 1M                        | 3 powders  | 1 powder daily in the morning  |
| H040      | <i>Ranunculus bulbosus</i>                       | 30CH                      | 6 powders  | 1 powder 3 times a day   |
| H041      | <i>Calcarea carbonicum</i>                       | 1M                        | 3 powders  | 1 powder once a day  |
| H042      | <i>Calcarea carbonicum</i>                       | 1-3/30CH, 4-5/200CH, 6/1M | 6 powders  | 1 powder (in numerical order) daily in the morning                             |
| H044      | <i>Stannum metallicum</i>                        | 30CH+                     | 20ml       | 10 drops after 10 succussions daily in the morning                             |
| H045      | <i>Ranunculus bulbosus</i>                       | 30CH                      | no. 1 vial | 1/4 cap twice a day  |

|      |                                  |                           |             |  |
|------|----------------------------------|---------------------------|-------------|--|
| H047 | <i>Stannum metallicum</i>        | 30CH+                     | 20ml        | 10 drops after 10 succussions twice a day                              |
| H048 | <i>Bryonia alba</i>              | 200CH                     | 6 powders   | 1 powder twice a day   |
| H049 | <i>Silicea terra</i>             | 30CH+                     | 20ml        | 10 drops after 10 succussions<br>Unspecified frequency                 |
| H050 | <i>Nux vomica</i>                | 200CH                     | 6 powders   | 1 powder once a day  |
| H051 | <i>Rhus toxicodendron</i>        | 30CH+                     | 30ml        | 10 drops after 10 succussions 3 times a day                            |
| H052 | <i>Mercurius solubilis</i>       | 200CH                     | 6 powders   | 1 powder once a day  |
| H053 | <i>Rhus toxicodendron</i>        | 200CH                     | 6 powders   | 1 powder twice a day   |
| H054 | <i>Antimonium crudum</i>         | 30CH                      | 9 powders   | 1 powder 3 times a day   |
| H055 | <i>Cantharis versicatoria</i>    | 200CH                     | 9 powders   | 1 powder 3 times a day   |
| H058 | <i>Chelidonium majus</i>         | 30CH+                     | 20ml        | 10 drops after 10 succussions daily in the morning                     |
| H059 | <i>Bryonia alba</i>              | 200CH                     | 4 powders   | 1 powder once a day  |
| H060 | <i>Natrum muriaticum</i>         | 1M                        | 3 powders   | 1 powder once a day  |
| H061 | <i>Hepar sulphuris calcareum</i> | 1-4/30CH, 5-7/200CH       | 7 powders   | 1 powder (in numerical order) 3 times a day                            |
| H063 | <i>Lycopodium clavatum</i>       | 200CH                     | 3 powders   | 1 powder once a day  |
| H064 | <i>Bryonia alba</i>              | 30CH                      | no. 1 vial  | 1/4 cap twice a day, morning and night                                 |
| H065 | <i>Kalium carbonicum</i>         | 1-3/30CH, 4-5/200CH, 6/1M | 6 powders   | 1 powder (in numerical order) daily in the morning                     |
| H067 | <i>Sulphur</i>                   | 30CH+                     | unspecified | 10 drops after 10 succussions daily in the morning                     |
| H068 | <i>Cina maritima</i>             | 9CH                       | no. 1 vial  | 1/4 cap every 2 hours  |
| H069 | <i>Sulphur</i>                   | 30CH+                     | 30ml        | 10 drops after 10 succussions daily in the morning                     |
| H071 | <i>Colchicum autumnale</i>       | 30CH+                     | 20ml        | 10 drops after 10 succussions 3 times a day                            |
| H072 | <i>Hepar sulphuris calcareum</i> | 200CH                     | 6 powders   | 1 powder 3 times a day   |
| H073 | <i>Stannum metallicum</i>        | 30CH                      | no. 1 vial  | 10 granules twice a day  |
| H075 | <i>Tuberculinum</i>              | 200CH                     | 9 powders   | 1 powder every Monday, Wednesday and Friday                            |
| H076 | <i>Arsenicum album</i>           | 200CH                     | 1 powder    | 1 powder immediately   |
| H077 | <i>Tarentula hispanica</i>       | 200CH                     | 6 powders   | 1 powder twice a day for powders 1-3, and every Monday for powders 4-6 |
| H078 | <i>Mercurius solubilis</i>       | 30CH                      | 6 powders   | 1 powder 3 times a day   |
| H079 | <i>Cantharis versicatoria</i>    | 200CH                     | 6 powders   | 1 powder daily in the morning  |
| H080 | <i>Arsenicum album</i>           | 30CH+                     | 20ml        | 10 drops after 10 succussions once a day                               |
| H081 | <i>Nitricum acidum</i>           | 30CH                      | no. 1 vial  | 10 granules 3 times a day  |
| H082 | <i>Thuja occidentalis</i>        | 200CH                     | no. 1 vial  | 1/4 cap twice a week   |
| H083 | <i>Natrum muriaticum</i>         | 30CH                      | 3 powders   | 1 powder daily in the morning  |
| H084 | <i>Nux vomica</i>                | 200CH                     | 6 powders   | 1 powder 3 times a day   |

