

**A Comparison of the Results of a triple blind proving of Strychnos  
henningsii 30CH with the materia medica of existing remedies  
showing repertorial similarity**

**By**

**Melanie Naidoo**

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

I, Melanie Naidoo, do declare that this dissertation is representative of my own work,  
both in conception and execution.

---

Signature of Student

---

Date of signature

APPROVED FOR FINAL SUBMISSION

---

Signature of Supervisor

---

Date of signature

Dr A.H.A Ross

M.Tech.Hom(TN), B.Mus(UCT) (Cum Laude)

**THIS DISSERTATION IS DEDICATED TO MY BELOVED BHAGAWAN  
SRI SATHYA SAI BABA WHO IS MY DIVINE MOTHER AND FATHER,  
MY GUIDING LIGHT AND MY STRENGTH, WITHOUT WHOM THIS  
WOULD NOT HAVE BEEN POSSIBLE**

## **ACKNOWLEDGEMENTS**

I would like to express my sincere gratitude to the following persons for their assistance in the execution and preparation of this dissertation.

My Parents. The two greatest and most remarkable people in my world. Thank you for being my pillars of strength, my comfort, my library of wisdom and for showing me what unconditional love really is. This dissertation is my gift to you. Words cannot express the love, gratitude and admiration I feel for you.

Dr Ashley Ross. You set the benchmark and are the living example of what every teacher should aspire to be. Thank you for your patience, kindness and most importantly, for encouraging me to live up to my true potential. I am eternally grateful and feel blessed to have had your guidance and supervision during this study.

Dr Izel Botha. Thank you for your guidance and support during this challenging time. Those conversations we've had lifted my spirits and reminded me of my higher purpose.

Uncle Lucky. I feel wiser every time I'm graced with your presence. Your love, support and generosity is very much appreciated. Thank you for being there every step of the way.

Irfana, Nerisha and Poonam. Without you this would've been impossible. I'm thankful we had a great team.

My Friends, Family and Loved Ones. Every single one of you have played an integral role in my life, shaping and moulding me into the person I've become. Your support and belief in me has been invaluable. I love you all.

Grandma. Your concern for my wellbeing and boundless love overwhelms me. Thank you for your advice, encouragement and for being my soft landing through tough times. I love you.

To all the provers. Thank you for making this beautiful study possible.

## **ABSTRACT**

### **INTRODUCTION**

The purpose of this investigation was to determine the effect of *Strychnos henningsii* 30CH on healthy provers, and to compare these signs and symptoms to a selection of remedies sharing commonality with prominent rubrics.

It was hypothesised that the 30CH potency of *Strychnos henningsii* would produce clearly observable signs and symptoms in healthy provers. It was further hypothesised that a comparison of *Strychnos henningsii* to those remedies yielding the highest numerical value and total number of rubrics on repertorisation of the proving symptoms would highlight differences and similarities between *Strychnos henningsii* and other existing homoeopathic remedies so that confusion as to its therapeutic indication is reduced.

### **METHODOLOGY**

A mixed-method, triple-blind, placebo-controlled proving of *Strychnos henningsii* 30CH was conducted on thirty-two healthy volunteers who met specific inclusion criteria. Sixteen of the thirty-two provers received independently assigned placebo, with neither researcher nor prover knowing who was on placebo. A homoeopathic case history was taken and a thorough physical examination performed on provers before commencement of the proving. Data collection was in the form of a journal. On completion of the proving, the information from each journal was collated and assessed by the four researchers. The symptoms elicited were then translated into materia medica and repertory language, and a homoeopathic picture of the remedy emerged. Data from the case histories, physical examinations and group discussions were also considered.

A repertorisation of 37 rubrics chosen to represent the essence of *Strychnos henningsii* was done using *Radar* 9.0. Exclusion repertorisation then followed, in order to identify those remedies producing the highest numerical value and total number of rubrics within the animal, mineral and plant kingdoms, and *Loganiaceae* family respectively.

## RESULTS

A total number of 877 rubrics were produced. Exclusion repertorisation yielded the basis for comparison to the remedies from the animal kingdom namely *Sepia* which repertorised the highest, followed closely by *Calcareo carbonica*. Exclusion repertorisation of remedies from the mineral kingdom showed basis for comparison with *Natrum carbonicum*, *Arsenicum album* and *Causticum*, and from the plant kingdom, *Lycopodium clavatum*, *China officinalis*, *Staphysagria* and *Rhus toxicodendron*. Within the *Loganiaceae* family *Nux vomica* and *Ignatia amara* repertorised the highest, although *Spigelia anthelmia*, *Gelsemium sempervirens* and *Strychninum* also shared striking similarities with *Strychnos henningsii*.

## CONCLUSION

The investigation clearly supported the hypothesis that *Strychnos henningsii* 30CH would produce observable signs and symptoms in healthy provers. The subsequent comparison of *Strychnos henningsii* proving symptoms to the materia medica of *Sepia*, *Calcareo carbonica*, *Natrum carbonicum*, *Arsenicum album*, *Causticum*, *Lycopodium clavatum*, *China officinalis*, *Staphysagria*, *Rhus toxicodendron*, *Nux vomica*, *Ignatia amara*, *Spigelia anthelmia*, *Gelsemium sempervirens* and *Strychninum* highlighted the similarities and differences between these remedies and *Strychnos henningsii*.

## **TABLE OF CONTENTS**

	<b>PAGE</b>
<b>DEDICATIONS</b>	<b>i</b>
<b>ACKNOWLEDGEMENTS</b>	<b>ii</b>
<b>ABSTRACT</b>	<b>iii</b>
<b>TABLE OF CONTENTS</b>	<b>v</b>
<b>LIST OF IMAGES AND TABLES</b>	<b>xv</b>
<b>DEFINITION OF TERMS</b>	<b>xvi</b>
<b>CHAPTER ONE – OVERVIEW</b>	
1.1 INTRODUCTION	<b>1</b>
1.2 THE OBJECTIVES	<b>3</b>
1.3 THE HYPOTHESES	<b>4</b>
1.4 THE DELIMITATIONS	<b>4</b>
1.5 THE ASSUMPTIONS	<b>4</b>
<b>CHAPTER TWO - REVIEW OF THE RELATED LITERATURE</b>	
2.1 HISTORICAL PERSPECTIVES	<b>6</b>
2.2 PROVING METHODOLOGY	<b>7</b>

2.3 REFINEMENT OF PROVING METHODOLOGIES	7
2.3.1 Placebo / Blinding	7
2.3.2 Potency Selection	8
2.4 COMPARATIVE MATERIA MEDICA	9
2.5 GROUP ANALYSIS AS A COMPARATIVE FORM	11
2.6 MIASMATIC CLASSIFICATION	13
2.7 STRYCHNOS HENNINGSII	16
2.7.1 Classification	16
2.7.2 Description	16
2.7.3 Traditional Therapeutic Uses	17
2.7.4 Sample used for remedy preparation	17
2.8 SUMMARY	18
 <b>CHAPTER THREE – MATERIALS AND METHODS</b>	
3.1 THE DESIGN	19
3.2 OUTLINE OF THE PROVING METHODOLOGY	20
3.2.1 The Proving Substance	22
3.2.1.1 <i>Potency</i>	22
3.2.1.2 <i>The preparation and dispensing of the proving substance</i>	22

3.2.1.3 <i>Dose and Posology</i>	23
3.2.2 The Prover Group	23
3.2.2.1 <i>Sample size and demographics</i>	23
3.2.2.2 <i>Criteria for inclusion of a subject</i>	24
3.2.2.3 <i>Randomisation</i>	25
3.2.2.4 <i>Lifestyle of provers during the proving</i>	25
3.2.2.5 <i>Monitoring of provers</i>	26
3.2.3 Case-history, Physical examination and Pathological testing	27
3.2.3.1 <i>Case-history</i>	27
3.2.3.2 <i>Physical examination</i>	27
3.2.4 Duration of the Proving	27
3.2.4.1 <i>Pre-proving observation</i>	27
3.2.4.2 <i>Commencement of proving</i>	27
3.2.4.3 <i>Chronology</i>	28
3.2.4.4 <i>Post-proving observation</i>	28
3.2.5 Group Discussion	29
3.2.6 Symptom Collection, Extraction and Evaluation	29
3.3 PROCESSING OF THE PROVING DATA	31
3.3.1 Collating and Editing	31

3.3.2 Formatting	32
3.3.2.1 <i>Materia Medica</i>	32
3.3.2.2 <i>Repertory</i>	33
3.4 LEVELS OF RELATIONSHIP OF PROVING DATA	34
 <b>CHAPTER FOUR – THE RESULTS</b>	
4.1 INTRODUCTION	35
4.2 THE PROVER POPULATION	35
4.3 THE MATERIA MEDICA AND REPERTORY OF STRYCHNOS HENNINGSII	35
4.3.1 Key	36
4.4 MATERIA MEDICA	36
4.4.1 Mind	36
4.4.2 Vertigo	46
4.4.3 Head	46
4.4.4 Eye	50
4.4.5 Vision	52
4.4.6 Ear	52
4.4.7 Hearing	52
4.4.8 Nose	53

4.4.9 Face	54
4.4.10 Mouth	55
4.4.11 Teeth	55
4.4.12 Throat	55
4.4.13 Stomach	56
4.4.14 Abdomen	58
4.4.15 Rectum	59
4.4.16 Stool	60
4.4.17 Bladder	60
4.4.18 Urethra	60
4.4.19 Female	60
4.4.20 Respiration	61
4.4.21 Cough	62
4.4.22 Expectoration	62
4.4.23 Chest	62
4.4.24 Back	63
4.4.25 Extremities	64
4.4.26 Sleep	67
4.4.27 Dreams	68

4.4.28 Chill	74
4.4.29 Perspiration	74
4.4.30 Skin	74
4.4.31 Generals	74
 4.5 RUBRICS	 78
4.5.1 Complete Rubrics	78
4.5.1.1 Mind	78
4.5.1.2 Vertigo	83
4.5.1.3 Head	84
4.5.1.4 Eye	86
4.5.1.5 Vision	87
4.5.1.6 Ear	87
4.5.1.7 Hearing	88
4.5.1.8 Nose	88
4.5.1.9 Face	89
4.5.1.10 Mouth	89
4.5.1.11 Teeth	90
4.5.1.12 Throat	90

4.5.1.13 Stomach	<b>91</b>
4.5.1.14 Abdomen	<b>91</b>
4.5.1.15 Rectum	<b>92</b>
4.5.1.16 Stool	<b>93</b>
4.5.1.17 Bladder	<b>93</b>
4.5.1.18 Urethra	<b>93</b>
4.5.1.19 Female	<b>94</b>
4.5.1.20 Respiration	<b>94</b>
4.5.1.21 Cough	<b>95</b>
4.5.1.22 Expectoration	<b>95</b>
4.5.1.23 Chest	<b>95</b>
4.5.1.24 Back	<b>96</b>
4.5.1.25 Extremities	<b>97</b>
4.5.1.26 Sleep	<b>100</b>
4.5.1.27 Dreams	<b>101</b>
4.5.1.28 Chill	<b>104</b>
4.5.1.29 Fever	<b>104</b>
4.5.1.30 Skin	<b>104</b>
4.5.1.31 Generals	<b>104</b>

4.5.2 Rubrics of Characteristic Symptoms	107
4.6 REPERTORISATION OF STRYCHNOS HENNINGSII 30CH PROVING SYMPTOMS	109
4.7 RESULTS OF REPERTORISATION	110
<b>CHAPTER FIVE – DISCUSSION OF THE RESULTS</b>	
5.1 THE ABBREVIATION OF THE REMEDY	111
5.2 THE SYMPTOMS	111
5.3 COMPARISONS BY KINGDOMS	112
5.3.1 Animals : Sepia and Calcareo carbonica	112
5.3.1.1 <i>Strychnos henningsii and Sepia</i>	112
5.3.1.2 <i>Strychnos henningsii and Calcareo carbonica</i>	114
5.3.2 Minerals: Arsenicum album, Causticum and Natrum carbonicum	116
5.3.2.1 <i>Strychnos henningsii and Arsenicum album</i>	116
5.3.2.2 <i>Strychnos henningsii and Causticum</i>	118
5.3.2.3 <i>Strychnos henningsii and Natrum carbonicum</i>	120
5.3.3 Plants: Lycopodium clavatum, China officinalis, Staphysagria and	

Rhus toxicodendron	122
5.3.3.1 <i>Strychnos henningsii</i> and <i>Lycopodium clavatum</i>	122
5.3.3.2 <i>Strychnos henningsii</i> and <i>China officinalis</i>	123
5.3.3.3 <i>Strychnos henningsii</i> and <i>Staphysagria</i>	125
5.3.3.4 <i>Strychnos henningsii</i> and <i>Rhus toxicodendron</i>	126
5.4 LOGANIACEAE (STRYCHNACEAE) FAMILY : NUX VOMICA, IGNATIA AMARA, SPIGELIA ANTHELMIA, GELSEMIUM SEMPERVIRENS AND STRYCHNINUM	127
5.4.1 <i>Introduction</i>	127
5.4.2 <i>Strychnos henningsii</i> and <i>Nux vomica</i>	130
5.4.3 <i>Strychnos henningsii</i> and <i>Ignatia amara</i>	133
5.4.4 <i>Strychnos henningsii</i> and <i>Spigelia anthelmia</i>	135
5.4.5 <i>Strychnos henningsii</i> and <i>Gelsemium sempervirens</i>	136
5.4.6 <i>Strychnos henningsii</i> and <i>Strychninum</i>	138
5.5 STRYCHNOS HENNINGSII AND THE AIDS MIASM	139
 <b>CHAPTER 6 - CONCLUSIONS AND RECOMMENDATIONS</b>	
6.1 CONCLUSIONS	141

**APPENDICES**

APPENDIX A: SUITABILITY FOR INCLUSION IN THE PROVING

APPENDIX B: INFORMED CONSENT FORM

APPENDIX C: CASE HISTORY

APPENDIX C (i): CASE-HISTORY SHEET (INITIAL)

APPENDIX C (ii): POST-PROVING CASE HISTORY SHEET

APPENDIX D: INSTRUCTION TO PROVERS

APPENDIX E: METHODS OF PREPARATION

APPENDIX E (i): METHOD 6: TRITURATIONS

APPENDIX E (ii): METHOD 8a: LIQUID PREPARATIONS MADE FROM  
TRITURATIONS

APPENDIX F: REPERTORISATION OF *STRYCHNOS HENNINGSII* 30CH

APPENDIX F (i): REPERTORISATION OF *STRYCHNOS HENNINGSII* TO THE  
POLYCRESTS

APPENDIX F (ii): REPERTORISATION OF *STRYCHNOS HENNINGSII* TO THE  
ANIMAL KINGDOM

APPENDIX F (iii): REPERTORISATION OF *STRYCHNOS HENNINGSII* TO THE  
MINERAL KINGDOM

APPENDIX F (iv): REPERTORISATION OF *STRYCHNOS HENNINGSII* TO THE  
PLANT KINGDOM

APPENDIX F (v): REPERTORISATION OF *STRYCHNOS HENNINGSII* TO THE  
LOGANIACEAE FAMILY

## **LIST OF IMAGES AND TABLES**

### **IMAGES**

Image 2.1: Sankaran's Scheme of Miasmatic Classification

Image 2.2: Leaves and fruit of *Strychnos henningsii*

### **TABLES**

Table 3.1: Telephonic contact schedule

Table 4.1: The demographics of the verum group

Table 5.1: Distribution of rubrics

Table 5.2: Summary of rubric overlap of prominent Loganiaceae with *Strychnos henningsii* (expressed as whole numbers and % coverage)

Table 5.3: Summary of total number of rubric overlap of *Strychnos henningsii* with number of Loganiaceae

## **DEFINITION OF TERMS**

### **SIMILIA PRINCIPLE (LAW OF SIMILARS)**

The fundamental principle of homoeopathy, which states that substances may be used to treat disorders whose manifestations are similar to those which they will themselves induce in a healthy subject. Expressed as *similia similibus curentur* (let like be cured by like) (Swayne 2000:193).

### **PLACEBO**

A non-medicated, relatively inert substance administered to contrast the effects of the relative non-medication in controlled experiments with those of medication in two comparable groups of patients. A dummy treatment administered to the control group in a controlled trial in order that the specific and non-specific effects of the experimental treatment can be distinguished (Taylor et al 1988:1298).

### **POTENCY**

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

### **PROVING**

The process of determining the medicinal properties of a substance; testing substances in material doses, mother tincture or potency, by administration to healthy volunteers, to elicit effects from which the therapeutic potential, or materia medica of the substance may be derived (Swayne 2000:174).

### **PROVER**

Subject of a proving, or homoeopathic pathogenetic trial. A person who should be in good health, who records changes in his or her condition during and after the administration of the substance to be tested (Swayne, 2000:173).

### **THIRTIETH CENTESIMAL POTENCY (30CH)**

The thirtieth step of serial deconcentration on a 1:100 scale with succussion at each step, having an effective concentration of  $1 \times 10^{-60}$  (Jouanny 1993:74).

### **SUCCUSSION**

Vigorous shaking, with impact or “elastic collision”, carried out at each stage of dilution in the preparation of a homoeopathic potency (Swayne 2000:201).

### **NOSODE**

Homeopathic medicine derived from pathological material. May be of human, animal or plant origin, including microorganisms, diseased tissue, or the products of disease processes, such as discharges and effusions (Swayne 2000:145).

## **CHAPTER 1**

### **1. OVERVIEW**

#### **1.1 INTRODUCTION**

Ever since Hahnemann discovered that Cinchona bark was able to produce malaria-like symptoms in 1790, homoeopathic drug provings have become systematic experiments where substances are tested on healthy human beings in order to extract symptoms reflecting the action of the substance (Vithoulkas, 2002:96). In these trials healthy individuals are administered repeated doses of a substance until a reaction, by way of the production of abnormal symptoms, is achieved (Ullman, 1991:9). Once it is established what symptoms that substance produces, it is then known what it will influence and cure (Ullman, 1991:10).

Provings are the basis upon which a homoeopathic remedy is chosen for a patient, where the symptom manifestation of the patient matches the symptom manifestation of the remedy, thus enabling the principles of resonance to strengthen the patients immunity and bring about cure (Vithoulkas, 2002:96).

Within homoeopathic semiology, therefore, the purpose of conducting a proving of a remedy is to record the totality of morbid symptoms produced by that substance on healthy individuals, which will then be the curative remedy for prescription in the sick individual based on that totality (Vithoulkas, 2002:144). Sankaran (1991) further explains that the healthy volunteers that a drug is administered to carefully note down in simple non-technical language the symptoms that are produced in them. These symptoms as recorded, being the pure effects, form the homoeopathic materia medica.

Provings are performed on human beings and not animals because disease has two distinct forms of expression: The first is the gross changes that occur in the tissues (objective signs); the second is what is felt (subjective signs). These include types of pain that are felt as well as emotions and other sensations (Sankaran, 1991:10). From the two expressions the subjective symptoms are extremely important since they precede gross changes and furthermore they individualise a patient in sickness.

In the study of a drug it is important to know what the subjective symptoms are, as it is impossible to accurately extract feelings from an animal (Sankaran, 1991:11).

Hahnemann, personally tested and recorded the effects of 99 drugs, and it has been described as “the largest, most accurate and most fertile of all investigations into medicinal action made by any single observer”. Krauss, has stated that “the era of scientific medical experimentation begins with Hahnemann and nobody else” (cited in Sankaran, 1991:11).

Vithoulkas (2002) explains that, at this time, even though homoeopathy continues to advance as we have literally thousands of remedies derived from various sources such as plant, minerals, animals and diseased tissue whose characteristics have been brought out through carefully constructed provings, it is still necessary to perform provings on new substances so that the homoeopathic armamentarium can be further expanded (Vithoulkas, 2002:143). More research is essential for us to learn more about homoeopathy especially since in the 19<sup>th</sup> and early 20<sup>th</sup> centuries, the quality of provings has deteriorated and there are a limited number of thorough provings (Sherr, 1994:9). There is an obvious need to expand the materia medica and many homoeopaths agree with the idea that local remedies are useful, providing an easy, accessible cure as Nature intended (Sherr, 1994:49).

Southern Africa is noted to having over 30 000 species of higher plants. Considering South Africa's extreme biodiversity as well as cultural diversity, it is hardly astonishing to find that approximately 3 000 species of plants are used as medicines. However, it is abundantly clear from examination of available research that there is a distinct lack of detailed documentation on the use of these medicinal plants in South Africa (Van Wyk *et al.* 2005:244). The proving of *Strychnos henningsii* sought to expand our knowledge of an indigenous substance having a limited amount of information in our existing materia medicas, and contribute to Africa's indigenous systems of Medicine claiming its rightful place among all the great healing traditions of the world. The comparative studies of *Strychnos henningsii* to other remedies seen in Chapter 5 under section 5.3 will lead to a greater understanding of *Strychnos henningsii*, emphasising the significant place comparative studies has in homoeopathy.

De Schepper (2006) explains that homoeopaths don't treat diseases, rather sick individuals and that no two patients can be ill in the same way even though they may be suffering from the same disease (De Schepper, 2006:42). The selection of a remedy specific to an individual inevitably involves a comparison and differentiation between similar remedies (Candegabe, 1997:5). However the challenge is to discriminate where similar remedies converge making the study of comparative materia medica vitally important (Farrington, 1991).

Comparative materia medica enables the homoeopath to understand the similarities and differences between a remedy and seemingly similar remedies, which needs to be established in order to prescribe accurately according to the Law of Similars, as is required by homoeopathic science (Candegabe, 1997:xvii).

A comparison of the materia medica of *Strychnos henningsii* with those remedies found to display the highest numerical values and total number of rubrics on repertorisation will therefore highlight the similarities and differences between the symptoms of the remedies resulting in confusion as to the indication being erased. A greater understanding of the proving symptoms, as well as a fuller understanding of the relationship of *Strychnos henningsii* to other remedies (via its relationships to those remedies yielding the highest numerical and total number of rubrics value on repertorisation ) will follow this comparison.

## **1.2 THE OBJECTIVES**

The first objective of the study was to conduct a proving and investigate the effect of *Strychnos henningsii* 30CH on healthy provers, and to record the symptoms produced in the healthy volunteers that are specific to the substance, so that it may be prescribed according to the Law of Similars.

The second objective of this study is to compare those remedies producing the highest numerical value and total number of rubrics on repertorisation with the proving symptom of *Strychnos henningsii* 30CH.

### 1.3 THE HYPOTHESES

It was hypothesised that:

- the 30CH potency of *Strychnos henningsii* would produce clearly observable signs and symptoms in healthy provers.
- the comparison of *Strychnos henningsii* to those remedies producing the highest numerical value and total number of rubrics on repertorisation of the proving symptoms would highlight similarities and differences between the symptoms of the remedy resulting in confusion of the indication being erased. A deeper understanding of *Strychnos henningsii* and its relationship to other remedies was proposed.

### 1.4 THE DELIMITATIONS

The study did not:

- determine the effects of potencies of *Strychnos henningsii* other than in the thirtieth centesimal.
- attempt to explain the mechanism of action of the homoeopathic preparation in the production of symptoms in healthy individuals; nor
- seek to perform multicentre trials of the drug.

### 1.5 THE ASSUMPTIONS

- The remedy was accurately prepared according to the standard for the preparation of plants as stipulated in the German Homoeopathic Pharmacopoeia, as it was the correct method for the preparation of *Strychnos henningsii*.
- All provers complied with the proper procedures for the duration of the proving.
- The provers took the remedy in the dosage, frequency and manner required.
- The provers were conscientious and accurate with regards to self-observation.

- The provers would not deviate from their dietary habits or normal lifestyle immediately prior to, or for the duration of the proving.
- The repertorisation of *Strychnos henningsii* would produce a selection of remedies with the highest numerical value and total number of rubrics on repertorisation, making a subsequent comparative discussion possible.

## **CHAPTER 2**

### **2. REVIEW OF THE RELATED LITERATURE**

#### **2.1 HISTORICAL PERSPECTIVES**

Homoeopathy was founded in 1790 by the German physician and chemist, Samuel Hahnemann (1755-1843). He was a successful and famous medical graduate who practised medicine for several years. Despite his success, Hahnemann disapproved of the methods employed in the medicine of the time, that involved blood letting and purging, which in themselves resulted in many people losing their lives. Hahnemann viewed these methods as barbaric, unscientific, inhumane and cruel (Sankaran, 1991:7). Hahnemann had then given up his practice but continued to experiment and study in order to find a more dignified and rational method of treatment (Sankaran, 1991:8).

An event occurred in 1790 which many people consider as the birth of homoeopathy: Cullen, a Scottish physician had written a book entitled *A Treatise on Materia Medica* and Hahnemann was asked to translate it into German. In this book Cullen mentioned Peruvian bark which was named Cinchona after the Duchess Cinchon, vice queen of Peru, who had been cured by it. This bark was used by indigenous South Americans to treat malaria. The active ingredient of the bark is *China*, also known as quinine which was, and still is, used to treat malaria. Hahnemann in his quest to find a more rational form of treatment experimented by ingesting the bark extract himself and he discovered that two to three hours later he developed malaria like symptoms such as fever, drowsiness, heart palpitations, increased thirst, fast strong pulse and profound anxiety accompanied by trembling and prostration of the limbs. Hahnemann then postulated that Peruvian bark or *China* is curative in malarial fever because it produces similar symptoms when ingested in healthy individuals. This gave birth to the very first principle in homoeopathy – Like cures like (*Similia similibus curentur*) (Bloch, Lewis, 2003:17).

This principle isn't new and was described by other physicians even before Hahnemann. The origin of the law is attributed to Hippocrates also known as the father of medicine. Ancient Indian physicians coined the rule "Likes are cured by likes". Kalidasa, a poet, reflects it in his epic "*Singara Tilaka*" (57 B.C.) where he says: "It has been said of old time in the world that poison is the remedy for poison"

(Sankaran, 1991:8). Therefore it is clear that treatment by similars (as epitomised by homoeopathy) existed even before Hahnemann's time just as gravity existed before Newton. However due to Hahnemann's genius he was the first to confirm this law of cure objectively and to develop a system for the benefit of mankind (Sankaran, 1991:9).

## **2.2 PROVING METHODOLOGY**

Following his experiment on cinchona bark, Hahnemann subsequently tested further drugs on himself, his colleagues and his family stating that there is "no other possible way in which the peculiar effects of medicines on the health of individuals can be accurately ascertained" (Aphorism 108) (Hahnemann:1996). Hahnemann limited the number of variables in his provings by selecting healthy provers, ensuring each prover did not take drugs and practiced moderation with regards to food and lifestyle and by recommending that if some strong influence occurred to the prover, those symptoms should be eliminated (Kerschbaumer 2004).

Hahnemann (1996) gave clearly defined instructions and methods with regards to homoeopathic provings in his 6<sup>th</sup> edition of the "Organon of the Medical Art" outlined in aphorisms 105 to 145. Leading homoeopaths have undertaken their provings utilizing his basic model which set the trend, making drug provings a revolutionary innovation.

## **2.3 REFINEMENT OF PROVING METHODOLOGIES**

### **2.3.1 Placebo / Blinding**

Before the refinement of provings, Hahnemann believed that a true *materia medica* should consist of authentic, pure, reliable symptoms of the medicine itself, which is free from fabrication, assumption or conjecture. He set strict rules concerning the diet and lifestyle of the provers, therefore ensuring symptoms remain unadulterated and controlled. Hahnemann felt that the use of placebo or blinding of trials was a form of deception. Therefore provers were always informed on the substance they were taking. He always tested the proving substance on himself first, which enabled him to have a personal experience of the remedy. Due to the impracticable nature of this methodology in modern times considering the twenty-first century lifestyle, many refinements such as the use of placebo and blinding experiments are now

implemented and accepted practices within various proving methodologies (Botha, 2009).

In 1906 a homoeopathic organization sponsored one of the very first double-blind experiments which was a proving of *Belladonna*. The proving was conducted in eleven cities and an impressive mass of symptoms was collected from the 51 subjects that participated, most of whom confirmed what was already known about *Belladonna*'s toxicity (Ullman, 1991:59). The purpose of blinded provings is to compensate for bias in the observer and faith in the patient which has never been tested or proved. However, most provings taking place today are almost always blinded (Sherr, 1994:36).

The use of a blind technique is widely accepted as a way to distinguish placebo responses from action of medicine (Ullman, 1991:56). In proving protocol the use of placebo is often the most controversial. Sherr (1994) suggests that often good provers are wasted on placebo and sometimes placebo provings produce similar symptoms to proving symptoms casting further doubt. However the positive factors on the use of placebo are that provers are extra careful when relating symptoms (Sherr, 1994:57) and in theory it distinguishes the effect of the remedy from the effects of the proving process (Sherr, 1994:37).

### **2.3.2 Potency Selection**

The selection of the potency of a proving substance has always been difficult and challenging. There was a time when Hahnemann wanted to standardise the 30<sup>th</sup> potency but the idea never materialised (Sherr, 1994:56). He initially utilised the substance either in tincture form or in the first or second trituration (Botha 2009). However in Aphorism 128 he specifies the use of a few pellets of the 30<sup>th</sup> potency (Hahnemann 1996:154).

The use of potencies from the highest to the lowest have been endorsed. Sherr (1994) in his provings uses a wide range of potencies from a 6c to 1M but maintains that it is equally valid to use one potency only (Sherr, 1994:56). In his proving of *Hydrogen* he found that the 30<sup>th</sup> potency produced the most symptoms on the mental and emotional level as opposed to the others. He believes that higher potencies will cause more dynamic symptoms in the susceptible prover (Sherr, 1994:27).

Vithoulkas (2002) in contrast proposes that potencies should range from 1X to about 8X during provings, 1X being used for nontoxic substances and 8X-12X for toxic substances (Vithoulkas, 2002:152). Riley (1995a;b), utilised the 12CH potency in his provings of *Geranium robertianum* and *Veronica officinalis*. Raeside (1971) employed the use of the 6x, 6CH, 9CH, 12CH and 30CH potencies in his proving of *Mimosa pudica* and a variety of potencies in his other provings.

Sankaran (2001) who also conducted his proving of *Ringworm*, in the 30<sup>th</sup> potency argues that the higher the potency, the more intense the central disturbance of an organism, which he believed could be harmful and lead to an aggravation of symptoms (Sankaran, 2001:104).

It is up to the proving committee to decide whether they want to use a single potency or a variety of potencies (Sherr, 1994:56). In view of the above considerations, it would appear that the 30CH potency is the most effective potency for yielding a representative proving.

## **2.4 COMPARATIVE MATERIA MEDICA**

The advent of comparative materia medica has allowed for a clearer understanding of symptoms by comparing remedies since every symptom on its own has a meaning and purpose. The complete picture of a remedy will only be seen through the dynamic relationships between symptoms. Comparing remedies in this way enables the homoeopath to familiarise the similarities and differences between the countless number of remedies found in the materia medica making it almost impossible to memorise the various remedy pictures (Candegabe, 1997:xvii). Mangialavori also expresses this concern by saying “You can’t study the materia medica from “A” and go on to “Z” because after five or six remedies every remedy seems the same” (Konig, P; Santos, U, 1996).

Sankaran (1991) explains that the reason why the materia medica remains relevant and useful today as it was over a century and a half ago is because the symptoms recorded in it are precise. It doesn’t contain theories or generalisations, only precise and detailed facts for example it is not just written that *Belladonna* produces a headache. It is recorded that *Belladonna* produces “aching pain in the right temporal region, which on leaning the head on the hand changes to bursting pain, which

extends to the right frontal protuberance". This is just one of *Belladonna's* 1440 symptoms (Sankaran, 1991:10) showing us just how vast and precise the homoeopathic materia medica is. Comparative materia medica comes into play when the seemingly minor symptoms in the study of a particular drug in an individual becomes quite significant and characteristic when employed in comparison. Thus, *Belladonna* causes a tonsillitis that leads towards suppuration. However when compared with a remedy like *Apis*, which seldom ever causes suppuration of the tonsils, the contrast proves serviceable. Farrington (1991) further explains that it is relatively easy for a practitioner to differentiate where remedies diverge, but rather difficult to discriminate where similar remedies converge and that is where individualization is most needed. He suggests that we can be better prepared to systematize materia medica when we can determine which remedies agree and disagree, why some remedies though similar in symptoms are inimical in relation, therefore abridging materia medica without violence and to place it where it belongs, as the crown of science (Farrington, 1991).

Candegabe (1997) utilises the 'minimum characteristic syndrome' or 'minimum syndrome of maximum value' as a basis to compare remedies (Candegabe,1997:294). He explains that even though two remedies appear to be very similar they can be distinguished by the presence of a single characteristic symptom which is unique to one of them (Candegabe, 1997:8).

Mangialavori further goes on to explain that we have to make a strong division between what we call a family of remedies and the similarity of remedies. He says that often in books we find the words "similar to..." but that doesn't mean that all the symptoms of a remedy are similar to all the symptoms of another remedy. He says that often the symptoms that are similar are actually the superficial ones but if these remedies are studied on a deeper level they are actually completely different for example *Lycopodium* and *Chelidonium* have similar symptoms concerning the right hypochondrium but if looked at deeply the essence of these two remedies are completely different (Konig, P; Santos, U, 1996). According to Candegabe (1997) the study of materia medica and its clinical application is a rather difficult task and clinical materia medica is subjective and incomplete because it is merely a compilation of the writers' clinical experience (Candegabe, 1997:1).

Candegabe (1997) observed that with each repertorisation, several remedies would have similar symptoms that were common with the simillimum of the case (Candegabe, 1997:1) and that even though the process of repertorisation is a laborious and repetitive one it actually improves our knowledge of the similarities and differences between remedies. When selecting a remedy there is an inevitable process of comparing and differentiating between similar remedies and every repertorisation is actually a study of comparisons (Candegabe, 1997:5). Other advantages of comparative study of remedies through the repertory is enhancement of our knowledge of lesser-known remedies as well as a remedy can only be defined by what it does not have for example *Nux vomica* is the only remedy in the rubric 'Quiet disposition, wants to be, desires repose and tranquility' , but does not appear in the rubric 'Tranquility' , hence we can deduce that *Nux vomica* desires tranquillity because he does not have it (Candagabe, 1997:9). If a remedy is studied both in the materia medica as well as the repertory, a complete image will emerge (Candagabe, 1997:1).

Complex beings are inextricably linked to their disease patterns and the repertory is an excellent tool for analysing and understanding them (Candagabe, 1997:11).

## **2.5 GROUP ANALYSIS AS A COMPARATIVE FORM**

With more than 3000 existing homoeopathic remedies, differentiating between remedies on a symptom level proves a rather difficult and almost impossible process. However, continued use of a certain remedy assists to make it more identifiable to the prescriber (Candegabe, 1997:1).

