

A comparison between the traditional use of *Strychnos henningsii* and the homoeopathic indications of *Strychnos henningsii* 30CH.

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

by

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I, Poonam Maharaj, declare that this dissertation represents my own work, both
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To my Father and Jasveer

And

*In loving memory of my
Mother*

*For all their love, sacrifices, support
and for always believing in me*

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ABSTRACT

Introduction

The purpose of this study was to investigate the homoeopathic indications of the bark of the *Strychnos henningsii* tree, through a homoeopathic proving, and to subsequently compare these results to the documented traditional use of the crude substance.

Methodology

The study design took the form of a triple-blind placebo-controlled trial consisting of 32 participants who met defined inclusion criterion. These participants were randomly divided into four groups, each consisting of eight provers and supervised by one of four M. Tech Homoeopathy students. Fifty percent received placebo and fifty percent received verum. Neither the researcher nor the provers were aware of the nature of the proving substance as well as who received the placebo and who received the verum until the study was completed. The proving substance was administered in the 30CH potency, according to an ECH (European Committee of Homoeopathy) methodology.

All provers were subjected to pre – and post -proving consultations in which case histories and physical examinations were performed. A pre-proving workshop was held for all provers and supervisors. Symptom collection was done by using information obtained from prover journals which was then collated, edited and translated into repertory language. By identifying broad areas of traditional use of *Strychnos henningsii* and relating these to rubrics derived from the proving of *Strychnos henningsii* 30 CH, a comparison was performed in order to evaluate the overlap between the homoeopathic indications and traditional use of the proving substance.

Results

After critical evaluation, it was found that whilst overlaps exist in the treatment of liver disease, nausea, dysmenorrhea, rheumatism, chest pain, malaria and dizziness, no overlap was found in the use of the homoeopathic remedy in snakebites. In addition the proving revealed symptoms that were not indicated in traditional use such as headaches, asthma, influenza, sinusitis and hayfever, as well as infections of the eye, ear, nose and throat.

Conclusion

Thus, upon comparison of the traditional uses of *Strychnos henningsii* to the symptoms produced in the proving of *Strychnos henningsii* 30CH, revealed that similarities pertaining mainly to the gastro-intestinal system, female gynaecological tract and rheumatic complaints exist. However, the proving elicited many new symptoms that are purely homoeopathic, these included head, mind, sleep, dream, nose, ear, chest and respiratory symptoms. Furthermore, it is hoped that further provings of this substance at different potencies would contribute further to the materia medica of the substance.

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DEFINITION OF TERMS

Blinding

This term is defined as “ The masking of trial treatments in a clinical trial to enhance observational comparability with respect to concomitant therapy and care and assessment of the outcome”(Swayne 2000,29)

Centesimal Potency

1. A dilution in the proportion of 1 in 100
2. The sequential addition of 1 part of the previous potency to 99 parts of the diluent. Centesimal potency is defined by the number of these dilutions, performed with succession. Potencies are designated by a number and the letter C after it. If the centesimal potency was prepared by the Hahnemannian potency method, then it is designated by either a single ‘c’ or a ‘cH’ (Swayne 2000:36).

Materia Medica

It is the “Systematic documentation of the knowledge of medicines; a textbook containing such” (Swayne 2000:132).

In homoeopathy it is the “description of the nature and therapeutic repertoire of the homoeopathic medicines; of the pathology, the symptoms and signs and their modifying factors (modalities), and the general characteristic of the patient associated with them, derived from their toxicology. Homeopathic pathogenic trials (provings) and clinical experience of their use” (Swayne 2000: 132).

Placebo

This is “an active agent used for the comparison with the substance or method to be tested in a controlled trial, and indistinguishable from it” (Swayne 2000: 162).

Proving

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

Prover

The subject of a homoeopathic proving, 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).

Repertory

Systematic cross reference of symptoms and disorders to the homoeopathic medicines in whose materia medica they occur.

The strength or degree of the association between the two is indicated by the type in which the name of the remedy is printed (Swayne 2000:183).

Rubric

The phrase used in the repertory to identify a symptom or disorder and its component elements and details, and categories of these, and to which a list of these medicines which are known to have produced that symptom or disorder in homoeopathic provings, or to remedied in clinical practice is attached(Swayne 2000:186).

CHAPTER ONE

The Study

1.1 Introduction

Homoeopathic provings are a formal testing of various substances on healthy individuals to ascertain their effect and thereby utilize these preparations based on the proving symptoms, in keeping with the Law of Similars. Many substances in nature are waiting to be proven, and in order to find a true simillimum it is important that more provings be undertaken (Sherr, 1994:49).

‘ It is only by proving a considerable number of simple medicines on healthy individuals, and carefully and faithfully recording all the disease elements and symptoms that each medicine (as an artificial disease potency) is capable of engendering, that we can have a true materia medica. A true materia medica is a collection of the genuine, pure, unmistakable modes of action of the simple medicinal substance’- Hahnemann § 143 (O’ Reilly 2004: 161).

From the above aphorism, the role of provings in homoeopathy is quite evident. Provings provide the basis for all homoeopathic treatment and materia medica’s. They serve as the foundation upon which homoeopathy is built (Sherr, 1994:8).

Some homoeopaths believe that for a remedy to be useful, it should be derived locally within reach of the patient, as nature tends to provide cure that is accessible (Sherr, 1994:49). The substance used in the proving is one that is indigenous to South Africa and has been used within the context of African traditional medicine. Traditional medicine in Africa is one of the oldest and probably the most diverse of all medicines (van Wyk & Wink, 2004). In South Africa; medicinal plants are an important aspect of South African heritage and are used on a daily basis (van Wyk, van Oudshoorn & Gericke, 1997).

In modern society; majorities of people are still reliant upon traditional medicine (van Wyk & Wink, 2004). Furthermore, according to Sherr (1994:49) a suitable reason for choosing a certain substance is that upon examination of the materia medica gaps are found which that particular substance may fill. Therefore, more provings of substances could prove useful. Most indigenous medicine was transmitted via word of mouth from one generation to the next. This is exemplified within the context of African traditional medicine, where the various regional healing practices are not well documented and not yet systemized, (van Wyk & Wink, 2004).

1.2 The Proving substance

The proving substance chosen was *Strychnos henningsii* which is a tree that is indigenous to South Africa. *Strychnos henningsii* forms an important part of the ecosystem and has a multitude of uses which has lead to overexploitation, causing the tree to become rare in some areas.

Strychnos henningsii belongs to the *Strychnaceae* (formerly *Loganiaceae*) family and the genus *Strychnos*. The *Strychnos* species of plants consists of 190 species, distributed throughout Africa, Asia and America. This species of plants are characterized by the presence of strychnine and its alkaloid derivatives, which are known to be highly poisonous (van Wyk & Wink, 2004).

Trees and shrubs belonging to the *Strychnos* species are usually fruit bearing and are characterised simple leaves which have three to five prominent veins that arise from the base of each leaf (van Wyk & Gericke, 2000:58). Fruit of the trees belonging to this species are a common source of food, however only the pulp of the ripe fruit are eaten because the seeds and unripe fruit contain the poison and its derivatives (van Wyk, van Heerden & van Oudtshoorn, 2005:204).

Strychnos henningsii is a common source of food in certain parts of Africa where it is added to fatty, meat based and milky soups and stews and in beer, and is also used in building and providing live fencing. The *Strychnos henningsii*

tree may have several uses but it is more commonly known for its therapeutic properties and is widely utilized in Traditional African medicine (van Wyk, van Heerden & van Oudtshoorn, 2005:204). Within this context, the plant is used in the treatment of snakebites, malaria, gastro-intestinal complaints, dysmenorrhea, and rheumatism amongst other conditions. It has also been used in malaria and several studies have been performed on isolated alkaloids to test its anti-malarial properties (van Wyk & Wink, 2004).