|      |                                |                           |            |  |
|------|--------------------------------|---------------------------|------------|--|
| H085 | <i>Nitricum acidum</i>         | 200CH                     | 6 powders  | 1 powder twice a day   |
| H087 | <i>Bryonia alba</i>            | 200CH                     | 6 powders  | 1 powder twice a day   |
| H088 | <i>Bryonia alba</i>            | 200CH                     | 6 powders  | 1 powder twice a day   |
| H090 | <i>Bryonia alba</i>            | 30CH                      | no. 1 vial | 1/4 cap 3 times a day  |
| H092 | <i>Nitricum acidum</i>         | 30CH+                     | 30ml       | 10 drops after 10 succussions twice a day                          |
| H093 | <i>Bryonia alba</i>            | 200CH                     | 5 powders  | 1 powder twice a day   |
| H094 | <i>Sepia officinalis</i>       | 30CH+                     | 25ml       | 10 drops after 10 succussions once a day                           |
| H095 | <i>Bryonia alba</i>            | 200CH                     | 6 powders  | 1 powder twice a day   |
| H097 | <i>Daphne mezereum</i>         | 30CH                      | no. 1 vial | 1/4 cap 3 times a day  |
| H098 | <i>Phytolacca decandra</i>     | 30CH+                     | 20ml       | 10 drops after 10 succussions twice a day                          |
| H099 | <i>Cantharis versicatoria</i>  | 30CH                      | no. 1 vial | 1/4 cap twice a day  |
| H101 | <i>Calcarea phosphoricum</i>   | 30CH+                     | 20ml       | 10 drops after 10 succussions twice a day                          |
| H102 | <i>Nitricum acidum</i>         | 30CH+                     | 30ml       | 10 drops after 10 succussions daily in the morning                 |
| H103 | <i>Hypericum perforatum</i>    | 30CH                      | 3 powders  | 1 powder immediately, thereafter every 12 hours                    |
| H106 | <i>Cantharis versicatoria</i>  | 30CH                      | 6 powders  | 1 powder twice a day   |
| H107 | <i>Pulsatilla praetensis</i>   | 1-3/30CH, 4-5/200CH, 6/1M | 6 powders  | 1 powder once a day  |
| H109 | <i>Crataegus oxyacantha</i>    | mother tincture           | 50ml       | 30 drops in a little water 3 times a day                           |
| H110 | <i>Stannum metallicum</i>      | 200CH                     | 6 powders  | 1 powder twice a day   |
| H112 | <i>Hypericum perforatum</i>    | 30CH+                     | 30ml       | 10 drops after 10 succussions twice a day, morning and night       |
| H113 | <i>Graphites</i>               | 1-3/30CH, 4-5/200CH, 6/1M | 6 powders  | 1 powder (in numerical order) 3 times a day                        |
| H114 | <i>Sulphur</i>                 | 30CH                      | 6 powders  | 1 powder twice a day   |
| H116 | <i>Thuja occidentalis</i>      | 200CH                     | 6 powders  | 1 powder twice a day   |
| H117 | <i>Arsenicum album</i>         | 30CH+                     | 25ml       | 10 drops after 10 succussions twice a day                          |
| H120 | <i>Rhus toxicodendron</i>      | 200CH                     | 6 powders  | 1 powder 3 times a day   |
| H122 | <i>Sulphur</i>                 | 30CH+                     | 25ml       | 5-10 drops after 10 succussions twice a day, morning and afternoon |
| H123 | <i>Natrum muriaticum</i>       | 30CH+                     | 20ml       | 10 drops after 10 succussions once a day                           |
| H124 | <i>Bryonia alba</i>            | 200CH                     | no. 1 vial | 1/4 cap twice a day  |
| H125 | <i>Sulphur</i>                 | 30CH                      | 6 powders  | 1 powder twice a day   |
| H127 | <i>Delphinium staphysagria</i> | 1M                        | 3 powders  | 1 powder daily in the morning                                      |
| H128 | <i>Atropa belladonna</i>       | 200CH                     | 5 powders  | 1 powder twice a day, morning and night                            |
| H129 | <i>Ignatia amara</i>           | 1M                        | 3 powders  | 1 powder unspecified frequency                                     |

|      |                                |       |                          |  |
|------|--------------------------------|-------|--------------------------|--|
| H130 | <i>Arsenicum album</i>         | 200CH | 6 powders                | 1 powder twice a day                               |
| H131 | <i>Ledum palustre</i>          | 30CH  | no. 1 vial               | 1/4 cap unspecified frequency                      |
| H132 | <i>Eupatorium perfoliatum</i>  | 30CH  | 5 powders                | 1 powder every 12 hours                            |
| H133 | <i>Natrum muriaticum</i>       | 1M    | 3 powders                | 1 powder daily at night                            |
| H134 | <i>Stannum metallicum</i>      | 200CH | 12 powders               | 1 powder 3 times a day                             |
| H135 | <i>Calcarea carbonicum</i>     | 30CH  | 6 powders                | 1 powder 3 times a day                             |
| H136 | <i>Calcarea carbonicum</i>     | 30CH  | 5 powders                | 1 powder every 12 hours                            |
| H137 | <i>Sulphur</i>                 | 30CH+ | 20ml                     | 5 drops after 10 succussions twice a day           |
| H139 | <i>Natrum muriaticum</i>       | 1M    | 3 powders                | 1 powder once a day                                |
| H140 | <i>Bryonia alba</i>            | 200CH | 5 powders                | 1 powder every 12 hours                            |
| H141 | <i>Cantharis versicatoria</i>  | 200CH | 6 powders                | 1 powder daily in the morning                      |
| H142 | <i>Delphinium staphysagria</i> | 1M    | no. 1 vial (1/4 of vial) | 10 granules daily in the morning                   |
| H143 | <i>Bryonia alba</i>            | 30CH  | 6 powders                | 1 powder twice a day                               |
| H144 | <i>Sepia officinalis</i>       | 30CH+ | 20ml                     | 10 drops after 10 succussions twice a day          |
| H149 | <i>Silicea terra</i>           | 200CH | 6 powders                | 1 powder twice a day, morning and night            |
| H151 | <i>Stannum metallicum</i>      | 30CH+ | 25ml                     | 5 drops after 10 succussions 3 times a day         |
| H152 | <i>Bryonia alba</i>            | 30CH+ | 30ml                     | 10 drops after 10 succussions twice a day          |
| H153 | <i>Arsenicum album</i>         | 30CH+ | 20ml                     | 10 drops after 10 succussions daily in the morning |
| H155 | <i>Cantharis versicatoria</i>  | 30CH+ | 30ml                     | 10 drops after 10 succussions twice a day          |