Prior to this stage of familiarity, the analytical process becomes easier if we are to identify the broad grouping of which it is a member. This is known as group analysis (Shore 2004:16). This is now becoming a much sought out method following the writings of Scholten (1993) in his group analysis of minerals, Sankaran (2002) in plants and Shore (2004) in his analysis of the bird kingdom to name a few. According to Scholten (1993) up until recently, the most common study of homoeopathic remedies has been to view each remedy separately. Group analysis involves taking a group or family of remedies and extracting that which is common to all of them (Scholten, 1993:23). Sankaran (2002) provides a detailed explanation of families, kingdoms and subkingdoms of remedies as well as miasmatic classification in his

writings in *An Insight Into Plants, Volume -1*. Sankaran (2002) feels that due to the difficult practice of homoeopathy where the method of identification begins with specifics rather than a broad picture, a specific system needed to be followed instead of a random search of the materia medica (Sankaran 2002:19).

Remedies are classified into kingdoms, especially the plant, mineral and animal kingdoms. According to Sankaran (2002), a person belonging to the mineral kingdom perceives problems in structure, whether involving their relationships, profession or performance. A patient needing a plant remedy has a problem with sensitivity and the animal kingdom is concerned with hierarchy, competitiveness and survival. This process helps to significantly narrow down to the right remedy (Sankaran 2002:20). The mineral kingdom proved easiest, where there is a difference between pure minerals and their salts. Salts experience relationship issues whilst metals have problems regarding their role or performance.

The animal kingdom is broken up into classes of insects, snakes mammals etc. The common features of each class comes from an observation of the patients' state and a study of the remedy for example remedies of the insect class share a fear of sudden death and high levels of restless behaviour.

The plant kingdom proved challenging due to certain remedies belonging to a particular family showing no discernible commonality. Sankaran then questioned whether botanical classification has any validity in homoeopathy (Sankaran 2002:21) until concluding that since the main issue of plants is sensitivity, each family must have their own kind of sensitivity. The answers he found lay in the sensations, type of pain and sensations of pain experienced, and repertorial analysis showed that remedies from a particular family shared at least one common sensation or pain type. Having made some sense of plant remedies in terms of botanical class and sensation, Sankaran (2002) proposes using miasmatic theory as a way of discerning individual remedies within a particular family.

Whilst the *Compositae* family shares the sensation of being hurt or injured, the common sensation of the *Loganiaceae* family is of shock, and in the emotional sphere, a feeling of being let down and disappointment is felt. While *Nux vomica* perceives this as critical (Sankaran 2002:22) and will not rest until the situation is corrected or recovered as in a business loss, *Ignatia*, belonging to the same family,

exerts strict control when reacting to the disappointment. This example demonstrates that the picture of two remedies can differ widely though sharing a common sensation (Sankaran 2002:23). Analysis of groups or families of remedies elicits common themes, thereby expanding one's understanding of the members of the family or group, and shared general traits.

Having understood the importance and significance of comparative materia medica, it is clear that a fuller understanding of the proving symptoms, as well as a greater understanding of *Strychnos henningsii* to those remedies yielding the highest numerical and total number of rubrics value on repertorisation will follow, both with respect to kingdom and specific plant and plant family (*Loganiaceae*) comparison.

## 2.6 MIASMATIC CLASSIFICATION

Sankaran's (2002) concept of miasms allows for differentiation of members belonging to a particular family. Hahnemann originally developed three major miasms namely Psora, Sycosis and Syphilis but Sankaran later added the Acute, Typhoid, Ringworm, Malarial, Tubercular, Cancerinic and Leprosy miasms. A miasm is a classification of the patients' states, as well as remedy states, based on the pace, rapidity, and particularly upon the level of desperation, with the psoric miasm being the least and syphilitic the most desperate.

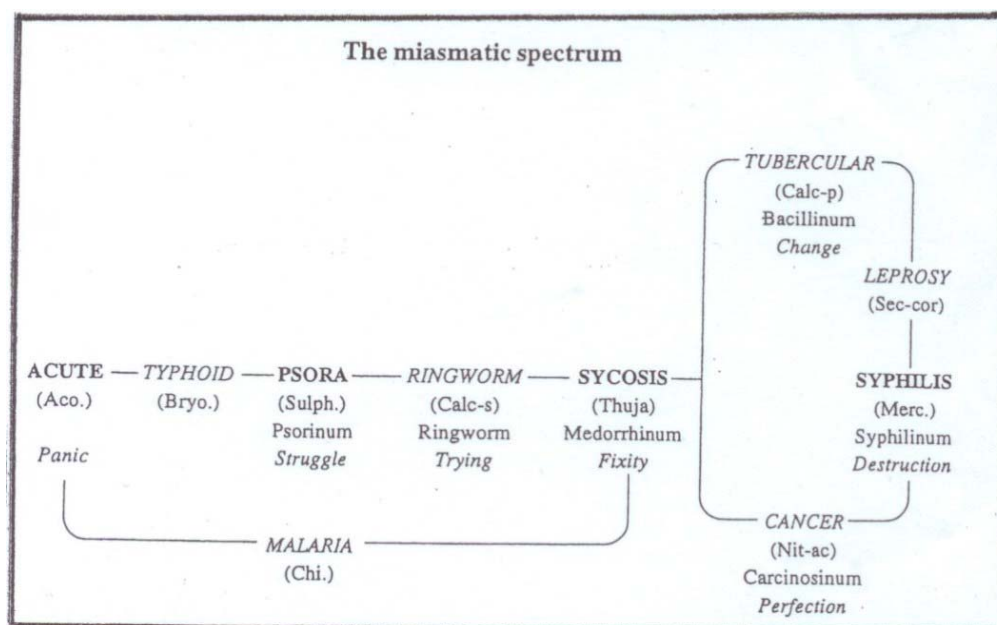


Image 2.1: Sankaran's Scheme of Miasmatic Classification (Sankaran 2000:450)

Within the schema, the typhoid miasm lies between the Acute and Psora miasms. In the Typhoid miasm there is an intense struggle against a critical period namely disease, which if handled properly, ends in total recovery. The Ringworm miasm which lies between Psora and Sycosis is characterised by alternating periods of struggle accompanied with anxiety about success with periods of hopelessness and despair. In the Malarial miasm sudden, acute manifestations followed by periods of quiescence is observable. This miasm lies between the Acute and Sycotic miasm which explains the acute feeling of threat that comes up at intermittent intervals, between which lies a chronic, fixed underlying feeling of being stuck or deficient (Sankaran 2002:54).

The Tubercular, Cancerinic and Leprosy miasms lies between the Sycosis and Syphilis miasm. An overwhelming desire for change due to a feeling of intense oppression marks the Tuberculinic miasm. The Cancerinic miasm compensates for an inherent weakness within, by performing exceedingly well, with almost superhuman effort, stretching himself beyond the limits of his capacity. The Leprosy miasm is characterised by feelings of being isolated and an outcast, intense hopelessness and oppression.

Fraser (2002) has written extensively on the AIDS miasm as an expression of the disease tendency in modern society. The main themes of the AIDS miasm are as follows:

- Disconnection – A feeling of being detached, isolated or not belonging, with a desire to be left alone. Slow, passive and dull individual's who feel betrayed, rejected and persecuted resulting in a suspicious nature. There is a loss of identity and a feeling as if on drugs or in a dream.
- Connection – A strong connection with God and others, including nature with a feeling of expansiveness. Sympathetic and sensitive individuals.
- Dispersion – A sensation of lacking substance, things coming out and growth. Feeling of emptiness, floating and flying, travelling through space or hearing music. Thoughts of rushing around and travel. Themes of circles and clouds, thirst and dryness with water and waves features.

- Discontent – Easily offended individuals with violent reactions and a desire to kill. Feelings of frustration, restlessness and irritability.
- Indifference – An apathetic nature, with despair, selfishness and cruelty.
- Confidence – Confidence with an elated, serene and relaxed feeling. This alternates with low self esteem with feelings of being old, ugly and bashful. Underlying feelings of shame and humiliation results in self hatred and self harm.
- Confusion – Forgetfulness, confusion of senses, time, words and identity with decreased levels of concentration.
- Instability – Themes of chaos alternating with order and a loss of structure. Heightened sensitivity to stimuli with childishness.
- Boundaries and Obstruction – They feel exposed due to a loss of protection or of the shell or wall. Senses are obstructed with issues around touch and the skin. Images of death, portals and houses are experienced.
- Extremes – Extravagance and excess with a feeling of tallness, strength and nobility features, as well as changes in appetite.
- Femininisation – Themes of motherhood, sexuality, left sidedness and pregnancy featured.
- Childhood – Childhood memories and feelings of playfulness.
- Vulnerability – Strong images of danger and violence, rape and abuse accompanied with fear and paranoia. Babies and children also feature. They feel weak, fragile and trapped. There is also a feeling of dependency and despair with a longing for privacy and secrecy.
- Dreams – Themes of children, teeth, transport, travelling, houses, staircases, wood, metal, snow, water and the colour red predominates. Septic states, violence, anger, irritability, panic, being busy and responsibility also features.
- Infection – A feeling of being contaminated or contaminating others. Themes of dirt, vermin and worms with influenza like symptoms.

Despite the AIDS miasm not featuring in Sankaran's scheme of miasmatic classification as seen in 2.1, one cannot ignore the prevalence of the themes displayed of the AIDS miasm in modern society. In the researchers opinion the AIDS miasm is most likely to fall between the Leprosy and Syphilitic miasm according to Sankarans (2000) classification.

## **2.7 STRYCHNOS HENNINGSII**

### **2.7.1 Classification**

Kingdom: Plantae

Family: Strychnaceae (formerly Loganiaceae)

Species: Strychnos

Names: Strychnos henningsii / Umqalothi (Xhosa/Zulu) / Red bitterberry (English) / Rooi bitterbessie (Afrikaans)



Image 2.2: Leaves and fruit of Strychnos henningsii  
(<http://www.metafro.be/prelude/prelude pic/Strychnos henningsii2.jpg>)

### **2.7.2 Description**

Strychnos henningsii is a plant which ranges in size from a large scrub to a tall tree exceeding 15 metres in height. The colour varies where the bark appears pale grey

and smooth in younger trees and becomes progressively darker appearing brown and flaky in older specimens. The characteristic features of the *Strychnos* species are the bright green and glossy leaves with three main veins which arise from the base. Small yellow flowers together with bright orange fruit are produced in Spring and early Summer. The bark is the part of the plant mainly used and occasionally the green fruits or roots of the tree. *Strychnos henningsii* is distributed along the east coast of South Africa as well as northwards into the Kruger National Park (Gericke, Van Wyk, Van Oudtshoorn 2005:244).

### **2.7.3 Traditional Therapeutic Uses**

*Strychnos henningsii* also referred to as ‘umqalothi’ and red bitterberry is used to treat a variety of ailments. *Strychnos henningsii* has been noted as a therapeutic tool in the treatment of nausea and stomach complaints and is also taken as a bitter tonic. It’s also of significant value in treating rheumatic fever and dysmenorrhoea (Gericke, Van Wyk, Van Oudtshoorn 2005:244). Different parts of the plant are used for the different ailments. For stomach complaints the boiled roots may be used or the bark can be chewed. Cold water extracts of pulverised barks are taken in small doses for the treatment of nausea. Decoctions of the bark boiled with roots of *Turraea floribunda* Hochst, are valuable in treating rheumatic fever and the bark which is known as ‘umqalothi’ is the part used in treating dysmenorrhoea. In eastern Pondoland this bark is used as a bitter appetiser and in unspecified parts of Africa it is favourable as a purgative and colic remedy. Treatment of tapeworms as well as snakebites (Gericke, Van Wyk, Van Oudtshoorn 2005:244) are further indicators for its prescription.

### **2.7.4 SAMPLE USED FOR REMEDY PREPARATION**

Fresh bark harvested by a traditional healer (Dr M. Sithole) from a mature tree growing in a natural forest in Umkhomazi, KZN on 25<sup>th</sup> January 2009. The bark was stored in a dark, air conditioned storeroom until time of manufacture.

## **2.8 SUMMARY**

This study endeavours to conduct a triple-blind placebo-controlled homoeopathic proving of *Strychnos henningsii*, in order to evaluate the resultant symptomatology in terms of differentiation on the basis of kingdom classification and botanical classification. The proving and subsequent differentiation aims to position the new remedy within existing homoeopathic materia medica.

## **CHAPTER 3**

### **3. MATERIALS AND METHODS**

#### **3.1 THE DESIGN**

The homoeopathic drug proving of *Strychnos henningsii* 30CH took the form of a mixed-method triple-blind, placebo-controlled study. Thirty-two provers were selected after meeting the inclusion criteria (*Appendix A*) and 50% of the subjects (16 of the 32) will receive placebo in a random manner. The 32 provers were randomly divided into four equal groups of 8 provers, with each group supervised by one of four M.Tech.Hom student researchers (Naidoo M., Lockhat I., Naidoo N., Maharaj P.)

The provers and the four M.Tech.Hom research students were unaware of the name or nature of the substance being proved, the potency of the proving substance (Nagpaul,1987; Sherr, 1994; Riley 1995a,b), nor whether a prover was assigned the proving substance or a placebo. This research co-ordinator (as supervisor), was aware of the proving substance and its potency, but was unaware of the details of verum/ placebo assignment of provers to researchers. Randomisation was conducted by an independent clinician who was unaware of the proving substance.

As an additional ‘internal’ control, all provers were required to record their state for one week prior to commencing the verum/ placebo powders (Vithoulkas 1986: 148-150). All provers recorded their symptoms in assigned journals in the manner described (*see Appendix D*). Such recording was completed at least once daily. Data extracted from journals was combined with case histories, physical examinations and results of blood tests to compile the proving profile.

Data derived from journals and case histories was edited and collated as set out in 3.2.6 below. Objective measures derived from blood tests and physical examination were subjected to statistical manipulation with reference to pre-proving baselines and changes induced during the initial proving period.

Proving symptomatology (derived from journals, case histories and post-proving group discussion) was reformatted and classified according to standard materia medica and repertory conventions.

### 3.2 OUTLINE OF THE PROVING METHODOLOGY

- The proving was conducted by four M.Tech.Hom. students, under supervision of the researcher supervisor;
- The proving substance (*Strychnos henningsii*, in the 30CH potency) was prepared by the researcher supervisor according to Methods 6 (*Triturations by hand*) and a modification of Method 8a (*Liquid preparations made from triturations*), as specified in the German Homoeopathic Pharmacopoeia (GHP) [Appendix E];
- Verum/ placebo powders was prepared according to the method described below [3.2.1.3], and 9 powders each of the respective test substance (verum or placebo) was randomly assigned by an independent clinician to 32 prover numbers (16 verum and 16 placebo);
- Each researcher conducted interviews in which prospective provers were screened for suitability, and checked against the inclusion criteria (Appendix A);
- The provers attended a pre-proving training course, conducted by the research supervisor, during which the procedure of homoeopathic proving was explained to them;
- The provers were guided through the *Instructions to Provers* document (Appendix D), and signed the *Consent form* (Appendix B);
- Each prover was allocated a prover code, and was provided with a personal copy of the *Instructions to Provers* document, an appropriately numbered journal, and a list of contact numbers for the researchers.
- The provers were divided randomly into four equal groups, with each researcher being responsible for 8 provers;
- At scheduled times, a thorough case history and physical examination (Appendix C) of each prover was completed by the respective student researcher;
- The provers commenced recording their symptoms at least three times daily for one week prior to taking the proving substance. Provers commenced recording in a staggered manner with groups of two provers per researcher commencing at 3-day intervals (i.e. commencement of recording is staggered over a 10-day period (*viz. days 1, 4, 7, and 10*));
- On completion of the pre-proving week, the prover commenced taking the powders a maximum of three times daily for 3 days, or until the first symptoms

appeared, whereupon no further doses of the proving substance was taken. The prover continued to record their symptoms throughout. The researcher was in daily telephonic contact with each prover;

- Telephonic contact frequency was daily initially, reducing to 2-3 daily, then weekly after the first week (*i.e. days 1, 2, 4, 7, 14, 21, 28 etc.*);
- If no symptoms were noted after the sixth powder, the prover ceased to take any further doses, but continued to record as previously;

1		3		7	1	2	3		10		24	→							
Pre-proving					Proving								→						
Verum/Placebo					≤ 9														
Telephonic contact					1	2	3		5		7		10		14		21		28

Table 3.1: Telephonic contact schedule

- The proving was considered complete when there was no occurrence of symptoms for three weeks;
- Journaling continued for a post-proving observation period of two weeks, to ensure no recurrence of proving symptoms;
- The respective journal was recalled, and a post-proving case history and physical examination was conducted on the prover;
- After submission of all journals a group discussion around the proving experience was conducted;

- The verum/placebo assignment was unblinded to the researchers, to allow for distinction between verum and placebo groups;
- Extraction and collation of journal data was effected manually; results of blood analyses will be subjected to statistical analysis
- Data was then presented in traditional materia medica and repertory formats. At this point the identity and potency of the proving substance will be revealed to the researchers.

### **3.2.1 The Proving Substance**

#### **3.2.1.1 Potency:**

*Strychnos henningsii* in the 30<sup>th</sup> Hahnemannian potency (30CH) was utilised for the proving (*Strychnos henningsii* 30CH).

#### **3.2.1.2 The preparation and dispensing of the proving substance:**

- The proving substance (*Strychnos henningsii*) was prepared by the research supervisor according to Methods 6 (*Trituration of insoluble substances*) and a modification of Method 8a (*Liquid potency from trituration*), as specified in the German Homoeopathic Pharmacopoeia (GHP), Fifth supplement (1991) to the First Edition (1978) (*Appendix E(i) and (ii)*);
- A 20ml volume of the 30<sup>th</sup> Hahnemannian centesimal potency (30CH) was produced in 96% ethanol;
- A 90ml volume of standard size 10 lactose granules will be triple-impregnated at 1% volume/volume with *Strychnos henningsii* 30CH (96% ethanol) [*verum*];
- A 60 ml volume of standard size 10 lactose granules was triple-impregnated at 1% volume/volume with unprocessed 96% ethanol [*placebo*];
- Placebo and verum powders were prepared by adding twenty (20) of the respective impregnated granules to standard pure lactose powders [*144 (+27) verum and 144 (+27) placebo powders divided into packets of 9 powders each (16+3 verum; 16+3 placebo)*];
- An independent clinician (Dr David Naudé, Senior lecturer, Department of Homoeopathy, DUT) numbered 32 respective placebo/verum packets according to a secret random schema, which was stored by the third party until unblinding;

- An additional three sets each of verum and placebo powders was held in reserve, which was to be administered to provers who were required to replace provers who withdrew from the study prematurely [see 3.2.2.3 below].

### **3.2.1.3 Dose and Posology:**

- The provers took one lactose-based verum/placebo powder sublingually for a maximum of three times daily for 3 days, or until the first symptoms appeared (whichever occurred sooner);
- The prover ceased taking the powders as soon as they, or the researcher noted the onset of proving symptoms (Sherr 1994:53);
- There was no repetition of the dose after the onset of symptoms
- The proving substance was taken on an empty stomach and with a clear mouth. Neither food nor drink was taken for a half-hour before or after administration of the proving substance.
- The dosage and posology was clearly explained to each prover in the pre-proving training course, and was presented in writing in the **Instructions to Provers** document (Appendix D), a copy of which was provided to each prover for reference and safekeeping at home.

## **3.2.2 The Prover Group**

### **3.2.2.1 Sample size and demographics:**

The proving was conducted on 32 healthy subjects because of blood tests conducted as part of a related study. Therefore it is necessary to have a minimum of 15 in each group. In keeping with international recommendations (ICCH, 1999: 35, Walach, 1994: 130) the prover population consisted of a fair mix of individuals thoroughly acquainted with homoeopathic principles, as well as those with no homoeopathic background.

Provers were recruited from amongst practising homoeopaths, and homoeopathic students, as well as patients presenting to the Homoeopathic Day Clinic (DUT) and their relatives and friends. Although recruitment of provers were conducted on a purely voluntary basis, cognisance was taken

of the need for balanced distribution of male/female ratios, and a reasonable spread of provers across the age range (18 – 60 years).

The verum/placebo distribution ratio was 16:16 (50% verum/ 50% placebo) according to independent random allocation. Provers were aware of the presence and likelihood of receiving placebo, but details of specific allocation was known only to the independent clinician until all data was collected.

### **3.2.2.2 Criteria for inclusion of a subject:**

The prover subject:

- was between 18 and 60 years of age;
- had obtained parental consent if he/she was between 18 and 21 years old (*Appendix B*);
- was in a general state of good health with no gross physical or mental pathology determined by the case history or physical examination (Sherr, 1994: 44, Riley, 1997: 233, Walach, 1994: 130, ICCH, 1999: 34);
- was not in need of medical treatment; conventional, homoeopathic or other (Riley, 1997: 223);
- has not used the oral contraceptive pill or hormone replacement therapy within the preceding six months (Sherr, 1994: 44, Riley, 1997: 233, ICCH, 1999: 34);
- was not pregnant or breastfeeding (Sherr, 1994: 44, Riley, 1997: 233, ICCH, 1999: 34);
- did not use recreational drugs (Sherr, 1994: 44, Walach, 1994: 130, ICCH, 1999: 34);
- has not had surgery in the preceding six weeks;
- did not consume more than two measures of alcohol per day, 10 cigarettes per day, nor three cups of coffee or tea per day;
- was able to follow the proper procedures (including case history, physical examination and blood tests) for the duration of the proving; and
- was competent and signed the **Consent Form** (*Appendix B*) (Riley, 1997: 225).

### **3.2.2.3 Randomisation:**

Fifty percent of provers (16 provers) were randomly assigned to the placebo group. The remaining fifty percent (16 provers) constituted the verum group.

The allocation of provers to either group was effected by an independent clinician (*Dr David Naudé, Senior lecturer, Department of Homoeopathy, DUT*): Allocation of prover numbers to either group was according to the random sequence of withdrawal of 32 folded slips of paper from a shaken box. Sixteen slips bore the letter 'V' and sixteen the letter 'P' denoting the respective group.

Thirty-two packets of powders (16 verum/16 placebo), corresponding to prover numbers 1-32 was numbered according to the resultant schema [see 3.2.1.2 above]. The schema was divided into four equal parts such that prover numbers 1-8, 9-16, 17-24 and 25-32 were assigned to respective M.Tech.Hom research students in a 'luck of the draw' manner. The record of the schema was stored by the independent clinician until all data had been collected, and unblinding was required for differentiation of respective sets of data.

An additional three sets each of verum and placebo powders were held in reserve (unallocated), which was administered to provers who were required to replace provers who withdrew from the study prematurely. In such cases the 'replacing' prover was assigned to the same group, and assumed the 'b' version of the same prover number, as the 'withdrawing' prover [e.g. withdrawing prover 25 (*verum*) was replaced with new prover 25b (*verum*); prover 8 (*placebo*) with prover 8b (*placebo*)]. The appropriate set of powders was labelled as such (by the independent clinician) at the time of dispensing.

### **3.2.2.4 Lifestyle of provers during the proving:**

The provers were advised to:

- avoid antidoting factors such as camphor and menthol, and to cease their use for two weeks prior to administration of the proving powders (Sherr, 1994: 92);

- practice moderation with respect to work, alcohol, smoking, exercise, diet and sexual expression (Sherr, 1994: 92, Hahnemann, 1996: 200);
- maintain their usual habits (Sherr, 1994: 92, Maishi *et al.*, 1998: 18);
- store the proving powders in a cool, dark place away from strong-smelling substances, electrical equipment and cellular telephones (Sherr, 1994, 92)
- avoid any medication (including antibiotics), vitamin and mineral supplements, herbal or homoeopathic remedies (Sherr, 1994: 92); and to
- consult their doctor, dentist or hospital in the event of a medical emergency, and to contact their supervisor as soon as possible thereafter (Sherr, 1994: 92).

### **3.2.2.5 Monitoring of provers:**

The prover and the researcher were in daily telephonic contact for the beginning of the proving (days 1 and 2), with contact frequency decreasing across the first week (days 4 and 7) to become weekly contact (days 14, 21, 28 etc.) for the duration of the proving (Sherr, 1994: 58).

The purpose of these contacts was to:

- i) ascertain when the proving substance begins to act, so that the prover may be instructed to cease taking any further doses;
- ii) ensure that the prover records accurately, and does not neglect to record a symptom; and to
- iii) ensure the safety of the prover by closely monitoring for any reaction which may need to be antidoted (by an existing homoeopathic remedy, or another necessary intervention).

Provers were given a 'courtesy' telephonic reminder to ensure their presentation for pathological testing on their respective days (according to their commencement date).

### **3.2.3 Case-history, Physical examination and Pathological testing**

#### **3.2.3.1 Case-history:**

Each prover who complied with the ***Inclusion criteria*** (*Appendix A*), had attended the pre-proving training course, and read, understood and signed both the ***Consent form*** and the ***Instructions to Provers*** documents (*Appendices B and D respectively*) had a scheduled 90-minute appointment with the assigned student researcher for completion of a standard homoeopathic case history and general physical examination (*Appendix C*).

The purpose of the case-history was to confirm and clarify the baseline status of each prover prior to administration of the proving substance.

#### **3.2.3.2 Physical examination:**

The general physical examination (*Appendix C*) included physical description, assessment of vital signs, cursory overview and system specific examination (as relevant to the case-history).

### **3.2.4 Duration of the Proving**

#### **3.2.4.1 Pre-proving observation:**

Each prover commenced recording his/her symptoms at least three times daily for one week prior to taking the proving substance, as an internal control. This period of mandatory pre-proving observation was staggered in such a manner that only two provers per researcher commenced his/her recording on any particular day. Pairs of provers commenced their pre-proving observation at 3-day intervals to allow the researcher to have predominant focus on each commencing pair of provers in the initial days of their journal recording. This afforded the researcher the opportunity to ensure that each prover's journaling has occurred according to the methodology, and that good journaling habits were established. Commencement of recording was therefore staggered over a 10-day period (viz. days 1, 4, 7, and 10).

#### **3.2.4.2 Commencement of proving:**

On completion of the week of pre-proving observation and journaling, each prover commenced taking the powders a maximum of three times daily for 3

days, or until the first symptoms appeared, whereupon no further doses of the proving substance was taken. If no symptoms were noted after the sixth powder, the prover ceased to take any further doses, but continued to journal as previously.

Provers were monitored telephonically to confirm the onset of proving symptoms (where these occurred), that the methodology was being implemented correctly, and that the prover's interests were protected [see 3.2.2.5 above]. Provers journalled at least once daily for the duration of the proving.

Each prover presented to the pathology laboratory for completion of follow-up blood tests on the 3<sup>rd</sup>, 10<sup>th</sup> and 24<sup>th</sup> day of their respective proving.

#### **3.2.4.3 Chronology:**

The prover noted the time elapsed between the commencement of the proving and the appearance of each symptom. This was recorded in the DD:HH:MM format, as proposed by Sherr (1994), where DD are the number of days since commencement of the proving (day 1 will be designated 00), HH are the number of hours, and MM the number of minutes.

The top of each page of the prover's journal was marked with the appropriate day code. After 24 hours, the minutes became redundant, and were represented by XX. After 2 days the hours became redundant and were indicated similarly by XX. In instances where the time was insignificant or unclear the symptom was marked XX:XX:XX. The actual time of the day was included only if it was definite, significant and causal to the symptom. All irrelevant time data was erased in the initial extraction.

#### **3.2.4.4 Post-proving observation:**

The proving was considered complete when there was no occurrence of proving symptoms for three weeks. Journaling continued for a post-proving observation period of two weeks, whereupon the respective journal was recalled, and a post-proving case history and physical examination was conducted on the prover.

The purpose of the post-proving case-history and physical examination was to confirm the return to the pre-proving state, and to confirm the disappearance of any 'cured symptoms' [see 3.2.6 below].

Although the duration of the individual prover's reaction to the proving substance cannot be predicted, the broad prediction of duration would be approximately 59 days as set out below:

Initiation of pre-proving observation	10 days
Pre-proving observation (1 week)	7 days
Proving period ( <i>approx.</i> 3 weeks)	35 days
Cessation of proving (2 weeks)	21 days
Post-proving observation (1 weeks)	<u>14 days</u>
<i>approx.</i> 59 days	

### 3.2.5 Group Discussion

Once all provers completed their respective provings (and handed in their journals), the randomisation was unblinded (identity of proving substance remained blinded), and all verum provers met with the M.Tech.Hom research students for a group discussion of symptomatology experienced. Sherr (1994:68) argues that this is an essential component of proving methodology, since the discussion often triggers provers' memories for symptoms which may have gone unnoticed, or of which the prover was doubtful. The discussion assisted in clarifying and validating, and discarding doubtful symptoms.

### 3.2.6 Symptom Collection, Extraction and Evaluation

The most difficult phase of proving development lies in the extraction and collation of symptomatology as recorded in journals and case histories (Sherr 1994: 75). Each recorded symptom was analysed and evaluated against the following criteria. Symptoms included as valid proving symptoms were collated and formatted according to conventional materia medica and repertory formats (ICCH 1999:35):

**Criteria for inclusion of a symptom as a proving symptom:**

- A new symptom unfamiliar to the prover occurring after taking the remedy (Riley 1997: 227, ICCH 1999: 36).
- The symptom does not appear in a prover in the placebo group.
- A current or usual symptom for the prover intensified to a marked degree (Sherr 1994: 70, ICCH 1999: 36).
- A current symptom that is modified or altered, with a clear description of current and modified component (Sherr 1994: 70, ICCH 1999: 36).
- The symptom did not occur in the prover within the last year (a current symptom) (Sherr 1994: 70, Riley 1997: 227).
- The symptom did not appear naturally or spontaneously during the proving (Sherr 1994: 70).
- Any symptom that occurred a long time previously, especially longer than 5 years previously, but that has not occurred for at least one year and that had no reason to reappear at the time of the proving (Sherr 1994: 70, Hahnemann 1996: 207).
- A present symptom that disappears during the proving. This is marked as a 'cured symptom' (Sherr 1994: 71, Riley 1997: 227, ICCH 1999: 36).
- The frequency of the symptom (Sherr 1994: 72).
- The intensity of the symptom (Riley 1997: 227).
- The number of subjects experiencing a symptom. A symptom experienced in more than one subject (Sherr 1994: 71, Riley 1997: 71).
- A strange, rare or peculiar symptom for that prover. The knowledge and conviction of the prover that symptoms are foreign to him/her are a reliable and definite consideration (Sherr 1994: 72).
- The modalities, concomitants, localisations (sides and extension) and timing associated with a symptom (Riley 1997: 227).
- Accidents and co-incidences that occur to more than one prover (Hahnemann 1996: 207).
- If the prover is under the influence of the remedy (as can be seen by a general appearance of symptoms), then all other new symptoms are proving symptoms (Hahnemann, 1996: 207, Sherr 1994: 70).

- The time of day at which a symptom occurs is only included if there is repetition of such a time in another prover (ICCH 1999: 36).
- A symptom is excluded if it may have been produced by a change in life or other exciting cause (ICCH 1999: 36).

### **3.3 PROCESSING OF THE PROVING DATA**

#### **3.3.1 Collating and Editing:**

The aim of collation is to synthesise valid proving symptoms from individual provers into a single structured composition (ICCH 1999:36). Similar symptoms from individual provers were sorted into subgroups, and subgroups were combined within broader groupings according to the format scheme below. In the case of Mind and Dream symptomatology, these were grouped according to themes, within the broader grouping. The allocation of journal entries to particular chapters was according to the predominant theme, ensuring maximal clarity of remedy image and reducing superfluous duplication of entries in more than one chapter.

The researcher began the extraction and collation of symptomatology as recorded in the journals by typing out each provers journal individually, using Microsoft Word. Each researcher was allocated 8 provers, therefore, typed out 8 journals respectively. The journals consisted of pre-proving entries of symptoms for a period of 7 days. Thereafter, the remedy was taken and proving symptoms were recorded for as long as the prover felt he was still experiencing symptoms. The symptoms were typed in the exact words of the individual provers.

Each symptom was then placed by the researcher into the relevant subdivisions of the standard head-to-toe schema mentioned below. Identical or similar symptoms from different provers appear separately and consecutively. The pre-proving symptoms were distinguished from the proving symptoms by using different font colours. This accentuated the similarities and differences between the pre-proving and proving symptoms to the researcher. All proving symptoms were recorded with a prover number and the respective day of symptoms, to avoid discrepancies and errors later on.

The researcher then proceeded to analyse the pre-proving and proving symptoms from the relevant sub-sections. The pre-proving symptoms that were repeated, or of a very similar nature to the proving symptoms were eliminated using the researchers' discretion. These symptoms were considered invalid. However, if a symptom was repeated or strikingly similar, but appeared outstanding or amplified and couldn't be ignored, the researcher kept the symptom based on his own judgement. In this way, clear, precise and necessary symptoms were retained making up the materia medica.

The selection of symptoms for inclusion in materia medica was according to the criteria cited in 3.2.6 above.

### **3.3.2 Formatting:**

Valid proving symptoms were recorded *verbatim* in the materia medica format adopted in standard modern homoeopathic texts (as stated in 3.3.2.1 below). Proving symptomatology (as reflected in materia medica) was further translated into reportorial rubric entries according to the same hierarchical format adopted in the compilation of materia medica.

#### **3.3.2.1 *Materia Medica***

The Mind sub-section was broken up into the predominant themes which featured throughout the proving namely heightened senses, confidence, increased energy and confidence, relaxation, spirituality and connection, anxiety and paranoia, irritability and indignation, apathy and tiredness, hypochondriasis and crying.

The following standard head-to-toe schema was adopted in compiling the materia medica of *Strychnos henningsii*:

Mind	Prostate Gland
Vertigo	Urethra
Head	Urine
Eye	Male
Vision	Female

Ear	Larynx
Hearing	Respiration
Nose	Cough
Face	Expectoration
Mouth	Chest
Teeth	Back
Throat	Extremities
External Throat	Sleep
Stomach	Dreams
Abdomen	Chill
Rectum	Fever
Stool	Perspiration
Bladder	Skin
Kidney	Generalities

### 3.3.2.2 Repertory

Each journal entry which made up the final materia medica was then translated into repertorial language. Thirty seven symptoms, or rubrics, chosen to represent the essence of *Strychnos henningsii*, were taken from the symptoms that the provers reported, and based on the frequency with which they appeared with the appropriately corresponding existing rubric found.

Rubrics were recorded according to the standard **rubric** – *sub-rubric* – sub-sub-rubric convention adopted in Synthesis 9<sup>th</sup> Edition (Schroyens, 2004), using the chapter scheme as described in 2(ii)(a) above.

Symptoms were graded according to the frequency with which they appeared.

Rubrics occurring in 3+ provers (regardless of number of times

in a single prover) = 2 (Italics) in 8+ =3(Bold).