Although it is used medicinally, *Strychnos henningsii* is often used as a poison because of the high toxicity of its strychnine component. Due to its extensive use within the context of traditional medicine, it was hypothesized that this substance prepared in homoeopathic potency could provide a valuable contribution to Homoeopathy.

1.3 The Objectives of the Study

The first objective of this study was to investigate the effect of *Strychnos henningsii* 30CH when administered to healthy individuals and the recording the signs and symptoms thereof, by those individuals, so that *Strychnos henningsii* 30CH may be administered to sick individuals in accordance with the law of similars. To ensure that the substance would be free from bias in the collation and extraction phases, a triple-blind, placebo controlled study was conducted. The identity of the substance was known only by the research supervisor. The second objective was to subsequently compare the existing traditional uses of the crude substance *Strychnos henningsii* 30CH, with its homoeopathic indications, derived from the proving *Strychnos henningsii* 30CH.

1.4 The Benefit of the study

It was hypothesized that since the substance *Strychnos henningsii*, is widely used within a traditional medicinal context, a homoeopathic proving of the *Strychnos henningsii* 30CH, would provide a broad range of proving symptoms.

Furthermore, this study was a triple-blind placebo controlled study. The triple-blind placebo controlled method was employed to eliminate inclusion of bias and be more accurate and reliable, as opposed to the double - blind method employed by many researchers.

CHAPTER TWO

Review of the Related Literature

2.1 Historical perspective

'The highest ideal of cure is the rapid, gentle and permanent restoration of health; that is, the lifting and annihilation of the disease in its entire extent in the shortest, most reliable, and least disadvantageous way, according to clearly realizable principles - Aphorism 2, Samuel Hahnemann, the founder of homoeopathy (O' Reilly, 1996:60).

Homoeopathy is a system of medicine based on the principle that certain substances that are capable of producing particular symptoms in the sick, are capable of curing these symptoms when administered to healthy people in single, minute doses (De Schepper 2001: 26). According to Hahnemann, disease is dynamic and does not exist on the material level. It is rather a mistuning in the life force of the person. Therefore, cure can only occur through counter-action of the life force with the appropriate medicine and the stronger the life force of the person; the more likely it is that cure would occur. Furthermore, homoeopathy employs methods that are not painful or debilitating because pain itself weakens vitality (O' Reilly 2004: 5). Hahnemann advocated the use of a single, simple remedy (not mixed with other medicinal substances) in subtle doses, to ensure that a disease is cured in a manner that prevents pain and debilitation (O' Reilly 2004: 5).

Hahnemann, whilst translating Cullen's *Materia Medica* into German conceived the idea of homoeopathy. According to Cullen, the efficacy of Cinchona bark was principally due to the astringent and bitter properties of the substance. However, Hahnemann was not convinced that these properties were the reason for the medicinal action. Therefore, Hahnemann decided to experiment with a crude dose of *Cinchona officinalis* (Cinchona /Peruvian bark). Upon ingestion, the substance induced symptoms that were suggestive of malaria - the very

illness that it was used to treat. Thus, leading to his statement of the fundamental law on which homoeopathy is based, the Law of Similars (De Schepper 2006: XV) 'What a substance can cause, it can cure'.

Furthermore, this principle of cure was one that was advocated by Hippocrates (recognized as the father of modern medicine) in the fifth century BC when he stated that: 'Illnesses arise by similar things and by similar things can the sick be made well' (De Schepper 2006: 15).

2.1.2 Provings

According to Yasgur (1997:317), a proving is defined as 'a test of the action of a drug upon a healthy body; record of all the unusual sensations, or deviations from normal health, experienced by one taking the drug' (Yasgur, 1997:316). Hahnemann recognized the difficulty in trying to ascertain the effect of a medicinal substance by administering it to a sick person, as the action of the substance would be obscured by the symptoms of the disease. Therefore, medicinal actions must be investigated by observing the symptomatology that it produces in healthy subjects (O' Reilly, 2004: 144).

In Aphorisms 105-114 of the Organon of the Medical Art, Hahnemann laid down detailed instructions on performing homoeopathic provings. Up until the 18th century, drugs were prescribed based largely on observation of their toxic effects/poisonings. Hahnemann's, theory of provings, was revolutionary, as it introduced the concept of scientific experimentation with medicinal substances, as a basis for prescribing with them (De Schepper 2006:32).

In addition to expanding the Materia medica, provings are of great significance and should be continued as Hahnemann recognized that, for every disease a remedy can be found that fits its symptom picture (Aphorism 145, O' Reilly 2004: 162).

Furthermore, the process of a proving is one that should be ongoing as, according to Sherr (1994:49), there is an abundance of substances in nature, which are waiting to be proven. In addition, he states that 'Of course it is

impossible to prove nature in her entirety, but in order to find a true simillimum for the majority of our patients many more provings must be undertaken'(Sherr 1994:49). Therefore, provings are an integral component of expanding homoeopathy as a discipline.

2.1.3 Blinding and placebo measures

2.1.3.1 Blinding

Proving methodology laid down by Sherr (1994) concurs with the instructions prescribed by Hahnemann. Most proving designs, take the form of a double-blinded placebo controlled design (Sherr 1994:36). However, this study will take the form of a triple - blinded placebo controlled study. Blinding involves keeping certain information about the research process away from the prover, master prover or researcher involved, as well as from the individuals involved in the analysis and organization of results (Ambrosius, 2007:9). The purpose of blinding is to prevent and reduce bias in the outcome of results.

A double – blind study, is one in which the patient and the investigator is kept unaware of an aspect of the study (Sherr, 1994:36). The purpose of a double-blind process is to compensate for bias in the patient and faith in the observer (Sherr, 1994:36). However, knowledge of the proving substance may introduce bias and thus decrease the accuracy of the study. Therefore, a triple - blind method is to be employed.

Triple blinding refers to a method of blinding in which the subjects, the researcher and another researcher recording the data are all unaware are kept unaware of the participant allocation and substance. Triple blinding can extend further to keep the individual that is analyzing the data, unaware of the treatment allocation (Sim & Wright, 2000:97).

2.1.3.2 Placebo

The term placebo means 'I will be pleasing' (Sherr, 2004:57). A placebo is a substance that is inert and usually used in a controlled trial and used in comparison to the active remedy (Sim & Wright, 2000:97). The value of the use of placebo in research is an issue which has been a source of ongoing contention. Sherr (1994:57) suggests that the use of a placebo would assist in differentiating between the effects of the remedy itself, from those that are not produced by the remedy.

There are three main benefits of a placebo in drug trials:

1. It distinguishes the pharmacodynamic effects of a drug from the psychological effects of the test itself.
2. It distinguishes drug effects from fluctuations in disease that occur with time and other external factors.
3. It avoids 'false negative' conclusions – i.e. the use of placebo tests the efficacy of the trial itself (Sherr, 1994:37).

The first function is true in relation to homoeopathic drug provings because the use of a placebo does assist in distinguishing the effects of the remedy from those of the proving process. Homoeopathic provings are conducted on healthy individuals and therefore, the second point does not apply. The third point also does not apply because provings do not need testing for efficacy and provings have been conducted in the past without the use of placebo (Sherr, 1994:37).

In fact, most of provings in the nineteenth century were conducted without the use of placebo and have stood the test of time, proving to be clinically efficient in a vast majority of cases (Sherr, 1994:57). There are different ways in which a placebo may be employed. In this proving fifty percent of the proving population would be receiving placebo whilst the other fifty percent will be receiving verum.