## APPENDIX O: TABLE OF REMEDY 2 POSOLOGY

| CASE CODE | REMEDY 2                       | POTENCY 2       | MITTE 2     | DOSAGE 2 AND FREQUENCY 2  |
|-----------|--------------------------------|-----------------|-------------|---|
| H005      | <i>Delphinium staphysagria</i> | 30CH            | no. 1 vial  | 10 granules once a day  |
| H008      | <i>Gelsemium sempervirens</i>  | 30CH            | no. 1 vial  | 1/4 cap 3 times a day   |
| H014      | <i>Berberis vulgaris</i>       | 9CH+            | unspecified | 5 drops 2 hourly  |
| H041      | <i>Podophyllum peltatum</i>    | 30CH+           | 30ml        | 10 drops after 10 succussions daily in the morning  |
| H044      | <i>Tuberculinum bovinum</i>    | 200CH           | 4 powders   | 1 powder every Friday   |
| H050      | <i>Aesculus hippocastanum</i>  | 30CH+           | 20ml        | 10 drops after 10 succussions twice a day   |
| H051      | <i>Kreosotum</i>               | 30CH            | no. 1 vial  | 1/4 cap twice a day   |
| H055      | <i>Medorrhinum</i>             | 200CH           | 3 powders   | 1 powder once a day   |
| H058      | <i>Delphinium staphysagria</i> | 1M              | 1 powder    | 1 powder after a week   |
| H063      | <i>Aloe socotrina</i>          | 30CH+           | 20ml        | 10 drops after 10 succussions with every loose stool in first week, thereafter twice a week |
| H064      | <i>Nux vomica</i>              | 1M              | 1 powder    | 1 powder immediately  |
| H068      | <i>Cocculus indicus</i>        | unspecified     | no. 1 vial  | 1/4 cap twice a day   |
| H076      | <i>Delphinium staphysagria</i> | 1M              | 3 powders   | 1 powder daily at night the week after first remedy   |
| H082      | <i>Juniperus sabina</i>        | 30CH+           | 20ml        | 10 drops after 10 succussions 3 times a day   |
| H090      | <i>Sepia officinalis</i>       | 200CH           | 3 powders   | 1 powder unspecified frequency  |
| H097      | <i>Crataegus oxyacantha</i>    | Mother tincture | unspecified | 20 drops twice a day  |
| H099      | <i>Phytolacca decandra</i>     | 200CH           | 6 powders   | 1 powder daily at night   |
| H112      | <i>Rhus toxicodendron</i>      | 200CH           | 5 powders   | 1 powder once a day   |
| H133      | <i>Ferrum phosphoricum</i>     | 30CH+           | 20ml        | 10 drops after 10 succussions daily in the morning  |
| H139      | <i>Podophyllum peltatum</i>    | 30CH            | 6 powders   | 2 powders every 12 hours  |
| H140      | <i>Kalium carbonicum</i>       | 30CH            | 3 powders   | 1 powder every 3 days   |