### **3.4 LEVELS OF RELATIONSHIP OF PROVING DATA**

The researcher related the proving data to 3 (iv) below, although between the four M.Tech researchers the proving data (subjective and objective) were related to the following:

- i) Relationship to documented tradition of use;
- ii) Relationship to toxicology/pharmacology of identified active constituents;
- iii) Relationship to natural history and associations of the plant substance (as documented in literature, and later, as understood by a selection of traditional healers) ; and
- iv) Relationship of proving data to existing homoeopathic proving data of related substances.

## CHAPTER 4

### 4. THE RESULTS

#### 4.1 INTRODUCTION

This chapter deals with the results obtained after collating and editing the symptoms extracted from the prover journals. The results were converted into the two standard homoeopathic referencing formats namely the materia medica and repertory.

#### 4.2 THE PROVER POPULATION

The proving consisted of 32 provers. Of the 32 provers, 16 were of the verum group of which, eight were of a homoeopathic background, and eight were not. There was a fair distribution of race groups with predominant female provers. The average age was 26.

No	Reference		Age	Race				Gender	
1	Homoeo	Non-Hom	27	W	C	I	A	M	F
2	Homoeo	Non-Hom	24	W	C	I	A	M	F
3	Homoeo	Non-Hom	23	W	C	I	A	M	F
4	Homoeo	Non-Hom	20	W	C	I	A	M	F
6	Homoeo	Non-Hom	24	W	C	I	A	M	F
9	Homoeo	Non-Hom	24	W	C	I	A	M	F
11	Homoeo	Non-Hom	23	W	C	I	A	M	F
14	Homoeo	Non-Hom	25	W	C	I	A	M	F
15	Homoeo	Non-Hom	20	W	C	I	A	M	F
18	Homoeo	Non-Hom	26	W	C	I	A	M	F
20	Homoeo	Non-Hom	24	W	C	I	A	M	F
23	Homoeo	Non-Hom	22	W	C	I	A	M	F
25	Homoeo	Non-Hom	22	W	C	I	A	M	F
28	Homoeo	Non-Hom	45	W	C	I	A	M	F
30	Homoeo	Non-Hom	53	W	C	I	A	M	F
31	Homoeo	Non-Hom	24	W	C	I	A	M	F
	8	8	26	3	2	7	4	2	14

**Table 4.1 : The demographics of the verum group**

## 4.3 THE MATERIA MEDICA AND REPERTORY OF STRYCHNOS HENNINGSII

### 4.3.1 Key

Symptoms are referenced as follows :

<PROVER NUMBER> <SEX> <DAY:HOURS:MINUTES>

Rubrics are referenced as follows:

<RUBRIC> <SUBRUBRIC/S> <DEGREE>

Rubrics are listed alphabetically according to standard reportorial conventions eg Head pain is reflected alphabetically by: time of day; accompaniment; location; sensation; extension.

- Grade three (3) rubrics are in **bold print**.
- Grade two (2) rubrics are in *italics*.
- Grade one (1) rubrics are in plain type.

A separate list of grade three and two rubrics follows the complete rubric list, for ease of reference.

## 4.4 MATERIA MEDICA

### 4.4.1 Mind

#### ***Heightened senses***

Feel like senses are acute. Feel happy!!! 02F XX:XX:XX

Senses are more acute! 02F 01:XX:XX

Very alert and generally feeling well. 25M 01:XX:XX

Feel more alert and lively i.e. full of energy. 25M 01:XX:XX

Woke up with a very active mind. 25M 02:XX:XX

Increased sensitivity to noise. 04F XX:XX:XX

Getting very annoyed about my hands smelling of food after cooking or eating. I wash them a few times [RS]. 14F 12:XX:XX

### ***Good mood and happiness***

Although am very frustrated with research, I feel lighter and happier than last week. 02F 01:XX:XX

Fought with my fiancé, but still remained happy. Did not let our argument spoil my mood. 04F 04:XX:XX

Very good mood this morning! 06F 02:XX:XX

I feel very positive and not moody. 15F 08:XX:XX

I'm in a very good mood. 15F 03:XX:XX

I was very bubbly towards the end of the day. I kept on giggling as if I'm drunk. 15F 04:XX:XX

Refused to go to my cousin's funeral because I felt it would be depressing. It seems like I aim to please these days: washed my two sisters' clothes and even offered to do that. I never do. 23F 04:XX:XX

In such a good mood, I just feel happy for no reason. 23F 05:XX:XX

Noticed I'm much nicer than usual or showing more affection than usual. Just took my spending money and bought butter to bake for my dad because I felt it is unfair for him to buy them when I can bake them. He didn't say thank you so had to force him to do so. But was proud of myself. My mother thinks I have a hidden agenda because of this. But no hidden agenda just wanted to do something nice. 23F XX:XX:XX

(I'm) too nice. I even scare myself; made my sister breakfast in bed. 23F 02:XX:XX

Was content today; not too phased by other people around me. (I) was in a good mood and cheerful. 25M 12:XX:XX

In a very good mood. 09F 20:XX:XX

Felt a general uplift in mood. 20F XX:XX:XX

Still feel an upliftment in mood, during the day. 20F 02:XX:XX

Great mood! Had a lovely evening and I'm looking forward to tonight as well. 18F 06:XX:XX

Feel more positive about things; feel happier with life. 02F 14:XX:XX

I think about sex very often. 15F 05:XX:XX

### **Confidence**

Increased confidence; was able to go on stage at church for first time. 04F 02:XX:XX

My personality is funny. I think I know everything when we in a group talking. I always want to talk and be listened to – and I always describe people's personalities. 15F 08:XX:XX

I feel confident in what I do and who I am, at work and out of work. It feels good to be acknowledged. Feel good – not sure if I should feel anything else considering I am on a “drug proving” journey. 30F 09:XX:XX

I feel I can handle anything that comes my way. I managed to process my work before the cut-off time with no errors. (It) gives me a sense of accomplishment. 30F 17:XX:XX

Work has been smooth sailing; nothing that I can't handle. 30F 20:XX:XX

Had a busy day at work – nothing that I cannot handle. 30F 24:XX:XX

Feeling very good about myself: on top of the world. 30F 26:XX:XX

Feel less irritable. Crying easily, but (I) move on. Not dwelling on things. 02F 12:XX:XX

I went to a practical session of consulting as counsellors. When I was consulting I didn't connect with my patients. I felt like something was pulling me backwards. I felt bigger than the patient. I felt as if I was higher, and that my patient was as if she was very little (and) down there. 11F 02:XX:XX

### ***Increased energy and concentration***

Was very energetic and excited. 04F 03:XX:XX

Industrious. 14F 09:XX:XX

Feeling fine and energized. I am in a relaxed and happy mood. 30F 02:XX:XX

I was very hyperactive. 15F 04:XX:XX

I describe people's personalities. I talk a lot; I describe my personality [talkative during the day]. 15F 06:XX:XX

In the evening around 18h00 I felt weird. Light headed though (having) lots of energy. 18F XX:XX:XX

I can study well. My sleeping patterns are OK. 15F 04:XX:XX

Despite feeling a little ill, I worked well and was able to focus on a project. 25M 10:XX:XX

### ***Relaxation***

Very much more relaxed and calm than usual. 14F XX:XX:XX

I'm relaxed. 15F 10:XX:XX

Feel relaxed. 20F 03:XX:XX

I feel relaxed and happy. 30F 03:XX:XX

Went to dinner at my sister's: good to socialize with my extended family. It is good to catch up with all that is happening around us. 30F 21:XX:XX

Feeling relaxed and well rested. 30F 24:XX:XX

Relaxed. I can spend time with my family and dogs this weekend. My dogs love it when we are all at home. You can just sense that they are happy and content and so am I. (I) feel good today that I do not have to rush around. Energy levels are high. 30F 28:XX:XX

I am kind of in a good mood and all relaxed; even though I have lot of test and assignments coming. 15F 01:XX:XX

Anyway this is just me: cool, calm and connected. 30F 29:XX:XX

### ***Spirituality and connection***

Increased love for fiancé! Spiritually refreshed and re-rooted. 04F 03:XX:XX

Went to church today. (It) was wonderful. I felt God's presence and it was comforting!!! 04F 04:XX:XX

I look forward to Monday evenings as I attend a spiritual service. It feels so good when you come out of there. (You feel) light hearted, and you feel you are closer to God. 30F 02:XX:XX

Feel like my emotions are distant, like I am less connected to my emotions and the moment. 02F 06:XX:XX

I also feel like I have been distanced from God. I have prayed less and had much less faith that God will look after me! This is very unusual and I hope it does not last long! 02F 06:XX:XX

Dis-connection from mother; distant from her. (02F Prover summary)

Had to go to temple today for a prayer. I sat next to (a) weird woman who seemed to have some sort of mental problem. She kept talking and moaning and crying out to herself. She made me feel so uncomfortable as if she would infect me or something. It is strange that I reacted so strongly!!! I still feel strangely detached, as if I were a little removed from what was happening. 06F 07:XX:XX

I don't know whether this is from (the) proving or what, but I don't really miss my boyfriend as it used to be. I just find excuses not to see him. 11F 01:XX:XX

Was not myself today; very distant and irritable. Just felt dissatisfied with everything. 06F 09:XX:XX

Really desired company today, felt very isolated and lonely. 06F 13:XX:XX

### ***Anxiety and paranoia***

Anxiety; palpitation; scared of going to sleep. 04F 22:XX:XX

Still a bit afraid to go to sleep. Decided to go to sleep with the lights on and slept the whole night through. 04F 23:XX:XX

At night I was lying on the bed facing the wall when I heard a man's footsteps in the room [I do not know why I felt it was a man, I think it was the heaviness of the steps]. I was a bit surprised but not afraid at first because I thought it was my friend's husband. But the steps seemed to stop next to my bed and then I heard heavy breathing. I was becoming more and more afraid as I realised that someone was standing behind me just breathing heavily. I turned around and there was no one there!!! I was terrified and confused because it was so real. I tried to fall asleep again, facing the other direction. Just as I was starting to relax I felt someone [a man] whisper in my ear from behind ['hello']. I was terrified, I ran to my friend's room and she had to sit up with me for half an hour before I calmed down enough to sleep. I slept with the light on, and a picture of Gurudev next to me, but I still kept getting strange images of rippling waves making up someone's stomach and a knife being plunged into it and bones. 06F XX:XX:XX

In the evening I felt very anxious and fearful before going to bed. I found it hard to go to sleep, slept with lights on. Kept thinking I heard or saw something out of the corner of my eye. 06F 01:XX:XX

In the evening before I had got a disturbing phone call about some money going missing from work. (It) makes me anxious because I was the last person to see the money!!! (I) have been feeling very anxious and guilty that the money from work

hasn't been found. I don't know why it is affecting me so badly because I didn't do anything wrong, but I just feel so stressed out by the whole thing. 06F 12:XX:XX

Feel very worried about work but annoying. Can't stop myself gaming, cleaning or doing anything (other than) what I should be doing. 14F 12:XX:XX

Supposed to be excited about the long weekend but I'm just tense and worried because I feel I should be working. 14F 12:XX:XX

Had very bad emotional breakdown this morning: Major crying and anxiety attacks etc... I cracked: (I) felt like (I) had too many expectations on my shoulders and when I vented it out to mum, it came down to my research and feeling completely on my own and that no one can help me and no one understands!!! Nothing is working and I feel trapped. Taking so much of my energy and effort and emotions!!! I am exhausted. Tired physically and emotionally. 02F 10:XX:XX

Started over-analyzing very badly with no cause – thinking that I need to leave my boyfriend because he is not right for me and we don't have fun or enjoy ourselves when together but looking back now, is completely not true, we have lots of fun together, but we are both deep people, not superficial and life affects us very deeply! We are both sensitive!!! 02F XX:XX:XX

Was slightly paranoid about my relationship with a guy I recently met. Was feeling a bit anxious for a while. That settled once I had reasoning injected in me by a friend. 18F 04:XX:XX

Anxiety about work. Anxiety in general > being busy. Grumpy. 14F 05:XX:XX

Feel restless. Want to get out and do something. 02F 07:XX:XX

### ***Irritability and indignation***

Had stubborn argument with Gran about how it is OK for a wife to divorce her husband who refuses to be faithful, even with kids involved. That she deserves love! (I) am quite passionate when arguing such things. 02F XX:XX:XX

Feel frustrated: irritated and restless. 02F 09:XX:XX

Went for hospital rounds. (I) got so angry that my group members were so incompetent! They had no rhythm to what they were doing and they were doing everything wrong and out of order. I wanted to just cry and walk out. I was angry and got tremors on my left leg. 04F 15:XX:XX

(Had an) argument with fiancé. I know I can be oversensitive but it should not mean that he can say whatever he feels like saying to me. Spent time with my friends; I felt cheered up by their company. 06F 04:XX:XX

In a bit of an irritated mood this morning. 09F 10:XX:XX

Was very annoyed today. Not pissed off. 09F 13:XX:XX

Irritable. I just want to do my thing without people getting in my way, (in the) morning. 14F 07:XX:XX

Relaxed but tired and irritable. 01F 18:XX:XX

These entries are beginning to annoy me slightly, I feel as if I'm writing the same thing every day. 18F 06:XX:XX

Woke up fine. Feeling a bit down – not like before. Was getting irritable. 20F 04:XX:XX

Had a very short temper about small things. 25M 03:XX:XX

Was very quick to get irritated with small situations. 25M 16:XX:XX

I was very moody in the morning. 15F 13:XX:XX

### ***Apathy and tiredness***

I got very fastidious. Tired all day. 01F XX:XX:XX

Feels like I am in a dream/shock state. 01F 12:XX:XX

(It is) very hard to think. Absent-minded. Keep forgetting what I'm supposed to be doing! 01F XX:XX:XX

Sleepy and tired; not motivated to study. 01F 01:XX:XX

Can't clean, tidy, organize, write lots, or get things done. 14F 09:XX:XX

Fuzzy and tired. 01F 07:XX:XX

Feeling apathetic. 01F 13:XX:XX

Miss my partner! Mind dull, thick, misty and foggy. 01F 15:XX:XX

I was so tired I could hardly focus on what I was thinking. Wanted to go home and sleep the whole day; hot, bothered, foggy, irritated, just want to be at home, alone and quiet! 01F 19:XX:XX

Can't concentrate! 04F 07:XX:XX

Decreased concentration! Absent minded! 04F 09:XX:XX

I had a fight with my boyfriend and strangely he dumped me, but I couldn't care less. I didn't even understand the reason. Just thought he was being fussy for nothing. A few hours after that he phoned me asking whether I'm not sorry for what I did, and I wasn't. He ended up being the one who's apologising and I forgave him, but I don't know what he did wrong. I absolutely felt nothing for his problems. I usually cry when we have a fight. This is strange. 11F 06:XX:XX

Truthfully I hate writing all this. Actually I am tired of everything and recently I have been bunking *[skipping]* lectures and I couldn't care less. This is so strange for me to do. I am tired of everything. During a pharmacy practical we were doing LM potencies [I was doing Natrum mur.] I started to get all clumsy; dropping remedies, dropping everything. I couldn't concentrate. 11F 08:XX:XX

I woke up this morning very tired. 15F 04:X X:XX

I'm out of energy; de-motivated to live. I just want to sleep and quit school. 15F 15:XX:XX

(The) day didn't start off too well: (I) was down for most of the day. I however cheered up at a later stage. 18F 03:XX:XX

So lazy, but in general I'm feeling well. 23F 01:XX:XX

Felt lazy. Not tired but lazy. Slept during the whole day; it was great. 23F 03:XX:XX

Realized by late afternoon that I was very distracted with whatever I was doing; a lack of focus. 25M 07:XX:XX

### ***Hypochondriasis***

I am convinced that I have the placebo. 01F XX:XX:XX

I have the placebo. 01F 03:XX:XX

If I am on the proving substance I am the worst prover ever!!! 01F 20:XX:XX

I decided to go for check up for Swine-flu – but I didn't. I'm scared. 15F 10:XX:XX

I am really really sick now. 15F 06:XX:XX

I was feeling sick at night. 15F 06:XX:XX

Today everything was different. I became sick and tired towards the end of the day, and now can't study for (a) test. 15F 09:XX:XX

I have 'flu today. 15F 10:XX:XX

I've never been so sick like this in my life. In fact all my senses are disturbed. 15F 12:XX:XX

If it's not one illness, it's another. I had a bad 'flu during the weekend. 15F 15:XX:XX

### ***Crying***

Feel sick. Want to cry, but can't. 02F 01:XX:XX

I may start screaming (or) crying at people. 14F 09:XX:XX

Was in a very irritable mood today. Increased sensitivity: wanted to just burst out in tears when I found out I failed [a subject], but didn't. 04F 06:XX:XX

Got so irritable and angry with one of my classmates for being so inconsiderate! (I) got really angry at one of my classmates after they made a selfish comment. (I) wanted to burst out and cry. 04F 08:XX:XX

#### **4.4.2 Vertigo**

Felt dizzy a bit. It felt like I was moving around quickly. (I) felt confused > for closing eyes and shaking head. 04F 07:XX:XX

Felt a bit dizzy when I got out of bed. 20F 07:XX:XX

I was in a lift and I jumped off I felt my body as if it was floating like losing balance. 11F 02:XX:XX

During the later afternoon I felt a sense of vertigo. It is a sensation as if things are tilting or I am moving, but I don't perceive the movement visually, it is just a feeling. It is very disorientating. (I) felt this once at work and later in the afternoon as I rose from a seated position. 06F 03:XX:XX

Just after midday, I felt very dizzy again. Similar to the other instances of vertigo. I was at home standing in the lounge. 06F 04:XX:XX

(In the) evening I had a few odd episodes when I felt a little dizzy; sensation as if falling towards my right side every time. 06F XX:XX:XX

#### **4.4.3 Head**

##### ***Temporal headache***

Felt an aching sensation extending from my right temple to right jaw. 01F XX:XX:XX

Dull headache with sore points around right side; spots in right eye, over right temple and right occiput. 01F 12:XX:XX

Headache in temples got worse all day < noise and straining eyes. Felt sick; eyes irritated and painful. Headache in temples and eyes [sharp] and neck pain. 02F 12:XX:XX

Headaches: Temporal (and) occipital; sharp pain and head is heavy. (02F Prover summary)

Got a headache: throbbing in nature, located behind my left eye and temporal region which radiates to my neck. 03F XX:XX:XX

I have a temporal headache, and it is throbbing!!! 03F 14:XX:XX

The headache above my eyes is dull (and) more diffuse. (It) started on both sides. Moved to left then to right eye. Minutes later (it moved) to the right temple region. Moved down to the neck. I felt pain down the right arm; tingling tiring pain. 11F XX:XX:XX

I woke up with a headache on the right temple; dull, aching pain. 11F 01:XX:XX

Woke up with a slight headache – nothing major; on the right side of my temple, just above my eyebrow. (I) massaged my forehead. Headache was gone before I reached work. 30F 10:XX:XX

### **Frontal headache**

Dull frontal headache. 14F 05:XX:XX

Throbbing pain in forehead in the mid-afternoon, < walking > sitting down. 15F 02:XX:XX

Forehead feels compacted. 04F 01:XX:XX

Throbbing headache in forehead and eyes. Occipital area and neck [back] stiff and painful. (I) feel nauseous and dizzy. Headache is killing me!!! 04F 16:XX:XX

Headache is back [23h30]. It is compressing on my forehead and eyes. Trying to sleep, feels like there is light shining on me while sleeping. 04F 16:XX:XX

(I) feel a sinus headache brewing. 25M 11:XX:XX

Mild headache around 17h00, but (it) didn't last long. (It) was in front of my head. 25M 16:XX:XX

Have a headache in the front of my head above my eyes. 25M 26:XX:XX

(I) developed a bit of a headache in the course of the day: It was actually at the front of my head just above my left eye. I am so sure it was the wind that caused it. We had gale force winds and I was out in the wind. Took two Paracetamol at work and another two when I had come home. The headache was still there. 30F 23:XX:XX

### ***Headache like a skullcap***

Headache dull and foggy all over my head like a cap. Made concentration difficult.

01F 18:XX:XX

Woke up with dull headache and no sore points around my head. (It) feels like I am wearing a skullcap around my brain. 01F 13:XX:XX

Headache is situated at the centre of my head and moves to my left side, ear, neck and shoulder. It starts in the centre and moves over the scalp and covers my head like a hat or sack and ends at shoulders and stops; but it starts all over again! (It is) > when I am sitting up (and) < as soon as I rise up. I feel like a zombie; so lifeless. I am scared I might die. I miss my mother! < when I close my eyes . Feels like my head does not belong to me. My body feels free, but my head feels burdened. It is like I am carrying a heavy load. Eyes worse when I move them around; > when focusing on one place; << dark. Palpitation and increased heart beat on any movement. I want to just cut my skull and open it up. I feel so lifeless; > if I look straight at the light. 04F 16:XX:XX

### ***Parietal and occipital headaches***

Around 10:00 I wasn't bloated anymore just a bit tired of a headache on the right side. 11F XX:XX:XX

Headache < pressure, especially of pillow. Boring pain experienced on the side of the head. Pain with a feeling of congestion. 23F 01:XX:XX

I had a terrible headache for the whole day. It started gradually getting worse. It was on the left side. Supra-orbital dull aching pain, but sometimes I felt as if there's something like an iron band from occiput to the back of my ears; mostly left ear. Resulting in pain on my left side. 11F 04:XX:XX

As I was driving home I had a headache which felt very different to my normal headache: it was in the occipital region, < motion; happened at 15h00; and it was throbbing/pulsating!!! 06F 07:XX:XX

## **General headaches**

Headache in the morning and feeling tired. 15F 03:XX:XX

Headache in the morning. 15F 09:XX:XX

Woke up sick with a headache as always. 15F 12:XX:XX

Wake up tired with headache. 15F 19:XX:XX

On waking, with my eyes closed, I felt movement from within my head. It is like my brain and eyes are in constant motion from side to side. 04F 01:XX:XX

I woke up with a terrible headache, dizzy, and moody. 15F 15:XX:XX

Headache in the midday; < moving or walking; > sitting down. 15F 03:XX:XX

Slight headache during the day. 15F 13:XX:XX

I have a bit of a headache around 15h00. 11F 01:XX:XX

By 19h00 head was beginning to feel heavy possibly due to congestion. By the time I went to bed around 23h00 it got worse. 20F 04:XX:XX

Headache at night. 15F 01:XX:XX

Headache started at 02h00 with a great sense of hunger. So (I) ate bread and I feel much better. 23F 01:XX:XX

My head feels heavy. 15F 10:XX:XX

My head was heavy and (I) had a terrible headache. 15F 11:XX:XX

Headache is back because I've been walking. 15F 06:XX:XX

I walked to university, and (the) headache is killing me. 15F 08:XX:XX

Slight headache when I'm walking. 15F 14:XX:XX

Slight headache < moving around. 15F 16:XX:XX

### **Scalp and hair**

Scalp itchy; dandruff. 14F 09:XX:XX

Head was itchy [scalp]. 25M 02:XX:XX

Head was still itchy from previous night. 25M 03:XX:XX

Itching all over my scalp – first in one spot, then all over. 01F XX:XX:XX

Dry, itching all over scalp and occiput. 01F 09:XX:XX

Hair very dry at the moment (RS). Scalp very itchy especially vertex; not > scratching.  
14F 12:XX:XX

Hair on head very dry. 02F 06:XX:XX

#### **4.4.4 Eye**

Eyes dry and tired. 01F 02:XX:XX

Earlier on I had very dry and itchy left eye. I rubbed it and (it) went very red and watery. 02F 03:XX:XX

Eyes felt dry and itchy. 09F 05:XX:XX

Eyes feel dry and itchy [21h00]. 09F 25:XX:XX

Eyes were itchy but did not persist beyond morning. 25M 02:XX:XX

Itchy eyes and dry cough. 25M 10:XX:XX

Itchy eyes now and again. 28F 01:XX:XX

Burning and itchy eyes. 28F 02:XX:XX

Itchy eyes. 28F 03:XX:XX

Eyes red and sore from being in front of the TV screen (NS); > closing and resting them; > sleep. 14F XX:XX:XX

Eyes have been red for three days; < when looking at computer and reading < night.  
14F 05:XX:XX

Eyes still a bit sore and red; < watching television, computer screen or reading. 14F 07:XX:XX

Eyes red and scratching; < computer work. 14F 08:XX:XX

Left eye very sore and red. (It) burns in the outer canthus; < if I move my eye. 14F 23:XX:XX

Left upper eyelid is burning and stinging [22h40]; < opening > closed. It feels like there is salt or sand inside. Sticky discharge from eye. 04F XX:XX:XX

Eyes started burning; left eye first then right. Sticky liquid came out. 04F 19:XX:XX

Eyes are watery. (I) have a weird throbbing sensation in upper right eyelid area. At the same time (as above sensation) I sneeze a lot. (The) sensation keeps coming and going (It's) a little painful. (I've) just realised the weird eyelid area pain starts (in the) extreme right hand top corner of my nose travels upwards to the eyelid. This occurs when I chew hard on my right side. When I felt the pain in the afternoon (I) was (chewing) almonds – it's very weird! 09F 12:XX:XX

Eyes feel enlarged from within, especially upper lids. Left eye is painful, > closing. 04F 01:XX:XX

Felt like my eyes just zoomed in, or they were looking at an object that was really close. Left eye is burning > for closing eyes. 04F 07:XX:XX

Feels like sand is in my left eye. Eyes feel heavy. Can't look up straight; > looking down. 04F 01:XX:XX

Upper eyelid feels very heavy; difficulty in opening eyelid. Light becomes unbearable; (I) can't look up > if looking down. 04F 07:XX:XX

Eyes heavy and painful. 04F 16:XX:XX

(I have a) small bump on my left eye [lower lid, lateral side in eyelashes]; sore when I rub my eye. 01F XX:XX:XX

Bottom of right eyelid is feeling sore and tender - like I am developing a sty. 09F XX:XX:XX

Woke up with a sty on my right lower eyelid. 09F 13:XX:XX

My left eye twitches. 15F 01:XX:XX

Left eye always twitches, but not sore. 15F 03:XX:XX

My left eye (is) twitching, with tearful eyes. 15F 05:XX:XX

Eyes teary. 15F 10:XX:XX

My eyes are teary. 15F 12:XX:XX

My eyes look a bit yellow. 04F 19:XX:XX

#### **4.4.5 Vision**

Eyesight (is) a bit 'dotty'. 02F 02:XX:XX

Vision is blurry. 15F 11:XX:XX

#### **4.4.6 Ear**

Had (a) very itchy right eardrum this afternoon. (I) needed to rub (my) ear! 02F 05:XX:XX

My ear piercings seem to be a bit itchy and (RS) 'unhappy' on right side. 14F 09:XX:XX

My left ear is sore and itchy, but it's not too bad. 15F 05:XX:XX

At about 17h00, (I) felt my ears itching and a post nasal drip coming on. 20F 04:XX:XX

When I finally woke up at 08h00 (my) throat and ears (were) still painful. 20F 05:XX:XX

Left ear was very itchy and painful when touched i.e. sensitive. No problem with my hearing, but ear is painful. 25M 15:XX:XX

Have an abscess in my ear. Very sensitive when touched. Noticed ear canal was swollen. It is very itchy. 25M 16:XX:XX

Ear still very sensitive and red inside; left ear canal is swollen. 25M 16:XX:XX

Ear wax yellow [not bright, close to mustard colour]. 02F 01:XX:XX

#### **4.4.7 Hearing**

Hearing (is) not so great. 15F 11:XX:XX

#### 4.4.8 Nose

Towards the evening (my) nose feels itchy. 09F 12:XX:XX

Nose feels acrid, burning and tingling! 04F 08:XX:XX

(I) sneeze a lot in the evening. 09F 14:XX:XX

Hayfever: just in the morning; > (when I) got up and walked around < dogs. 02F 14:XX:XX

(I had an) urge to sneeze but I couldn't. 11F 08:XX:XX

I sneeze (NS). 15F 10:XX:XX

Still have 'flu. I sneeze. 15F 11:XX:XX

Nose started to tickle inside nostrils, and right nostril blocked up. 02F 02:XX:XX

'Flu! Oh, my gosh – I sneeze. My nose is blocked and I keep on blowing it. 15F 12:XX:XX

Woke up fine – just a bit of a runny nose. 20F 04:XX:XX

Had worst night ever. (I) hardly slept. At 03h00 I woke up with (a) blocked and painful left nostril. (I) finished a lot of tissues just wiping water from (my) nose! Very frustrating. Then at 04h00 (it) swapped to right nostril. (I) blew (my) nose; increased mucous which is watery. 02F 09:XX:XX

I'm always blowing my nose. 15F 09:XX:XX

I keep blowing my nose. 15F 10:XX:XX

My nose is extremely runny with thick, yellow mucus. 20F 06:XX:XX

My nose was extremely runny, with very thick mucus. (I had) difficulty in cleaning nose because mucus was too thick. Yuck! 20F 07:XX:XX

Nasal discharge (is) yellow; not bright, close to mustard colour). 02F 01:XX:XX

Still very mucous. Coughing up phlegm and (have a) runny nose. 20F 08:XX:XX

Slight mucus build up in nose, and phlegm in throat. 28F 02:XX:XX

I produce some mucus. Sometimes my nose is blocked. 15F 05:XX:XX

Nose is blocked. 15F 10:XX:XX

Nose started to get a bit congested from 21h00 till the late evening. I hope I am not falling ill because both my parents are sick. 31M XX:XX:XX

Nose has been very congested and stuffy the whole day. It was really thick jelly stuck in my nose, but when I tried to blow my nose nothing really came out. The best way to clear my nose was to do brisk walking. But the clearing is usually very temporary. 31M 01:XX:XX

I keep smelling a wet dog! 04F 02:XX:XX

#### **4.4.9 Face**

Pain is diffuse at the right side of my jaw. About 3 weeks prior to this, I used to get mild discomfort which would resolve in a few minutes. However, this is lasting for more than two hours, with a beating sensation; > biting on something. 20F 01:XX:XX

Feel like I'm burning on my skin < face. 02F 02:XX:XX

Skin still bad, can't stop touching my face – feels almost itchy, but not... 02F 10:XX:XX

Dry, itchy rash appearing on right side of face, on cheekbone. 01F 09:XX:XX

Rash on face / acne rosacea [unusual]. 01F 15:XX:XX

My skin broke out in acne: cyst like form of acne mostly on my forehead!!! 03F 01:XX:XX

The acne break out is getting worse. 03F 02:XX:XX

Skin on my face is very bad; pimples!!! 02F 10:XX:XX

I had cold-like symptoms, feeling pressure on my face. 11F 08:XX:XX

By midday felt a tingling sensation on my upper lip. (It) progressed to a fever sore by late afternoon. 25M 01:XX:XX

Woke up with full blown fever sore on my upper lip. 25M 02:XX:XX

#### **4.4.10 Mouth**

Bad taste in mouth (in the) afternoon and evening. 02F 01:XX:XX

Still have bad taste in my mouth. (I) cannot really describe it... Not pleasant, could make me nauseous. 02F 02:XX:XX

Taste is not bitter, but is maybe bile! Bad bile!!! < when I breathe out through (my) nose. 02F 02:XX:XX

Bad taste has got worse and stronger now! 02F 02:XX:XX

Have had (a) very bad taste in my mouth the whole day... 02F 02:XX:XX

Still have very bad taste in mouth! < when I breathe out. I can't explain (the) taste; maybe like after taste from off milk or cheese... 02F 03:XX:XX

Unpleasant taste in the mornings until I brush my teeth or wash my mouth. 15F 05:XX:XX

Mouth feels very dry in the night [23h00]. 09F 26:XX:XX

I noticed that I have mouth sores. It feels like small cuts on my lower lip. 11F 01:XX:XX

At around 21h00 developed a dull gnawing gum pain. 20F 01:XX:XX

#### **4.4.11 Teeth**

Mouth [jaws and teeth] is very sore, as if someone is pushing my teeth outwards. 09F 15:XX:XX

#### **4.4.12 Throat**

Have a scratchy throat in the morning. (It's) not sore. 09F 11:XX:XX

Still have an itchy throat. 09F 11:XX:XX

(My) throat feels dry and itchy – especially in the morning. 09F 20:XX:XX

Felt a slight bit of discomfort i.e. itchy throat, but was not lasting. 25M XX:XX:XX

Because my throat was itchy, I had the urge to cough. After taking a shower, the sensation in my throat subsided, but I still continued coughing. My throat felt like it was bruised. 20F 07:XX:XX

(My) throat is sore when I try to swallow. 09F 17:XX:XX

My throat is sore at night or in the mornings - as if there is a lump or something. 15F 06:XX:XX

My throat is very sore at night, as if there is a lump blocking it (OS) – happened when I took tablets after going to the doctor. Now it's coming back. 15F 07:XX:XX

By 19h00 swallowing was painful. (I) had a sore throat. It was red and felt raw. By the time I went to bed around 23h00 it got worse. 20F 04:XX:XX

Woke up at 03h30am (with) throat very rough like sand or grainy. I couldn't swallow. (It was) very painful. When I finally woke up at 08h00, (my) throat and ears (were) still painful. It felt a bit better during the day but got worse again at 17h00. 20F 05:XX:XX

Sore throat was very painful and red. 25M 23:XX:XX

(I) still have a sore throat and feel weak. 25M 25:XX:XX

Phlegm feels terrible. 09F 21:XX:XX

Still have a lot of phlegm and mucus in my throat. 09F 23:XX:XX

#### **4.4.13 Stomach**

Have been getting hiccoughs which is unusual for me, when I think of [a subject I study]!!! 01F 01:XX:XX

Got hiccoughs earlier in the shower; not normal for me. 02F XX:XX:XX

Eructations increased and smelly. 01F 04:XX:XX

Feels like a hamster has crawled into my throat and died in my tummy and now I am burping dead hamster!!! [unusual]. 01F 12:XX:XX

Now I have over eaten and feel so full. (I) feel like the food is sitting just beneath my throat. (The) bad taste in (my) mouth (is) gone now. (I) really enjoyed dessert. 02F 03:XX:XX

Still have the bad taste in (my) mouth. I think my liver is affected (because of) nausea, and taste, and waking between 01h00 and 02h00. (I am) also bloated and passing gas often... 02F 05:XX:XX

(I am) feeling a bit more thirsty today! 03F 20:XX:XX

Increased feeling of nausea. 04F XX:XX:XX

Felt nauseous after eating KFC. 04F 04:XX:XX

This afternoon I ate one segment of a naartjie (*tangerine*) and within 10 minutes, my stomach was in knots and cramping. (It was) very painful! (I) then got nauseous! (I) felt pale. The pains subsided within 20 minutes but (the) nausea got worse; I was gagging over (the) toilet bowl, thinking I was going to bring up. (It) was very severe. (I) forced down some water, and within 1 hour or so, (I) felt better. But after the nausea the bad taste has come back into mouth; very strong!! (I also) got very bloated, like I needed to pass gas but couldn't! 02F 04:XX:XX