2.1.4 Potency and Number of Provers

The potency of the proving substance is one that has been a contentious issue. Hahnemann instructed that provings should be conducted using potentised remedies, as they produce a wider range of symptoms than material doses (Sherr, 1994:55). Potentisation releases the medicinal powers of a substance that is dormant in the crude/material form of the substance. Therefore, a substance activated by potentisation will produce a more complete symptom picture of the substance (Hahnemann, 2001:154).

A proving can make use of either a single potency or a variety of potencies (Sherr, 1994:56). The use of different potencies is helpful in investigating the different levels of potency as well as gaining information when choosing the correct potency for each patient (Sherr, 1994:56). However, Hahnemann instructed that the thirtieth centesimal potency be used to prevent or minimize unnecessary aggravation (Sherr, 1994:56). This proving will make use of the substance in the thirtieth centesimal potency.

According to Sherr (1994: 45), a large sample of provers would lead to an over proved remedy. He therefore suggests the use of at least 15-20 provers. In this proving, thirty-two provers who meet the proposed inclusion criterion are to be used.

2.1.5 Traditional medicine

The World Health Organization (WHO), defines traditional medicine as, *'the health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being (World Health Organization 2003).*

Traditional medicine is steeped in philosophical and cultural origins (van Wyk & Wink, 2004). In modern society majorities of people are still reliant upon traditional medicine (van Wyk & Wink, 2004). Furthermore, according to Sherr (1994:49) a suitable reason for choosing a certain substance is that upon examination of the materia medica gaps are found which that particular substance may fill. Therefore, more provings of substances could prove useful. Most indigenous medicine was transmitted via word of mouth from one generation to the next. This is exemplified within the context of African traditional medicine, where the various regional healing practices are not yet systemized, (van Wyk & Wink, 2004).

Due to the lack of scientific insight on predicating the curative nature of a medicinal substance, the knowledge of these traditional medicines, was obtained through trial and error (van Wyk & Wink, 2004). People who use traditional medicines have largely relied on personal experience to determine the efficacy of medicinal plants when used in therapeutic doses, rather than understanding the scientific basis (van Wyk & Wink, 2004). In addition, the use of medicinal substances is often steeped in superstitious beliefs and witchcraft. An example of such a practice is in the practice of Shamanism, which encompasses a variety of traditional practices and beliefs that is primarily concerned with communication with the spirit world (Stutley, 2002:2). This practice makes use of a Shaman, who serves as an intermediary between the spirit and human worlds. By transcending into the supernatural realm, they are capable of treating illness and providing answers for human troubles (Stutley, 2002:2).

Within the South African context, Zulu traditional medicine (umuthi) consists of practices that include making use of witchdoctors (isangoma) who communicate with ancestral spirits and treat accordingly, as well as a traditional herbalist (inyanga) who make use of traditional medicines from plant and animal substances. Furthermore, diviners who 'smell out' evil doers and sorcerers are also part of the Zulu traditional medicinal system. In Zulu traditional medicine, the traditional healer uses intuition and certain unique methods of diagnosis (ThinkQuest, 2009). In this system of medicine the healer, very rarely diagnoses

by touching the patient and employs a more perceptive approach. This power of perception is regarded as an innate ability inherited by the isangoma and so the isangoma has no choice and is sacredly called upon to pursue this particular career (ThinkQuest, 2009). In the practice of traditional Zulu medicine, there are three primary methods of diagnosis:

1. Throwing of bones (amathambo) is a method of diagnosing illness that involves the Doctor interpreting the arrangement of bones and aligning them with certain health problems.
2. Transmental diagnosis, is a form of diagnosis in which the Sangoma, gets into an altered state of consciousness (trance- like state) in order to determine what is wrong with the patient. This trance- like state is often self- induced as with autohypnosis or brought on by certain drugs or plant substances.
3. Perceptive diagnosis is a means of diagnosing the patient by perceiving either by feeling or seeing vibrations emitted by the patient and interpreting them. In this form of diagnosis, the doctor sits away from the patient and has the ability to experience the pain felt by the patient (ThinkQuest, 2009).

Another concept, which permeates many cultures, is the Doctrine of Signatures (van Wyk & Wink, 2004). This concept is based on the belief that the appearance of a plant indicates its medicinal properties. This has been interpreted as God's signature on the plant (van Wyk & Wink, 2004). A successful example of this, being the use of *Chelidonium majus* - that consists of yellow flowers as well as a yellow alkaloid that contains latex, In the treatment of jaundice, (van Wyk & Wink, 2004). Within the context of Zulu medicine, the inyanga gains knowledge of an animal medicinal substance by observing the behaviour, the agility, strengths, poison as well natural defence mechanisms of these animals in response to injury and disease (ThinkQuest, 2009). From this knowledge, they are able to manufacture medicines to treat illness. Plants are also used often; some are used as magical plant medicines. This is done for their psychoactive properties (intelezi) to ward off evil and calm fears. Certain plants are used more scientifically to treat specific ailments.

Traditional medicine in Africa is a holistic one, which consists of the traditional healer diagnosing and treating illness on a psychological basis before prescribing the required medicinal remedies (van Wyk & Wink, 2004). South African records of the traditional usage of medicinal plants have revealed that a substantial amount of information has been inaccurately recorded (Normann, Snyman & Cohen, 1996:39). An example being, that which was recorded previously as a 'chest complaint', in fact revealed itself to be cardiac asthma (left ventricular heart failure) and so the traditional medicine worked as a diuretic. In keeping with traditional concepts of healing, the diuretic was prescribed to eradicate the cause of the disease and in this case, the treatment used is very similar to therapeutics used by modern medicine (Normann, Snyman & Cohen, 1996:39).

However, in many instances, there is no relation between modern therapeutics and traditional medicine but traditional therapeutics appear to be highly effective as it achieves the therapeutic objective from the traditional therapeutic paradigm. Therefore, the efficacy of each medicinal substance in relation to certain conditions should be considered from within the biomedical perspective and from within the traditional paradigm (Normann, Snyman & Cohen, 1996:39).

Homoeopathy is a system of medicine that is based on the theory that medicinal substances can be used in dilute forms in the treatment of illnesses associated with the symptoms produced by high doses of the same substance. Therefore, crude doses are not used. Potentisation is a means of releasing the immaterial forces of a substance that is inert in its crude form (van Wyk & Wink, 2004). Homoeopathy makes use of substances derived from the plant, animal, mineral, insect, microorganisms and imponderable sources. African traditional medicine is a holistic system involving body and mind (van Wyk & Wink, 2004). It makes use of substances derived from plant, animal, micro - organisms, minerals and insects. This form of medicine makes use of extracts and crude doses either given individually or in a combination. The relationship between these two medicinal systems needs to be explored.

2.1.6 A proving of *Strychnos Henningsii*

Strychnos henningsii is a substance that is indigenous to Africa. Upon studying the uses of the substance, it was revealed that *Strychnos henningsii* is widely utilized in traditional African medicine for a variety of conditions.

This study aimed to examine the symptomatology produced by the potentised substance, *Strychnos henningsii* 30CH, by means of a homoeopathic proving. This data, once collated was analyzed and compared with the indigenous uses of the substance.