## APPENDIX P: TABLE OF ADJUNCTIVE PRESCRIPTIONS

| CASE CODE | ADJUNCT 1   | ADJUNCT 2  | ADJUNCT 3   | ADJUNCT 4   | ADJUNCT 5      |
|-----------|---|--|---|---|----------------|
| H004      | Urinary tract infection complex, liquid, 20 drops, 3 times a day.   | <i>Calendula officinalis</i> and <i>Urtica urens</i> mother tinctures in olive oil, liquid, 30ml. Apply to affected part, as needed. | Not prescribed  | Not prescribed  | Not prescribed |
| H005      | Cough complex, liquid, 100ml, 1 tablespoon, once a day.   | Not prescribed   | Not prescribed  | Not prescribed  | Not prescribed |
| H006      | Abdominal complex & <i>Vitex Agnus castus</i> mother tincture in olive oil, liquid, apply to affected part. | Cough complex, liquid, 25ml, 20 drops, 4 times a day.  | Not prescribed  | Not prescribed  | Not prescribed |
| H007      | Bio 89 essential fatty acids, liquid, 3-10 drops, once a day.   | Bach flower <i>Valerian</i> , <i>Crab Apple</i> , <i>Agrimony</i> , <i>Oat complex</i> , liquid, 4 drops, 4 times a day.             | Not prescribed  | Not prescribed  | Not prescribed |
| H008      | <i>Calendula officinalis</i> mother tincture in olive oil, liquid, 30ml, apply to affected part.            | Luffeel nasal spray, Liquid, 20ml  | Not prescribed  | Not prescribed  | Not prescribed |
| H009      | Menstruation combination tablet, 2 tablets, 4 times a day.  | Abdominal complex, liquid, 30ml, 20 drops, 3 times a day.  | Not prescribed  | Not prescribed  | Not prescribed |
| H010      | Headache combination and <i>Calcareo phosphoricum</i> 6X tissue salt tablet, 1 tablet, 3 times a day.       | Not prescribed   | Not prescribed  | Not prescribed  | Not prescribed |
| H012      | Not prescribed  | Not prescribed   | Not prescribed  | Not prescribed  | Not prescribed |
| H013      | <i>Calendula officinalis</i> mother tincture in olive oil, liquid, 30ml. Apply to affected part, as needed. | Not prescribed   | Not prescribed  | Not prescribed  | Not prescribed |
| H014      | Urinary tract infection complex, liquid, 25ml, 15 drops, 3 times a day.                                     | Not prescribed   | Not prescribed  | Not prescribed  | Not prescribed |
| H015      | Headache and Menstruation complex, 150 tablets, 2 tablets, 4 times a day.                                   | Abdominal complex, liquid, 30ml, 1 teaspoon, 4 times a day.  | <i>Calendula officinalis</i> and <i>Urtica urens</i> mother tinctures in olive oil, | R37, liquid, 50ml, 5 drops in a little water, once daily. | Not prescribed |



| CASE CODE | ADJUNCT 1   | ADJUNCT 2   | ADJUNCT 3   | ADJUNCT 4                                | ADJUNCT 5                                |
|-----------|---|---|---|--|--|
|           |   |   | Liquid, 30ml, apply to affected part of skin, n/a       |  |  |
| H016      | Not prescribed  | Not prescribed  | Not prescribed  | Not prescribed                           | Not prescribed                           |
| H017      | Headache combination, Tablet, 50ml, 2 tablets, once a day   | Urinary tract infection complex , Liquid, 100ml, 1 Tablespoon, 4 times a day  | Not prescribed  | Not prescribed                           | Not prescribed                           |
| H019      | Not prescribed  | Not prescribed  | Not prescribed  | Not prescribed                           | Not prescribed                           |
| H020      | <i>Calacarea sulphuricum</i> 6X tissue salt, 150 tablets, 2 tablets, 4 times a day.                           | <i>Thuja occidentalis</i> , <i>Urtica urens</i> , <i>Calendula officinalis</i> mother tinctures in olive oil complex, liquid, 100ml. Apply to affected part.          | Not prescribed  | Not prescribed                           | Not prescribed                           |
| H021      | Biostrath® and <i>Thymus vulgaris</i> mother tincture, liquid, 100ml, 1 teaspoon, 3 times a day before meals. | Echinaforce®, liquid, 30ml, 20 drops in water, once a day.  | Not prescribed  | Not prescribed                           | Not prescribed                           |
| H022      | Not prescribed  | Not prescribed  | Not prescribed  | Not prescribed                           | Not prescribed                           |
| H023      | Nephrosolid®, liquid, 50ml, 15 drops, 3 times a day.  | Echinaforce®, liquid, 30ml, 20 drops in water, 3-5 times a day.   | Multiforce Alkaline Powder®, 225g, 1 teaspoon in water. | Not prescribed                           | Not prescribed                           |
| H024      | Abdominal complex and Menstruation combination, 150 tablets, 2 tablets, every 2 hours.                        | <i>Avena sativa</i> , and <i>Vitex Agnus castus</i> , and <i>Berberis vulgaris</i> , and <i>Thymus vulgaris</i> mother tinctures, liquid, 30ml, 1 tsp, 4 times a day. | Not prescribed  | Not prescribed                           | Not prescribed                           |
| H026      | Biostrath®, liquid, 200ml. As directed.   | Multiforce Alkaline Powder®, 225g. As directed.   | Nephrosolid®, liquid, 50ml As directed.                 | Echinaforce®, liquid, 50ml, As directed. | Boldocynara®, liquid, 50ml. As directed. |
| H027      | Echinaforce®, Liquid, 30ml. As directed.  | <i>Calendula officinalis</i> mother tincture in olive oil, liquid, 25ml. Apply to affected part.  | Not prescribed  | Not prescribed                           | Not prescribed                           |
| H028      | Echinaforce®, liquid, 30ml. As directed.  | Multiforce Alkaline Powder®, 225g. As directed.   | Nephrosolid®, liquid, 50ml. As directed.                | Not prescribed                           | Not prescribed                           |
| H031      | Not prescribed  | Not prescribed  | Not prescribed  | Not prescribed                           | Not prescribed                           |