I feel very nauseous [10h30] and threw up. 09F XX:XX:XX

I start feeling nauseous around 16h00. Nausea disappears at 23h30. 09F 01:XX:XX

Feel nauseous. The feeling persists throughout the day. 09F 15:XX:XX

Have a lot of bile. 09F 21:XX:XX

(I am) very nauseous [03h00]. I feel as if am going to throw up any minute. (I) also feel very weak and shaky- as if I have low blood pressure. It is how I imagine people to have low blood pressure. 09F 23:XX:XX

Perhaps I've eaten too many unusual foods today and that's messing with my system. 18F XX:XX:XX

Threw up around 06h30. 09F 23:XX:XX

(I have) decreased appetite! 04F 05:XX:XX

(I have a) better appetite in the evening!!! 06F 13:XX:XX

(I have a) craving for something (RS). 14F 05:XX:XX

Was very hungry today, and thirsty despite having a lot of water. 25M 03:XX:XX

Had a good appetite. 25M 05:XX:XX

Woke up early feeling very hungry, but didn't feel like eating. 25M 06:XX:XX

(I am) still thirsty although drinking more than 2 litres of water yesterday. 25M 05:XX:XX

Drank lots of water, but didn't have a good appetite. 25M 07:XX:XX

(I have) increased thirst for water with ice. 04F 16:XX:XX

Felt very thirsty and hungry. 25M 12:XX:XX

Today I really enjoyed my juice. I could drink so much of it and I'd still want more. But it is not the first time I've had a craving for juice like this. 31M 04:XX:XX

#### **4.4.14 Abdomen**

Flatulence has increased a lot. It's very smelly!!! 01F 01:XX:XX

Still a lot of flatulence which is smelly, and a little constipated. 01F 02:XX:XX

I have got bad gas! Passing wind often, even had loose stool this morning... (It's) been the last couple of days where (I) can't hold in the gas, unusual for me. 02F 08:XX:XX

Have had a huge amount of bloating and gas! Not normal at all. I need to pass wind very often. (It) is embarrassing. I don't know how to stop it!! Usually I can control it, and (it) is never this much!!! 02F 09:XX:XX

After dinner I am bloated and there is increased gas. (I am) getting very annoying now. 02F 10:XX:XX

I had (an) enormous amount of gas after dinner. (It) seems like my IBS has got worse with (the) proving. Increased flatulence < onions. 02F 16:XX:XX

Feel bloated and passing gas. 04F 01:XX:XX

(I'm) feeling a bit bloated but can't pass out gas. My abdomen is only windy in the lower quadrants, especially on the left side. 11F 02:XX:XX

I was bloated for the whole day, mostly on the left side. 11F 03:XX:XX

When I woke up I was bloated until 12h00. 11F 05:XX:XX

I'm feeling a bit bloated. 20F 06:XX:XX

I have an increase in flatulence; < night. 30F XX:XX:XX

I have a heavy sensation on my abdomen below my umbilicus. 11F 07:XX:XX

I have been having abdominal cramps for a while now; it feels like needles in my belly button and feels like something is pulling my belly button! 04F 12:XX:XX

(I have) pain in (a) left inguinal node. The pain is a bit dull like something heavy sitting there or perhaps a cramping pain. 11F XX:XX:XX

My stomach is still sore when I eat sweet things (RS). 14F 07:XX:XX

Tummy (was) sore this morning around 09h00; > stool. 14F 08:XX:XX

Tummy was sore this morning after I ate yoghurt and seeds and apple for breakfast. The pain is crampy. (It) was also sore after last night's rich curry. 14F 09:XX:XX

My tummy (is) still sore from sweet food (with) very low level nausea; > if I go to the loo; > eating a proper meal. 14F 23:XX:XX

Stomach ache. Oh, my gosh! I always go to the loo, especially after eating something. It makes me lose energy. 15F 15:XX:XX

#### **4.4.15 Rectum**

Intense pain before and on defecation. (It) felt like plug; scraped on the way out. 01F 09:XX:XX

I tried to pass stool; (it) felt like it was coming out easily, then got 'stuck', and wouldn't come out! I had (an) awful 'incomplete' feeling. Not normal for me... I usually pass stool easily. 02F 01:XX:XX

Feel constipated. Hate it!! 09F 20:XX:XX

Tummy problems: I feel constipated. 09F 26:XX:XX

With regards to bowel habits, (I'm) very constipated – I didn't go over the weekend – though not feeling bloated. 20F 05:XX:XX

Stools (are) more frequent than normal i.e. from once daily to three times daily, but no pain and properly formed. 14F 07:XX:XX

My stomach is upset after having breakfast in the morning. I was rushing to the toilet. 15F 15:XX:XX

#### **4.4.16 Stool**

My stool is darker, almost black. 04F 04:XX:XX

(My) stool colour is black. 04F 06:XX:XX

#### **4.4.17 Bladder**

I have fullness of bladder although no or little passing of urine. I drank a lot of water and symptoms subsided. 01F 10:XX:XX

(I am) very incontinent. I have increased frequency and urgency. (There is) slight pain after urination and after emptying in groin – dull pain. 01F 16:XX:XX

(I have) a slightly increased frequency of urination!!! 03F XX:XX:XX

#### **4.4.18 Urethra**

(There is a) warm, pressing, burning sensation in my urethra. 01F 10:XX:XX

Burning (during) urine; just during (urination), not before or after. 14F 23:XX:XX

#### **4.4.19 Female**

(I have) increased sex drive. 01F 09:XX:XX

Sexual desire (is) increased. 15F 11:XX:XX

Libido (is) increased (NS). 14F 12:XX:XX

Sexual desire at night and midday (OS): just a good feeling < for cold weather; at midday and < night. This is quite embarrassing. 15F XX:XX:XX

This is weird: sexual desire every midday. It is < cold. I just feel cold after this feeling. 15F 01:XX:XX

(I have an) awareness of my uterus. 11F XX:XX:XX

Started period: very heavy flow; had to change quite often!!! Slight cramping in lower abdomen and back. 02F 12:XX:XX

I started to have period pains; like something was pulling and twisting my uterus. 11F 05:XX:XX

My period started but was late by two days. 11F 05:XX:XX

Around 14h00 my flow started to get worse, which is very unusual for me. 11F 05:XX:XX

Around 17h00 my periods were heavy and the pain very violent; pulling down (and) twisting. I started to lose my temper, shouting at my siblings. I felt like my whole uterus was going to come out, but the strange thing is that the pain is the same as the pain I had when I had my first period nine years ago; with spasms in upper extremities. 11F 05:XX:XX

At 20h00 I was flat, and around 21h00 I felt the pulling, twisting pain on my uterus as if it wanted to come out. It lasted until I fell asleep. 11F 07:XX:XX

Period pains around 19h00 (OS); > pressure; accompanied by hunger (NS). 14F XX:XX:XX

I still have my period!!! (The) period smells really bad and contains clots. 04F 06:XX:XX

Still having period pains. 11F 07:XX:XX

My discharge has a weird colour. 15F 02:XX:XX

#### **4.4.20 Respiration**

(My) chest is heavy and tight. (The) respiratory area feels as if it is restricting when I laugh or take a deep breath. 09F 02:XX:XX

Had a tight chest in the morning. 09F 05:XX:XX

(My) breathing is a bit heavy in the evening . 09F 25:XX:XX

(I have) difficulty breathing. 15F 12:XX:XX

On waking (I) was short of breath. (My) chest felt heavier with more mucus secretion than what I previously woke up with. 20F 02:XX:XX

Woke up with a very tight chest. 20F 07:XX:XX

I hear the wheezing sound and have to take deeper breaths. 20F 07:XX:XX

Feel asthmatic especially in the morning. 20F 08:XX:XX

(I am) only asthmatic when I wake up. 20F 09:XX:XX

Noticed being out of breath after a short burst of exercise initially. 25M 19:XX:XX

#### **4.4.21 Cough**

Dry cough. Very irritating. 09F 25:XX:XX

Chest feels tighter with a dry cough. 20F 06:XX:XX

(I have) difficulty in coughing, but because my throat was itchy, (I) had the urge to cough. After taking a shower, the sensation in my throat subsided, but I still continued coughing. The cough continued throughout the day – a dry cough – but I feel it (as) heavy. Cough got worse at bedtime. 20F 07:XX:XX

Dry cough. 25M 10:XX:XX

#### **4.4.22 Expectoration**

Lots of mucus is being produced. 15F 08:XX:XX

Coughing up phlegm. 20F 08:XX:XX

Coughed up thick white phlegm when brushing my teeth this morning. 25M 24:XX:XX

#### **4.4.23 Chest**

(Skin is) itchy over chest too. 02F 02:XX:XX

Chest is itchy along sternum. 04F 02:XX:XX

I noticed my breasts have remained big (during menses). They usually go small during my period. 04F 06:XX:XX

My breasts are sore. 11F 01:XX:XX

I had a sharp poking pain on my right nipple. 11F 07:XX:XX

Ribs feel like they are overlapping. 09F 04:XX:XX

I feel great though have a slight pain in my ribs on the right side - weird !! 09F 23:XX:XX

Around 07h00 I had (a) stabbing pain on right anterior axillary line around 5<sup>th</sup> rib. (It) lasted for about 10 minutes . 11F 09:XX:XX

Minor skin irritation over my ribs on the right side. A little red and itchy, but was not bad. 25M 09:XX:XX

Anxiety felt like weight on chest. 14F 05:XX:XX

Chest very painful. 15F 11:XX:XX

Chest pain when I sneeze. 15F 12:XX:XX

#### **4.4.24 Back**

Back (is) itchy and dry; > scratching. 01F 04:XX:XX

Huge pimple on back. 01F 10:XX:XX

Neck (is a) bit sore whilst walking; < right side. Back pain; > pressure. 02F XX:XX:XX

Neck (is) very sore. 02F 14:XX:XX

Lumbar area (is) a bit sore and neck stiff. 01F 17:XX:XX

Stiff lower back, shoulders and neck. 02F 03:XX:XX

I am just a little tired and my lower back is very sore! 03F 13:XX:XX

Back is stinging and burning along spinal cord. 04F 02:XX:XX

Had a terrible back ache (on) lower left side. 09F 13:XX:XX

Have a sharp pain in my lower left side of back but (it) goes away after (a) short while. 09F 26:XX:XX

Back (is) aching. 15F 05:XX:XX

Slight pain in lower back. 25M 06:XX:XX

Slight pain in lower back; a pinching sensation. 25M 18:XX:XX

#### **4.4.25 Extremities**

Neck and shoulders (are) very tense! 02F 10:XX:XX

Right shoulder (is) cramping badly. (It's) very painful, shooting down (my) right arm and up (the) right side of (my) neck. Arm muscles (are) sore and stiff from playing squash. 02F 05:XX:XX

My upper extremity muscles are painful. I can't even make a tight fist especially on my left hand. Also the trapezius and deltoid muscles sometimes go into spasm. These muscles are only painful when I'm trying to move. The spasm also occurs when I'm resting. 11F 05:XX:XX

My muscles are painful especially the hamstring muscles and my left arm. 11F 07:XX:XX

(The) brachioradialis insertion on (my) lateral epicondyle is sore (*RS before proving*); < touch and movement, > warm bath. 14F 01:XX:XX

Very stiff. It may be due to kung fu training getting harder, but I feel worse than usual; > stretching and activity, < beginning motion. 14F 05:XX:XX

My right trapezius muscle is very very sore; < touch, > warm bath. Not affected by movement. Right and left wrists (are) very sore. 14F 06:XX:XX

Right shoulder [trapezius muscle] still hurts a lot; < touch. Not affected by movement once moving (*RS*). 14F 07:XX:XX

Right wrist (is) very sore – may have hurt it in kung fu; < movement (*OS*). Left wrist is better. 14F 07:XX:XX

Right shoulder muscles still bloody sore. Right wrist (is sore) too. Right gracilis muscle insertion (is) sore; < touch and movement, > warm bath. 14F 08:XX:XX

My upper extremities are sore when I wake up. 15F 19:XX:XX

My back and upper limbs, and joints are sore. 15F 05:XX:XX

Joints of my upper extremities are sore. 15F 20:XX:XX

Right shoulder joint sore from sleeping on it! 01F 08:XX:XX

Slight pain in left shoulder. 25M 06:XX:XX

Pain in left shoulder more pronounced. Piercing pain when moving my arm in certain directions. 25M 07:XX:XX

Had a muscle cramp in my forearm but (it) wasn't severe. (It) lasted less than a minute. 25M 08:XX:XX

Had a muscle cramp in my forearm after lunch. (I) massaged it out. 25M 17:XX:XX

Right wrist feels a little stiff. 25M 19:XX:XX

Drove home and felt a weird throbbing feeling in my hand between my forefinger and thumb, similar to throbbing of the headache I had the other day. 06F 09:XX:XX

Wake up with (my) right hand feeling numb. 09F 11:XX:XX

Hands have tremors, and (I have) weakness in (my) knees. 04F XX:XX:XX

Muscles are very stiff again even though there was not much exercise to warrant it; especially the right butt muscles, and calves on both sides; < sitting still for long. 14F 12:XX:XX

Muscle stiffness; < when starting to move. 14F 12:XX:XX

Every muscle feels heavy (RS). 14F 13:XX:XX

Muscles (are) still sore and stiff from squash game; < right arm. 02F 06:XX:XX

My body was very achy at night. 15F 05:XX:XX

Left knee unable to flex. (I am) unable to walk down stairs. No pain. Sharp pain when flexing (my) right arm. 04F 01:XX:XX

Pain while sitting with right knee in flexion. (The) pain is severe; > extending knee. (There is) pain above (the) left knee. 04F 01:XX:XX

Thighs ached by (the) end of a walk; < left , < inguinal area. Physically tired. Legs are very sore; < thighs. Sharp pains; < pressure. 02F XX:XX:XX

Legs are a bit stiff (OS return). Knees and thighs ache like from lactic acid build up. It feels better if I massage them. 14F 23:XX:XX

Arms (are) itchy; < above elbow medially, < left! Very itchy! (I) want to scratch; only > for short time. 02F 02:XX:XX

Itchy along left shin. (There is a) rash [red small bumps and itchy] inferior and medial to right knee. 02F 02:XX:XX

Legs itching very badly, started with red raised lumps. Got welts that look like (mosquito) bites on thigh and underarm. 02F XX:XX:XX

(Skin is) dry, especially elbows. Itching all over. 01F 10:XX:XX

Hands (are) very very dry; more than usual. I never use cream. 14F 05:XX:XX

Hands (are) red and sore; < touch, < water. 14F 09:XX:XX

Feet are red. 02F 02:XX:XX

When I finally woke up at 08h00 (my) feet were incredibly tired. 20F 05:XX:XX

Extremities (are) cold. 01F 07:XX:XX

Hands and feet (are) cold. 01F 10:XX:XX

Very cold hands and feet. 02F 02:XX:XX

Palms (are) sweating a lot. 02F 02:XX:XX

Nails are breaking (which is) unusual. (I) usually have very hard, strong, healthy nails. 02F 06:XX:XX

#### 4.4.26 Sleep

Was uncomfortable during the night; my muscles ached. 02F 01:XX:XX

No matter how I want to sleep, (I) will always find things to do instead of sleeping.  
Can't go to bed early. 02F 12:XX:XX

Increased yawning!!! 04F 06:XX:XX

Had the worst sleep ever. I woke up at 04h30 and only went back to sleep after 08h00. 09F XX:XX:XX

I always wake up feeling very tired. 15F 05:XX:XX

Couldn't sleep till (the) early hours of the morning. Tired as I hadn't had much sleep last night. 18F XX:XX:XX

Lack of sleep!!! 01F 24:XX:XX

Disturbed sleep. (02F Prover summary)

Had a disturbed sleep. Kept waking in the middle of the night. 09F 05:XX:XX

Have had a restless sleep. 09F 16:XX:XX

Had a bit of an uneasy restless night; woke up easily. 20F 02:XX:XX

Had a restless night; (my) mind was busy with too many things. 25M 03:XX:XX

What is wrong with me? (It) takes me an hour to fall asleep. 09F 18:XX:XX

Still sleep problems. Woke up very early - slept very late. 09F 20:XX:XX

Had an extremely uneasy night. Woke up at 03h30. 20F 05:XX:XX

Had an awesome night. (I) slept late, but (woke) up early and (am) not feeling tired.  
25M 20:XX:XX

Sleep pattern changing: Sleep broke at 01h30 and then again at 02h33. Second time around I battled to go back to sleep. It makes you feel restless and just when you fall off to sleep, you must wake up. 30F 01:XX:XX

Between 01h30 to 02h30am I was incredibly hot and restless, especially in (my) legs. (It) felt like (the) muscles needed to be used. I could have even (have) gone for a run!! Was almost painful! Whole body was tense and restless. (I) couldn't stop moving; turning over and over. Wide awake. Too hot, even though (a) very cold night. 02F 04:XX:XX

Woke up at about 03h00 feeling extremely hot. 09F 26:XX:XX

Woke at 03h00, anxious and fearful. 06F 01:XX:XX

Couldn't sleep; I felt anxious. Had to get up and game. 14F 02:XX:XX

Had a bit of an uneasy restless night; woke up easily. On waking (I) was short of breath. 20F 02:XX:XX

Felt a bit drained at 18h00 so I took a small nap. 31M XX:XX:XX

Woke up at around 04h50 from a strange dream. 31M 02:XX:XX

#### **4.4.27 Dreams**

##### ***Spirituality and praying***

Had active dreams last night!!! Adventure dreams (of) escaping from people trying to catch us, breaking through the burglar guards to climb through the windows. Finding underground tunnels, running. Groups of religious people. One bad man under false pretences, posing to be good and religious, but he actually tortures and kills people. "Try to save the baby" – kept coming up over and over. Dreamt that I was writing in this diary. 02F XX:XX:XX

I dreamt that my fiancé was not over his ex, so I gave him an ultimatum that it was either me or her, but he could not make up his mind, so I left him! Felt very sad and disappointed. I woke up and prayed about it. 04F 06:XX:XX

Woke up in such fear, had a terrible nightmare! Dreamt that I was dreaming that my fiancé tried to kill me [choked me]. Woke up and prayed [but was still in dream]. Then went back to sleep [in my dream]. Dreamt that I was dreaming that I was lying down and was hearing two people discussing someone's engagement. One of the

voices sounded like my dead sister and couldn't recognise the other one. They sounded like they were outside, but I heard the voices and footsteps coming closer to me and I heard them in my room, but then they got closer to my bed and was jumping into bed with me. I got scared, prayed and woke up in first dream, but remained in the other! Then felt like my blanket was suffocating me. It was as if someone was deliberately holding the blanket tight on my head. I finally woke up and ran to my housemate's room. Slept there, but soon was back in the nightmare. Continuously dreamt that someone was suffocating me. Kept waking up to realise that I was still sleeping. Continued to dream that I was dreaming that someone [couldn't see anyone, just a voice] was there. I forgot what they kept saying to me, but I remember them saying that people who suck their thumb are not yet matured. He kept forcing me to speak, he kept grabbing me by my left lower ribs, tried to fight him, but he was too strong. Finally woke up completely, and fought to stay awake. Afraid that if I sleep again, I won't wake up!!! I feel like God has forsaken me, I feel like I am in total darkness and evil is overshadowing me! Started reading the Bible.  
*04F 21:XX:XX*

I was dreaming that I was attacked by demons. I woke up with short breath. My heart was pounding. I felt like the demon in my dreams was holding on to me and not allowing me to wake up. *31M 02:XX:XX*

I dream of myself as a nun. *11F 01:XX:XX*

### ***Sympathy and connection***

Dreamt of a young child, punished by being locked for one week in a purple room, so that he never does it again. Dreamt of massive fish jumping out of the pond, and I was calling for someone to help me put it back in, then I looked and it was gone, I was crying because I thought it had died!!! The fish had huge eyes that stared at me! Also dreamt that I was walking through my garden and a huge bird landed on my head. I screamed and a girl helped get it off my head. She had been showing me a 'tiny' costume that she had to wear and was upset... *02F 01:XX:XX*

Had a good sleep. Dreamt that my sister had a baby boy and when I tried to carry the baby the head was too loose – so it was like it was almost detached from the neck. *09F 03:XX:XX*

Think I slept well. Dreamt fun, happy dreams for a change. Was at a party, dancing with boyfriend. Then he whirled me up and spun me round etc. I was laughing so much and felt really happy!!! 02F 02:XX:XX

Dreamt I was in a war, but not part of it. The soldier was hiding in muddy water shooting at aeroplane. I saw an aeroplane crash on electricity wires on the street and flatten a young boy, but I felt nothing, no sympathy, no sadness, nothing. I just walked away. The war didn't affect me. I walked with my dead great-grandmother. 04F 01:XX:XX

### ***Nostalgia and family***

Dreamt I was helping a friend's mum whom I haven't seen in years put up curtains! Not sure what to make of that. 18F 02:XX:XX

Dreamt I was having a cup of tea at my granny's and listening to her tales about my late grandfather. 18F 05:XX:XX

Dreamt I was vacationing with my ex- boyfriend down the South Coast at a place we used to visit. We argued a lot in my dream. I woke up upset thinking about that era of my life. 18F 03:XX:XX

Last night I dreamt of my matric *[high school]* reunion that never happened. I recognised many people I had not seen or thought of in years in my dream. 18F 06:XX:XX

Diwali celebration with the family and friends. Muslim family with children. Jumped from a high Pillar [wall]. Was scared, but didn't fall to the ground. 28F 01:XX:XX

### ***Water***

Had a dream around 02h00 about two of my aunts in the water – could have been a pool or dam. I think my one aunt has been sick and the doctor is asking questions. The other aunt is answering for her. The only thing I heard was my aunt that is sick said that 'when she drinks' this is how she feels. My other aunt laughed and said,

‘But you do not drink’. All about her symptoms – her feelings etc. and all of a sudden the aunt that is answering falls asleep in the water and is actually snoring; then she glides through the water and I wake up. 30F XX:XX:XX

### **Secrets**

A lady I know, with a secret of mine arrived and opened up a clinic next door. Was hoping that she wouldn’t tell my secret! 02F 02:XX:XX

Dreamt that someone told me the name of the proving remedy!!! 02F 08:XX:XX

Dreamt that my father found out a secret about me but he took it alright. He wasn’t angry. I was very scared though. 14F 07:XX:XX

I dreamt I had tattoos all down my arms and they didn’t feel right. My mom was very angry and we fought. I felt like I had made a big mistake and would have to live with it for the rest of my life. 14F 21:XX:XX

### **Criticism**

Had a dream that I was trying to teach the cast of “My name is Earl”. We were fighting a lot and I really wasn’t happy. 14F 23:XX:XX

I always dream very irritating dreams, but I forget all my dreams when I wake up: I was walking, then came between two Indian girls and they said I have Autism – that’s a psychological disorder and I was so mad, very angry. I kept telling them I am a doctor. They can’t tell me that. They know nothing. I woke up very mad, only to find out I was dreaming. 15F 12:XX:XX

Dreamt I was having dinner on business class on the plane. The air hostess was manly-looking and I remember thinking bad things about her, such as (that) she has a funny voice and big feet ! Don’t ask! 18F 01:XX:XX

### **Anxiety and panic**

Dreamt last night of things from the day; throwing ball to my dog, except in my dream I threw it and it went in the road and got huge fright that he went onto the road with cars. Also dreamt of buying boats but were synthetic... 02F 07:XX:XX

Dreamt was in a tent with friend and a bear attacked us, but it turned into a man and I hit him. Was scary. 02F 09:XX:XX

Nightmares: Hijacked by two black men, defended herself with a knobkerrie; In a dessert with friends watching animals, (I) saw an Arab woman giving birth and then a man snatches the baby from her and gives it to a beast who eats the child; Leaving home, black man outside, when outside he starts coming after her; she starts praying; he has a panga and wants to rape her (02F Prover summary)

Dreamt of a new house with steep stairs. Was afraid to walk down the stairs. Did not walk. 28F XX:XX:XX

Dreams about kung fu: very scary and exciting. *[I normally have such boring dreams. NS]*. 14F 02:XX:XX

Dreams anxious – can't remember specifics. 14F 05:XX:XX

### **Teeth**

Had a dream that my upper teeth all fell out. Felt very worried and incomplete. There was something missing in me. I felt strange and out of control. How can my teeth just fall out!!! I was scared, but I was on my way to confront the doctor/dentist about it, but woke up before. On waking I checked if my teeth were still there and was so relieved to find them intact. 04F 04:XX:XX

Dreamt last night a weird dream about teeth and jaw bones. It was so strange. 06F 06:XX:XX

### **Forsaken**

Dreamt of being in Saudi Arabia – lots of children – more like a refugee camp. 28F 03:XX:XX

Straight after that, another dream: This is also about water. I am alone near this dam and I could hear my nephew talking to somebody about a friend of his that lives somewhere else who has a garlic and ginger factory or shop. How robbers had gone in and attacked them. Where I was, there is a line across the water with lime, I think. All of a sudden, when I looked on the other sides, there is a white male in his thirties pointing a gun at me. I got such a fright; I am now trying to move away from him.

There is grass and I am wheeling myself in a chair, moving towards my nephew's voice of whom I still cannot see. This man is still aiming at me but has not fired as yet. When I reach the other side, where I think I heard my nephew's voice, there is no one there and I am all alone. Sleep broke – feel a bit scared. (I) went back to sleep at 02h36. 30F XX:XX:XX

Dreamt I was trying on a pair of shoes in my favourite store in London. Fell completely in love with a shoe that they didn't have my size for. I remember leaving my details at the store in order for them to order one and contact me. I'd left me South African address instead of my London address by mistake and we all started to laugh about it! 18F 04:XX:XX

### ***Mundane dreams***

Dreaming about mundane stuff, about painting my nails of all things. 14F 12:XX:XX

Dreamt about trying to drive a manual car but not being able to go above 40km/h. That's all I remember anyway. 09F 16:XX:XX

Had a weird dream: serving soapy soup to visitors. 09F 25:XX:XX

I do not like my dreams at all; it's like I'm really seeing people doing things. They are just weird. 15F 15:XX:XX

My dreams are weird. I dream about things I talk about; I saw; I think about; I want to achieve; people I know, but I am not liking them at all. 15F 16:XX:XX

Whatever happens or is about to happen in my life, I dream about it. 15F 19:XX:XX

My dreams seem real. It's either that (that) thing has happened before, or it's still going to happen, or I've seen it somewhere, or I've been thinking about it. 15F 20:XX:XX

Weird dreams. 15F 21:XX:XX

At night, I dreamt of achieving all my dreams and goals (very positive dreams). 15F 05:XX:XX

Dreamt about 'Star Wars'. Seems to be very memorable, but details missing. Left me in a good mood. 25M 05:XX:XX

#### **4.4.28 Chill**

Feeling extremely cold but my house is a freezer. 09F XX:XX:XX

I'm always feeling cold. 15F 16:XX:XX

#### **4.4.29 Perspiration**

Noticed I didn't perspire as much as usual. 25M 16:XX:XX

#### **4.4.30 Skin**

Skin is very sensitive. 03F 02:XX:XX

My skin felt tingly as if something was crawling underneath. 18F XX:XX:XX

Dry, itching all over. 01F 09:XX:XX

Had a rash on my body. It stung and was itchy. It looked like little red raised lesions, and it disappeared after a few minutes. 04F 05:XX:XX

Rash is back, just below my breast and chest, at the back and on my arm. Looks like swelling; pale on the inside, but with a red border. 04F 06:XX:XX

Skin cold and dry. 01F 04:XX:XX

Skin has been very oily today on T-zone of face. Very annoying. Hair (very oily) too. 14F 23:XX:XX

Got pimples on inner thigh [unusual]; < right thigh with white heads. (It) came up yesterday (as a) red area. Numerous on right thigh. Skin on my face is very bad: pimples!!! 02F 10:XX:XX

#### **4.4.31 Generals**

##### ***Cravings***

Craving for curry. 01F 10:XX:XX

Eating fish more often, which is unusual. Craving for meat, which is also unusual (since I'm) vegetarian. 01F 26:XX:XX

Craved sugar, especially jam doughnuts!!! Had chocolate croissant (and) loved it.  
02F XX:XX:XX

Really enjoyed chocolate tonight. I'm not usually bothered too much by chocolate.  
02F XX:XX:XX

Feel like sweets and fast food at any time. I'm having chocolate, cake, KFC, McDonald's etc. 02F 01:XX:XX

Have a desire for food; mostly sugary foods, chocolate etc. Want to bake pastries...  
02F 02:XX:XX

Craving chocolate cake. 09F 10:XX:XX

Craving cake. 02F 04:XX:XX

Have a real sweet tooth since the proving!!! 02F 05:XX:XX

Have had a definite sweet tooth lately, and loving it! 02F 06:XX:XX

Went shopping for candy. Had a lot of chips. 04F 04:XX:XX

(I have) thirst for juice. 31M 03:XX:XX

Starting to have a thirst for juice. 31M 03:XX:XX

### ***Sensation of heat***

Felt hot and faint in [a large shopping mall] today. Like no air and overheated. When so cold outside, feeling hot inside. 02F 06:XX:XX

Feeling hot inside. 02F 02:XX:XX

During the night I took off my socks and pants. (It's) crazy because it was a freezing night. (I) probably felt hot. 02F 08:XX:XX

Feel a bit hot!!! 04F 16:XX:XX

Feeling extremely hot around 05h30. 09F 01:XX:XX

Very hot. (I) don't know why. 09F 21:XX:XX

> Warm; very tired. 02F 06:XX:XX

### **Increased energy**

Bouncy, happy, full of energy!!! 01F 09:XX:XX

Feeling much better. I have more energy! 03F 17:XX:XX

Feeling extremely energetic. 09F 20:XX:XX

Still feel energetic. 09F 21:XX:XX

Energy levels are high. 30F 03:XX:XX

My energy is regained during the day. 15F 08:XX:XX

(I have) more energy. (I am) less tired by the end of the day than I usually am. 20F 02:XX:XX

Felt very energized today. 25M 05:XX:XX

Was very active today, climbing mountains and swimming. 25M 19:XX:XX

Hyper(active) during the day. 15F 06:XX:XX

Restlessness in body; like aching muscles full of energy, but (I) am tired! Feels like (I) need to move. 02F 10:XX:XX

Internal restlessness; Energy inside body that needs to be released (02F Prover summary)

I'm restless and I eat a lot. 15F 06:XX:XX

### **Prostration**

No energy!!! Exhausted and cannot move. 01F 08:XX:XX

Decreased energy! Was tired the whole day. Increased energy at night! 04F 05:XX:XX

I am very tired today. I am yawning a lot and I am very sleepy. Very tired, constantly yawning. 04F 09:XX:XX

So tired! Constantly yawning! Very tired!!!! 04F 14:XX:XX

Increased tiredness! 04F 03:XX:XX

Very tired! 04F 04:XX:XX

Feel tired and weak in the morning, like some sort of sick person. 09F 24:XX:XX

Feel extremely drained and exhausted in the early afternoon. 09F 08:XX:XX

Still feel very tired by mid-afternoon because am not sleeping well at night. 09F 17:XX:XX

(The) energy has officially drained from me. (I) feel extremely exhausted – throughout the day and slightly fluey. 09F 22:XX:XX

Energy levels very very down (NS), but I have had a few late nights; << morning (OS). 14F 01:XX:XX

Woke up tired. (I) battle to get up in the morning (OS). 14F 05:XX:XX

Woke up very tired. Energy levels (are) very low. 14F 09:XX:XX

Energy levels at an all time low. I really don't remember when last I was so tired. 14F 13:XX:XX

No energy whatsoever. (I) went to a friend's place for a party, but had to leave early because I was so tired. 14F 20:XX:XX

I woke up very tired and not well in the morning. (I was) very moody. 15F 07:XX:XX

Felt drained/tired and fatigued throughout day. 20F 07:XX:XX

Felt lethargic in the late afternoon and drained. 25M 15:XX:XX

Feel as if a truck ran over me. (I am) feeling weak and tired. (I) feel very sick. 25M 22:XX:XX

Wake up feeling very horrible. 09F 23:XX:XX

## **Influenza**

Developing flu-like systems again. 09F 06:XX:XX

Had flu-like symptoms. 11F 01:XX:XX

Flu-like symptoms: runny nose, itchy eyes, dry cough. 25M 10:XX:XX

Painful muscles; tired. 11F 07:XX:XX

Body feels stiff. 25M 11:XX:XX

### ***Miscellaneous***

All my senses have changed. 15F 05:XX:XX

Right-sided symptoms. (02F Prover summary)

Intercourse makes me feel numb!!! 04F 17:XX:XX

Cold feet, hands and skin. 01F 05:XX:XX

I prefer cold weather. 15F 05:XX:XX

## **4.5 RUBRICS**

### **4.5.1 Complete Rubrics**

#### **4.5.1.1 *Mind:***

##### **Mind**

MIND: Absentminded

MIND: Abstraction of mind

*MIND: Activity; desires activity*

MIND: Ailments from; anger

MIND: Ailments from; anger, suppressed

MIND: Ailments from; anger, indignation; with

MIND: Ailments from; bad news

MIND: Ailments from; cares, worries

MIND: Ailments from; disappointment

MIND: Ailments from; failure: literary, scientific failure

MIND: Ailments from; fright

MIND: Ailments from; mental shock, from

MIND: Ailments from; money; from losing

MIND: Alert

MIND: Anger; trifles, at

*MIND: Anxiety*

MIND: Anxiety; night

MIND: Anxiety; business; about

MIND: Anxiety; conscience; anxiety of

MIND: Anxiety; fear: with

MIND: Anxiety; health; about

MIND: Anxiety; health; about: own health; one's

MIND: Anxiety; hypochondriacal

MIND: Ardent

MIND: Awkward

MIND: Awkward; drops things

MIND: Busy

MIND: Carefulness

MIND: Cares; full of

MIND: Censorious

**MIND: Cheerful**

MIND: Cheerful; alternating with, sadness

MIND: Clarity of mind

*MIND: Company; aversion to*

MIND: Company; desire

MIND: Company; desire for; amel. in company

MIND: Concentration; active

*MIND: Concentration; difficult*

MIND: Concentration; difficult: headache, with

MIND: Concentration; difficult: studying

*MIND: Confident*

MIND: Confusion of mind

MIND: Confusion; dream, as if in a

MIND: Conscientious about trifles

MIND: Content

MIND: Delusions

MIND: Delusions; clouds: black cloud enveloped her; a heavy

MIND: Delusions; dead: he himself was

MIND: Delusions; devil; present, is  
MIND: Delusions; devil; sees  
MIND: Delusions; enlarged  
MIND: Delusions; footsteps; hearing  
MIND: Delusions; forsaken, is  
MIND: Delusions; God: presence of God; he is in the  
MIND: Delusions; head: belongs to another  
MIND: Delusions; hearing: illusions of  
MIND: Delusions; images, phantoms; sees: frightful  
MIND: Delusions; images, phantoms; sees: night  
MIND: Delusions; influence; one is under a powerful  
MIND: Delusions; intoxicated  
MIND: Delusions; looking: down, he were looking  
MIND: Delusions; people: behind him; someone is  
MIND: Delusions; sick, being  
MIND: Delusions; small, things: appear small; things  
MIND: Despair  
*MIND: Detached*  
MIND: Discontented  
MIND: Discontented; everything, with  
MIND: Dream; as if in a  
*MIND: Dullness*  
MIND: Egotism  
MIND: Elated  
*MIND: Ennui*  
MIND: Estranged: family; from his  
MIND: Excitement  
MIND: Exhilaration  
MIND: Fastidious  
*MIND: Fear*  
MIND: Fear; alone, of being  
MIND: Fear; dark  
MIND: Fear; death, of  
MIND: Fear; evil; fear of