2.2 The Proving substance: *Strychnos henningsii*

2.2.1 Classification

Family: Strychnaceae (formerly Loganiaceae)

Genus: *Strychnos*

Common names: Red bitterberry; Coffee bean strychnos; Coffee hard pear; Walking stick; Panda's strychnos; Natal teak (English)

Rooibitterbessie; Koffeehardepeer (Afrikaans)

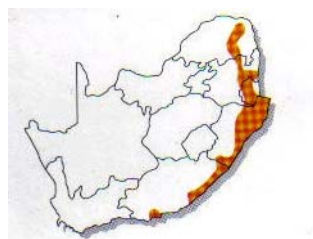
Umqaloti; Umqalothi; Umdunye (Zulu)

Umnonono; Umkaloti (Xhosa)

2.2.2 Geographical Distribution and Botanical Description

Strychnos henningsii is widely distributed throughout South Africa, Mozambique, Madagascar, Tanzania, Kenya, Angola, Ethiopia, Swaziland and

Uganda (WorldAgroForestry, 2009). The distribution of the tree along the East Coast of South Africa is significant, as these areas are endemic of malaria:



(van Wyk, van Oudshoorn & Gericke, 2005:244)

This is important because this tree is often used traditionally in the treatment of malaria and according to Sherr (1994:49); nature usually provides an accessible cure, which is well within the reach of the patient.

The tree usually grows throughout woodland areas, moist and dry forests, on stream banks, as well as evergreen thickets on rocky hills. This species also tends to be associated with *Olea* and *Podocarpus* pp. (WorldAgroforestry, 2009).

The appearance of *Strychnos henningsii* ranges from a large shrub to a tall tree, ranging from 2-15 meters in height and is highly branched. The leaves of the tree are simple, opposite and consisting of three prominent veins that arise from its base, a feature common to all plants belonging to the *Strychnos* species. The colour of the leaves is a bright glossy green. The bark of the tree is usually pale gray and has a smoother texture in younger plants, which become flakey, rough and a darker shade of brown in older specimens. In the early spring and summer, small fragrant flowers which are yellow in colour are produced along the branches (van Wyk, van Oudshoorn & Gericke, 2005:244). This tree also bears fruit that range from red, brown to orange when ripe and are either round or oblong in shape and contain seeds that resemble coffee granules.



Leaves and fruits of *Strychnos henningii*



Bark of *Strychnos henningii*



Flowers of *Strychnos henningii*

(van Wyk, van Oudshoorn & Gericke, 2005:244)

2.2.4 Traditional uses

Traditionally, the *Strychnos henningsii* tree has wide variety of uses. The structure of the tree allows it to be used for adequate shade and shelter as well ornamental purposes due to its shiny foliage shade and fragrant flowers. It also forms as an important part of the ecosystem where it assists in preventing water erosion (WorldAgroforestry, 2009).

Timber from the tree which is dark brown to grey is known for its strength and durability and is termite-resistant. The strength of the wood makes it ideal in forming tool handles, arrow shafts and walking sticks. The poles provide fencing for cattle enclosures and are also used to build huts (WorldAgroforestry, 2009).

Strychnos henningsii is also an important source of food. In East Africa, a bitter decoction is prepared by first boiling the stems or roots for 45 minutes and then straining the mixture, which is then added to a soup - usually cattle bone soup and stirred with a traditional stirrer (Fastonline, 1999). Roots of the tree are usually more bitter than the stems and so only a small amount is added and taste can be improved by adding milk, cream, meat or salt. In addition, fruit from the *Strychnos henningsii* tree is used to flavour traditional beer.

Despite these uses, *Strychnos henningsii* is most well known for its medicinal properties and is used extensively in traditional African medicine. The parts of the plant are prepared in a number of ways in different parts of Africa and depending on the condition being treated. Whilst the roots, stems and fruit are used, the most often used part of the plant is the bark (PROTA, 2009).

Traditionally, in South Africa it is mainly used in the treatment of stomach-ache and colic. An extract of the bark is usually utilized for these purposes and boiling the roots of the tree, or chewing the bark are other common dosage forms. South African healers prepare a decoction of the bark for use as an antihelminthic in children, whereas in the Tanzania the fresh pounded roots are used to treat hookworm. It is also used quite often as a bitter tonic and

purgative due to its effects on the liver (van Wyk, van Oudshoorn & Gericke, 2005:244). The bark is pulverized and the patient takes 10mm of bark in cold water to alleviate nausea (Scott, Lewis & Cunningham, 1996:238). Diarrhea in cattle caused by heartwater and rickettsial parasites is effectively treated with *Strychnos henningsii* (PROTA, 2009).

In addition, the bark is commonly used in the treatment of dysmenorrhea. A decoction of the root is used for chest pain as well internal injuries *Strychnos henningsii* is also said to have antiseptic properties and so the bark is ground and applied to wounds and mouth ulcers in cattle and horses to assist with healing (PROTA.2009). In South Africa snakebites are also treated with bark and unripe fruit of the tree, whereas the fresh roots are chewed on, in Kenya and Tanzania. It is also useful in malaria where a decoction is prepared from leaves and roots and served with honey.

Rheumatism is another complaint that is commonly treated with *Strychnos henningsii* and this is done in a number of ways using various preparations, which include ingesting a drink made from the leaves and bark; boiling the roots and making a soup. Backache is often treated with boiled bark. In South Africa, a decoction is prepared from boiled bark together with the roots of *Turraea floribunda* (Scott, Lewis & Cunningham, 1996:238).

The medicinal properties of *Strychnos henningsii* are believed to be due to the strychnine-type alkaloids that it contains. Strychnine is highly poisonous and has a marked effect on the central nervous system causing paralysis, these properties allow for it used as a poison on arrow heads, for rodents, as well for its muscle relaxing effects in anaesthesiology (van Wyk, van Oudshoorn & Gericke, 2005:244). Furthermore, these strychnine related alkaloids are thought to have anti-inflammatory, anti-spasmodic and anti-cancer potential as well as showing mild to moderate activity against malaria (PROTA, 2009). Thus, due to its extensive and diverse traditional uses the researcher believes that *Strychnos henningsii* 30 CH could provide a significant contribution to the homoeopathic treatment of a variety of conditions.

Furthermore, the relationship of the traditional use to the strictly homoeopathic use as evidenced through the proving would be of particular interest, in terms of informing our understanding of the relationship between traditional medicinal systems, and providing insight into the sustainability of South African plant resources.

CHAPTER THREE

Methodology

3.1 Proving Design

The homoeopathic drug proving of *Strychnos henningsii* 30 CH 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) received placebo in a random manner. The 32 provers were randomly divided into four equal groups of eight provers, with each group supervised by one of four M.Tech.Hom student researchers (Durban University of Technology, Durban).

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 has been assigned the proving substance or a placebo. The research 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.

3.2 Outline of the Proving Methodology:

- The proving was conducted by four M.Tech.Hom. students, under supervision of their supervisor;
- The proving substance (*Strychnos henningsii* in the 30CH potency) was prepared by the principal researcher 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 were prepared according to the method described below (3.3.3) and 9 powders each of the respective test substance (verum or placebo) will be randomly assigned by an independent clinician to 32 prover numbers (16 verum and 16 placebo);
- Each student 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 principal researcher, 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 student researcher being responsible for 8 provers;

- At scheduled times, a thorough case history and physical examination (*Appendix C*) of each prover were completed by the 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 was 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 were 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 taking any further doses, but continued to record as previously

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

- The proving was considered to be complete when there appeared to be 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 then recalled, and a post-proving case history and physical examination 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 then effected manually; results of blood analyses were subjected to statistical analysis;
- Data was presented in traditional Materia Medica and Repertory formats. At this point the identity and potency of the proving substance was revealed to the researchers.

3.3 The Proving Substance

3.3.1 Potency:

The proving substance in the 30th Hahnemannian potency (30CH) was utilized for the proving (*Strychnos henningsii* 30CH).