| CASE CODE | ADJUNCT 1  | ADJUNCT 2   | ADJUNCT 3   | ADJUNCT 4   | ADJUNCT 5      |
|-----------|--|---|---|---|----------------|
| H033      | Not prescribed   | Not prescribed  | Not prescribed  | Not prescribed  | Not prescribed |
| H035      | Echinaforce®, liquid, 30ml. As directed  | Biostrath®, liquid, 200ml. As directed                              | Nephrosolid®, liquid, 50ml. As directed.  | Not prescribed  | Not prescribed |
| H037      | Echinaforce®, liquid, 30ml. As directed  | Biostrath®, liquid, 200ml, 1 teaspoon, 3 times a day.               | <i>Calendula officinalis</i> mother tincture in olive oil, liquid, 25ml. Apply to affected part, as needed. | Not prescribed  | Not prescribed |
| H040      | <i>Magnesium phosphoricum</i> and Headache combination, 150 tablets, 2 tablets, 3 times a day.   | Not prescribed  | Not prescribed  | Not prescribed  | Not prescribed |
| H041      | Not prescribed   | Not prescribed  | Not prescribed  | Not prescribed  | Not prescribed |
| H042      | Not prescribed   | Not prescribed  | Not prescribed  | Not prescribed  | Not prescribed |
| H044      | <i>Calendula officinalis</i> mother tincture in olive oil, liquid, 10ml, 2 drops in each ear.  | Biostrath®, liquid, 200ml, As directed.                             | Not prescribed  | Not prescribed  | Not prescribed |
| H045      | Headache combination, 150 tablets, 2 tablets, 3 times a day.   | Boldocynara®, liquid, 50ml, 15 drops in a little water, once a day. | Not prescribed  | Not prescribed  | Not prescribed |
| H047      | <i>Pulsatilla praetensis</i> , <i>Lobelia inflata</i> and <i>Thymus vulgaris</i> mother tincture complex, liquid, 30ml, 20 drops in a little water, 4 times a day. | Not prescribed  | Not prescribed  | Not prescribed  | Not prescribed |
| H048      | Echinaforce®, liquid, 30ml. As directed, when necessary.   | Biostrath®, 150 tablets. As directed, when necessary.               | Nephrosolid®, liquid, 50ml. As directed, when necessary.  | MSM® tablet, 60 tablets. As directed, when necessary. | Not prescribed |
| H049      | Not prescribed   | Not prescribed  | Not prescribed  | Not prescribed  | Not prescribed |
| H050      | Not prescribed   | Not prescribed  | Not prescribed  | Not prescribed  | Not prescribed |
| H051      | Not prescribed   | Not prescribed  | Not prescribed  | Not prescribed  | Not prescribed |
| H052      | Biostrath®, 100 tablets. As directed.  | Multiforce Alkaline Powder®, 225g. As directed.                     | Boldocynara®, liquid, 50ml. As directed.  | Not prescribed  | Not prescribed |

| CASE CODE | ADJUNCT 1   | ADJUNCT 2   | ADJUNCT 3                                  | ADJUNCT 4      | ADJUNCT 5      |
|-----------|---|---|--|----------------|----------------|
| H053      | <i>Urtica urens</i> and <i>Calendula officinalis</i> mother tinctures in olive oil, liquid, 30ml. Apply to affected part, as needed.          | Not prescribed  | Not prescribed                             | Not prescribed | Not prescribed |
| H054      | <i>Calendula officinalis</i> mother tincture, liquid, 10ml, 2 drops in 5ml of water, twice a day.   | Not prescribed  | Not prescribed                             | Not prescribed | Not prescribed |
| H055      | Echinaforce®, liquid, 30ml, 20 drops in a little water, twice a day.  | Not prescribed  | Not prescribed                             | Not prescribed | Not prescribed |
| H058      | Echinaforce®, liquid, 50ml. As directed.  | Boldocynara®, liquid, 50ml. As directed.                      | Nephrosolid®, liquid, 50ml. As directed.   | Not prescribed | Not prescribed |
| H059      | Multiforce Alkaline Powder®, 225g, 2 tablespoons in water, once a day.  | MSM®, 60 tablets, 2 tablets , 3 times a day.                  | Not prescribed                             | Not prescribed | Not prescribed |
| H060      | Nephrosolid®, liquid, 50ml, 20 drops, 3 times a day.  | Not prescribed  | Not prescribed                             | Not prescribed | Not prescribed |
| H061      | Echinaforce®, liquid, 50ml, 30 drops in a little water, 3 times a day.  | Not prescribed  | Not prescribed                             | Not prescribed | Not prescribed |
| H063      | <i>Calcarea fluoricum</i> 6X tissue salt, 50 tablets, 2 tablets, 3 times a day.   | Not prescribed  | Not prescribed                             | Not prescribed | Not prescribed |
| H064      | <i>Ruta graveolens</i> and <i>Arnica montana</i> in gel, 30ml, Apply to affected part, as needed.   | Multiforce Alkaline Powder®, 225g, twice a day.               | Nephrosolid®, liquid, 30ml, 3 times a day. | Not prescribed | Not prescribed |
| H065      | <i>Vitex agnus castus</i> and <i>Pulsatilla praetensis</i> mother tinctures complex, liquid, 15ml, 20 drops in a little water, 3 times a day. | Nephrosolid®, liquid, 50ml, 15 drops, 3 times a day.          | Not prescribed                             | Not prescribed | Not prescribed |
| H067      | Echinaforce®, liquid, 50ml, 20 drops in a little water, once a day.   | Multiforce Alkaline Powder®, 225g, 7.5g in water, once a day. | Not prescribed                             | Not prescribed | Not prescribed |