MIND: Fear; sleep: go to sleep; fear to  
MIND: Fear; sudden  
MIND: Fear; terror  
MIND: Flattering  
MIND: Forgetful  
*MIND: Forsaken feeling*  
MIND: Forsaken feeling, isolation; sensation of  
MIND: Generous; too  
MIND: Giggling  
MIND: Haughty  
MIND: Heedless  
MIND: High-spirited  
MIND: Home; desires to go  
MIND: Homesickness  
*MIND: Hypochondriasis*  
MIND: Ideas; abundant  
MIND: Impatience  
MIND: Inactivity  
*MIND: Indifference*  
MIND: Indifference; everything, to  
MIND: Industrious  
*MIND: Injustice; cannot support*  
MIND: Intolerance  
**MIND: Irritability**  
*MIND: Irritability; morning*  
MIND: Irritability; morning, waking on  
MIND: Irritability; headache, during  
MIND: Irritability; menses, during  
MIND: Irritability; trifles, from  
MIND: Lamenting  
MIND: Lascivious  
MIND: Laughing  
MIND: Laughing; immoderately  
*MIND: Laziness*

MIND: Light; desire for  
MIND: Loquacity  
MIND: Memory; active  
MIND: Memory; weakness of memory: do; for what he was about to  
MIND: Mental exertion; agg.  
MIND: Mental exertion; impossible  
MIND: Mental exertion; aversion to  
MIND: Mildness  
*MIND: Mirth*  
*MIND: Mood; agreeable*  
MIND: Mood; changeable  
MIND: Morose  
MIND: Occupation; amel.  
MIND: Passionate  
MIND: Pleasing; desire to please others  
*MIND: Positiveness*  
MIND: Praying  
**MIND: Prostration**  
*MIND: Quarrelsome*  
MIND: Quiet disposition  
MIND: Religious affections; too occupied with religion  
MIND: Religious; want of religious feeling  
MIND: Reproaches; others  
*MIND: Restlessness*  
MIND: Restlessness; bed, tossing about in  
MIND: Sadness  
*MIND: Senses; acute*  
MIND: Senses; dull  
*MIND: Sensitive*  
MIND: Sensitive; noise, to  
MIND: Sensitive; odors, to  
MIND: Sentimental  
MIND: Shrieking  
MIND: Starting

MIND: Starting; sleep during  
 MIND: Stupor  
 MIND: Stupor  
*MIND: Suspicious*  
 MIND: Sympathetic  
 MIND: Taciturn  
 MIND: Thinking; complaints: agg.; thinking of his complaints  
 MIND: Thoughts; sexual  
 MIND: Thoughts; vanishing of  
*MIND: Tranquility*  
 MIND: Trifles seem important  
 MIND: Unobserving  
 MIND: Vivacious  
 MIND: Weary of life  
 MIND: Weeping  
 MIND: Weeping; anger, after  
 MIND: Weeping; cannot weep, though sad  
 MIND: Weeping; easily  
 MIND: Weeping; sobbing; weeping with  
 MIND: Weeping; vexation, from

#### **4.5.1.2 Vertigo**

VERTIGO: Vertigo  
 VERTIGO: Afternoon  
 VERTIGO: Evening  
 VERTIGO: Accompanied by: head; pain in head  
 VERTIGO: Closing eyes; on: amel.  
 VERTIGO: Fall; tendency to: right, to  
 VERTIGO: Floating, as if  
 VERTIGO: Intoxicated; as if  
 VERTIGO: Motion; head, of: quickly; amel.  
 VERTIGO: Rising: bed; from  
 VERTIGO: Rising: seat; from a, on

VERTIGO: Standing; while

#### **4.5.1.3 Head**

HEAD: Congestion

HEAD: Dandruff

HEAD: Fullness

HEAD: Hair; dryness

HEAD: Hair; greasy

*HEAD: Heaviness*

HEAD: Heaviness; headache, from

*HEAD: Itching of scalp*

HEAD: Itching of scalp; scratching, not amel. after

HEAD: Itching of scalp; occiput

HEAD: Itching of scalp; vertex

HEAD: Looseness of brain; sensation of

HEAD: Looseness of brain; sensation of, morning: waking; on

HEAD: Motions in head

HEAD: Pain

HEAD: Pain; daytime

HEAD: Pain; morning

HEAD: Pain; morning, waking: on

HEAD: Pain; afternoon

HEAD: Pain; afternoon, 15h

*HEAD: Pain; night*

HEAD: Pain; night, midnight: after

HEAD: Pain; accompanied by, nausea

HEAD: Pain; accompanied by, neck: pain in

HEAD: Pain; catarrhal

HEAD: Pain; closing eyes, on

HEAD: Pain; coryza, with

HEAD: Pain; eating, before

HEAD: Pain; exertion, eyes; of the

HEAD: Pain; gastric

HEAD: Pain; light, amel.  
 HEAD: Pain; motion: agg  
 HEAD: Pain; motion: eyes, of  
 HEAD: Pain; pressure: external, agg  
 HEAD: Pain; rising: lying, from  
 HEAD: Pain; rubbing: amel.  
 HEAD: Pain; sitting: amel.  
 HEAD: Pain; spot, pain in small  
  
 HEAD: Pain; violent pains  
 HEAD: Pain; walking: air, open; in the: while  
 HEAD: Pain; wind: exposure to; from  
 HEAD: Pain; extending to, cervical region  
*HEAD: Pain; Forehead, in*  
 HEAD: Pain; Forehead, in: eyes, above; alternating sides  
 HEAD: Pain; Forehead, in: eyes, above; left  
 HEAD: Pain; Forehead, in: extending to: eyes  
 HEAD: Pain; Forehead, in: pulsating; eyes, behind  
 HEAD: Pain; Occiput  
 HEAD: Pain; Occiput: motion; agg.  
 HEAD: Pain; Occiput: pulsating  
 HEAD: Pain; Occiput: extending to: ears  
 HEAD: Pain; Sides: one side  
 HEAD: Pain; Sides: right  
 HEAD: Pain; Sides: left  
*HEAD: Pain; Temples*  
*HEAD: Pain; Temples: right*  
 HEAD: Pain; Temples: left  
 HEAD: Pain; Temples: left; pulsating  
 HEAD: Pain; Temples: noise; agg.  
 HEAD: Pain; Temples: pulsating  
 HEAD: Pain; Temples: extending to; eye  
 HEAD: Pain; Temples: extending to; neck  
 HEAD: Pain; Temples: extending to; jaw

HEAD: Pain; Temples and Occiput  
HEAD: Pain; Vertex  
HEAD: Pain; aching  
HEAD: Pain; boring: Sides  
*HEAD: Pain; dull pain*  
HEAD: Pain; dull pain: Forehead  
HEAD: Pain; pressing: band; as from a  
HEAD: Pain; pressing: cap; like a  
HEAD: Pain; pressing: inward  
HEAD: Pain; pressing: Forehead  
HEAD: Pain; pulsating  
HEAD: Pain; sore: temples  
HEAD: Skullcap; sensation of a

#### **4.5.1.4 Eye**

EYE: Discharges  
EYE: Discoloration: red  
EYE: Discoloration: yellow  
*EYE: Dryness*  
EYE: Enlarged, sensation of  
EYE: Heaviness: lids  
*EYE: Itching*  
EYE: Itching; rubbing: amel.  
*EYE: Lachrymation*  
EYE: Lacrymation; rubbing, after  
EYE: Opening the eyelid: difficult  
EYE: Pain  
EYE: Pain; left  
EYE: Pain; lids  
EYE: Pain; closing eyes; amel.  
EYE: Pain; exertion of eyes; from  
EYE: Pain; pulsating

EYE: Pain; reading  
EYE: Pain; burning  
EYE: Pain; burning: left; extending to right  
EYE: Pain; burning: canthi, outer  
EYE: Pain; sand, as from  
EYE: Pain; sore  
EYE: Pain; sore: motion; eyes, of  
EYE: Pain; stinging: lids; upper  
EYE: Pain; stitching: headache; during  
EYE: Photophobia  
EYE: Pupils; contracted  
EYE: Staring  
EYE: Staring; pain: forehead; with pain in  
EYE: Styes  
EYE: Styes; lids, lower  
EYE: Tired sensation  
EYE: Twitching  
EYE: Twitching; left

#### **4.5.1.5 Vision**

VISION: Blurred  
VISION: Dim

#### **4.5.1.6 Ear**

EAR: Abscess; meatus  
EAR: Itching; lobes  
*EAR: Itching; meatus*  
EAR: Pain  
EAR: Pain; touch, on  
EAR: Pain; soreness  
EAR: Swelling; meatus  
EAR: Wax; yellow

#### **4.5.1.7 Hearing**

HEARING: Impaired

#### **4.5.1.8 Nose**

NOSE: Blow the nose; inclination to blow the nose, constant

*NOSE: Catarrh*

NOSE: Catarrh; postnasal

NOSE: Coryza

NOSE: Coryza; morning

NOSE: Coryza; night

NOSE: Coryza; air: open; amel.

*NOSE: Coryza; discharge, with*

NOSE: Coryza; discharge, without

NOSE: Coryza; walking amel.

NOSE: Discharge; burning

NOSE: Discharge; copious

NOSE: Discharge; excoriating

NOSE: Discharge; thick

NOSE: Discharge; viscid, tough

NOSE: Discharge; watery

NOSE: Discharge; yellow

NOSE: Hayfever

NOSE: Itching

NOSE: Itching; inside

*NOSE: Obstruction*

NOSE: Obstruction; right

NOSE: Obstruction; night

NOSE: Obstruction; sensation of

NOSE: Odors; imaginary and real

NOSE: Odors; imaginary and real: dog, wet (N)

NOSE: Pain

NOSE: Smell, acute

NOSE: *Sneezing*

NOSE: Sneezing; morning

NOSE: Sneezing; frequent

NOSE: Tingling; inside

#### **4.5.1.9 Face**

FACE: Congestion

FACE: Cracked; lips: lower

FACE: Dryness

FACE: Eruptions

FACE: Eruptions; acne

FACE: Eruptions; acne; papules, with indurated

FACE: Eruptions; acne; rosacea

FACE: Eruptions; acne: forehead

FACE: Eruptions: itching

FACE: Eruptions; pimples

FACE: Eruptions; rash

FACE: Eruptions; vesicles: lips

FACE: Eruptions; vesicles: lips, fever blisters

FACE: Eruptions; zygoma (N)

FACE: Greasy

FACE: Itching

FACE: Pain; right

FACE: Pain; burning

FACE: Pain; pressing

FACE: Pain; pulsating

FACE: Pain; sore: jaw, lower jaw

FACE: Tingling

FACE: Tingling; lips

#### **4.5.1.10 Mouth**

MOUTH: Dryness; night

MOUTH: Pain; sore: gums  
MOUTH: Taste; bad  
MOUTH: Taste; bad, morning  
MOUTH: Taste; nauseous  
MOUTH: Taste; offensive  
MOUTH: Taste; sour

#### **4.5.1.11 Teeth**

TEETH: Biting; hard which relieves pains; desire to bite on something  
TEETH: Pain; pressing: outward  
TEETH: Pain; sore

#### **4.5.1.12 Throat**

THROAT: Catarrh  
THROAT: Discoloration; red  
THROAT: Dryness  
THROAT: Dryness; morning  
*THROAT: Hawk; disposition to*  
*THROAT: Inflammation*  
*THROAT: Itching*  
THROAT: Lump; sensation of  
THROAT: Lump; sensation of: swallowing on  
THROAT: Mucus  
THROAT: Pain  
THROAT: Pain; morning  
THROAT: Pain; night  
THROAT: Pain; swallowing  
THROAT: Pain; rawness  
THROAT: Pain; sore  
THROAT: Roughness  
THROAT: Sand in throat; sensation as if

#### **4.5.1.13 Stomach**

STOMACH: Appetite; capricious appetite  
STOMACH: Appetite; diminished  
STOMACH: Appetite; increased  
STOMACH: Appetite; increased, evening  
STOMACH: Appetite; wanting: thirst; with  
STOMACH: Eructations  
STOMACH: Eructations; type of: foul  
STOMACH: Eructations; type of: putrid  
STOMACH: Fullness, sensation of  
STOMACH: Fullness, sensation of; eating: after  
STOMACH: Heaviness; eating: after  
STOMACH: Hiccough  
*STOMACH: Nausea*  
STOMACH: Nausea; morning  
STOMACH: Nausea; afternoon: 16h  
STOMACH: Nausea; evening  
STOMACH: Nausea; fats, after eating  
STOMACH: Nausea; pain, during: abdomen in  
STOMACH: Retching  
STOMACH: Retching; ineffectual  
STOMACH: Thirst  
STOMACH: Thirst; extreme  
STOMACH: Thirst; large quantities, for  
STOMACH: Thirst; unquenchable  
STOMACH: Vomiting  
STOMACH: Vomiting; morning  
STOMACH: Vomiting; type of: bile

#### **4.5.1.14 Abdomen**

ABDOMEN: Complaints of abdomen  
*ABDOMEN: Distension*  
ABDOMEN: Distension; morning

ABDOMEN: Distension; morning: waking, on  
 ABDOMEN: Distension; dinner: after  
 ABDOMEN: Distension; eating, after  
 ABDOMEN: Distension; hypochondria  
 ABDOMEN: Distension; hypochondria: left  
*ABDOMEN: Flatulence*  
 ABDOMEN: Flatulence; evening  
 ABDOMEN: Flatulence; night  
 ABDOMEN: Flatulence; eating, after  
 ABDOMEN: Flatulence; obstructed  
 ABDOMEN: Heaviness  
 ABDOMEN: Heaviness; hypogastrium  
 ABDOMEN: Liver and region of liver; complaints of  
*ABDOMEN: Pain*  
 ABDOMEN: Pain; morning  
 ABDOMEN: Pain; eating, after  
 ABDOMEN: Pain; menses, during  
 ABDOMEN: Pain; stool: after, amel.  
 ABDOMEN: Pain; sugar, after  
 ABDOMEN: Pain; hypochondria  
 ABDOMEN: Pain; inguinal region  
 ABDOMEN: Pain; inguinal region, left  
 ABDOMEN: Pain; umbilicus  
 ABDOMEN: Pain; umbilicus, region of  
*ABDOMEN: Pain; cramping*  
 ABDOMEN: Pain; cramping, eating: after  
 ABDOMEN: Pain; cramping, hypogastrium  
 ABDOMEN: Pain; cramping: umbilicus, region of  
 ABDOMEN: Pain; drawing, umbilicus  
 ABDOMEN: Pain; stitching, umbilicus, region of

#### **4.5.1.15 Rectum**

*RECTUM: Constipation*

RECTUM: Constipation; difficult stool

RECTUM: Constipation; insufficient

RECTUM: Diarrhoea

RECTUM: Diarrhoea; morning

RECTUM: Diarrhoea; eating: after

*RECTUM: Flatus*

RECTUM: Flatus; involuntary

RECTUM: Flatus; offensive

RECTUM: Pain; stool: before

RECTUM: Pain; stool: during

RECTUM: Pain; pressing

RECTUM: Pain; scraping

RECTUM: Urging, frequent

RECTUM: Urging; sudden

#### **4.5.1.16 Stool**

STOOL: Black

STOOL: Dark

STOOL: Thin

#### **4.5.1.17 Bladder**

BLADDER: Fullness, sensation of

BLADDER: Fullness, sensation of; urinate; without desire to

BLADDER: Pain; neck, urination: after

BLADDER: Urging to urinate; frequent

BLADDER: Urging to urinate; sudden

BLADDER: Urination; frequent

BLADDER: Urination; involuntary

#### **4.5.1.18 Urethra**

URETHRA: Pain; burning

URETHRA: Pain; burning, urination; during

URETHRA: Pain; pressing

#### **4.5.1.19 Female**

FEMALE: Conscious of the uterus

FEMALE: Leukorrhea

FEMALE: Menses; clotted

FEMALE: Menses; copious

FEMALE: Menses; late, too

FEMALE: Menses; late, too: two days

FEMALE: Menses; offensive

FEMALE: Menses; painful

FEMALE: Menses; protracted

FEMALE: Pain; uterus

FEMALE: Pain; uterus, menses, during

FEMALE: Pain; uterus: pressure, amel.

FEMALE: Pain; bearing down, uterus: come out; as if everything would

FEMALE: Pain; cramping, uterus: menses during

FEMALE: Pain; labor-like

FEMALE: Pain; labor-like: menses, during

FEMALE: Pain; twisting (N)

*FEMALE: Sexual desire, increased*

FEMALE: Sexual desire, increased: noon (N)

FEMALE: Sexual desire, increased: night

FEMALE: Sexual desire, increased; cold agg.

#### **4.5.1.20 Respiration**

RESPIRATION: Asthmatic

RESPIRATION: Asthmatic; morning

RESPIRATION: Asthmatic; evening

RESPIRATION: Difficult

RESPIRATION: Difficult; morning

RESPIRATION: Difficult; evening  
RESPIRATION: Difficult; accompanied by, cough  
RESPIRATION: Difficult; exertion, after  
RESPIRATION: Difficult; inspiration  
RESPIRATION: Difficult; laughing  
RESPIRATION: Impeded, obstructed  
RESPIRATION: Impeded, obstruction: oppression; from, chest  
RESPIRATION: Wheezing

#### **4.5.1.21 Cough**

COUGH: Evening; bed, in  
*COUGH: Dry*  
COUGH: Dry; tickling, from: larynx; in  
COUGH: Irritation; from: air passages, in  
COUGH: Irritation; from: larynx, in  
COUGH: Irritation; from: trachea, in

#### **4.5.1.22 Expectoration**

EXPECTORATION: Morning  
EXPECTORATION: Morning, waking, after  
EXPECTORATION: Mucous  
EXPECTORATION: Thick  
EXPECTORATION: White

#### **4.5.1.23 Chest**

CHEST: Anxiety in  
CHEST: Catarrh  
CHEST: Constriction  
CHEST: Constriction, morning  
CHEST: Eruptions  
CHEST: Eruptions; itching

CHEST: Eruptions; rash  
CHEST: Eruptions; axilla  
CHEST: Itching  
CHEST: Itching; sternum  
*CHEST: Oppression*  
CHEST: Oppression; morning  
CHEST: Oppression; inspiration, on  
CHEST: Pain  
CHEST: Pain; morning  
CHEST: Pain; sneezing  
CHEST: Pain; mammae, nipples  
CHEST: Pain; sides  
CHEST: Pain; sides, morning  
CHEST: Pain; sides, right  
CHEST: Pain; sore: mammae  
CHEST: Pain; stitching  
CHEST: Pain; stitching: mammae; nipple, right  
CHEST: Palpitation of heart  
CHEST: Palpitation of heart; anxiety, with  
CHEST: Palpitation of heart; motion  
CHEST: Palpitation of heart; motion, slightest  
CHEST: Swelling; mammae  
CHEST: Swelling; mammae: menses; during

#### **4.5.1.24 Back**

BACK: Eruptions; pustules  
BACK: Eruptions; rash  
BACK: Itching  
BACK: Pain  
BACK: Pain; menses, during  
BACK: Pain; pressure, amel.  
BACK: Pain; walking, while  
BACK: Pain; cervical region

*BACK: Pain; lumbar region*

BACK: Pain; lumbar region, left

BACK: Pain; spine

BACK: Pain; aching

BACK: Pain; burning, spine

BACK: Pain; drawing

BACK: Pain; sore, lumbar region

BACK: Pain; sore, spine

BACK: Pain; stitching, lumbar region

BACK: Spasmodic drawing, cervical region

BACK: Stiffness

BACK: Stiffness; cervical region

BACK: Stiffness; cervical region: headache, during

BACK: Stiffness; lumbosacral region

#### **4.5.1.25 Extremities**

EXTREMITIES: Coldness

EXTREMITIES: Coldness; hands

EXTREMITIES: Coldness; foot

*EXTREMITIES: Contraction of muscles and tendons*

EXTREMITIES: Contraction of muscles and tendons; lower limbs

EXTREMITIES: Convulsion

EXTREMITIES: Convulsion; upper limb

EXTREMITIES: Cramps; menses

EXTREMITIES: Cramps; upper limbs

EXTREMITIES: Cramps; shoulder

EXTREMITIES: Cramps; forearm

EXTREMITIES: Discoloration; hand, redness

EXTREMITIES: Discoloration; foot, redness

EXTREMITIES: Dryness; hands

EXTREMITIES: Eruptions; itching

EXTREMITIES: Eruptions; urticaria

EXTREMITIES: Eruptions; upper limbs, rash

EXTREMITIES: Eruptions; thigh

EXTREMITIES: Eruptions; thigh, pimples

EXTREMITIES: Eruptions; knee, rash

EXTREMITIES: Heaviness

EXTREMITIES: Heaviness; lower limbs

EXTREMITIES: Heaviness: foot

EXTREMITIES: Itching; upper limbs

EXTREMITIES: Itching; upper arm

EXTREMITIES: Itching; lower limbs

EXTREMITIES: Itching; leg

EXTREMITIES: Itching; leg: tibia, over

EXTREMITIES: Nails; brittle nails: finger nails

EXTREMITIES: Numbness; hand

EXTREMITIES: Numbness; hand: right

EXTREMITIES: Numbness; hand: waking, on

EXTREMITIES: Pain

EXTREMITIES: Pain; motion

EXTREMITIES: Pain; rheumatic

EXTREMITIES: Pain; touch, agg.

EXTREMITIES: Pain; warm applications, amel.

EXTREMITIES: Pain; joints

EXTREMITIES: Pain; joints, rheumatic

EXTREMITIES: Pain; upper limbs

EXTREMITIES: Pain; upper limbs, left

EXTREMITIES: Pain; upper limbs, morning

EXTREMITIES: Pain; upper limbs, bending arm; when

EXTREMITIES: Pain; upper limbs, motion

EXTREMITIES: Pain; upper limbs, joints

EXTREMITIES: Pain; shoulder

*EXTREMITIES: Pain; shoulder, right*

EXTREMITIES: Pain; shoulder, left

EXTREMITIES: Pain; shoulder, extending to: neck

EXTREMITIES: Pain; upper arm: deltoid region

EXTREMITIES: Pain; elbow, bend of

EXTREMITIES: Pain; wrist

EXTREMITIES: Pain; wrist, motion; on

EXTREMITIES: Pain; thigh

**EXTREMITIES: Pain; knee: bending, on**

EXTREMITIES: Pain; knee: extending limb; amel.

EXTREMITIES: Pain; aching, thigh

EXTREMITIES: Pain; shooting, upper limbs

EXTREMITIES: Pain; shooting, shoulder, right

EXTREMITIES: Pain; sore

EXTREMITIES: Pain; sore, upper limbs

EXTREMITIES: Pain; sore, upper limbs: morning

EXTREMITIES: Pain; sore, shoulder

EXTREMITIES: Pain; sore, upper arm

EXTREMITIES: Pain; sore, forearm

EXTREMITIES: Pain; sore, wrists

EXTREMITIES: Pain; sore, thigh; walking, after

EXTREMITIES: Pain; sore, thigh; posterior part

EXTREMITIES: Pain; stitching

EXTREMITIES: Pain; stitching: shoulder; motion, during

EXTREMITIES: Perspiration; hand, palm

EXTREMITIES: Pulsation; hand

EXTREMITIES: Restlessness

*EXTREMITIES: Stiffness*

EXTREMITIES: Stiffness; exertion, after

EXTREMITIES: Stiffness; moving: beginning to move; on

EXTREMITIES: Stiffness; resting: after

EXTREMITIES: Stiffness; shoulder

EXTREMITIES: Stiffness; wrist

EXTREMITIES: Stiffness; lower limbs

EXTREMITIES: Stiffness; knee

EXTREMITIES: Trembling; hand

EXTREMITIES: Weakness; knee

#### 4.5.1.26 Sleep

*SLEEP: Disturbed*

SLEEP: Disturbed; anxiety, from

SLEEP: Falling asleep; difficult

SLEEP: Falling asleep; late

*SLEEP: Interrupted*

*SLEEP: Restless*

SLEEP: Restless; night: midnight, after

SLEEP: Restless; bodily restlessness, from

*SLEEP: Sleepiness*

SLEEP: Sleepiness; morning

*SLEEP: Sleepiness; forenoon*

SLEEP: Sleepiness; heat, during

SLEEP: Sleepiness; weariness, with

*SLEEP: Sleeplessness*

SLEEP: Sleeplessness; night

SLEEP: Sleeplessness; night: midnight, before

SLEEP: Sleeplessness; night: midnight: morning; until

SLEEP: Sleeplessness; night: midnight; after

SLEEP: Sleeplessness; night: midnight; after, 3h

SLEEP: Sleeplessness; night: midnight; after, 4h, after

SLEEP: Sleeplessness; accompanied by; sleepiness: daytime

SLEEP: Sleeplessness; anxiety from

SLEEP: Sleeplessness; restlessness, from

SLEEP: Sleeplessness; thoughts: activity of thoughts; from

SLEEP: Sleeplessness; waking, after

SLEEP: Sleeplessness; weariness: in spite of weariness

*SLEEP: Unrefreshing*

SLEEP: Waking; night: midnight; after

SLEEP: Waking; night: midnight; after, 3h

SLEEP: Waking; difficult

SLEEP: Waking; dreams, by

SLEEP: Waking; early, too

SLEEP: Waking; early, too: asleep late; and falling

*SLEEP: Waking; frequent*

SLEEP: Waking; fright, as from

SLEEP: Waking; heat, from and with

SLEEP: Waking; palpitations with

SLEEP: Yawning

#### **4.5.1.27 Dreams**

DREAMS: Accusations

DREAMS: Achievement, of

DREAMS: Adventurous

DREAMS: Aggressive

DREAMS: Airplanes, crash of an airplane

DREAMS: Anger

DREAMS: Animals

DREAMS: Anxious

*DREAMS: Attacked, of being*

DREAMS: Battles

DREAMS: Betrayed, having been

DREAMS: Birds

*DREAMS: Children; about*

DREAMS: Children; about: abused; being

DREAMS: Children; about: newborns

DREAMS: Choked; being

DREAMS: Clairvoyant

DREAMS: Conspiracies

DREAMS: Dancing

DREAMS: Danger

DREAMS: Danger, escaping from a danger

DREAMS: Danger, impending danger

DREAMS: Dead; of the, relatives

DREAMS: Deceived; being

DREAMS: Desert

DREAMS: Disease  
DREAMS: Dogs  
DREAMS: Dreaming, of  
DREAMS: Driving; car, a  
DREAMS: Escaping  
DREAMS: Escaping, danger; from  
DREAMS: Events, future, of  
DREAMS: Events, previous  
DREAMS: Falling  
DREAMS: Falling, height, from a  
DREAMS: Family, own  
DREAMS: Fights  
DREAMS: Fights, rights; for her  
DREAMS: Fish  
DREAMS: Fish, rescuing  
DREAMS: Fleeing  
DREAMS: Forsaken; being  
DREAMS: Friends, old  
*DREAMS: Frightful*  
DREAMS: Gardens  
DREAMS: Happy  
DREAMS: Hearing talking  
DREAMS: Jaws  
DREAMS: Journeys  
DREAMS: Jumping: height; from a: landing easily; and  
  
DREAMS: Ludicrous  
DREAMS: Men, huge and strong man; a: controlling her  
DREAMS: Misfortune  
DREAMS: Mistakes; of making  
DREAMS: Mortification  
DREAMS: Nightmares  
DREAMS: Nostalgic  
DREAMS: Nuns

DREAMS: Parties  
DREAMS: People  
DREAMS: People, seen for years; people not  
DREAMS: Pleasant  
DREAMS: Praying  
DREAMS: Prophetic  
DREAMS: Pursued, being  
DREAMS: Pursued, being, man; by a  
DREAMS: Pursued, being: man; by a: violate her; to  
DREAMS: Religious  
DREAMS: Restless  
DREAMS: Rousing the patient  
DREAMS: Running  
DREAMS: Secret  
DREAMS: Shooting; about  
DREAMS: Sister  
DREAMS: Stairs  
DREAMS: Suffocation  
DREAMS: Teeth  
DREAMS: Teeth: falling out  
DREAMS: Tunnel  
DREAMS: Unimportant  
DREAMS: Unpleasant  
*DREAMS: Unremembered*  
DREAMS: Vexatious  
DREAMS: Violence  
DREAMS: Visionary  
DREAMS: Visits, making visits, relatives; to  
DREAMS: Voice  
DREAMS: War  
DREAMS: Water  
DREAMS: Writing

#### **4.5.1.28 Chill**

CHILL: Chill

#### **4.5.1.29 Fever**

FEVER: Fever, heat in general

#### **4.5.1.30 Skin**

SKIN: Burning

SKIN: Coldness

*SKIN: Dry*

SKIN: Dry; perspire; inability to

SKIN: Eruption; itching

SKIN: Eruption; rash

SKIN: Eruption; stinging

SKIN: Eruption; urticaria

SKIN: Formication

SKIN: Itching

SKIN: Itching; scratching, amel.

SKIN: Prickling

SKIN: Sensitiveness

#### **4.5.1.31 Generals**

*GENERALS: Morning*

*GENERALS: Morning; waking, on*

GENERALS: Afternoon

GENERALS: Afternoon; 16h

GENERALS: Afternoon; 17h

GENERALS: Night

GENERALS: Night; midnight, after

GENERALS: Activity; amel.

GENERALS: Air; open air, desire for

GENERALS: Bathing; warm bathing: amel.

GENERALS: Bending; affected part, agg.  
 GENERALS: Cold; agg.  
 GENERALS: Cold; amel.  
*GENERALS: Energy; excess of*  
 GENERALS: Exertion physical; agg.  
 GENERALS: Faintness  
 GENERALS: Faintness; crowded; in: room  
 GENERALS: Food; chocolate, desire  
 GENERALS: Food; cold drink, cold water; desire  
 GENERALS: Food; fat, desire  
 GENERALS: Food; fish, desire  
 GENERALS: Food; food: aversion; accompanied, hunger  
 GENERALS: Food; fruit: desire; fruit juice  
 GENERALS: Food; juicy things, desire  
 GENERALS: Food; meat, desire  
 GENERALS: Food; onions: agg.  
 GENERALS: Food; pastry, desire  
 GENERALS: Food; rich food: agg.  
 GENERALS: Food; spices, desire  
 GENERALS: Food; sugar, desire  
 GENERALS: Food; sweet, agg.  
*GENERALS: Food; sweets, desire*  
 GENERALS: Heat: flushes of  
*GENERALS: Heat; sensation of*  
 GENERALS: Heat; sensation of, night  
 GENERALS: Heaviness; externally  
*GENERALS: Influenza*  
 GENERALS: Irritability, physical: excessive  
 GENERALS: Knotted sensation internally  
*GENERALS: Lassitude*  
 GENERALS: Lassitude; afternoon  
*GENERALS: Motion; agg.*  
 GENERALS: Motion; desire for  
 GENERALS: Mucous secretions; increased

GENERALS: Numbness; internally

GENERALS: Pain; spots, in small

GENERALS: Pain; muscles

*GENERALS: Pain; sore*

GENERALS: Pain; sore, externally

GENERALS: Pain; twisting

GENERALS: Pressure; agg.

GENERALS: Pulse; frequent

GENERALS: Pulse; frequent, motion agg.

*GENERALS: Rubbing; amel.*

GENERALS: Sick feeling; vague

**GENERALS: Sides; right**

GENERALS: Sides; left: then right side

GENERALS: Sleep; loss of sleep, from

GENERALS: Sleep; short sleep amel.

*GENERALS: Sluggishness of the body*

GENERALS: Strength, sensation of

GENERALS: Touch; agg.

GENERALS: Trembling; externally

GENERALS: Trembling; externally, anger: from

GENERALS: Trembling; internally

GENERALS: Twitching

GENERALS: Uncovering; amel.

GENERALS: Walking; agg.

GENERALS: Warm; amel.

GENERALS: Weakness

GENERALS: Weakness; morning

GENERALS: Weakness; morning: waking, on

GENERALS: Weakness; evening

GENERALS: Weakness; stool, after

**GENERALS: Weariness**

GENERALS: Weariness; morning

GENERALS: Weariness; morning: waking, on

GENERALS: Weariness; afternoon

GENERALS: Weariness; afternoon, 16h

GENERALS: Weariness; evening

#### **4.5.2 Rubrics of Characteristic Symptoms**

Listed below are those rubrics of characteristic symptoms which were graded as second and third degrees.