3.3.2 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), First supplement (2005) (Appendix E (i) and (ii) (Benyunes 2005))

- A 20ml volume of the 30th Hahnemannian centesimal potency (30CH) was produced in 96% ethanol;
- A 90ml volume of standard size 10 lactose granules was 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 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 will be held in reserve, to be administered to provers who may be required to replace provers who withdraw from the study prematurely [see 3.4.3 below].

3.3.3 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 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.

3.4 The Prover Group

3.4.1 Sample size and demographics:

The proving was conducted on 32 healthy subjects. In keeping with international recommendations (ICCH, 1999: 35, Walach, 1994: 130, Sherr, 1994) the prover population consisted of a balanced 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 who have previously presented to the Homoeopathic Day Clinic (DUT), and their relatives and friends. Although recruitment of provers will be 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 were known only to the independent clinician until all data has been collected.

3.4.2 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 in no need of medical treatment; conventional, homoeopathic or other (Riley, 1997: 223);
- had 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);
- had 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 has signed the Consent Form (*Appendix B*) (Riley, 1997: 225).

3.4.3 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: 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 were numbered according to the resultant schema [see 3.3.2 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 were 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 was held in reserve (unallocated), to be administered to provers who may have 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.

3.4.4 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, 1997: 200);
- maintain their usual habits (Sherr, 1994: 92, Maish *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).

3.4.4 Monitoring of provers:

Each 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:

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

3.5 Case-history and Physical examination

3.5.1 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 **Informed Consent** form and the **Instructions to Provers** documents (*Appendices B and D respectively*) had scheduled 90-minute appointment with the assigned 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.

3.5.2 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).

3.6 Duration of the Proving

3.6.1 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 was occurring according to the methodology, and that good journaling habits were being established. Commencement of recording was therefore staggered over a 10-day period (viz. days 1, 4, 7, and 10).

3.6.2 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 had been 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 being protected [see 3.4.4 above]. Provers journaled at least once daily for the duration of the proving.

3.6.3 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 were 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.

3.6.4 Post-proving observation:

The proving was considered complete when there had been 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 3.8 below].

Although the duration of the individual prover's reaction to the proving substance could not be predicted, the broad prediction of duration was approximately 66 days as set out below:

Initiation of pre-proving observation	10 days
Pre-proving observation (1 week)	7 days
Proving period (approx. 5 weeks) [variable]	35 days
Cessation of proving (1 weeks)	7 days
Post-proving observation (1 weeks)	7 days
	approx. 66 days

3.7 Group Discussion

Once all provers had completed their respective provings (and handed in their journals), the randomisation was unblinded (identity of proving substance remains blind), 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 assists in clarifying and validating, or discarding doubtful symptoms.

3.8 Symptom Collection, Extraction and Evaluation

The most difficult phase of proving development lied 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 then 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 did 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 was 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, Hahnemann (2001: 207).
- A present symptom that disappeared during the proving. This was 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 2001: 207).
- If the prover was under the influence of the remedy (as can be seen by a general appearance of symptoms), then all other new symptoms were proving symptoms (Hahneman, 2001: 207, Sherr 1994: 70).
- The time of day at which a symptom occurs was only included if there was repetition of such a time in another prover (ICCH 1999: 36).
- A symptom was excluded if it may have been produced by a change in life or other exciting cause (ICCH 1999: 36).

3.9. Processing of the Proving Data

3.9.1 Collating and Editing:

The aim of collation was 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 predominant theme, so as to ensure

maximal clarity of remedy image and reduce superfluous duplication of entries in more than one chapter.

The selection of symptoms for inclusion in materia medica was according to the criteria cited in Item 3.8 above.

3.9.2 Reporting:

Valid proving symptoms were recorded verbatim in the materia medica format adopted in standard modern homoeopathic texts (as stated in 3.9.3 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.

3.9.2.1 Materia Medica

Pre - and post –proving symptomatology were extracted from the prover journals and recorded exactly as described in these journals. The pre- and post –proving symptoms were compared and symptoms common to both phases were eliminated. Thereafter, symptomatology from placebo and verum provers were compared and eliminated in the same manner, and the resulting symptoms were recorded in the materia medica format.

The following standard head-to-toe schema was adopted in compiling the Materia Medica of *Strychnos henningsii* 30CH:

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

In addition, journal entries in the Mind section were arranged by thematic relationship, to elucidate and provide structure to an otherwise diverse arrangement of entries. Within each section, journal entries were arranged around common localizations, modalities or sensations.

3.9.2.2 Repertory

The journal entries collected from each prover journal was converted into rubrics. Rubrics were recorded according to the standard rubric – sub-rubric format adopted in Synthesis 9th Edition (Shroyens, 2004), using the chapter scheme as described in 3.9.2 above. These rubrics were compiled to form a composite repertory where the number of provers determined the grading as follows:

Number of Provers	Grading
1 – 2	1
3 - 7	2
8+	3

3.10 LEVELS OF RELATIONSHIP OF PROVING DATA

Proving data (subjective and objective) was related to the following:

- i) Relationship to documented traditional 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.

This study explored the relationship of proving data to tradition if use (3.10(i) above). Thus after, extraction, collation, editing and reporting of data into materia medica and repertory format, the resulting symptoms were compared to the traditional uses of the crude substance *Strychnos henningsii* to ascertain whether overlaps or differences exist.

CHAPTER FOUR

The Results

4.1 Introduction

The symptomatology recorded within the prover journals was extracted, collated, edited and then converted into materia medica and repertory format, as reflected in this chapter.

4.2 The Materia Medica symptoms of Strychnos Henningsii 30CH

4.2.1 Key

The symptoms of Strychnos henningsii 30CH were grouped according to sections in the materia medica.

The symptoms are referenced as follows:

Prover Number – Gender –Day: Hours: Minutes (DD: HH: MM)

4.2.2 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:XX: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

4.2.3 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

4.2.4 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

4.2.5 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

4.2.6 Vision

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

Vision is blurry. 15F 11:XX:XX

4.2.7 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

4.2.8 Hearing

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

4.2.9 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

4.2.10 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

4.2.11 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

4.2.12 Teeth

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

4.2.13 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

4.2.14 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

4.2.15 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

4.2.16 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

4.2.17 Stool

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

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

4.2.18 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

4.2.19 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

4.2.20 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

4.2.21 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

4.2.22 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

4.2.23 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

4.2.24 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 5th 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

4.2.25 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

4.2.26 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

4.2.27 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

4.2.28 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

4.2.29 Chill

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

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

4.2.30 Perspiration

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

4.2.31 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

4.2.32 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

4.2 The Repertory Symptoms of *Strychnos henningsii* 30CH

The rubrics are listed according to the order in which they are found in the homoeopathic repertory. The rubrics are referenced as follows:

- Rubric – Sub rubric/s – Degree
- New rubrics resulting from the proving are denoted by a capital N in brackets (N).
- **GRADE 4 RUBRICS ARE DISPLAYED BOLD PRINT, IN CAPITAL LETTERS**
- **Grade 3 rubrics are displayed in bold print**
- *Grade 2 rubrics are displayed in italics*
- Grade 1 rubrics are displayed in plain type.