| CASE CODE | ADJUNCT 1  | ADJUNCT 2  | ADJUNCT 3   | ADJUNCT 4   | ADJUNCT 5      |
|-----------|--|--|---|---|----------------|
| H068      | Echinaforce®, liquid, 50ml , 20 drops in a little water, 3 times a day.  | Multiforce Alkaline Powder®, 225g. As directed.  | Not prescribed  | Not prescribed  | Not prescribed |
| H069      | <i>Calendula officinalis</i> and <i>Urtica urens</i> mother tinctures in olive oil, liquid, 100ml. Apply to affected part, twice a day.  | <i>Taraxacum officinale</i> and <i>Carduus marianus</i> , liquid, 30ml, 15 drops, twice a day.   | Dr Reckeweg R41 , liquid, 50ml, 10 drops, once a day. | Not prescribed  | Not prescribed |
| H071      | Multiforce Alkaline Powder, Powder, 225g. As directed.   | <i>Taraxacum officinale</i> and <i>Solidago virgaurea</i> , liquid, 30ml, 20 drops, twice a day. | Not prescribed  | Not prescribed  | Not prescribed |
| H072      | <i>Calendula officinalis</i> mother tincture in olive oil, liquid, 30ml. Apply to affected part, as needed.  | Not prescribed   | Not prescribed  | Not prescribed  | Not prescribed |
| H073      | <i>Calendula officinalis</i> mother tincture in olive oil, liquid, 30ml. Apply to affected part, as needed.  | Nephrosolid®, liquid, 50ml. As directed.   | Multiforce Alkaline Powder®, 225g. As directed.       | <i>Thymus vulgaris</i> , liquid, 30ml, 30 drops, 4 times a day. | Not prescribed |
| H075      | Not prescribed   | Not prescribed   | Not prescribed  | Not prescribed  | Not prescribed |
| H076      | Stress combination ( <i>Melissa officinalis</i> , <i>Scutellaria lateriflora</i> , <i>Humulus lupulus</i> , with <i>Agrimony</i> , <i>Cherry Plum</i> , <i>Centaury</i> , <i>Crab Apple</i> , <i>Impatiens</i> , <i>Holly</i> ), liquid, 30ml, 10 drops in the morning, as needed. | Not prescribed   | Not prescribed  | Not prescribed  | Not prescribed |
| H077      | Not prescribed   | Not prescribed   | Not prescribed  | Not prescribed  | Not prescribed |
| H078      | Not prescribed   | Not prescribed   | Not prescribed  | Not prescribed  | Not prescribed |
| H079      | Menstruation combination Globules, no. 4 vial, 5 globules, 3 times a day.  | Boldocynara, liquid, 50ml, As directed   | Not prescribed  | Not prescribed  | Not prescribed |

| CASE CODE | ADJUNCT 1   | ADJUNCT 2   | ADJUNCT 3  | ADJUNCT 4      | ADJUNCT 5      |
|-----------|---|---|--|----------------|----------------|
| H080      | <i>Calendula officinalis</i> mother tincture in olive oil, liquid, 30ml. Apply to affected part, as needed. | Combination assist Cold and Flu, 125 tablets, 2 tablets, 3 times a day. | Luffeel nasal spray , liquid, 20ml, 2 sprays in each nostril. As needed. | Not prescribed | Not prescribed |
| H081      | Nephrosolid®, liquid, 50ml, 20 drops, 3 times a day.  | Not prescribed  | Not prescribed   | Not prescribed | Not prescribed |
| H082      | Urinary tract infection complex, liquid, 25ml, 10 drops, 3 times a day.                                     | Not prescribed  | Not prescribed   | Not prescribed | Not prescribed |
| H083      | Biostrath®, 100 tablets, 2 tablets, 3 times a day.  | Not prescribed  | Not prescribed   | Not prescribed | Not prescribed |
| H084      | Biostrath®, liquid, 200ml, 1tsp, daily in the morning.  | Echinaforce®, liquid, 50ml, 15 drops in a little water, 3 times a day.  | Not prescribed   | Not prescribed | Not prescribed |
| H085      | Not prescribed  | Not prescribed  | Not prescribed   | Not prescribed | Not prescribed |
| H087      | Nephrosolid®, liquid, 50ml. As directed.  | Not prescribed  | Not prescribed   | Not prescribed | Not prescribed |
| H088      | Menstruation combination pilules, no. 4 vial, 2 pilules, 4 times a day.                                     | Biostrath®, liquid, 200ml. As directed.                                 | Not prescribed   | Not prescribed | Not prescribed |
| H090      | Not prescribed  | Not prescribed  | Not prescribed   | Not prescribed | Not prescribed |
| H092      | Echinaforce®, liquid, 30ml, 15 drops in a little water, twice a day.  | Biostrath® Tablet, 100 tablets, 1 tablet, twice a day.                  | Not prescribed   | Not prescribed | Not prescribed |
| H093      | Echinaforce®, liquid, 30ml, 20 drops in a little water, 5 times a day.                                      | Not prescribed  | Not prescribed   | Not prescribed | Not prescribed |
| H094      | <i>Crataegus oxyacantha</i> mother tincture, liquid, 50ml. As directed.                                     | Not prescribed  | Not prescribed   | Not prescribed | Not prescribed |
| H095      | Cough complex, liquid, 30ml, 10 drops in a little water, twice a day.                                       | Echinaforce®, liquid, 50ml. As directed.                                | Not prescribed   | Not prescribed | Not prescribed |
| H097      | Nephrosolid®, liquid, 50ml, 20 drops, 3 times a day.  | Not prescribed  | Not prescribed   | Not prescribed | Not prescribed |