**MIND: Cheerful**

**MIND: Irritability**

**MIND: Prostration**

**GENERALS: Sides; right**

**GENERALS: Weariness**

*MIND: Activity; desires activity*

*MIND: Anxiety*

*MIND: Company; aversion to*

*MIND: Concentration; difficult*

*MIND: Confident*

*MIND: Detached*

*MIND: Dullness*

*MIND: Ennui*

*MIND: Fear*

*MIND: Forsaken feeling*

*MIND: Hypochondriasis*

*MIND: Indifference*

*MIND: Injustice; cannot support*

*MIND: Irritability; morning*

*MIND: Laziness*

*MIND: Mirth*

*MIND: Mood; agreeable*

*MIND: Positiveness*

*MIND: Quarrelsome*

*MIND: Restlessness*

*MIND: Senses; acute*

*MIND: Sensitive*  
*MIND: Suspicious*  
*MIND: Tranquility*  
*HEAD: Heaviness*  
*HEAD: Itching of scalp*  
*HEAD: Pain; night*  
*HEAD: Pain; Forehead, in*  
*HEAD: Pain; Temples*  
*HEAD: Pain; Temples: right*  
*HEAD: Pain; dull pain*  
*EYE: Dryness*  
*EYE: Itching*  
*EYE: Lachrymation*  
*EAR: Itching; meatus*  
*NOSE: Catarrh*  
*NOSE: Coryza; discharge, with*  
*NOSE: Obstruction*  
*NOSE: Sneezing*  
*THROAT: Hawk; disposition to*  
*THROAT: Inflammation*  
*THROAT: Itching*  
*STOMACH: Nausea*  
*ABDOMEN: Distension*  
*ABDOMEN: Flatulence*  
*ABDOMEN: Pain*  
*ABDOMEN: Pain; cramping*  
*RECTUM: Constipation*  
*RECTUM: Flatus*  
*FEMALE: Sexual desire, increased*  
*COUGH: Dry*  
*CHEST: Oppression*  
*BACK: Pain; lumbar region*  
*EXTREMITIES: Contraction of muscles and tendons*  
*EXTREMITIES: Pain; shoulder, right*

*EXTREMITIES: Stiffness*  
*SLEEP: Disturbed*  
*SLEEP: Interrupted*  
*SLEEP: Restless*  
*SLEEP: Sleepiness*  
*SLEEP: Sleepiness; forenoon*  
*SLEEP: Sleeplessness*  
*SLEEP: Unrefreshing*  
*SLEEP: Waking; frequent*  
*DREAMS: Attacked, of being*  
*DREAMS: Children; about*  
*DREAMS: Frightful*  
*DREAMS: Unremembered*  
*SKIN: Dry*  
*GENERALS: Morning*  
*GENERALS: Morning; waking, on*  
*GENERALS: Energy; excess of*  
*GENERALS: Food; sweets, desire*  
*GENERALS: Heat; sensation of*  
*GENERALS: Influenza*  
*GENERALS: Lassitude*  
*GENERALS: Motion; agg.*  
*GENERALS: Pain; sore*  
*GENERALS: Rubbing; amel.*  
*GENERALS: Sluggishness of the body*

#### **4.6 REPERTORISATION OF STRYCHNOS HENNINGSII 30CH PROVING SYMPTOMS**

A repertorisation of the thirty seven symptoms chosen to represent the essence of *Strychnos henningsii* 30CH, as far as can be ascertained at this stage, was made using the *Radar* 9.0 programme. Exclusion repertorisation then followed, in order to identify those remedies producing the highest numerical value and total number of rubrics within the plant, animal and mineral kingdoms respectively (See Appendix F).

#### 4.7 RESULTS OF REPERTORISATION

On exclusion repertorisation of the remedies of the plant kingdom, *Lycopodium clavatum*, *China officinalis*, *Staphysagria* and *Rhus toxicodendron* were prominent.

A further extraction of the results of the repertory yielding the remedies of the plant kingdom closest to *Strychnos henningsii* was done to identify those remedies of the *Loganiaceae* family closely related to *Strychnos henningsii*. Within the *Loganiaceae* family *Nux vomica* and *Ignatia amara* repertorised highest, although *Spigelia anthelmia*, *Gelsemium sempervirens* and *Strychninum* also shared striking similarities with *Strychnos henningsii* as well. The extraction of remedies from the mineral kingdom produced *Natrum carbonicum*, *Arsenicum album* and *Causticum* and from the animal kingdom *Sepia* repertorised highest, followed closely by *Calcareo carbonica*. The repertorisation may be viewed at Appendix F and a comparison of the proving symptoms of *Strychnos henningsii* 30CH to the aforementioned remedies is made in Chapter 5.

## **CHAPTER 5**

### **5. DISCUSSION OF THE RESULTS**

#### **5.1 THE ABBREVIATION OF THE REMEDY**

The current abbreviation of *Strychnos henningsii*, already cited in the ninth edition of the Synthesis Repertory (Schroyens, 2004) is **strych-h**. Other relevant abbreviations are **stry** used for Strychninum and **stry-x** used for the various mineral salts of the Strychnine alkaloid.

#### **5.2 THE SYMPTOMS**

It was hypothesised that the proving of *Strychnos henningsii* 30CH would produce clearly observable signs and symptoms in healthy provers. No evidence exists in this study to contradict the hypothesis and it is therefore concluded that the hypothesis is valid.

The data collected from the proving provided symptoms that were used to compile a total of 877 rubrics. The rubrics are distributed throughout the sections of the repertory as follows:

Mind	170
Vertigo	12
Head	76
Eye	35
Vision	2
Ear	8
Hearing	1
Nose	32
Face	23
Mouth	7
Teeth	3
Throat	18

Stomach	27
Abdomen	33
Rectum	15
Stool	3
Bladder	7
Urethra	3
Female	21
Respiration	13
Cough	6
Expectoration	5
Chest	29
Back	22
Extremities	83
Sleep	38
Dreams	90
Chill	1
Fever	1
Skin	13
Generals	80

Table 5.1: Distribution of Rubrics

### 5.3 COMPARISONS BY KINGDOMS

#### 5.3.1 Animals : *Sepia* and *Calcarea carbonica*

##### 5.3.1.1 *Strychnos henningsii* and *Sepia*

*Sepia* is an animal remedy belonging to the syco-syphilitic miasm. The main feeling is of being forced to undertake things opposed to her intentions and doing things against her will. She feels dominated and dependant either on an emotional or financial level (Sankaran 1997:179). Therefore a progressive detachment from her family and community take place, with the development of marked irritability,

depression, indifference and anger which is most often directed at her family (Morrison 1993:343). She also has a delusion that her body is disfigured and she is unattractive. In order to keep her husband happy and be accepted by him, she does not do what she wants, but what he wants (Sankaran 1997:179). Even though both remedies display an aversion to company there is strong family attachment and closeness in the proving of *Strychnos henningsii* however both display, irritability, tiredness and a marked apathetic state. A successful *Sepia* shares qualities with *Strychnos henningsii* of a deep sense of drive, ambition, confidence and independence. Sankaran (1997) explains that it still becomes strenuous pursuing her career whilst keeping her husband and children happy, so she becomes miserable, worn out and tired all the time and may even end up being divorced or separated (Sankaran 1997:179). *Sepia* displays tearfulness and weeping which is sometimes involuntary not knowing why (Morrison 1993:344) whilst a desire yet an inability to weep comes through in *Strychnos henningsii*. Both remedies share elevated levels of weariness and prostration.

*Sepia* acts especially on the portal system together with venous congestion and stasis which leads to ptosis of viscera and weariness (Boericke 2005:586). The central theme of the remedy is “stasis” which is reflected by the laxness of the tissues and smooth muscle causing pelvic weakness and prolapse, varicosities, constipation and urinary incontinence all of which are reflective of the physical stasis (Morrison 1993:343). The physical ailments are frequently in the hormonal sphere where menstrual function, libido and maternal functions are weak with stasis and insufficiency (Morrison 1993:344). A strong aversion to sex, being touched sexually, uterine prolapse with bearing down sensations (Morrison 1993:346) or a feeling as if everything would escape through her vulva (Vermeulen 2000:1418) are prominent features of *Sepia* therefore constantly sits with her legs crossed (Morrison 1993:346). In *Strychnos henningsii* there is an increased awareness of the uterus and provers shared the bearing down sensation and the feeling of everything coming out with *Sepia*. They also experienced painful, copious menses with pulling and twisting pains of the uterus. The menses of *Sepia* is late and scanty, irregular or early and profuse with marked leucorrhoea (Vermeulen 2000:1418).

Increased sexual drive and libido is prominent in *Strychnos henningsii*, the opposite holds true for *Sepia*. Further provings of *Strychnos henningsii* is expected to provide

more symptoms of not just female, but male sexual functioning and thus expand on the materia medica and provide increased comparative information with which to work. Whilst coldness and numbness of the extremities in *Strychnos henningsii* reflects a degree of stasis, it is not as prominent resulting in varicosities and conditions like Raynaud's phenomenon as seen in *Sepia* (Morrison 1993:344) however constipation, urinary incontinence, flushes of heat and back pain especially of the lumbar region is common between both remedies.

Physical exertion rouses the *Sepia* patient easing the sluggishness and stasis (Morrison 1993:344) while causing an aggravation in *Strychnos henningsii* though they generally experience elevated levels of energy. *Sepia* has cravings for vinegar, pickles, sour and bitter foods (Jouanny 1984:371) whilst *Strychnos henningsii* has a love for sweet stuff.

In the researcher's opinion, even though *Sepia* seems to share many of *Strychnos henningsii*'s qualities, it is very easily distinguished by its characteristic disposition of the following symptoms : venous congestion, physical stasis, a jaundiced sallow anaemic appearance, and an absolute aversion of sex due to the main underlying feeling of being dominated, stifled and oppressed. These characteristics are totally absent in *Strychnos henningsii*.

#### **5.3.1.2 *Strychnos henningsii* and *Calcareo carbonica***

*Calcareo carbonica* chief action is centered on impaired nutrition, the glandular system, skin and bones. They have a need for stability, security and protection. This stems from the underlying delusions of being too weak and too small to face the cruelties and roughness of the world so seeks protection by expressing fears and surrounding himself by people who protect him. They are most happy when surrounded by people and are completely dependent on them (Sankaran 1997:37).

*Calcareo carbonica* sensitivity is marked and suffers much anxiety when watching or hearing about cruelty (Coulter 1986:47). They have intense fear of poverty (Sankaran 1997:37) of being observed, marked fear of heights, mice and rats (Morrison 1993:82) and matters of health such as pain and suffering, doctors, dentists, injections and surgery (Sankaran 1997:38). *Calcareo carbonica* has a

strong sense of work ethic, duty and responsibility (Morrison 1993:83) however are slow conscientious workers, hard working and systematic who make reliable partners. Even though work is important they lack competitiveness and ambition (Coulter 1986:44). Eventually a jaded state results physically and mentally due to overwork (Vermeulen 2000:326) resulting in an apprehensive, depressed, melancholic and doubtful state (Boericke 2005:144).

In the proving of *Strychnos henningsii* a sense of independence and elevated levels of confidence regarding work matters prevailed. Instead of the need to have people around him for safety and a need to feel protected as in *Calcareo carbonica* an aversion to company was marked. Feelings of detachment, haughtiness, dullness, prostration of mind with marked irritability featured. Several delusions of being in the presence of God, of being forsaken, of being sick and looking down upon people featured in this proving. Predominated fears were that of the dark, death, evil and going to sleep.

*Calcareo carbonica* perspires profusely on the head especially in the occipital and neck region during sleep and experiences vertigo from high places which is worse ascending and suddenly turning and raising their head (Vermeulen 2000:328) whilst in *Strychnos henningsii* the vertigo was accompanied by a floating and intoxicated feeling accompanied by pain in the head, where motion of the head and closing of eyes ameliorates. Even though *Strychnos henningsii* experienced increased energy levels both remedies share an aggravation from physical exertion. *Calcareo carbonica* suffers with dyspnoea during any exertion but especially while ascending stairs or a hill (Morrison 1993:85) whilst the provers of *Strychnos henningsii* experienced respiration that was difficult, impeded and at times asthmatic in nature.

Characteristic features of *Calcareo carbonica* are arthritic pains (Morrison 1993:86) lower back pain with marked weakness (Morrison 1993:85) enlarged glands, cold clammy extremities (Vermeulen 2000:326) and constipation without an urge for stool (Morrison 1993:85). There is a general aggravation from cold wet weather (Morrison 1993:84) as well as dentition and pressure of clothes (Vermeulen 2000:341) with a desire for indigestible foods, eggs and sweets (Jouanny 1984:86) and all excretions have an acidic sour smell (Jouanny 1984:85).

In *Strychnos henningsii* there is marked stiffness and contraction of extremities, marked pain of the right shoulder, all symptoms worse on beginning motion while rubbing ameliorates. The provers experienced flushes of heat though at times chilliness with a general aggravation of symptoms in the morning.

### **5.3.2 Minerals: Arsenicum album, Causticum and Natrum carbonicum**

#### **5.3.2.1 Strychnos henningsii and Arsenicum album**

*Arsenicum album* patients view the world as threatening and chaotic due to an underlying feeling of insecurity, loneliness and not belonging (Sankaran 1997:19) and therefore has an overwhelming desire to maintain control at all times whether of himself or his environment to feel more secure (Morrison 1993:3). Even though he is mistrustful and suspicious of everyone he needs people and is dependent on them (Coulter 1986:274) and his symptoms of anxiety, restlessness and panic attacks is comforted by company. Even though *Arsenicum album* has a great desire for company we see the opposite in *Strychnos henningsii* even though marked anxiety, suspicion and paranoia is also experienced. Anxiety in *Arsenicum album* is due to many factors such as fear of poverty, ill health and relationships (Sankaran 1997:19) whilst *Strychnos henningsii* displays anxiety before going to sleep, as well as over work, money and relationship matters.

Both remedies are extremely hypochondriacal in nature where certain provers of *Strychnos henningsii* were convinced they were suffering from something dreaded and said “I’ve never been so sick in my life” (15F 12:XX:XX). In *Arsenicum album* it is shown in his compulsive behaviour. He fears that he will lose his health unless he exercises regularly, will not eat out, maintains a strict diet, troubles various doctors over small complaints which he perceives as life threatening. The conscientiousness and carefulness is manifested as an almost compulsive need to maintain order, which makes *Arsenicum album* extremely fastidious and therefore a remedy of the cancer miasm (Coulter 1986:236). Compulsive behaviour and excessive fastidiousness, suicidal impulses and a strong fear of death did not feature in the proving of *Strychnos henningsii*.

Itching of the scalp was common to both remedies however the head pain of *Arsenicum album* was as if the brain moved and beat against the skull during motion, is more of a congestive nature, accompanied by restlessness, intense pain and great weakness with an icy feeling of the scalp ameliorated by warm applications (Vermeulen 2000:168). Temporal headaches especially right sided was most prominent in the proving of *Strychnos henningsii* accompanied by dull pain and a sensation of heaviness. Nasal obstruction and fluent coryza are common to both remedies however the hay fever and coryza in *Arsenicum album* is right sided, better indoors and worse for open air (Boericke 2005:80) whilst *Strychnos henningsii* finds relief from open air. Both experience nasal discharge of a burning nature.

The special focus of pathology in *Arsenicum album* is in the gastro-intestinal tract as well as the stomach, liver and intestines. It is indicated for gastritis, peptic ulceration, gastric malignancies (Morrison 1993:42) and all conditions and complaints are accompanied by an intense burning sensation (Vermeulen 2000:171). There is burning in the esophagus and stomach with a desire to sip on water, however liquids are poorly tolerated (Morrison 1993:42) and there is nausea with frequent vomiting and apprehension of death (Vermeulen 2000:171). Periodical colic including swelling of the inguinal glands, spleen and liver enlargement and induration of liver also features. A burning sensation features through all body systems of *Arsenicum album* which is ameliorated by warm applications (Clarke 1962a:183). The most prominent abdominal features of *Strychnos henningsii* are excessive nausea, distension and heaviness of the abdomen accompanied with cramping pains and much flatulence. No burning sensations features.

Small, offensive, dark stools features in *Arsenicum album* with much prostration, there is burning and pressure in the rectum and anus. Diarrhoea is prominent accompanied by vomiting with coldness of limbs and face. Burning pains are better for heat. Diarrhoea is worse after midnight, with thin, lumpy stools of all colours which excoriate the anus (Boericke 2005:81) whilst the stool of *Strychnos henningsii* is black, dark and thin in consistency. Diarrhoea is more frequent than constipation in *Arsenicum album* whilst the opposite holds true for *Strychnos henningsii*.

*Arsenicum album* has a significant effect on the respiratory tract, and is frequently prescribed for asthmatics who experience suffocative attacks during sleep, worse

after midnight with cough and frothy sputum and ameliorated by sitting up and inclining the chest forward. There is dyspnoea, cyanosis of face and cold sweating accompanied by great anxiety (Vermeulen 2000:173). *Strychnos henningsii* produced symptoms of heaviness and tightness of chest with dyspnoea. A dry cough and feeling of oppression of chest is experienced in both remedies.

Both remedies experience feelings of weariness, sluggishness and lassitude, however with *Arsenicum album* great debility and chilliness is marked whilst *Strychnos henningsii* displays increased energy levels and feels sensations of heat. Right sided complaints are prominent in both remedies.

Even though *Arsenicum album* mirrors many of *Strychnos henningsii*'s traits and characteristics, the researcher considers that the meticulous and orderly nature of *Arsenicum album* which in most cases is to the point of obsession, together with the miserly, suspicious and mistrustful nature which is absent in *Strychnos henningsii* as well as the burning sensations and marked weakness is a clear indication of its prescription.

#### **5.3.2.2 *Strychnos henningsii* and *Causticum***

The character of *Causticum* is serious, intense and extremely sensitive and unable to tolerate other's suffering (Morrison 1993:111). Sankaran (1997) explains that the main feeling is that he needs to take care of the group or family and in order to face the threat from the outside, he requires that the whole group should fight together. He perceives any threat to any member of his group as a direct threat to himself. They are often exceedingly sympathetic ranging to crying from hearing unfortunate plights on the news bulletin to taking the form of social activism with an intolerance of injustice, and developing a hatred of those who created the injustice. In the proving of *Strychnos henningsii* the provers developed ailments from suppressed anger, bad news, disappointment, fright as well as from cares and worries.

Both remedies display strong feelings of anxiety however in *Causticum* the anxiety is directed towards others and a fear that something will happen to them (Sankaran 1997:57) whilst in *Strychnos henningsii* anxiety is directed to matters concerning themselves. Sensitivity is marked though the need to take care of others is not as

intense as *Causticum* and a feeling of being unable to weep even though sadness prevails is marked. Intolerance to injustice and strong family connections are common to both remedies although a strong aversion to company is noted in the proving of *Strychnos henningsii*.

*Causticum* manifests its action mainly in arthritic, chronic rheumatic as well as paralytic affections with tearing, drawing pains in the tissues, deformities in the joints and a loss of muscular strength. This weakness eventually progresses to paralysis (Vermeulen 2000:423) which runs throughout most systems. There is paralysis of isolated areas particularly of the face (Jouanny 1984:103) where we see right sided facial neuralgia and Bell's palsy both worse from cold winds (Morrison 1993:112). More extensive paralysis gradually occurs and *Causticum* is frequently indicated in the treatment of facial paralysis, paralysis of vocal chords brought about by voice strain, paralytic weakness of bladder resulting in urinary retention or urinary incontinence and paralytic ptosis of the eyelids.

Constipation is common between both remedies however in *Causticum* it is paralytic in nature with a frequent though unsatisfied need to pass stool, stool passes easier if standing (Clarke 1962a:29) while *Strychnos henningsii* feels intense pain before and during defecation including scraping and pressing pains of the rectum. In *Strychnos henningsii* there is much cramping and stiffness of muscles including soreness and stiffness of joints worse with initial movement and touch. Coldness of extremities is marked. Urinary incontinence, increased frequency of urination and a sensation of fullness of bladder is experienced.

Both remedies share a disposition to hawk with a dry cough. In *Causticum* the cough is accompanied with rawness in the chest, ameliorated by drinking water. The patient feels that he cannot cough hard enough to get rid of the sputum (Vermeulen 2000:429). There is also hoarseness which is worse in the morning accompanied by a painful sensation that the larynx is raw and irritated (Jouanny 1984:105). The provers of *Strychnos henningsii* experienced irritation and mucus build up in their tracheas together with a dry cough and a tickling sensation in the larynx. The cough was worse in the evening in bed.

*Causticum* is indicated in the treatment of warts (Vermeulen 2000:432) and old wounds and ugly scars caused by burns (Jouanny 1984:105) and *Strychnos*

*henningsii* for sensitive, excessively dry skin prone to eruptions that are of an itching, stinging nature. Both remedies are predominantly right sided. *Causticum* is of a chilly nature, desires cool drinks, is averse to sweets (Sankaran 1997:58) and complaints are better for sips of cold water (Jouanny 1984:105) whilst *Strychnos henningsii* has flushes of heat, an increased desire for sweets, chocolates, pastries and cold water.

### **5.3.2.3 *Strychnos henningsii* and *Natrum carbonicum***

*Natrum carbonicum* is well known for its typical mental themes of gentleness, sympathetic, self-contained, self-sacrificing and unselfish nature (Vermeulen 2000:1102) of which the sensitiveness and sympathetic nature is shared with *Strychnos henningsii*. According to Morrison (1993) they also have an inability to “assimilate” not just on an emotional level but physical level as well. On the emotional sphere they suffer difficulties and depression caused by a deep sense of grief and loss (Morrison 1993:256) which doesn’t feature in the proving of *Strychnos henningsii*. However intolerable melancholy and apprehension results in them being consumed with sad thoughts (Clarke 1962b:538).

Both remedies share a strong aversion to company, yet with *Natrum carbonicum* they tend to have an aversion to specific people particularly members of the family (Morrison 1993:256) and a delusion that there is a division between themselves and others (Sankaran 1997:141). In the late pathological state despite appearing cheerful the patient develops mental weakness with an inability to concentrate (Morrison 1993:256) and stupefaction of mind is heightened with exertion (Vermeulen 2000:1101). This bears a striking resemblance to *Strychnos henningsii* who displays marked cheerfulness which sometimes alternates with sadness, difficulty in concentration, dullness, stupefaction and prostration of mind where mental exertion causes marked aggravation.

*Natrum carbonicum* displays sensitivity to noise and music which increases suicidal tendencies and suffers much anxiety and nervousness during thunderstorms (Vermeulen 2000:1101). *Strychnos henningsii* has similar symptoms of marked anxiety and paranoia, heightened awareness of senses, though thoughts of suicide are absent.

Typical *Natrum carbonicum* symptoms include chronic coryza accompanied by thick, yellowish catarrh which flows in large quantities to the back of the throat (Jouanny 1984:270). *Strychnos henningsii* has marked coryza, yellow nasal discharges, obstruction of nose and much sneezing. The inability to “assimilate” on the physical level results in *Natrum carbonicum* displaying digestive troubles such as dyspepsia, very weak digestion caused by poor dietary indiscretions, food allergies with an intolerance to milk which explains the strong aversion to it (Morrison 1993:257). They experience much sadness from making errors in their diet thus becoming depressed and irritable after a meal, a form of hypochondriasis being relieved as the food gets out of the stomach into the bowels (Vermeulen 2000:1101).

Eructations are of a sour nature (Vermeulen 2000:1103) and urgent, frequent diarrhoea producing yellow stools that look like orange pulp is characteristic of *Natrum carbonicum* (Boericke 2005:457). In the proving of *Strychnos henningsii* eructations were foul and putrid, there was an increase in appetite despite nausea and vomiting being prominent symptoms. There was also abdominal pain of a cramping nature with distension and flatulence. In contrast to *Natrum carbonicum* even though diarrhoea did feature, constipation was more prominent, the stool appeared black and was of a thin consistency. *Natrum carbonicum* patients have delicate joints with easy dislocation and spraining of their ankles (Vermeulen 2000:1105). This does not feature in *Strychnos henningsii* although both share marked coldness of extremities.

*Natrum carbonicum* patients are cold sensitive and have a general aggravation from the sun with marked debility from heat. It is also indicated in the treatment of chronic effects of sunstroke (Vermeulen 2000:1101). *Strychnos henningsii* shares the symptoms of chilliness and cold sensitivity with *Natrum carbonicum* but also experiences flushes of heat.

### 5.3.3 Plants: *Lycopodium clavatum*, *China officinalis*, *Staphysagria* and *Rhus Toxicodendron*

#### 5.3.3.1 *Strychnos henningsii* and *Lycopodium clavatum*

According to Sankaran (1997) *Lycopodium clavatum* was actually a huge tree that was eventually reduced to a fern hence the main feeling is that if he remains small, survival will be difficult and he will be humiliated therefore the main theme becomes ambition with a strong desire to become bigger and more powerful due to an underlying lack of self confidence (Sankaran 1997:117). The proving of *Strychnos henningsii* produced elevated levels of self confidence however one prover did experience a feeling of superiority explaining that she felt bigger and higher than her patient, and that the patient was very little and down there. This co-incides with the rubric aptly describing *Lycopodium clavatum* “Love of Power” together with his outward show of bravado. An offshoot of this egoism is his censorious attitude towards people, his criticism and dictatorial attitude (Sankaran 1997:118).

In the researcher’s opinion, although on surface examination of the mental and physical spheres of each remedy, there seems to be many shared symptoms. The patient requiring *Lycopodium clavatum* displays strong compensations for his underlying lack of confidence, mentioned earlier, neither of which features in *Strychnos henningsii*, and this alone is an indication to the prescriber of what sets these remedies apart.

Both remedies experience heightened irritability especially in the morning. *Lycopodium clavatum* is averse to undertaking new things, is known for having a weak memory and confused thoughts (Vermeulen 2000:974) and *Strychnos henningsii* displays feelings of apathy, de-motivation and dullness of mind with a complete lack of concentration.

*Lycopodium clavatum* mainly acts upon the liver and digestive functions where there is failure of the digestive powers and the function of the liver is disturbed as well as the kidneys and genital system (Boericke 2005:409). In the proving of *Strychnos henningsii* symptoms of digestive pathology and liver symptoms are more prominent than that of the nephrological and urological system. Both remedies experience dryness of the mouth with a bad, bitter and sour taste (Vermeulen 2000:977). The

throat symptoms of *Lycopodium clavatum* is a sensation of a ball rising and sticking in the throat and of a lump which moves up and down (Vermeulen 2000:978) whereas *Strychnos henningsii* does experience a sensation of a lump in the throat especially on swallowing and as if there is sand in the throat. Inflammation of the throat is common between the two.

Both remedies share an increased sense of appetite even though a feeling of nausea is marked and both have vomiting of food and bile. Even though incomplete burning eructations rise to the pharynx and stay there for hours, the gastric troubles are much better for the sour eructations of *Lycopodium clavatum* (Vermeulen 2000:979) and in *Strychnos henningsii* the eructations are described as smelly, foul and putrid. *Strychnos henningsii* has marked abdominal distension including distension of the left hypochondria whilst *Lycopodium clavatum* experiences pain when walking in upper part of the right hypochondrium. In *Lycopodium clavatum* there is a feeling as if something heavy is lying on the left side of the abdomen which doesn't affect breathing but is felt when sitting, walking and even lying down. Cramping of the abdomen is common between the two remedies and both experience complaints in the liver and region of the liver. In *Lycopodium clavatum* there is a specific sore, pressive and bruised feeling in the region of the liver on breathing (Vermeulen 2000:979).

Flatulence and an increased urge to urinate is noted in both remedies. In *Lycopodium clavatum* symptoms characteristically run from right to left but acts especially on the right side of the body (Boericke 2005:409) as does *Strychnos henningsii*. Senses are heightened in both remedies with increased sensitivity to noise and smell and both share a love for sweets.

#### **5.3.3.2 *Strychnos henningsii* and *China officinalis***

*China officinalis* being the main remedy of the malarial miasm lies between the acute and sycotic miasms, and is characterised by intermittent fevers with sudden acute attacks of fever with chills thereafter followed by periods of dormancy. On the mental sphere the acute phase is characterised by a feeling of threat followed by a fixed sensation of deficiency with the need to cover up. *China officinalis* has an inherent feeling of weakness and believes that is the reason why people attack, torture,

hinder and persecute them. Sankaran (1997) explains that due to the delusion of him feeling hindered at work and therefore not being able to achieve his ambition, he fantasizes about being worthy and achieving his goals by building castles in the air even though he knows that planning and theorizing are hopeless, in this way he covers up his feeling of weakness (Sankaran 1997:59).

Even though both remedies share feelings of frustration, anxiety, irritability and apathy, *China officinalis* develops a contemptuous attitude towards everyone (Sankaran 1997:59) is peevish, ill humoured, and has a disposition to hurt other people's feelings (Vermeulen 2000:465) whilst *Strychnos henningsii* displays cheerfulness, relaxation and a deep sense of spirituality.

*China officinalis* has an effect on the digestive system and liver and is known for its nervous erethism and extreme debility caused by exhausting diseases and loss of vital fluids such as haemorrhages, diuresis, over-lactation and diarrhoea (Vermeulen 2000:464). Except for heavy menstrual flow, loss of fluids and debility didn't really feature in the proving of *Strychnos henningsii* rather quite the opposite where constipation and elevated levels of energy was marked.

Both remedies experience bloating and distension of the abdomen with excessive flatulence however *China officinalis* finds no relief from eructation or expelling gas (Morrison 1993:121). Both remedies have complaints in the hepatic region but *China officinalis* experiences gall stone colic and obstruction of gall bladder as well. *China officinalis* has an increased sensitiveness of the nervous system where the special senses of hearing, taste, sight and smell seem too acute (Vermeulen 2000:464) and heightened senses are also featured in *Strychnos henningsii* especially sensitivity to noise and smell. *Strychnos henningsii* has cravings for fish, meat, chocolates and fat whereas *China officinalis* is worse for fish, meat and fruit (Vermeulen 2000:473) although both desire sweets.

Sleeplessness is a prominent feature in both remedies where in *Strychnos henningsii* sleep is disturbed, interrupted and unrefreshing with dreams of being pursued and being attacked whereas with *China officinalis* the insomnia is due to excited thoughts and heroic fantasies (Morrison 1993:122) due to the underlying delusion of being hindered in his ambition so escapes in his fantasy world.

Although the proving of *Strychnos henningsii* 30CH provided shared symptoms with *China officinalis*, the researcher believes that the presenting states and expression of symptoms in each case, is very different, making an accurate prescription of the simillimum in each individual case much easier.

#### **5.3.3.3 *Strychnos henningsii* and *Staphysagria***

The main concern for a *Staphysagria* patient is his need for self control, to maintain his dignity despite being beaten down, humiliated or insulted, they are morbidly sensitive to what others say and to rudeness however he should not do anything that is undignified or lower himself to another man's level. His reputation of being superior, calm and noble is very important to him and worries about the effect a lack of control would have on that (Sankaran 1997:186). *Strychnos henningsii* does not display such suppression but rather a feeling of confidence and assertiveness. However both remedies share feelings of sensitivity, indignation and marked irritability. Both display outbursts of passion with trembling during anger however *Staphysagria* has a tendency to become violent and striking (Boericke 2005:607).

*Staphysagria* suppresses his sexual desire for fear of being hurt or a sense of shame and due to his self respect therefore there is a tendency to masturbation and dwells on sexual fantasies (Sankaran 1997:187) but even then experiences a sense of indifference (Vermeulen 2000:1465). These fantasies generate intense guilt and a fear of being discovered which leads to an intense state of anxiety and neurosis that someone is behind him and constantly watches his back (Sankaran 1997:187). In *Strychnos henningsii* anxiety, paranoia and panic attacks are marked.

During the proving of *Strychnos henningsii* female provers experienced an increased sex drive and libido with an increased awareness of the uterus and during menses violent pulling and twisting pains with heavy bleeding whilst *Staphysagria* women experience painful coition because their external parts are extremely sensitive (Clarke 1962c:1253) together with cystitis which begins from the first intercourse (Morrison 1993:360) or due to suppressed anger with indignation (Vermeulen 2000:1465). Both remedies experience fullness and pressure upon the bladder with little or no passing of urine as well as an increased frequency to urinate. Heightened senses and hypochondriasis are common between the two remedies.

The skin is largely affected in both remedies with eruptions that runs through most body systems that are dry and violently itchy. *Staphysagria* is indicated when itching changes location on scratching (Boericke 2005:608) as well as for psoriasis, skin tumors, warts wounds and surgical incisions (Morrison 1993:360). *Strychnos henningsii* experiences increased sensitivity and itching of the eyes, ears, nose, face, throat, back and extremities.

#### **5.3.3.4 *Strychnos henningsii* and *Rhus toxicodendron***

Morrison (1993) describes several stages to the psychological state of *Rhus toxicodendron* where the early stage depicts the same characteristic proving symptoms of *Strychnos henningsii* such as cheerfulness, friendliness and elevated levels of energy. This stage of the *Rhus toxicodendron* is replaced by inner restlessness, agitation, impatience and the patient becomes easily frustrated and irritable, displaying marked symptoms shared by both remedies. Another common symptom of *Rhus toxicodendron* with *Strychnos henningsii* and other members of the *Loganiaceae* family is the serious hardworking driven nature of the individuals. As the pathology deepens the *Rhus toxicodendron* patient experiences stiffness and rigidity on the physical and the emotional planes. Both remedies experience feelings of depression and moroseness as well as apathy and tiredness (Morrison 1993: 323).

Even though both remedies experience much anxiety, a suicidal disposition, great apprehension and an uncontrolled restlessness (Vermeulen 2000:1338) does not feature in *Strychnos henningsii* as it does in *Rhus toxicodendron*. The experience of this comparison suggests to the researcher that these symptoms as well as the extent of rigidity and restlessness are the differentiating factors to consider when finding the simillimum.

*Rhus toxicodendron* has an elective action on the skin, mucosa, nervous system and upon the periarticular fibro connective tissues namely the tendons and ligaments (Jouanny 1984: 343) and therefore is often thought of as a remedy for arthritis. We see a marked overlap of symptoms, where both remedies experience coldness, contraction, numbness, restlessness and stiffness of limbs, however with *Rhus toxicodendron* there is a sensation of paralysis and tearing pains. Most of these complaints are brought on by sprains, overlifting, overstretching or overwork and

exposure (Boericke 2005:552) whereas with *Strychnos henningsii* much cramping is experienced.

The main modality of *Rhus toxicodendron* is that symptoms are better for continued motion. However, with *Strychnos henningsii* the opposite is experienced, where both are worse beginning motion and touch and are ameliorated by warm applications. Both remedies experience eruptions with violent itching and a feeling of heaviness of lower limbs is marked (Vermeulen 2000:1344). Itching is a symptom which runs throughout the majority of the body systems of both remedies.

#### **5.4 LOGANIACEAE (STRYCHNACEAE) FAMILY : NUX VOMICA, IGNATIA AMARA, SPIGELIA ANTHELMIA, GELSEMIUM SEMPERVIRENS AND STRYCHNINUM**

##### **5.4.1 Introduction**

On repertorisation restricted to members of the *Loganiaceae* family, it is found that *Nux vomica* repertorised with the highest numerical value and total number of rubrics sharing 551 rubrics of the 877 rubrics with *Strychnos henningsii*. This was followed closely by *Ignatia amara* sharing 427 out of the 877 rubrics with *Strychnos henningsii* [See table 5.2 below].