4.2.1 Rubrics

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: Stupefaction

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

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

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

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

VISION

VISION: Blurred
VISION: Dim

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

HEARING

HEARING: Impaired

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

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

MOUTH

MOUTH: Dryness; night

MOUTH: Pain; sore: gums

MOUTH: Taste; bad

MOUTH: Taste; bad, morning

MOUTH: Taste; nauseous

MOUTH: Taste; offensive

MOUTH: Taste; sour

TEETH

TEETH: Biting; hard which relieves pains; desire to bite on something

TEETH: Pain; pressing: outward

TEETH: Pain; sore

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

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

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

RECTUM

RECTUM: Constipation
RECTUM: Constipation; difficult stool

RECTUM: Constipation; insufficient

RECTUM: Diarrhea

RECTUM: Diarrhea; morning

RECTUM: Diarrhea; 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

STOOL

STOOL: Black

STOOL: Dark

STOOL: Thin

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

URETHRA

URETHRA: Pain; burning

URETHRA: Pain; burning, urination; during

URETHRA: Pain; pressing

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.

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

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

EXPECTORATION

EXPECTORATION: Morning

EXPECTORATION: Morning, waking, after

EXPECTORATION: Mucous

EXPECTORATION: Thick

EXPECTORATION: White

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

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

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

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

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

CHILL

CHILL: Chill

FEVER

FEVER: Fever, heat in general

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

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

CHAPTER FIVE

Discussion

5.1 Introduction:

This chapter consists of a discussion of symptoms produced by the proving of *Strychnos henningsii* 30CH, with subsequent comparison to the traditional use of *Strychnos henningsii*. As presented in Chapter four, this triple blinded placebo controlled proving of *Strychnos henningsii* 30CH, yielded 631 journal entries, which were subsequently converted into 877 rubrics. The distribution of rubrics was in the following areas:

System	No. of rubrics	System	No. of rubrics	System	No. of rubrics
Mind	170	Throat	18	Chest	29
Vertigo	12	Stomach	27	Back	22
Eye	35	Abdomen	33	Extremities	83
Vision	2	Rectum	15	Sleep	38
Ear	8	Stool	3	Dreams	90
Hearing	1	Bladder	7	Chill	1
Nose	32	Female	21	Fever	
Face	23	Respiration	13	Skin	13
Mouth	7	Cough	6	Generals	29
Teeth	3	Expectoration	5		

5.2 The Remedy abbreviation

The researcher suggests that *Strychnos henningsii* be abbreviated as *Strych – h*, in accordance with the binary system described in Synthesis, Edition 9.1 (Schroyens, 2004). Furthermore, *Strychnos henningsii* - currently exists in the repertory as *Strych-h.*, and *Stry-x* is currently used to designate the various salts of the alkaloid strychnine viz: Strychnine phosphate is *Stry-p*, and Strychnine nitrate is *Stry-n*.

5.3 The Symptoms

The symptoms of the proving are discussed under various sections according to the repertory. According to Jeremy Sherr (1994:32), an important aspect of a proving is viewing the entire proving group 'as if one person', in order to do this, the symptoms were categorized into themes.

5.3.1 Mind

A wide variety of mind symptoms were produced during the course of the proving. These symptoms were placed into themes, in order to gain a better understanding of the entire remedy picture.

Heightened senses

A majority of provers experienced symptoms of heightened sensitivity. These symptoms included an increased sensitivity to noise as well as feeling more alert and full of energy and lively. These heightened senses gave rise to a general feeling of well being and happiness. However, in certain instances there were feelings of annoyance, as depicted by Prover 14 in describing her annoyance at not being able to wash off the smell of food from her hands after cooking or eating.

Good mood and happiness

There was a general sense of happiness as well as an upliftment in mood. Prover 23 described the happiness as being in 'such a good mood' and being 'happy for no reason'. These symptoms even came through in situations that would usually upset the patient, as expressed by Prover 04 in describing her mood even after having an argument with her fiancé as well as by Prover 02, who described her mood as feeling 'lighter and happier than last week' even though she was frustrated with research. Most provers experienced feelings of happiness that was unusual to them, in certain instances even surprising the provers and the people around them. Prover 23 described it in the following manner: *"I'm too nice. I even scare myself; made my sister breakfast in bed "*. These feelings of good mood and happiness continued throughout the proving.

Confidence

Provers experienced an increase in self confidence. There was a general feeling of being 'on top of the world' and being able to tackle anything that came their way. Most of the provers had more confidence in their abilities and had more confidence in expressing themselves. One prover was able to go up onto a stage due to the increased confidence, whilst another felt as if she knew everything and wanted to talk and be listened too. There was sense of accomplishment and wanting to be acknowledged for tasks performed. Prover 11 experienced her confidence in terms feeling "bigger" than the patient, as if she was higher and the patient were a little and 'down there', this made it difficult for her to connect to her patient.

Increased Energy and Concentration

Many symptoms relating to this theme were recorded. Provers felt quite energetic, hyperactive and industrious. One prover felt energetic to the point where she felt the need to talk all the time and was quite talkative during the day, describing peoples personalities. Another prover felt very weird around 6 p.m and got 'light-headed', although she was full of energy. There was an increase in the ability to concentrate and focus on tasks.

Relaxation

A few of the provers experienced symptoms of relaxation. A general sense of calmness and relaxation was felt. Provers felt happier and more content than usual and more sociable and energetic. Prover 30 expressed this theme as feeling 'cool, calm and connected'.

Spirituality and Connection

Many symptoms were recorded relating to this theme. Many provers felt a connection with a higher power and felt spiritually 'uplifted'. Prover 04 felt more connected to her fiancé and 'spiritually refreshed and re-rooted'. One prover felt the presence of God, from which she derived a sense of comfort, whilst another expressed a similar symptom, feeling 'light- hearted' and 'closer' to God after attending a spiritual service. However, prover 02 felt generally disconnected

from her emotions and from God and even had much less faith that God would look after her. There was a feeling of being disconnected from certain people, expressed by a prover as feeling 'detached' and 'removed' from things that were happening around her. Another prover, felt so distant that she didn't miss her boyfriend, which was not normal for her and found herself making excuses not to see him. Feelings of disconnection were experienced as feeling isolated and lonely with a desire for company.

Anxiety and Paranoia

Symptoms relating to anxiety and paranoia were quite prominent, with a number of provers recording symptoms relating to these themes. Some provers felt very anxious and scared of falling asleep and sleeping with the lights switched on. Prover 6, heard a man's footsteps in her room and became quite afraid as she thought someone was standing behind her and breathing heavily next to her bed, but there was no one there. This made her feel terrified and confused and she tried falling asleep again but felt a man whisper 'hello' into her ear. A prover also kept 'seeing' things through the corner of her eye and was afraid of falling asleep. A few provers became very paranoid about their relationships with their partners. One prover had an emotional breakdown, feeling like she had too much on her shoulders and felt trapped and alone. There was a lot of anxiety and worry, ameliorated by doing work. Anxiety in certain cases was accompanied by restlessness to do something.

Irritability and Indignation

Many provers experienced irritability. There was a lot of irritability directed at little things and provers became short – tempered. A few provers even got into disagreements. One prover argued with her grandmother because her Grandmother and another had an argument with her fiancé. There was general irritability and indignation relating to issues the provers felt strongly about. Some were very annoyed and irritated at not having their own way and others became irritated at having to record symptoms on a daily basis. The irritability was generally prominent in the morning.

Apathy and Tiredness

Many provers recorded feeling 'dreamy' and absentminded. Tiredness and difficulty concentrating was common. Many provers felt apathetic and generally de - motivated and had decreased energy. A feeling of laziness and inability to focus was common.

Hypochondriasis

Many provers were convinced that they were on placebo. Provers also felt an anxiety about their health, feeling as if they were really sick and getting the flu. Prover 15 experienced this symptom to the extent of thinking she had swine flu but did not get tested for the illness.

Crying

Some provers had the desire to cry but did not actually cry. There was a general increase in irritability and sensitivity to people and situations. This was expressed by a prover who became very irritable and angry with a classmate and viewing this person as inconsiderate and selfish and she had the desire to cry but did not.