| CASE CODE | ADJUNCT 1  | ADJUNCT 2   | ADJUNCT 3      | ADJUNCT 4      | ADJUNCT 5      |
|-----------|--|---|----------------|----------------|----------------|
| H098      | <i>Phytolacca decandra</i> mother tincture, liquid, 20ml, 20 drops in a little water, twice a day.   | Not prescribed  | Not prescribed | Not prescribed | Not prescribed |
| H099      | Not prescribed   | Not prescribed  | Not prescribed | Not prescribed | Not prescribed |
| H101      | <i>Ferrum phosphoricum</i> 6X tissue salt, 125 tablets, 2 tablets, twice a day.  | Biostrath® tablet, 100 tablets, 2 tablets, 3 times a day.   | Not prescribed | Not prescribed | Not prescribed |
| H102      | Not prescribed   | Not prescribed  | Not prescribed | Not prescribed | Not prescribed |
| H103      | Not prescribed   | Not prescribed  | Not prescribed | Not prescribed | Not prescribed |
| H106      | Dysmenorrhoea complex, pilules, no. 2 vial, 4 pilules, 3 times a day.  | Urinary tract infection complex ( <i>Equisetum heimale</i> and <i>Arctostaphylos uva ursi</i> mother tinctures), liquid, 25ml, 20 drops, 3 times a day. | Not prescribed | Not prescribed | Not prescribed |
| H107      | Not prescribed   | Not prescribed  | Not prescribed | Not prescribed | Not prescribed |
| H109      | Nephrosolid®, liquid, 50ml, 15 drops, 3 times a day.   | Not prescribed  | Not prescribed | Not prescribed | Not prescribed |
| H110      | Echinaforce®, liquid, 50ml. As directed.   | Biostrath® tablet, 100 tablets. As directed.  | Not prescribed | Not prescribed | Not prescribed |
| H112      | Not prescribed   | Not prescribed  | Not prescribed | Not prescribed | Not prescribed |
| H113      | Biostrath®, liquid, 100ml. As directed.  | Not prescribed  | Not prescribed | Not prescribed | Not prescribed |
| H114      | Echinaforce®, liquid, 30ml, 30 drops in a little water, twice a day.   | Luffeel® nasal spray, liquid, 20ml, 2 sprays in each nostril, twice a day.  | Not prescribed | Not prescribed | Not prescribed |
| H116      | Immune complex 3X, liquid, 30ml, 20 drops, daily in the morning.   | <i>Calendula officinalis</i> mother tincture, liquid, 30ml. Apply to affected part, as needed.  | Not prescribed | Not prescribed | Not prescribed |
| H117      | <i>Olea gemmo</i> and <i>Origanum vulgare</i> and <i>Salvia officinalis</i> mother tinctures, liquid, 30ml. Apply to affected part, as needed. | Not prescribed  | Not prescribed | Not prescribed | Not prescribed |

| CASE CODE | ADJUNCT 1  | ADJUNCT 2  | ADJUNCT 3  | ADJUNCT 4                                | ADJUNCT 5      |
|-----------|--|--|--|--|----------------|
| H120      | <i>Silicea terra</i> 6X tissue salt, 125 tablets. As directed.   | <i>Thymus vulgaris</i> mother tincture and <i>Thuja occidentalis</i> complex, liquid, 30ml. Apply to affected part, as needed. | Echinaforce®, Liquid, 50ml. As directed.           | Nephrosolid®, liquid, 50ml. As directed. | Not prescribed |
| H122      | <i>Thymus vulgaris</i> mother tincture, liquid, 30ml. Apply to affected part, dilute in water for sensitive skin, 2-3 times a day. | Echinaforce®, liquid, 30ml, 10-30 drops in a little water, 2-3 times a day.  | Biostrath®, 100 tablets, 2 tablets, 3 times a day. | Not prescribed                           | Not prescribed |
| H123      | <i>Avena sativa</i> 6X, liquid, 20ml, 20 drops in a little water, 3 times a day.   | <i>Magnesium phosphoricum</i> 6X tissue salt tablet, 50ml. As directed.  | Biostrath®, 100 tablets. As directed.              | Not prescribed                           | Not prescribed |
| H124      | <i>Calcarea phosphoricum</i> 6X tissue salt tablets, 50ml. As directed.  | Biostrath®, 100 tablets, As directed   | Echinaforce®, liquid, 30ml. As directed.           | Not prescribed                           | Not prescribed |
| H125      | Not prescribed   | Not prescribed   | Not prescribed                                     | Not prescribed                           | Not prescribed |
| H127      | Immune stimulating mother tincture complex, liquid, 30ml, 10 drops in a little water, twice a day.                                 | Bach flower <i>Pine</i> , <i>Star of Bethlehem</i> , <i>Elm</i> , <i>Willow</i> complex, liquid, 30ml, 10 drops, twice a day.  | Not prescribed                                     | Not prescribed                           | Not prescribed |
| H128      | Not prescribed   | Not prescribed   | Not prescribed                                     | Not prescribed                           | Not prescribed |
| H129      | <i>Calendula officinalis</i> and <i>Thymus vulgaris</i> mother tincture, liquid, 25ml. Apply to affected part, as needed.          | Biostrath®, 100 tablets, 2 tablets, 3 times a day.   | Not prescribed                                     | Not prescribed                           | Not prescribed |
| H130      | Biostrath®, 100 tablets. As directed.  | Boldocynara®, liquid, 50ml. As directed.   | Not prescribed                                     | Not prescribed                           | Not prescribed |
| H131      | <i>Calendula officinalis</i> and <i>Thymus vulgaris</i> mother tincture, liquid, 30ml. Apply to affected part, as needed.          | Biostrath®, 100 tablets. As directed.  | Not prescribed                                     | Not prescribed                           | Not prescribed |
| H132      | <i>Echinacea purpurea</i> 2X, liquid, 30ml, 20 drops, 3 times a day.   | Not prescribed   | Not prescribed                                     | Not prescribed                           | Not prescribed |
| H133      | Biostrath®, 100 tablets, 2 tablets, 3 times a day.   | Not prescribed   | Not prescribed                                     | Not prescribed                           | Not prescribed |
| H134      | Not prescribed   | Not prescribed   | Not prescribed                                     | Not prescribed                           | Not prescribed |