## 2. Summary by number of rubrics (expressed as whole numbers and % coverage)

TOTALS (by Chapter)	Strych		Cur	Gels	Ign	Nux v	Spig	Stry	Upa
MIND	170		26 15.3	72 42.4	110 64.7	130 76.5	69 40.6	30 17.6	12 7.1
VERTIGO	12		1 8.3	5 41.7	2 16.7	7 58.3	6 50.0	1 8.3	1 8.3
HEAD	76		5 6.6	31 40.8	33 43.4	38 50.0	37 48.7	15 19.7	4 5.3
EYE and VISION	37		1 2.7	18 48.6	17 45.9	20 54.1	24 64.9	7 18.9	4 10.8
EAR and HEARING	9		1 11.1	2 22.2	3 33.3	4 44.4	3 33.3	1 11.1	
NOSE	32			12 37.5	12 37.5	24 75.0	19 59.4	3 9.4	1 3.1
FACE	23		1 4.3	5 21.7	8 34.8	14 60.9	6 26.1	2 8.7	
MOUTH and TEETH	10			2 20.0	6 60.0	8 80.0	4 40.0	1 10.0	1 10.0
THROAT	18		2 11.1	9 50.0	10 55.5	14 77.7	5 27.8	5 27.8	2 11.1
STOMACH	27		4 14.8	8 29.6	16 59.3	21 77.8	8 29.6	4 14.8	3 11.1
ABDOMEN	33			10 30.3	18 54.5	24 72.2	13 39.4	4 12.1	
RECTUM and STOOL	18			4 22.2	12 66.6	15 83.3	7 38.9	3 16.7	
BLADDER and URETHRA	10		3 30.0	5 50.0	6 60.0	7 70.0	6 60.0	2 20.0	
FEMALE	21		7 33.3	10 47.6	14 66.7	14 66.7	4 19.0		
RESPIRATION	13		1 7.7	2 15.4	7 53.8	11 84.6	5 38.5	1 7.7	
COUGH and EXPECTORATION	11		2 18.2	3 27.3	6 54.5	8 72.7	3 27.3	1 9.1	1 9.1
CHEST	29		1 3.4	6 20.7	7 24.1	12 41.4	12 41.4	4 13.8	2 6.9
BACK	22		5 22.7	10 45.5	14 63.6	16 72.7	9 40.9	6 27.3	1 4.5
EXTREMITIES	83		3 3.6	25 30.1	28 33.7	41 49.4	24 28.9	24 28.9	
SLEEP	38		3 7.9	16 42.1	23 60.5	29 76.3	18 47.4	2 5.3	3 7.9
DREAMS	90			4 4.4	13 14.4	2 2.2	5 5.6	1 1.1	1 1.1
CHILL, FEVER and SKIN	15		1 6.7	6 40.0	12 80.0	15 100.0	10 66.7		
GENERALS	80		10 12.5	34 42.5	50 62.5	58 72.5	45 56.3	15 18.8	2 2.5
GRAND TOTAL	877		77 8.8	299 34.1	427 48.7	551 62.8	342 39.0	132 15.1	38 4.3

Table 5.2: Summary of rubric overlap of prominent Loganiaceae with *Strychnos henningsii* (expressed as whole numbers and % coverage)

A striking overlap between *Strychnos henningsii* and other remedies of the *Loganiaceae* family is evident sharing 146 mind rubrics. It is interesting to note on comparison to the *Loganiaceae* family, the uniqueness of *Strychnos henningsii* having 226 rubrics of its own. However, 348 rubrics are shared with at least 3 members of the *Loganiaceae* family reiterating the shared similarities. In addition six or more remedies within this family share 35 rubrics with *Strychnos henningsii*. A comparison of *Strychnos henningsii* to the *Loganiaceae* family follows.

### 3. Summary of *Strychnos henningsii* / *Loganiaceae* overlap

TOTALS (by Chapter)	TOTAL NUMBER OF STRYCHNOS HENNINGSII RUBRICS	TOTAL NO. OF RUBRICS OVERLAPPING WITH NO. OF LOGANIACEAE						
		0	1	2	3	4	5	6+
MIND	170	24	28	36	31	20	16	15
VERTIGO	12	2	5	2		2		1
HEAD	76	20	14	11	12	11	3	5
EYE and VISION	37	9	4	8	4	4	5	3
EAR and HEARING	9	4	2		1	1	1	
NOSE	32	4	8	6	6	7	1	
FACE	23	7	5	4	5	2		
MOUTH and TEETH	10	1	3	2	2	1	1	
THROAT	18	4	1	4	1	5	3	
STOMACH	27	4	7	5	2	4	5	
ABDOMEN	33	6	4	11	7	3	2	
RECTUM and STOOL	18	2	5	3	3	4	1	
BLADDER and URETHRA	10	1	3	1		1	4	
FEMALE	21	6	2		7	4	2	
RESPIRATION	13	1	5	3	2	1		1
COUGH and EXPECTORATION	11	2	2	3	2	1		1
CHEST	29	13	7	1	3	1	2	2
BACK	22	4	1	6	2	6	1	2
EXTREMITIES	83	26	19	14	5	12	7	
SLEEP	38	6	6	6	9	7	4	
DREAMS	90	65	12	6	6	1		
CHILL, FEVER and SKIN	15		3	2	4	5	1	
GENERALS	80	15	7	16	15	16	6	5
GRAND TOTAL	877	226	153	150	129	119	65	35

Table 5.3: Summary of total number of rubric overlap of *Strychnos henningsii* with number of *Loganiaceae*

#### 5.4.2 *Strychnos henningsii* and *Nux vomica*

From the repertorisation of the remedies of the *Loganiaceae* family the one that bears the most striking resemblance to *Strychnos henningsii* is the poison nut, *Nux vomica*. The main expressions of *Nux vomica* are of being hard, ambitious, hard working with marked irritability and impatience (Sankaran 1997:153). His life centers around his work and achievement. He is compulsive in all aspects of his life and is hypochondriacal in nature (Morrison 1993:272) with a desire to talk about his complaints and reflect with anxiety (Vermeulen 2000:1153). He displays extreme confidence, sheer arrogance and is extremely competitive (Morrison 1993:272). The proving of *Strychnos henningsii* produced similar symptoms with marked irritability and anger described by the majority of provers as well as anxiety regarding ones health and business matters. Despite prostration of mind with an aggravation to mental exertion being prominent, an elevated level of confidence especially regarding work was seen with amelioration from occupational matters with a burning satisfaction achieved from accomplishing tasks.

Both remedies have an aversion to company, make trifles seem important, and are quarrelsome in nature. *Nux vomica* displays anger when consoled, when contradicted, when obliged to answer questions with violent and suicidal tendencies. They have a marked sensitivity to all impressions especially to noise, light, odours and pain (Vermeulen 2000:1152). His indoor work life and overloaded mental strain leads to an excessive use of stimulants in the form of coffee, alcohol, tobacco, wine, rich foods and excess sexual indulgences (Clarke 1962b:614) which results in collapsed states from being overworked (Morrison 1993). *Strychnos henningsii* shares the heightening of senses with *Nux vomica* but not the violent outbreaks. There was an intense craving for chocolate and in contrast to *Nux vomica*, provers developed an aggravation from rich food. Both remedies experience confusion of mind with decreased levels of concentration.

*Nux vomica* has an oversensitivity to strong odours, which tends to produce fainting spells. There is fluent coryza during the day with a stuffed up feeling at night and outdoors, alternating between nostrils. Sneezing is of a violent nature with intolerable itching in nose. The coryza could be a result of exposure to dry, cold weather or sitting in cold places. Lachrymation is marked (Vermeulen 2000:1155). *Strychnos*

*henningsii* shares similar symptoms of catarrh, coryza in the morning with obstruction of nose at night. The coryza is accompanied by a yellow discharge. Itching of nose with a tingling sensation and frequent sneezing also features.

The gastrointestinal region is an area of vulnerability in both remedies. *Nux vomica* has an overloaded sensation of the stomach after eating and marked distension of the abdomen with dyspnoea. There is clawing, cramping sensations in the stomach with extreme sensitivity to pressure. They can't bear tight clothes. They wake up every morning with depressed spirits and a strong feeling of nausea with vomiting. They vomit up sour mucus, and have a feeling as if everything is fermenting. There is marked retching and at times a desire to vomit but can't (Vermeulen 2000:1158). Stomach pains are worse for anger and tightness of clothes which is ameliorated by warm drinks or applications (Morrison 1993:274). *Strychnos henningsii* shares a striking overlap of symptoms with a sensation of heaviness of the stomach, accompanied by profound nausea and vomiting with ineffectual retching at times.

Both remedies share the sour, bitter bad offensive taste in their mouths in the morning together with marked irritability. Both remedies also share increased levels of thirst with a ravenous appetite, the eructations of *Nux vomica* are sour and bitter (Boericke 2005:476) while *Strychnos henningsii* has foul, putrid eructations. *Nux vomica* has a sensation of bruised soreness of the abdominal walls worse with any motion (Vermeulen 2000:1158) They experience colic in open air from exposure to cold with a sensation of diarrhoea coming on. The soreness of bowels is worse for coughing or motion. Flatulent distension is a characteristic symptom with pressing pains on the bladder and rectum. Belching provides slight relief.

Chronic alcohol abuse leads to enlargement of the liver (Vermeulen 2000:1159). *Nux vomica* is commonly indicated in peptic ulceration, gastritis from alcohol abuse, infectious or alcoholic hepatitis and umbilical or inguinal herniation (Morrison 1993:274). *Strychnos henningsii* has heaviness of the abdomen with cramping drawing pains. Provers experienced pain in the umbilical and inguinal region with complaints in and around the region of the liver. Marked distension and flatulence were prominent features.

Constipation is a prominent feature in both remedies. *Nux vomica* has constipation that is accompanied by a constant, ineffectual urging for stool (Morrison 1993:274),

as if part of faeces remains unexpelled, with passing of small amounts of stool at any given time. There is a constant feeling of uneasiness in the rectum. *Strychnos henningsii* experiences heightened discomfort when passing stool with pressing, scraping pains of the rectum. Insufficient stool is passed. *Nux vomica* has cystitis with constant urging yet only passing small amounts, better from warm applications, heat or bathing (Morrison 1993:274). *Strychnos henningsii* in general is better for warm applications and shares the feeling of chilliness with *Nux vomica*. There is a full sensation of bladder with frequent urging together with burning pains of the urethra.

Both remedies experience prominent back pain of the lumber region. *Nux vomica* has a bruised broken feeling and has to sit up in bed in order to turn (Vermeulen 2000:1162). *Strychnos henningsii* has stitching pains and soreness of the lower back with marked stiffness. Both remedies experience sleeplessness with sleepiness during the day. *Nux vomica* is known for insomnia with its characteristic break in sleep from 3 to 4 am due to being pre-occupied with thoughts about work and accomplishing tasks (Morrison 1993:275). This time aggravation also featured in the proving of *Strychnos henningsii* however sleeplessness after midnight was more prominent. Both remedies during the interruption of sleep experienced increased activity of thoughts with anxiety, restlessness and weariness. *Nux vomica* feels a dry burning heat of the body especially of the face, yet cannot move or uncover themselves without feeling chilly (Vermeulen 2000:1164). *Strychnos henningsii* has excessively dry skin, is chilly, experiences flushes of heat with a desire for open air.

Due to the striking similarities on all spheres of these two remedies the researcher considers that a differentiation in finding the simillimum between them could prove a tedious process. However, as noted later in Chapter 5 under section 5.5 *Strychnos henningsii* has an undisputed overlap with themes of the Aids miasm which differentiates it from *Nux vomica* who according to Sankaran (2002) belongs to the Typhoid miasm. These characteristics are the key points of differentiation between two remedies sharing almost paralleled symptoms. The researcher believes that further provings of the 30CH as well as other potencies are still necessary to expand the materia medica and create a greater clarification to their indication. In this way a further comparison of *Nux vomica* and other remedies, may provide interesting comparisons to, and a greater understanding of, *Strychnos henningsii*.

#### 5.4.3 *Strychnos henningsii* and *Ignatia amara*

*Ignatia amara* has marked hyperaesthesia of senses, tendency to spasms with interfered co-ordination with the emotional element being extremely heightened (Vermeulen 2000:801). It is the chief remedy for hysteria and prescribed for persons who are physically and mentally exhausted by long standing concentrated grief and who suffer with ailments from disappointed love (Clarke 1962b:7). They are romantic and idealistic in all their dealings with the world (Morrison 1993:187) and therefore set themselves up for disappointments leading to hardening and bitterness. They are highly sensitive to being hurt yet it is often difficult and at times impossible for the patient to express their emotions. *Ignatia amara* is indicated when grief is stuck, lasts for extended periods of time or produces symptoms (Morrison 1993:188).

*Ignatia amara* is a remedy of great paradoxical and contradictory ailments. An empty feeling in the stomach is not relieved by eating, roaring in ears is better for music, headache better for stooping, thirst during chilliness, no thirst in fever (Vermeulen 2000:801) and a sore throat which increases with liquids but not when he eats solid foods (Jouanny 1984:184). Other well known symptoms include changeable moods with laughter suddenly changing into sadness and tears as well as silent brooding with much sighing and sobbing (Boericke 2005:342). Twitching, tremors and spasms are of a violent, rigid nature (Vermeulen 2000:801). They are alert and nervous individuals with a sensitive, sympathetic and mild disposition (Vermeulen 2000:802).

*Strychnos henningsii* like *Ignatia amara* displays cheerfulness which alternates with sadness and is of a sympathetic, affectionate, sensitive nature. They suffer with ailments not of grief and disappointed love but rather suppressed anger, fright and from mental shock. While *Strychnos henningsii* displays feelings of anger and marked irritability, slight blame or contradiction excites an *Ignatia amara* patient to anger, making him angry with himself (Vermeulen 2000:803). In the proving of *Strychnos henningsii* provers experienced weeping after anger and vexation and shares characteristic symptoms of *Ignatia amara* such as weeping with sobbing and an inability to weep, though sad. Symptoms of a paradoxical and contradictory nature did not feature in *Strychnos henningsii*.

The headache of *Ignatia amara* is better for lying on the painful side and worse for smelling or smoking tobacco. It's a nervous headache which is usually confined to one spot. It ends with a copious discharge of pale coloured urine (Vermeulen 2000:803). Headaches could be a result of grief and the pain feels like a nail driven into ones head. *Ignatia amara* perspires only on the face (Morrison 1993:189). *Strychnos henningsii* had heaviness of head with dryness and itching of scalp. The pain was dull and pulsating and at times was of a gastric nature, it was ameliorated by rubbing and sitting and aggravated by motion. Both remedies have a sensation of a lump in the throat while *Ignatia amara* has a sensation of a lump when not swallowing (Vermeulen 2000:805) and *Strychnos henningsii* has that sensation on swallowing. In *Ignatia amara* follicular tonsillitis, globus hystericus with a tendency to choke is prominent. In *Strychnos henningsii* there is marked inflammation and itching of throat with a disposition to hawk. *Ignatia amara* has an all gone sinking feeling in the stomach which is better for taking a deep breath and not eating.

There is marked flatulence, hiccoughs and eructations. Dyspepsia and nervous prostration is caused by mental depression (Vermeulen 2000:807). The proving of *Strychnos henningsii* produced similar symptoms of eructations, flatulence and hiccoughs. However, in contrast to *Ignatia amara* a sensation of fullness of stomach is experienced and ailments from depression is absent. *Ignatia amara* feels pressure of the rectum as of a sharp instrument going from within outward. There is prolapse of the rectum, rectal spasms, haemorrhoids, fissures and constriction of the anus following stool (Vermeulen 2000:807). In *Strychnos henningsii* symptoms include constipation, increased pain before and after stool, increased flatus, and a sudden urging sensation in rectum.

Paroxysms of cough in the absence of signs of illness, (Morrison 1993:189) sighing better for deep breaths (Vermeulen 2000:808) and violent spasmodic yawning is characteristic of *Ignatia amara* (Vermeulen 2000:810). Insomnia or excessive sleepiness after grief occurs (Morrison 1993:189). In *Strychnos henningsii* there was sleeplessness and at times sleepiness. Sleep was disturbed and unrefreshing. Provers would wake up frequently with marked restlessness. Cough was dry with thick white expectoration. No symptoms were spasmodic in nature.

#### **5.4.4 *Strychnos henningsii* and *Spigelia anthelmia***

*Spigelia anthelmia* is recognised for its importance in treating pericarditis and other cardiac diseases and has a marked elective affinity for the eyes and nervous system (Boericke 2005:601) causing neuralgia particularly of the trigeminal and intercostal nerves (Jouanny 1984:380). *Spigelia anthelmia* has a nearly exclusive left-sided focus, they are sensitive, weak and nervous people (Jouanny 1984:380) who display anxiety towards sharp pointed objects like pins and needles, suffers anxiety on breathing deeply and thoughts about the future (Vermeulen 2000:1443). *Strychnos henningsii* has a right sided affinity with marked anxiety surrounding business matters and fears regarding ones health. *Spigelia anthelmia* experiences violent palpitations which are visible through the patients clothes with violent heart contractions radiating to the neck and left arm (Jouanny 1984:381) as well as angina pectoris and chest pain which is worse for motion or inspiration, lying on left side and better for warm drinks (Morrison 1993:353).

In *Strychnos henningsii* palpitations do occur but are less severe in nature, occurs with slightest motion, are accompanied with anxiety and a feeling of oppression of the chest is experienced. No other cardiac symptoms featured. Neuralgic symptoms of *Spigelia anthelmia* include facial neuralgia which is mainly left sided accompanied by violent, prickly burning pains and pains in the head which begin in the occipital region radiating to the vertex and frontal region, eventually resting above the left eye as well as left sided ophthalmic migraines (Jouanny 1984:381). It is a sun sensitive remedy with the headache beginning at sunrise, heightened at noon, declining at sunset. Eyes feel too large with a sensation that eye would be pushed out of socket (Vermeulen 2000:1443) accompanied by intense pain and sparks in front of eyes. The patient is unable to move his eyes due to pain so instead turns his entire body (Jouanny 1984:381).

*Spigelia anthelmia* has a sensation of having a band around their head (Vermeulen 2000:1443) whilst *Strychnos henningsii* experiences a sensation of a skullcap. In the proving of *Strychnos henningsii* frontal and right temporal headaches of a dull, throbbing pulsating nature predominated which was worse at night. Characteristic eye symptoms were that of itchiness, dryness as well as lacrymation was marked, the development of styes also featured.

Even though both remedies are worse for touch and motion *Spigelia anthelmia* is extremely sensitive to touch and the touched parts feel chilly sending shudders through body (Vermeulen 2000:1443). Intestinal parasitosis is prominent (Jouanny 1984:380) and the presence of worms leaves the patient in stitches, with the navel being the most painful part (Boericke 2005:601). Marked abdominal discomfort with distention and flatulence featured in the proving of *Strychnos henningsii* with the absence of parasitic infestations.

#### **5.4.5 *Strychnos henningsii* and *Gelsemium sempervirens***

The main symptoms in *Gelsemium sempervirens* revolve around the themes of gradual paralysis of the motor system, dizziness, drowsiness, trembling, heaviness, aching and soreness of limbs due to muscular weakness, eye or visual effects and polyuria (Vermeulen 2000:708). They are emotionally sensitive with a desire to be left alone, displaying an absolute lack of courage with marked anxiety due to anticipation of unusual ordeals or events which brings on diarrhoea. They also dread falling and losing self control (Vermeulen 2000:709).

On the mental level both remedies are averse to mental exertion accompanied by weakness, dullness of mind and forgetfulness with marked weariness. In *Gelsemium sempervirens* this is demonstrated by limpness of extremities, slumping and the characteristic of drooping eyelids. Emotionally this weakness is expressed as cowardice. There is a feeling of weakness and inability which paralyzes him when confronting a challenge. Therefore autonomic dysfunctions of trembling, weakness, urgent urination and diarrhoea occur (Morrison 1993:165). In contrast to this *Strychnos henningsii* displayed elevated levels of confidence and haughtiness with matters relating to their occupation and careers, with anxiety and apprehension towards events being absent. They were better for working hard, and at times were very focused with an active memory and increased concentration. Both remedies suffer ailments from fright, fear, shock, bad news and disappointments.

*Gelsemium sempervirens* experiences vertigo which spreads from the occiput over the whole head. It is worse for sudden movements of the head and walking accompanied by dullness of sight and a feeling as if intoxicated. There is a strong

fear of falling (Vermeulen 2000:710). The vertigo of *Strychnos henningsii* shares this intoxicated and floating feeling with *Gelsemium sempervirens*. It is accompanied with pain in the head, a tendency of leaning towards the right and the opposite of *Gelsemium sempervirens* is seen where movement of the head causing quick amelioration of symptoms. The headache of *Gelsemium sempervirens* also begins in the occipital region or neck and radiates to the forehead, it is ameliorated by urination and accompanied by diplopia. Heaviness is a symptom experienced through all systems of *Gelsemium sempervirens* where we see marked heaviness of the head in that the patient can hardly lift his head up, together with heaviness of the eyelids, tongue (Morrison 1993:166) and extremities (Morrison 1993:167). Both remedies have a sensation of a band around the head. In the proving of *Strychnos henningsii* occipital headaches did feature which were of a throbbing nature that radiated to the ears. However, right sided temporal headaches were more prominent. The head pain was of a dull nature, worse at night accompanied by marked heaviness of head and nausea.

*Gelsemium sempervirens* has an elective action on the circulatory system causing a slowing down of heart-beat and hypotension (Jouanny 1984:156). They also have an underlying feeling that their hearts' action would cease unless they stay in motion (Boericke 2005:301). *Strychnos henningsii* desires activity which is aggravated by motion. They have an oppressive feeling in the chest and palpitations occurring with slightest motion. *Gelsemium sempervirens* experiences chills up and down the back, along the spine, with aching and languor (Vermeulen 2000:716). It is frequently prescribed for influenza (Jouanny 1984:158) and is indicated in typhoid fever (Vermeulen 2000:716) and chronic fatigue syndrome (Morrison 1993:167). Characteristic symptoms are thirstlessness, prostration, redness of face with coldness of extremities (Jouanny 1984:158) with trembling and heaviness of extremities (Morrison 1993:167). All symptoms are aggravated by heat and ameliorated by passing large amounts of urine and sweating (Jouanny 1984:157).

*Strychnos henningsii* has back pain most prominent in the lumbar region with marked stiffness of the cervical region. Coldness of extremities with marked contraction and stiffness occurs which is worse when beginning motion. Many provers complained of having influenza or influenza type symptoms and hypochondriasis which featured a prominent mental theme. Sluggishness, weariness

and lassitude were marked symptoms. Both remedies alternated between states of sleepiness with sleeplessness.

The appearance and disposition of the *Gelsemium sempervirens* patient with characteristic features of pervading weakness, prostration, drooping of eyelids, slumping and limpness of extremities, will assist in being a clear indicator as to the prescription of the simillimum in each individual case.

#### **5.4.6 Strychnos henningsii and Strychninum**

*Strychninum* affects the central nervous system, motor centers and reflex action of the spinal cord, and is well indicated where there is extreme nervous hypersensitivity (Vermeulen 2000:1488) with twitching, jerking and spasms (Morrison 1993:367). *Strychninum* being the main ingredient of *Ignatia* and *Nux vomica* therefore displays symptoms similar to these remedies such as marked sadness and irritability (Morrison 1993:366). In *Strychninum* increased restlessness, over irritability and heightened senses are shared with *Strychnos henningsii*. In *Strychninum* the patient sees ugly faces with immoderate laughter and chuckling, has a desire for company yet is averse to answering with hasty and disconnected answers. There is a fear of being injured (Vermeulen 2000:1489) with an increased awareness and anxiety surrounding supernatural forces (Morrison 1993:366) together with a feeling of being trapped and resentful of life circumstances (Morrison 1993:367). Sleeplessness from internal uneasiness and visions of dead persons occurred (Vermeulen 2000:1490).

In the proving of *Strychnos henningsii* a forsaken, detached, discontented feeling emerged with marked apathy and de-motivation towards life. Delusions of being dead, seeing and feeling the presence of the devil, seeing frightful images of phantoms at night and being in the presence of God featured. Sleeplessness was marked and sleep was of a disturbed, interrupted and unrefreshing nature. Unremembered dreams were frequent though frightful dreams of being attacked, of the dead as well as dreams filled with a sense of adventure, pleasantness and of children occurred.

*Strychninum* is homoeopathic to spasms of muscles and of the bladder, with marked stiffness in muscles of face and neck, opisthotonos and tetanic convulsions occur.

Muscle relaxation occurs between paroxysms which is worse for slightest touch, sound and odour, the spasms are brought on by the slightest motion and touch, with pains coming on suddenly and returning at intervals, only ameliorated by lying on their back (Vermeulen 2000:1488). Characteristic to *Strychninum* is lockjaw accompanied by spasms, tension and pain of the temporomandibular joint. There is a choking, constricted sensation in the throat (Morrison 1993:367). *Strychnos henningsii* has pressing, burning, pulsating pains of face especially right sided, facial eruptions and acne was prominent and pain of the lower jaw was a common symptom amongst the provers however spasms of muscles characteristic to *Strychninum* didn't feature.

*Strychninum* has an icy sensation down the spine (Boericke 2005:617) with the cervical region being most affected with stiffness, tension and spasms (Morrison 1993:367). *Strychnos henningsii* shares similar symptoms of stiffness and spasmodic drawing pains of the cervical region with *Strychninum* however pain is most prominent in the lumbar region with the absence of spasms in this region. Both remedies share cramping and stiffness of extremities with rheumatic like pains however in *Strychninum* other characteristic symptoms include violent jerking, trembling and twitching of limbs (Vermeulen 2000:1490) and in *Strychnos henningsii* we see coldness and marked contraction which is better for warm applications. Both remedies share an uneasiness about the urethra and bladder with a constant urge to urinate yet a strong desire for coition and all ailments are aggravated by touch and motion.

## 5.5 STRYCHNOS HENNINGSII AND THE AIDS MIASM

Fraser (2002) developed the AIDS miasm after observing that modern day provings contains themes that overlap with those that emerged from the proving of the AIDS nosode. The researcher finds it interesting to note the similarities on comparison, when researching the materia medica of *Strychnos henningsii* to the themes dominating the Aids miasm. The shared themes are as follows:

- A sense of disconnection, of being isolated or detached and a desire to be left alone.

- Strong feelings of indifference, with marked apathy and despair.
- A connection with God and others, displaying strong symptoms of a sympathetic and sensitive nature.
- Heightening of senses to all stimuli and a childish, playful nature.
- Feelings of superiority, tallness and strength.
- Confusion and dullness of mind, forgetfulness with decreased levels of concentration.
- Anxiety, fear and paranoia are marked symptoms.
- A discontented feeling, with heightened restlessness, frustration, irritability and anger. They are easily offended.
- Dreams of stairs, teeth, children, and water.
- Even though a lack of confidence is prominent in the Aids miasm with feelings of shame, humiliation, self hatred and self harm. These feelings alternated at times with a heightened sense of confidence and a relaxed, contented, serene feeling which is shared with *Strychnos henningsii*.
- Both experience influenza like symptoms.

It is also worth noting that *Strychnos henningsii* is commonly used in the treatment of chronic diarrhoea in Aids patients reiterating its likelihood of belonging to the Aids miasm. In the researcher's opinion, due to the information mentioned above, it is extremely possible that *Strychnos henningsii* is a remedy falling under the parameter of the Aids miasm.

## **CHAPTER 6**

### **6. CONCLUSIONS AND RECOMMENDATIONS**

#### **6.1 CONCLUSIONS**

The 30CH potency of *Strychnos henningsii* produced a wide array of signs and symptoms in healthy provers and can potentially develop into a deep acting, significant homoeopathic remedy. Subsequent provings and clinical verification of *Strychnos henningsii* will prove essential in bringing about a cure to cases that are partially, or inadequately covered by existing remedies.

The repertorisation of the thirty seven symptoms best representing the essence of *Strychnos henningsii* produced evidence of possible relationships to *Sepia*, *Calcarea carbonica*, *Lycopodium clavatum*, *China officinalis*, *Staphysagria*, *Rhus toxicodendron*, *Nux vomica*, *Ignatia amara*, *Spigelia anthelmia*, *Gelsemium sempervirens* and *Strychninum*.

*Nux vomica* proved to be the most similar remedy to *Strychnos henningsii* sharing 551 out of the 877 rubrics with *Strychnos henningsii*. This was followed closely by *Ignatia amara* sharing 427 rubrics with *Strychnos henningsii*. From all the comparative studies of the remedies from the other kingdoms discussed in Chapter 5, *Arsenicum album* displayed the most striking similarities to *Strychnos henningsii*. In the researcher's opinion the point of differentiation between *Nux vomica* and *Strychnos henningsii* lies in their miasmatic classification. According to Sankaran (2002) *Nux vomica* belongs to the Typhoid miasm and from the evidence in this study we can deduce that in all probability *Strychnos henningsii* falls under the AIDS miasm sharing its common themes as does *Ignatia amara* sharing themes of the Cancerinic miasm, *Spigelia anthelmia* the malarial miasm, *Gelsemium sempervirens* the sycotic miasm and *Strychninum* with the acute miasm.

#### **6.2 RECOMMENDATIONS**

In hindsight, the researcher feels a sense of fulfilment. Taking into consideration the normal interruptions of such experimental studies, the proving of *Strychnos henningsii* proceeded unusually smoothly. The prover population demonstrate a

reasonable representation of different racial groups, ages, and sexes (as reflected in Table 4.1 above). Notwithstanding the above, the researcher has a limited number of recommendations.

- It is recommended that further provings of various potencies of *Strychnos henningsii* be conducted. This would add to and expand the materia medica developed in this proving creating greater clarification to its indication. Higher or lower potencies may extract symptoms that didn't arise with the 30CH potency.
- Clinical verification of the proving substance by its use in clinical practice is recommended, allowing for the symptomatology disclosed in the proving to be further confirmed and refined.
- Further provings of other *Strychnos* plant species is necessary, allowing interesting comparisons to be drawn between *Strychnos henningsii* as an indigenous African plant to close botanical relatives, as well as other remedies. Special attention needs to be paid to the *Loganiaceae* family (now *Strychnaceae*) to elaborate on the excellent work of Sankaran. In turn this will enhance our understanding of *Strychnos henningsii*. The acquired information needs to be widely distributed to enable the use of *Strychnos henningsii* by a greater percentage of the homoeopathic community.
- Given that this study did not seek to perform multicentric trials of the proving substance, the researcher suggests that a wider scope of symptomatology may result, if the experimentation of the substance is performed in various centres and diverse populations. This will also assist in the verification arising in this particular study.
- The researcher feels after having done a triple blinded study, that it in no way provides an advantage over the more frequently used double blinded studies. In retrospect the researcher contends that, in light of personal experience of the data verification processes, that there would be no changes in the data and symptomatology collected and used, had it been a double blinded study.

- The researcher supports the use of multiple researchers in a single proving. In this study, each researcher was responsible for only eight provers to supervise throughout the study, resulting in an accurate, uncomplicated and manageable procedure. The only disadvantage is that if certain researchers aren't team players sharing the common goal, their lack of commitment could potentially delay the other researchers from completion of their study. This is overcome by having clear schedules, ensuring a single commencement date and having regular supervision meetings.

## **LIST OF REFERENCES**

Bloch, R., Lewis, B. 2003. *Homoeopathy for the Home*. Cape Town: Struik Publishers.

Boericke, W. 2005. *Pocket Manual of Homoeopathic Materia Medica and Repertory*. New Delhi: B.Jain Publishers.

Botha, I. 11 November 2009. C4, Sherr and Dream Provings: A Comparative Study of the Data Obtained Through These Methodologies. D.Tech (Homoeopathy) thesis, Durban University of Technology, Durban.

Candegabe, E.F. 1997. *Comparative Materia Medica*. Beaconsfield: Beaconsfield Publishers Ltd.

Clarke, J.H. 1962. *A Dictionary of Practical Materia Medica - Volume 1*. 3<sup>rd</sup> edition. England: Health Science Press.

Clarke, J.H. 1962. *A Dictionary of Practical Materia Medica - Volume 2*. 3<sup>rd</sup> edition. England: Health Science Press.

Clarke, J.H. 1962. *A Dictionary of Practical Materia Medica - Volume 3*. 3<sup>rd</sup> edition. England: Health Science Press.

Coulter, C.R. 1986. *Portraits of Homoeopathic Medicines*. California: North Atlantic Books.

De Schepper, L. 2006. *Classical Homoeopathy for the Professional*. New Delhi: B. Jain Publishers Ltd.

Farrington, E.A. 1991. *Comparative Materia Medica*. New Delhi: B. Jain Publishers Pvt. Ltd.

Fraser, P. 2002. *The AIDS Miasm Contemporary Disease & The New Remedies*. West Wickham, Kent, UK: Winter Press.

Gaier, H.C. 1991. Thorson's Encyclopaedic Dictionary of Homoeopathy: *The Definitive Reference to all aspects of Homoeopathy*. London: Thorson's. 601p.

Hahnemann, S. 1996. *Organon of the medical art*. 6<sup>th</sup> ed. Edited and annotated by Wenda Brewster O'Reilly. California: Birdcage Books.

International Council for Classical Homeopathy. 1999. Recommended guidelines for good provings. *Homeopathic Links* (computer disk), Spring.

Jouanny, J. 1984. *The essentials of Homeopathic Materia Medica*. 3<sup>rd</sup> edition. France: Editions Boiron.

Jouanny, J. 1993. *The Essentials of Homoeopathic Therapeutics*. France: Editions Boiron. 417p.

Sankaran, R. 1991. *The Science of Healing*. New Delhi: B.Jain Publishers Pvt. Ltd.

Sankaran, R. 1997. *The Soul of Remedies*. Mumbai: Homoeopathic Medical Publishers.

Sankaran, R. 2000. *The System of Homoeopathy*. Mumbai: Homoeopathic Medical Publishers.

Sankaran, R. 2001. *The Spirit of Homoeopathy*. 3<sup>rd</sup> ed. Mumbai: Homoeopathic Medical Publishers.

Sankaran, R. 2002. *An Insight Into Plants Volume-1*. 2<sup>nd</sup> ed. Mumbai: Homoeopathic Medical Publishers.

Scholten, J. 1993. *Homoeopathy And Minerals*. Utrecht: Stichting Alonnissos.

Schroyens, F. 2004. *Synthesis: Repertorium Homeopathicum Syntheticum*. Edition 9.1. London: Homeopathic Book Publishers.

Sherr, J.Y. 1994. *The Dynamics and Methodology of Homoeopathic Provings*. West Malvern. Dynamis Books.

Shore, J., Schriebman, J., Hogeland, A. 2004. *Birds Homeopathic Remedies from the Avian Realm*. California: Homeopathy West.

Swayne, S. (ed.) 2000. *Churchill Livingstone's International Dictionary of Homeopathy*. London: Churchill Livingstone.

Taylor, E. et al. 1988. *Dorland's Illustrated Medical Dictionary*. 27<sup>th</sup> Ed. Philadelphia. W.B. Saunders Co. 1888p.

Ullman, D. 1991. *Discovering Homeopathy*. Berkeley: North Atlantic Books.

Gericke, N., Van Oudtshoorn, B. and Van Wyk, B-E. 2005. *Medicinal Plants of South\_Africa*. Pretoria: Briza Publishers.

Vermeulen, F. 2000. *Concordant Materia Medica*. Millennium edition. Haarlem: Emrys by Publishers.