5.3.2 Vertigo

A few provers recorded symptoms relating to vertigo and dizziness. Dizziness was accompanied by feeling confused and disorientated. Closing the eyes and shaking the head, ameliorated the sensation of vertigo. A few provers experienced a sensation as if they were moving around or the things around them were tilting. However, movement was not perceived visually but was more of a sensation that was felt. One prover kept having a sensation of falling to the right side during an episode of vertigo. There was vertigo on rising from bed and rising from a seated position. Prover 11 had 'floating' sensation as if losing balance when she got out of an elevator.

5.3.3 Head

There were a wide variety of symptoms relating to the head recorded. As a result these are categorized to differentiate them.

Temporal headaches

Temporal headaches were common. One prover had a temporal headache extending from the right temple to the right jaw. Right temporal headaches were common but one prover experienced a left temporal headache. Pain was described as being either, aching, dull, sharp and at times throbbing. These headaches tended to involve the right temple, right eye, right occiput and the neck.

Frontal headaches

Many provers experienced frontal headaches. The pain ranged in intensity. Some patients noted that the pain was like a 'sinus' headache. The forehead of one patient felt 'compacted', whilst another had a throbbing pain worse for walking and relieved by sitting. A few of the provers had pain in the forehead and over the eyes.

Headache like a skullcap

A few provers had symptoms under this section. One prover had a dull, foggy sensation which she described as feeling like a 'cap'; there was a lack of concentration associated with this. Another prover also had a dull headache and felt as if there was a 'skullcap' around her brain.

Parietal and occipital headache

Prover 11 recorded having a headache on the right side of the head. She later had a headache which gradually worsened throughout the day and was on the left side. The pain was described as being a dull supraorbital pain and at times there was a sensation of an 'iron band' from the occiput to the back of the ears, worse on the left ear. Another prover had a boring-type pain in the side of the head, accompanied by a feeling of congestion and aggravated by pressure. Prover 6 had a 'throbbing/pulsating' pain, in the supraorbital region, which was different from her usual headache symptoms.

General headaches

Symptoms recorded in this section included headaches in the morning as well as on waking. Moodiness and tiredness accompanied these headaches. One

prover described the pain as being 'slight' and aggravated by movement. A few provers had headaches during the day and some in the afternoon and at night. Many provers had sensations of heaviness whereas; Prover 20, described the heaviness as being like 'congestion' of the head.

Scalp and hair

A few provers experienced itchiness and dryness of the scalp. The occipit and vertex of the head appeared to be affected in particular. There was dryness of the hair and itchiness not ameliorated by scratching.

5.3.4 Eye

A number of provers recorded eye symptomatology. Dry and itchy eyes, were common. At times this accompanied by burning and one prover had a dry cough. A few provers had red, sore eyes that was aggravated by reading, watching television and general strain but relieved by closing them and rest. Twitching of the left eyelid was common and sometimes accompanied by lachrymation. Many provers also experienced burning sensation of the eyes and eyelids, accompanied by a sticky discharge. A sensation of enlargement of the eyeballs was also recorded and one prover had a yellow discoloration of the eye. A few provers developed styes.

5.3.5 Vision

There were not many symptoms pertaining to this chapter. However, blurred and 'dotty' vision was experienced by two provers.

5.3.6 Ear

Itchiness of the eardrum was common. A few provers' recorded having pain and sensitivity of the ears. Post-nasal drip and sore throat accompanied these symptoms. One prover developed an abscess with swelling and redness of the ear canal. Symptoms involving the left ear were common.

5.3.7 Hearing

Only one prover recorded a difficulty in hearing.

5.3.8 Nose

There were a large number of symptoms recorded in this section. Many provers experienced itchy and tingly sensations in the nostrils. There were a lot of sneezing and 'hayfever' type symptoms. Acrid burning of the nose was also recorded. There was an profuse nasal discharge and constant runny nose, whilst some provers had a blocked nose with an urge to blow out the nose. The discharge from the nose was thick and tenacious and difficult to expel. Some provers coughed up a large amount of phlegm.

5.3.9 Face

Pain in the right jaw was recorded. A number of patients had fever sores and blisters on the lips. Acne vulgaris and rosacea were common symptoms. A dry, itching, burning sensation on the skin of the face and a feeling of pressure on the face was also noted.

5.3.10 Mouth

Many provers experienced mouth symptoms. A prominent symptom was an unpleasant taste in the mouth. This was described as being a 'bad taste' and was aggravated by breathing out through the nose. The bad taste was generally experienced throughout the day but Prover 15 only experienced it until brushing her teeth or washing her mouth. Prover 02, described the taste as being nausea provoking and like 'bad bile', later on in the proving, she described it as being like old cheese or milk. Dryness of the mouth is another symptom that occurred, particularly at night. A dull gnawing pain at 9 p.m was experienced by Prover 20. Mouth sores occurred in Prover 11, which she described as feeling like 'small cuts' in the lower lip.

5.3.11 Teeth

Pain was experienced in the teeth and jaw, accompanied by a sensation as if the teeth were being pushed out (Prover 09).

5.3.12 Throat

Throat symptomatology was significant. Throat complaints consisted of dryness and itchiness of the throat which provoked coughing. Some provers experienced scratchy sensations as if there was sand in the throat. Redness and swelling of the throat was noted. Pain and discomfort in the throat was accompanied by difficulty in swallowing. Sensations as if there was a lump in the throat were common. Increased phlegm and mucus in the throat was recorded.

5.3.13 Stomach

There was a variety of stomach –related symptoms produced. Eructation's which were unpleasant tasting and smelling were recorded. A few provers had hiccoughs. Nausea was a very common sensation with most of the provers experiencing this along with retching. A large number of provers had a bad taste in the mouth which was constant. Thirst was increased and it was especially for water with ice and juice. Some provers experienced decreased appetite which gradually improved throughout the course of the proving.

5.3.14 Abdomen

Flatulence was quite common and worse at night. Many provers experienced bloating with difficulty passing flatus. One patient had a 'heavy' sensation in the region of the umbilicus, whilst another felt pain as if there were needles in the belly button and felt as if the umbilicus was being pulled. Abdominal pain which was cramping in nature and worse after eating, especially sweet food was recorded. Pain was sometimes accompanied by nausea and relieved by passing stool.

5.3.15 Rectum

Many provers suffered with constipation, without bloating. One prover, had intense pain before and after defaecation, with a sensation as if there was a 'plug', which was being scraped out. Another prover had experienced a 'stuck sensation' while passing stool and an 'incomplete feeling' after passing stool, which was unusual to the prover who usually passes stool easily. Prover 14 had

an increase in the frequency of bowel movements but it was painless and well-formed.

5.3.16 Stool

Symptoms pertaining to this chapter were scarce. However, Prover 14 experienced stool which appeared to be black in colour.

5.3.17 Bladder

There appeared to be an increase in urgency and frequency of urination. Prover 01 experienced a sensation of fullness in bladder but with decreased urination and symptoms subsided after drinking a large amount of water. Frequency was to the extent of incontinence, with slight pain during urination and dull pain felt in the groin after emptying the bladder.

5.3.18 Urethra

This chapter had very few symptoms. Prover 01, experienced a warm, burning, pressing sensation in the urethra. Burning during urination was experienced by Prover 14.