| CASE CODE | ADJUNCT 1   | ADJUNCT 2  | ADJUNCT 3                                | ADJUNCT 4      | ADJUNCT 5      |
|-----------|---|--|--|----------------|----------------|
| H135      | Echinaforce®, liquid, 50ml. As directed.  | Not prescribed                                     | Not prescribed                           | Not prescribed | Not prescribed |
| H136      | <i>Echinacea purpurea</i> 2X and Immune complex, liquid, 30ml, 20 drops, twice a day.   | Not prescribed                                     | Not prescribed                           | Not prescribed | Not prescribed |
| H137      | Multiforce Alkaline powder®, 225g, 1 tsp in water, twice a day.   | Boldocynara®, liquid, 50ml, 20 drops, twice a day. | Not prescribed                           | Not prescribed | Not prescribed |
| H139      | <i>Ferrum phosphoricum</i> 6X tissue salt, 125 tablets, 2 tablets, 3 times a day.   | Not prescribed                                     | Not prescribed                           | Not prescribed | Not prescribed |
| H140      | Circulation combination, 125 tablets, 2 tablets, 3 times a day.   | Not prescribed                                     | Not prescribed                           | Not prescribed | Not prescribed |
| H141      | Urinary tract infection complex ( <i>Arctostaphylos uva ursi</i> and <i>Equisetum heimale</i> mother tinctures), liquid, 30ml, 20 drops in a little water, 3 times a day. | Not prescribed                                     | Not prescribed                           | Not prescribed | Not prescribed |
| H142      | Boldocynara®, liquid, 50ml. As directed   | Luffeel® nasal spray, liquid, 20ml. As directed.   | Echinaforce®, liquid, 50ml. As directed. | Not prescribed | Not prescribed |
| H143      | <i>Avena sativa</i> and <i>Fenugreek</i> mother tincture, liquid, 30ml, 15 drops in a little water, twice a day.  | Boldocynara®, liquid, 50ml, 15 drops, twice a day. | Not prescribed                           | Not prescribed | Not prescribed |
| H144      | Not prescribed  | Not prescribed                                     | Not prescribed                           | Not prescribed | Not prescribed |
| H149      | Not prescribed  | Not prescribed                                     | Not prescribed                           | Not prescribed | Not prescribed |
| H151      | Echinaforce®, liquid, 30ml, 15 drops in a little water, 3 times a day.  | Biostrath®, 100 tablets, 2 tablets, twice a day.   | Not prescribed                           | Not prescribed | Not prescribed |
| H152      | <i>Syzygium jambolanum</i> mother tincture, liquid, 30ml, 20 drops in a little water, once a day.   | Not prescribed                                     | Not prescribed                           | Not prescribed | Not prescribed |



| CASE CODE | ADJUNCT 1   | ADJUNCT 2      | ADJUNCT 3      | ADJUNCT 4      | ADJUNCT 5      |
|-----------|---|----------------|----------------|----------------|----------------|
| H153      | <i>Alfalfa sativa</i> mother tincture, liquid, 20ml, 20 drops in a little water, twice a day. | Not prescribed | Not prescribed | Not prescribed | Not prescribed |
| H155      | Nephrosolid®, liquid, 30ml. As directed.  | Not prescribed | Not prescribed | Not prescribed | Not prescribed |

## APPENDIX Q: EDITING CERTIFICATE

### DR RICHARD STEELE

BA HDE MTech(Hom)

**HOMEOPATH**

Registration No. A07309 HM

Practice No. 0807524

**Freelance academic editor**

**Associate member: Professional Editors'  
Guild, South Africa**

154 Magenta Place

Gxarha [Morgan Bay]

5292

Eastern Cape

082-928-6208

rsteele@vodamail.co.za

---

### EDITING CERTIFICATE

**Re: AISHA KHAN**

**Master's dissertation: A RETROSPECTIVE CHART REVIEW ON  
THE HOMOEOPATHIC MANAGEMENT OF CONCOMITANT  
AILMENTS OCCURRING IN HIV POSITIVE PATIENTS, AT A  
HOMOEOPATHIC COMMUNITY HEALTH CENTRE**

I confirm that I have edited this dissertation and the references for clarity and language. I returned the document to the author with track changes so correct implementation of the changes and clarifications requested in the text and references is the responsibility of the author. I am a freelance editor specialising in proofreading and editing academic documents. My original tertiary degree which I obtained at the University of Cape Town was a B.A. with English as a major and I went on to complete an H.D.E. (P.G.) Sec. with English as my teaching subject. I was a part-time lecturer in the Department of Homoeopathy at the Durban University of Technology for 13 years and supervised many master's degree dissertations during that period.

Dr Richard Steele

**09 February 2023**

*per email*