Vithoulkas, G. 2002. *The Science of Homeopathy*. New Delhi: B. Jain Publishers Ltd.

Vithoulkas, G. 1986. *The Science of Homoeopathy*. London: Thorson's.

Walach, H. 1994. Editorial : Provings : the method and the future. The British Homoeopathic Journal, 83:129-131.

### **Internet Reference**

1. Image 2.2: Leaves and fruit of *Strychnos henningsii*. Available from: [http://www.metafro.be/prelude/prelude\\_pic/Strychnos\\_henningsii2.jpg](http://www.metafro.be/prelude/prelude_pic/Strychnos_henningsii2.jpg) [Accessed 14 October 2009]

## Suitability for Inclusion in the Proving\*

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

<b>Surname:</b>							
<b>First Names:</b>							
<b>Age:</b>		<b>Sex:</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; color: blue;">M</td> <td style="width: 50%; text-align: center;">F</td> </tr> </table>	M	F	<b>Telephone:</b>	
M	F						

PLEASE TICK THE APPROPRIATE ANSWER

- Are you between the ages of 18 and 60 years?

YES	NO
-----	----

- Are you on or in need of any medication?

Chemical / allopathic

YES	NO
-----	----

Homoeopathic

YES	NO
-----	----

Other

YES	NO
-----	----

- Have you been on the birth control pill or hormone replacement therapy in the last 6 months?

YES	NO
-----	----

---

- Are you pregnant or breastfeeding?

YES	NO
-----	----

- Have you had surgery in the last six weeks?

YES	NO
-----	----

- Do you use recreational drugs such as cannabis, LSD or Ecstasy (MDMA)?

YES	NO
-----	----

- Do you consume more than:

Two measures of alcohol per day?

YES	NO
-----	----

(1 measure = 1 tot spirit / 1 beer / ½ glass of wine)

10 cigarettes per day?

YES	NO
-----	----

3 cups of coffee or tea per day?

YES	NO
-----	----

- Do you consider yourself to be in a general state of good health?

YES	NO
-----	----

- If you are between the ages of 18 and 21 years do you have consent from

a parent/ guardian to participate in this proving?

YES	NO
-----	----

- Are you willing to follow the proper procedures for the duration of the proving (including journal-keeping, consultations with your supervisor and blood tests)?

YES	NO
-----	----

\*This appendix has been adapted from Wright, C. (1999) *A Homoeopathic Drug Proving of Bitis arietans arietans*

## Informed Consent Form\*

TO BE COMPLETED IN **TRIPLICATE** BY THE PROVER

**Title of Research Project:**

A Homoeopathic Drug Proving of ....

**Name of Supervisor:**

Dr Ashley H.A. Ross (M.Tech.Hom. (TN) B.Mus. *cum laude* (UCT))

**Names of Master's Research Students:**

Master's Student 1

Master's Student 2

Master's Student 3

Master's Student 4

PLEASE TICK THE APPROPRIATE ANSWER

1. Have you read the Research Information Sheet?

YES	NO
-----	----

2. Have you had an opportunity to ask questions regarding this proving?

YES	NO
-----	----

3. Have you received satisfactory answers to your questions?

YES	NO
-----	----

4. Have you had an opportunity to discuss the proving?

YES	NO
-----	----

5. With whom have you spoken?

---

6. Do you believe you have received enough information about this proving?

YES	NO
-----	----

7. Do you understand the implications of your involvement in this proving?

YES	NO
-----	----

8. Do you understand that you are free to withdraw from this proving:

at any time;

without having to give a reason for withdrawing, and

without affecting your future healthcare?

YES	NO
YES	NO
YES	NO

9. Do you agree to voluntarily participate in this study?

YES	NO
-----	----

## Case History Sheet\*

**ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL**

PROVER NUMBER:								
Name:				Sex:	M	F		
Date of Birth:		Age:		Children:				
Occupation:				Marital Status:	S	M	D	W

### 1. Past Medical History:

(Please list previous health problems and their approximate dates:)

---

---

---

---

---

---

---

Do you have a history of any of the following? ***[Please tick relevant blocks]***

Cancer	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
HIV	<input type="checkbox"/>	Pneumonia/ Chronic bronchitis	<input type="checkbox"/>
Parasitic infections	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>
Glandular fever	<input type="checkbox"/>	Boils/ Suppurative tendency	<input type="checkbox"/>
Bleeding disorders	<input type="checkbox"/>	Smoking	<input type="checkbox"/>
Eczema/ Skin conditions	<input type="checkbox"/>	Oedema/ Swelling	<input type="checkbox"/>
Warts	<input type="checkbox"/>	Haemorrhoids	<input type="checkbox"/>

## 2. Surgical History:

(Please list any past surgical procedures [*e.g. tonsils, warts, moles, appendix etc.*] and their approximate dates:)

---

---

---

---

---

---

---

## 3. Family History:

Is there a history of any of the following within your family?

(including siblings, parents and grandparents)

Cardiovascular disease

Cerebrovascular disease

Diabetes mellitus

Tuberculosis

Mental illness

Cancer

Epilepsy

Bleeding disorders


*incl.hypertension, heart disease, etc.*

*incl. stroke, transient ischaemic attacks, etc.*

*incl. depression, schizophrenia, suicide, etc.*

Please list any other medical conditions within your family:

♂		♂ ♂	
		♂ ♀	
♀		♂ ♀	
		♀ ♀	

#### 4. Background Personal History:

*Allergies:*

---

---

*Vaccinations:*

---

---

*Medication (including supplements):*

---

---

---

*Estimation of daily consumption:*

*Alcohol:*

---

---

#### 5. Generalities:

*Energy:*

Describe your energy levels on a scale from 1 to 10, where 1 is the lowest and 10 is the highest.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

***Sleep:***

*Quantity:*

---

*Quality:*

---

*Position:*

---

***Dreams:***

---

---

---

---

***Time modalities:***

>	
<	

***Weather modalities***

>	
<	

***Temperature modalities:***

>	
<	

**Perspiration:**

---

---

**Appetite:**

Cravings	
Aversions	
<	
>	

**Thirst:**

---

---

**Bowel habits:**

---

---

---

**Urination:**

---

---

---

**Menstrual cycle and menses:**

<b>Menarche:</b>	Yrs	Regular	Irregular	<b><u>Pre-menstrual:</u></b>
<b>LMP:</b>	<b>Interval:</b> days			
<b><u>Nature of bleed:</u></b>	<b>Duration:</b> days			
		<i>Meno-</i>	Metro-	
				<b><u>Post-menstrual:</u></b>
<b><u>Pain:</u></b>				

**6. Head-to-toe and Systems Overview:**

**Head:**

---



---



---



---

**Eyes and Vision:**

---



---



---

**Ears and Hearing:**

---



---

***Nose and Sinuses:***

---

---

---

---

***Mouth, Tongue and Teeth:***

---

---

---

***Throat:***

---

---

---

***Respiratory System:***

---

---

---

---

---

***Cardiovascular System:***

---

---

---

---

***Gastro-intestinal System:***

---

---

---

---

---

***Urinary System:***

---

---

---

***Genitalia and Sexuality:***

---

---

---

***Musculoskeletal System:***

---

---

---

***Extremities:***

*Upper:*

---

---

---

*Lower:*

---

---

*Skin:*

---

---

*Hair and Nails:*

---

---

*Other:*

---

## 7.     **Psychic Overview:**

***Disposition:***

***Fears:***

***Relationships:***

***Social interaction:***

***Ambition / Regret:***

<b>Hobbies/Interests:</b>

## 8. The Physical Examination:

### a) Physical Description

<b>Frame / Build:</b>			
<b>Hair colour:</b>		<b>Complexion:</b>	
<b>Eye colour:</b>		<b>Skin texture:</b>	

### b) Vital Signs

<b>Height:</b>		m
<b>Weight:</b>		kg
<b>Pulse rate:</b>		beats/min
<b>Respiratory rate:</b>		breaths/min
<b>Temperature:</b>		°C
<b>Blood Pressure:</b>	/	mmHg

c) Findings on Physical Examination *[Tick positive blocks]*

Jaundice	<input type="checkbox"/>	Oedema	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>	Lymphadenopathy	<input type="checkbox"/>
Cyanosis	<input type="checkbox"/>	Hydration	<input type="checkbox"/>
Clubbing	<input type="checkbox"/>		
<b>Specific System Examinations</b>			
<b>Consultation Date:</b>		<b>Signature:</b>	

# Post-proving Case History Sheet

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

PROVER NUMBER:

Name:

Sex:

M

F

Date of Birth:

Age:

Children:

Occupation:

Marital Status:

S

M

D

W

1. Background Personal History:

Allergies:

Vaccinations:

Medication (including supplements):

---

---

***Estimation of daily consumption:***

*Alcohol:*

---

*Cigarettes:*

---

## **2. Generalities:**

***Energy:***

**Describe your energy levels on a scale from 1 to 10, where 1 is the lowest and 10 is the highest.**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

***Sleep:***

*Quantity:*

---

*Quality:*

---

*Position:*

---

***Dreams:***

---

---

---

---

***Time modalities:***

>	
<	

***Weather modalities***

>	
<	

***Temperature modalities:***

>	
<	

***Perspiration:***

---

---

***Appetite:***

Cravings	
Aversions	
<	
>	

**Thirst:**

---

---

**Bowel habits:**

---

---

---

**Urination:**

---

---

---

**Menstrual cycle and menses: (overleaf)**

**Menstrual cycle and menses:**

<b>Menarche:</b>	Yrs	Regular	Irregular	<b><u>Pre-menstrual:</u></b>
<b>LMP:</b>	<b>Interval:</b> days			
<b><u>Nature of bleed:</u></b>	<b>Duration:</b> days			
		Meno-	Metro-	
				<b><u>Post-menstrual:</u></b>
<b><u>Pain:</u></b>				

### 3. Head-to-toe and Systems Overview:

*Head:*

---

---

---

---

*Eyes and Vision:*

---

---

---

*Ears and Hearing:*

---

---

---

*Nose and Sinuses:*

---

---

---

---

*Mouth, Tongue and Teeth:*

---

---

***Throat:***

---

---

---

***Respiratory System: (overleaf)***

***Respiratory System:***

---

---

---

---

---

***Cardiovascular System:***

---

---

---

---

---

***Gastro-intestinal System:***

---

---

---

---

---

***Urinary System:***

---

---

---

***Genitalia and Sexuality:***

---

---

---

***Musculoskeletal System:***

---

---

---

***Extremities:***

***Upper:***

---

---

---

*Lower:*

---

---

*Skin:*

---

---

*Hair and Nails:*

---

---

*Other:*

---

**4.     Psychic Overview:**

<i>Disposition:</i>

***Fears:***

***Relationships:***

***Social interaction:***

***Ambition / Regret:***

***Hobbies/Interests:***

## 5. The Physical Examination:

**a) Vital Signs**

<b>Height:</b>	m
<b>Weight:</b>	kg
<b>Pulse rate:</b>	beats/min
<b>Respiratory rate:</b>	breaths/min
<b>Temperature:</b>	°C
<b>Blood Pressure:</b>	/ mmHg

**b) Findings on Physical Examination** *[Tick positive blocks]*

Jaundice	<input type="checkbox"/>	Oedema	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>	Lymphadenopathy	<input type="checkbox"/>
Cyanosis	<input type="checkbox"/>	Hydration	<input type="checkbox"/>
<i>Clubbing</i>	<input type="checkbox"/>		
<b>Specific System Examinations</b>			

[illegible]

## Instructions to Provers\*

Dear Prover

Thank you very much for taking part in this proving. We are grateful for your willingness to contribute to the advancement and growth of homoeopathic Science, and are sure that you will derive benefit from the experience.

### Before the proving:

Ensure that you have:

- signed the ***Informed Consent Form*** (Appendix B);
- had a **case history** taken and a **physical examination** performed;
- attended the pre-proving **training session**;
- an assigned **prover number**, and corresponding **journal**; and
- read and understood these ***Instructions***

Your proving supervisor will contact you with the date that you are required to commence the pre-proving observation period, and the date that you are required to start taking the remedy. You will also agree on a daily contact time for the supervisor to contact you.

Should there be any problems, or anything you do not fully understand, please do not hesitate to call your proving supervisor.

### **Beginning the proving:**

After having been contacted by your supervisor and asked to commence the proving, record your symptoms daily in the diary for one week prior to taking the remedy. This will help you to get into the habit of observing and recording your symptoms, as well as bringing you into familiarity with your normal state. This is an important step as it establishes a baseline for you as an individual prover.

### **Taking the remedy:**

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

The remedy should be taken on an empty stomach and with a clean mouth. Neither food nor drink should be taken for a half-hour before and after taking the remedy. The remedy should not be taken for more than 3 doses a day for two days (*6 powders maximum*).

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

By proving symptoms we mean:

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

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

### **Lifestyle during the Proving:**

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

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

Avoid taking **medication** of any sort, including antibiotics and any steroid or cortisone preparations, vitamin or mineral supplements, herbal or homoeopathic remedies.

**In the event of medical or dental emergency of course common sense should prevail.** Contact your doctor, dentist or local hospital as necessary. Please contact your supervisor as soon as possible.

### **Confidentiality:**

It is important for the quality and the credibility of the proving that you discuss your symptoms **only** with your supervisor. Keep your symptoms to yourself and do not discuss them with fellow provers.

Your privacy is something that we will protect. Only your supervisor will know your identity and all information will be treated in the strictest confidence.

### **Contact with your Supervisor:**

**Your supervisor will telephone you to inform you to begin your one-week observation period, and then daily from the day that you begin to take the remedy. This will later decrease to 2 or 3 times a week and then to once a week, as soon as you and the supervisor agree that there is no longer a need for such close contact. This will serve to check on your progress, ensure that**

**you are recording the best quality symptoms possible and to judge when you need to cease taking the remedy.**

**If you encounter any problems during the proving, please do not hesitate to call your supervisor.**

#### Recording of Symptoms:

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

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

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

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

- *Location:* **Try to be accurate in your anatomical descriptions. Simple, clear diagrams may help here. Be attentive to which side of the body is affected.**
- *Sensation:* **Describe this as carefully and as thoroughly as possible e.g. burning, shooting, stitching, throbbing, and dull etc.**
- *Modality:* **A modality describes how a symptom is affected by different situations/stimuli. Better (>) or worse (<) from weather, food, smells, dark, lying, standing, light, people etc. Try different things out and record any changes.**
- *Time:* **Note the time of onset of the symptoms, and when they cease or are altered. Is it generally > or < at a particular time of day, and is this unusual for you.**
- *Intensity:* **Briefly describe the sensation and the effect on you.**
- *Aetiology:* **Did anything seem to cause or set off the symptom and does it do this repeatedly?**
- *Concomitants:* **Do any symptoms appear together or always seem to accompany each other, or do some symptoms seem to alternate with each other?**

**This is easily remembered as:**

C	-	<b><i>concomitants</i></b>
L	-	<b><i>location</i></b>
A	-	<b><i>aetiology</i></b>
M	-	<b><i>modality</i></b>
I	-	<b><i>intensity</i></b>
T	-	<b><i>time</i></b>
S	-	<b><i>sensation</i></b>

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

- |                         |                      |
|-------------------------|----------------------|
| • MIND / MOOD           | • URINARY ORGANS     |
| • HEAD                  | • GENITALIA          |
| • EYES / VISION         | • SEX / MENSTRUATION |
| • EARS / HEARING        | • SKIN               |
| • NOSE                  | • TEMPERATURE        |
| • BACK                  | • SLEEP              |
| • CHEST AND RESPIRATION | • DREAMS             |
| • DIGESTIVE SYSTEM      | • GENERALITIES       |
| • EXTREMITIES           |                      |

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

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

**Reports from friends and relatives can be particularly enlightening. Please include these where possible. At the end of the proving, please make a general summary of the proving: note how the proving affected you in general; how has this experience affected your health?; would you do another proving?**

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

(RS) – Recent symptom i.e. a symptom that you are suffering from now, or have been suffering from in the last year.

(NS) – New symptom

(OS) – Old symptom. **State when the symptom occurred previously.**

(AS) – Alteration **in the present or old symptom (e.g. used to be on the left side, now on the right side)**

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

**If you have any doubts, discuss them with your supervisor.**

Please remember that detailed observation and concise, legible recording is crucial to the proving. One reads in *The Organon of the Medical Art*, paragraph 126:

*The person who is proving the medicine must be pre-eminently trustworthy and conscientious...and be able to express and describe his sensations in accurate terms."*

(Hahnemann, 1997: 200)

**\* Adapted from Sherr, J. The Dynamics and Methodology of Homoeopathic Provings (2<sup>nd</sup> Edition,) 1994**

✂-----

#### Acknowledgement of Understanding

I, \_\_\_\_\_ agree to participate in the proving outlined in *Appendix D (above)*, and acknowledge that I have read and understand the instructions regarding the proving.

PROVER:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

WITNESS:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

PROVING SUPERVISOR:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## Methods of Preparation

(German Homoeopathic Pharmacopoeia)

### i) Method 6: Triturations

Preparations made according to Method 6 are triturations of solid basic drug materials with lactose as the vehicle unless otherwise prescribed. Triturations up to and including the 4<sup>th</sup> dilution are triturated by hand or machine in a ratio of [1 to 10 (decimal dilution) or]<sup>a</sup> 1 to 100 (centesimal dilution). Unless otherwise stated, the basic drug materials are reduced to the particle size given in the Monograph (Mesh aperture). Quantities of more than 1 000g are triturated by mechanical means.

The duration and intensity of trituration should be such that the resulting particle size of the basic drug material in the 1<sup>st</sup> [decimal or] centesimal dilution is below 10µg at 80 percent level; no drug particle should be more than 50µg.

Triturations up to and including the 4<sup>th</sup> [decimal or] centesimal are produced at the same duration and intensity of trituration.

#### Trituration by hand:

**Divide the vehicle [lactose 19.800g]<sup>b</sup> into three parts and triturate the first part [6.600g] for a short period in a porcelain mortar. Add the basic drug material [0.200g] and triturate for 6 minutes, scrape down for 4 minutes with a porcelain spatula, triturate for a further 6 minutes, scrape down again for 4 minutes, add the second part [6.600g] of the vehicle and continue as above. Finally add the third part [6.600g] and proceed as before. The minimum time required for the whole process will thus be 1 hour. The same method is followed for subsequent dilutions.**

[For triturations above the 4x or 4c dilute 1 part of the dilution with 9 parts of lactose or 99 parts of lactose as follows: in a mortar, combine one third of the required amount of lactose with the whole of the previous dilution and mix until homogeneous.

Add the second third of the lactose, mix until homogeneous, and repeat for the last third.]

[Trituration by machine: – not applicable]

ii) **Method 8a: Liquid preparations made from triturations**

Preparations made by Method 8a are liquid preparations produced from triturations made by Method 6.

[To produce a 6x liquid dilution, 1 part of the 4x trituration is dissolved in 9 parts of water and succussed. 1 part of this dilution is combined with 9 parts of ethanol 30 percent to produce the 6x liquid dilution by succussion. In the same way, the 7x liquid dilution is made from the 5x trituration, and the 8x liquid dilution from the 6x trituration. From the 9x upwards, liquid decimal dilutions are made from the previous decimal dilution with ethanol 43 percent in a ratio of 1 to 10.]

To produce a 6c liquid dilution, 1 part *[0.200g]* of the 4c trituration is dissolved in 99 parts *[19.800g]* of water and succussed. 1 part of this dilution *[30μl]* is combined with 99 parts of ethanol 30 percent *[2.970ml]* to produce the 6c liquid dilution by succussion. *[In the same way, the 7c liquid dilution is made from the 5c trituration, and the 8c liquid dilution from the 6c trituration.]* From the 9c *[7c]* upwards, liquid centesimal dilutions are made from the previous centesimal dilution with ethanol 43 percent in a ratio of 1 to 100.<sup>c</sup>

*[The 6x, 7x, 6c, 7c liquid dilutions produced from the above method must not be used to produce further liquid dilutions.]*

- a) *[italics]* indicates portions of the methods which are not applicable to the preparation of XXXX 30c.
- b) *[bold italics]* indicates specific detail applicable to the preparation of XXXX 30c.
- c) *In the preparation of XXXX 30c, the 7c and 8c liquid dilutions will be made from the previous centesimal dilution with ethanol 43 percent in a ratio of 1 to 100. From the 9c upwards, liquid centesimal dilutions will be made from the previous centesimal dilution with ethanol 73 percent in a*

***ratio of 1 to 100 (to allow for subsequent impregnation of lactose granules)***

# Repertorisation of *Strychnos henningsii* to the Polycrests

Homeopathic Day Clinic (31013)

untitled

This analysis contains 1060 remedies and 58 symptoms.  
Intensity is not considered

		1	2	3	4	5	6	7	8	9
	Small rubrics	6177	5978	5861	5819	5547	5536	5502	5464	5425
01. MIND - CHEERFUL	3	2	1	2	2	1	3	3	1	1
02. MIND - IRRITABILITY	3	3	3	3	3	3	3	2	3	2
03. GENERALS - SIDE - right	3	2	1	3	1	3	3	-	1	2
04. GENERALS - WEARINESS	3	3	3	3	3	1	2	3	3	1
05. MIND - ACTIVITY - desires activity	2	2	2	1	-	2	-	3	-	1
06. MIND - ANXIETY	2	3	2	2	3	4	3	2	2	1
07. MIND - COMPANY - aversion to	2	2	3	3	3	1	1	3	4	1
08. MIND - CONCENTRATION - difficult	2	2	3	4	3	1	2	3	2	1
09. MIND - CONFIDENT	2	1	-	1	-	-	-	-	-	-
10. MIND - DETACHED	2	1	2	-	-	-	-	-	-	-
11. MIND - DULLNESS	2	3	3	2	3	1	3	3	3	2
12. MIND - FORSAKEN feeling	2	-	1	-	-	-	1	2	2	-
13. MIND - HYPOCHONDRIASIS	2	2	2	3	2	3	2	2	3	-
14. MIND - INDIFFERENCE	2	1	3	1	3	2	1	2	3	-
15. MIND - INJUSTICE, cannot support	2	1	1	1	3	-	2	2	2	-
16. MIND - PROSTRATION of mind	3	3	3	3	3	1	2	3	2	1
17. MIND - SENSES - acute	2	1	-	3	3	3	-	1	-	1
18. MIND - TRANQUILLITY	2	1	3	-	1	2	-	1	1	-
19. HEAD - HEAVINESS	2	3	2	3	2	2	2	3	3	2
20. HEAD - ITCHING of scalp	2	3	1	3	2	1	3	1	3	2
21. HEAD - PAIN - dull pain	2	1	2	3	1	1	1	2	1	2
22. EYE - DRYNESS	2	3	1	2	1	3	1	1	1	1
23. EYE - ITCHING	2	3	1	2	2	1	2	1	2	2
24. EYE - LACHRYMATION	2	3	2	2	3	2	3	2	3	2
25. EAR - ITCHING - Meatus	2	3	3	3	2	3	2	1	3	2
26. NOSE - CATARRH	2	3	3	3	3	3	3	2	3	2
27. NOSE - OBSTRUCTION	2	2	2	3	3	3	3	2	3	2
28. NOSE - CORYZA - discharge, with	2	3	2	3	1	3	3	2	3	2
29. THROAT - INFLAMMATION	2	2	1	2	2	2	2	3	2	2
30. THROAT - ITCHING	2	-	1	1	-	-	-	-	-	1
31. STOMACH - NAUSEA	2	3	3	3	2	3	3	2	3	3
32. ABDOMEN - DISTENSION	2	3	2	2	2	3	3	2	2	3
33. ABDOMEN - FLATULENCE	2	3	2	3	1	3	3	2	2	3
34. ABDOMEN - PAIN - cramping	2	3	3	3	3	3	3	3	3	2
35. RECTUM - CONSTIPATION	2	3	2	3	3	2	3	2	2	3
36. RECTUM - FLATUS	2	2	2	3	3	2	1	3	1	2
37. FEMALE GENITALIA/SEX - SEXUAL DESIRE - increased	2	2	2	3	3	2	3	2	2	3

Repertorisation of *Strychnos henningsii* to the Animal Kingdom

Homoeopathic Day Clinic (31013)

untitled

This analysis contains 109 remedies and 60 symptoms.  
Intensity is not considered

		sep.	calc.	lach.	apis	canth.	mosch.	ambr.	spong.	carb-an.
Small rubrics		1	2	3	4	5	6	7	8	9
01. MIND - CHEERFUL	3									
02. MIND - IRRITABILITY	3	1			1	1	1	1	1	2
03. GENERALS - SIDE - right	3	3	3	2	3	2	2	1	1	2
04. GENERALS - WEARINESS	3	1	3	-	3	3	1	1	1	1
05. MIND - ACTIVITY - desires activity	2	2	-	3	2	1	1	-	-	-
06. MIND - ANXIETY	2	2	3	2	1	2	1	2	2	2
07. MIND - COMPANY - aversion to	2	3	1	2	-	-	1	2	-	3
08. MIND - CONCENTRATION - difficult	2	3	2	3	2	2	1	2	2	2
09. MIND - CONFIDENT	2	-	-	-	-	-	-	-	-	-
10. MIND - DETACHED	2	-	-	-	-	-	-	-	-	-
11. MIND - DULLNESS	2	3	3	3	2	1	1	2	2	1
12. MIND - FORSAKEN feeling	2	1	1	2	-	-	-	-	-	1
13. MIND - HYPOCHONDRIASIS	2	2	2	2	-	1	1	2	2	1
14. MIND - INDIFFERENCE	2	3	2	2	3	-	-	1	1	2
15. MIND - INJUSTICE, cannot support	2	1	2	-	-	-	-	1	-	-
16. MIND - PROSTRATION of mind	3	3	1	-	1	1	1	1	1	-
17. MIND - SENSES - acute	2	-	-	1	-	-	-	-	-	-
18. MIND - TRANQUILLITY	2	3	-	1	1	-	1	-	-	-
19. HEAD - HEAVINESS	2	2	-	3	3	2	1	1	2	2
20. HEAD - ITCHING of scalp	2	2	3	1	2	1	1	-	2	2
21. HEAD - PAIN - dull pain	2	1	1	2	2	1	1	-	1	1
22. EYE - DRYNESS	2	2	1	1	-	-	-	-	-	-
23. EYE - ITCHING	2	1	2	1	2	1	1	1	2	1
24. EYE - LACHRYMATION	2	2	3	2	2	1	1	1	1	1
25. EAR - ITCHING - Meatus	2	3	2	1	-	1	-	1	-	-
26. NOSE - CATARRH	2	3	3	2	-	1	1	1	1	-
27. NOSE - OBSTRUCTION	2	2	3	2	2	1	1	2	2	2
28. NOSE - CORYZA - discharge, with	2	2	3	2	1	1	1	1	2	2
29. THROAT - INFLAMMATION	2	1	2	3	2	1	-	-	-	-
30. THROAT - ITCHING	2	-	-	-	2	1	-	1	2	-
31. STOMACH - NAUSEA	2	3	2	2	1	2	1	1	1	2
32. ABDOMEN - DISTENSION	2	2	3	3	2	2	1	1	1	2
33. ABDOMEN - FLATULENCE	2	2	3	2	2	1	1	1	1	3
34. ABDOMEN - PAIN - cramping	2	2	3	2	3	1	2	2	2	2
35. RECTUM - CONSTIPATION	2	2	3	2	3	1	2	-	1	1
36. RECTUM - FLATUS	2	2	1	3	-	3	2	-	-	-
37. FEMALE GENITALIA/SEX - SEXUAL DESIRE - increased	2	2	3	3	2	1	2	-	-	-

Repertorisation of *Strychnos henningsii* to the Mineral Kingdom

Homoeopathic Day Clinic (31013)										
untitled										
This analysis contains 287 remedies and 60 symptoms.										
Intensity is not considered										
		sulph.	phos.	calc.	ars.	nat-m.	caust.	merc.	alum.	mag-m.
01. MIND - CHEERFUL	Small rubrics	1	2	3	4	5	6	7	8	9
02. MIND - IRRITABILITY	3	6377	5801	5582	5572	5461	5310	5238	5080	5032
03. GENERALS - SIDE - right	3	3	3	-	3	3	3	2	3	1
04. GENERALS - WEARINESS	3	2	1	3	3	1	2	2	2	2
05. MIND - ACTIVITY - desires activity	3	3	3	2	1	3	2	3	3	1
06. MIND - ANXIETY	2	2	-	-	2	-	3	-	-	1
07. MIND - COMPANY - aversion to	2	3	3	1	4	2	3	2	3	2
08. MIND - CONCENTRATION - difficult	2	2	3	2	1	4	3	-	2	1
09. MIND - CONFIDENT	2	1	-	-	1	2	-	2	2	1
10. MIND - DETACHED	2	1	-	-	-	-	-	-	-	-
11. MIND - DULNESS	2	1	3	-	1	-	2	-	2	-
12. MIND - FORSAKEN feeling	2	3	-	1	-	3	-	2	1	2
13. MIND - HYPOCHONDRIASIS	2	-	-	2	3	3	1	2	1	3
14. MIND - INDIFFERENCE	2	2	2	2	2	3	1	2	1	1
15. MIND - INJUSTICE, cannot support	2	1	3	1	-	2	3	1	-	1
16. MIND - PROSTRATION of mind	3	3	3	2	3	2	1	1	2	-
17. MIND - SENSES - acute	2	1	3	-	1	2	1	-	-	-
18. MIND - TRANQUILLITY	2	1	3	-	3	1	1	-	2	-
19. HEAD - HEAVINESS	2	3	2	2	2	1	1	2	2	2
20. HEAD - ITCHING of scalp	2	3	2	3	1	3	2	2	2	1
21. HEAD - PAIN - dull pain	2	1	1	1	1	1	1	1	1	1
22. EYE - DRYNESS	2	3	1	1	3	1	2	1	3	1
23. EYE - ITCHING	2	3	2	2	1	2	2	1	2	1
24. EYE - LACHRYMATION	2	3	3	3	2	3	3	3	2	1
25. EAR - ITCHING - Meatus	2	3	2	2	2	3	2	2	1	1
26. NOSE - CATARRH	2	3	3	3	3	3	1	3	2	1
27. NOSE - OBSTRUCTION	2	3	2	3	3	3	3	3	2	2
28. NOSE - CORYZA - discharge, with	2	2	1	3	3	3	2	3	2	2
29. THROAT - INFLAMMATION	2	2	2	2	2	2	1	3	2	-
30. THROAT - ITCHING	2	-	-	-	-	-	1	-	1	-
31. STOMACH - NAUSEA	2	3	2	2	3	3	2	3	2	-
32. ABDOMEN - DISTENSION	2	3	3	3	3	3	2	3	2	-
33. ABDOMEN - FLATULENCE	2	3	2	3	3	2	2	2	1	1
34. ABDOMEN - PAIN - cramping	2	3	1	3	3	2	3	2	2	3
35. RECTUM - CONSTIPATION	2	3	3	3	3	3	3	3	3	2
36. RECTUM - FLATUS	2	2	3	1	2	2	2	3	2	1
37. FEMALE GENITALIA/SEX - SEXUAL DESIRE - increased	2	2	3	3	2	2	2	2	2	1



		nux-v.	ign.	spig.	gels.	stry.	cur.	bruc.	stry-p.	brucin.	stry-xyz.
	Small rubrics	1	2	3	4	5	6	7	8	9	10
		5557	4927	4845	4126	2085	981	398	376	279	193
01. MIND - CHEERFUL	3	2	2	1	1	-	-	-	-	-	-
02. MIND - IRRITABILITY	3	3	1	2	2	3	1	-	-	-	-
03. GENERALS - SIDE - right	3	3	2	1	-	-	1	-	-	-	-
04. GENERALS - WEARINESS	3	3	1	1	3	-	-	1	-	-	-
05. MIND - ACTIVITY - desires activity	2	1	-	1	1	1	-	-	-	-	-
06. MIND - ANXIETY	2	2	2	2	2	1	1	-	-	-	-
07. MIND - COMPANY - aversion to	2	3	3	-	3	-	1	-	-	-	-
08. MIND - CONCENTRATION - difficult	2	4	1	1	2	-	1	-	-	-	-
09. MIND - CONFIDENT	2	1	-	-	-	-	-	-	-	-	-
10. MIND - DETACHED	2	-	-	-	-	-	-	-	-	-	-
11. MIND - DULLNESS	2	2	1	2	3	1	-	-	-	-	-
12. MIND - FORSAKEN feeling	2	-	-	1	1	-	-	-	-	-	-
13. MIND - HYPOCHONDRIASIS	2	3	3	-	1	-	-	-	-	-	-
14. MIND - INDIFFERENCE	2	1	2	-	2	-	-	-	2	-	-
15. MIND - INJUSTICE, cannot support	2	1	2	-	-	-	-	-	-	-	-
16. MIND - PROSTRATION of mind	3	3	2	2	2	-	-	-	-	-	-
17. MIND - SENSES - acute	2	3	2	-	-	2	-	-	-	-	-
18. MIND - TRANQUILLITY	2	-	1	1	-	-	-	-	-	-	-
19. HEAD - HEAVINESS	2	-	2	1	3	-	-	-	-	-	-
20. HEAD - ITCHING of scalp	2	1	-	1	1	1	-	-	-	-	-
21. HEAD - PAIN - dull pain	2	3	1	1	1	2	-	-	-	-	-
22. EYE - DRYNESS	2	2	1	1	1	-	-	-	-	-	-
23. EYE - ITCHING	2	2	2	1	1	-	-	-	-	-	-
24. EYE - LACHRYMATION	2	2	2	2	1	1	-	-	-	-	-
25. EAR - ITCHING - Meatus	2	3	2	2	-	-	-	-	-	-	-
26. NOSE - CATARRH	2	3	1	2	1	-	-	-	-	-	-
27. NOSE - OBSTRUCTION	2	3	1	1	1	-	-	-	-	-	-
28. NOSE - CORYZA - discharge, with	2	3	3	2	2	-	-	-	-	-	-
29. THROAT - INFLAMMATION	2	2	1	1	2	-	-	-	-	-	-
30. THROAT - ITCHING	2	1	-	1	-	-	-	-	-	-	-
31. STOMACH - NAUSEA	2	3	2	1	2	1	-	-	-	1	-
32. ABDOMEN - DISTENSION	2	2	1	1	-	-	-	-	-	-	-
33. ABDOMEN - FLATULENCE	2	2	2	1	2	-	-	-	-	-	-
34. ABDOMEN - PAIN - cramping	2	3	3	2	2	3	-	-	-	-	-
35. RECTUM - CONSTIPATION	2	3	3	1	-	-	-	-	-	-	-
36. RECTUM - FLATUS	2	3	3	1	2	-	-	-	-	-	-
37. FEMALE GENITALIA/SEX - SEXUAL DESIRE - increased	2	3	2	1	2	-	1	-	-	-	-