5.3.19 Female

Symptoms recorded, included an increase in sex drive and menstrual disturbances. Menstrual flow became heavier and a number of provers had clots, usually foul smelling, with the flow. Menstrual pain was described as 'pulling' and 'twisting' of the uterus, whilst another prover had slight cramps in the lower abdomen and back. One prover became conscious of her uterus. Prover 11 had violent pain which felt like her uterus was being twisted and pulled down and felt as if the uterus was being pulled out. Another prover had period pains that were relieved by pressure, whilst one prover, recorded a discharge that she described as being a 'weird colour'.

5.3.20 Respiration

There is a significant number of respiratory symptoms. Most provers experienced a tightness of the chest, particularly in the morning and on waking. Prover 09,

felt that her 'respiratory area was restricting' on laughing and taking a deep breath. Asthmatic respiration and a general difficulty in breathing were quite prominent. Shortness of breath on waking and after minimal bursts of activity was noted. In certain instances, there was a heaviness of the chest and increase in mucus production accompanying the shortness of breath.

5.3.21 Cough

Most provers experienced a dry cough. Prover 09 described the dry cough as being 'very irritating', and Prover 20, felt a tightness of the chest with the dry cough. In addition, Prover 20 experienced a tickling sensation in the throat which subsided after a shower but with a continuation of the cough which progressed throughout the day with a sensation of heaviness. The coughing had a tendency to worsen at night.

5.3.22 Expectoration

Mucus production was increased generally. Provers also coughed up phlegm. Prover 25 described the phlegm as being 'thick and white'.

5.3.23 Chest

Many provers experienced chest symptomatology. Chest pain was quite common and aggravated by sneezing. Prover 14, experienced anxiety which she described as feeling like a 'weight' on her chest. A number of provers also had pain in the region of the ribs especially on the right side. Prover 9 felt as if the ribs were 'overlapping', whereas Prover 11 experienced a stabbing pain in the region of the fifth rib, lasting ten minutes. Breast symptomatology was experienced with enlargement of breasts during menses. Breast pain was described as being sore and prover 11F had a sharp poking pain in the right nipple. There was itchiness on the chest and along the sternum. A minor skin eruption, which was red and itchy, was noted by prover 25.

5.3.24 Back

Lower back pain was experienced and which was described as 'sore' and in one case 'pinching' pain. Back pain was also common in the lower left region of the back and was described as either aching or a stabbing pain with a short

duration and ameliorated by pressure. One prover felt a stinging and burning sensation along the spinal cord. The skin of the back was dry, itchy and ameliorated by scratching and skin eruptions in the form of pimples occurred. Soreness of the neck and stiffness of the neck, shoulders and back were recorded.

5.3.25 Extremities

This section consisted of a large number of symptoms. Provers generally felt pain and stiffness in the shoulder, neck and back. There was stiffness of the extremities. Muscle - spasms and tremors of the hands and legs were common. Provers also complained of aching and stiff muscles. Joint - pain in all the joints was quite prominent and aggravated by motion. Coldness and numbness of the extremities was also evident. Dryness of the skin, hands and elbows was also recorded. One prover had sore, red hands that were aggravated by touch and water and another had red feet. Itching of the skin was common with a 'mosquito – bite' type eruption with itchy red bumps on the arms, knees and legs.

5.3.26 Sleep

There were a number of symptoms relating to sleep disturbances. Most patients experienced a disruption in sleep pattern such as sleep breaking during the early hours of the morning, usually between 1- 4 a.m and not being able to go back to sleep. Provers commonly felt fearful, anxious and some were short of breath after their sleep broke. Restlessness, anxiety and muscle aches, accompanied the difficulty in sleeping. One prover felt a great stiffness of the muscles and body and felt like getting up and going for a run to alleviate the tense feeling. A general lack of sleep was noted and most patients felt tired and un-refreshed due to this. Feelings of uneasiness and difficulty in falling off to sleep were also experienced.

5.3.27 Dreams

There many dreams which were categorized into a variety of themes:

Spirituality and praying

Sympathy and Connection

Nostalgia and Family

Water

Secrets

Criticism

Anxiety and Panic

Teeth

Forsaken

Mundane dreams

5.3.28 Chill

There was a general sensation of coldness as expressed by provers' 09 and 15.

5.3.29 Perspiration

This was not a significant theme throughout the proving. However decreased sweating was noted by prover 25.

5.3.30 Skin

Skin symptomatology appears to have been common. Generally there was tendency to eruptions and sensitivity of the skin. The skin had a tingling sensation, as if something were 'crawling' under the skin (Prover 18). At times skin was dry, cold and itchy (Prover 01), whereas, some provers experienced oiliness especially in the 'T-zone' and hair (Prover 14). Skin eruptions in the form of rashes which were red, raised and stinging and itchy, with a short duration were also common. Prover 04 experienced a rash, which appeared as a swelling with a red border and pale centre, on the back, between the breast and chest as well as behind the arm. Pimples were common on the face as well as the right inner thigh.

5.3.31 Generals

A wide variety of general symptoms were elicited and categorized into themes. This was performed to make for simpler analysis of symptoms.

Cravings

In general, there was a craving for junk food and sweet sugary foods, especially chocolate and chocolate cake. A craving for juice was also quite marked. Prover 01, who was a vegetarian, experienced cravings for meat and fish.

Sensation of Heat

A number of provers experienced a sensation of extreme heat. Heat was mainly felt inside of the body, despite external temperature being cold.

Increased energy

There was a general sense of increased energy and hyperactivity, more than usual. This increased energy was accompanied by restlessness. Prover 02 described the restless sensation as being an 'aching muscles full of energy' despite feeling tired. Restlessness was also described as an 'internal restlessness' which requires to be released.

Prostration

Great prostration was experienced in the morning on waking, with great difficulty getting out of bed due to the tiredness. Tiredness and sleepiness was experienced throughout the day, and accompanied by yawning. Many provers also experienced extreme fatigue and felt completely drained towards the afternoon and evening. The tiredness was accompanied by moodiness and irritability. In general, the tiredness was experienced as a 'sick' feeling, with great exhaustion and decreased energy levels.

Influenza

Some provers experienced the onset of influenza – type symptoms. Most commonly were painful muscles and stiff body. Prover 25 had a dry cough, itchy eyes and runny nose.

Miscellaneous

These included a feeling as if all senses have changed, along with numbness during intercourse and right sided symptomatology. Coldness of the hands, feet and skin as well a preference for cold weather were noted.

5.4 The Traditional use of *Strychnos Henningsii* 30CH

Traditionally, *Strychnos henningsii* has been utilized in many ways, ranging from medicinal to industrial usage. *Strychnos henningsii* belongs to the *Strychnos* species of plants. The predominant alkaloid of Strychnine species is the poison strychnine which has cardiac depressive effects. *Strychnos henningsii*, in addition, contains a number of strychnine – related alkaloids such as henningsiine, diaboline, and retuline amongst others, which are thought to be responsible for its therapeutic effects (van Wyk, van Oudshoorn & Gericke, 2005:244).

In South African traditional medicine, the fruit, bark and roots have been used to treat snakebites. Despite being toxic, preparations of strychnine are used throughout Africa for a range of medicinal effects (van Wyk, van Oudshoorn & Gericke, 2005:244). Due to its action on the central nervous system the alkaloids in *Strychnos henningsii* and the *Strychnos* species generally produce cardiac depressive, hypotensive and convulsive effects. Studies performed have demonstrated that the alkaloids derived from *Strychnos henningsii* are potentially beneficial as anti – cancer treatment as well as for anti – inflammatory and analgesic effects (PROTA, 2009).

Traditionally, the substance *Strychnos henningsii* is utilized in various ways. These include chewing on the bark of the tree, ingesting pulverized bark and also decoctions of the root, stem or the bark. In some African cultures, it is used in cooking, where it is added to fatty soups and stews to aid in digestion and for general wellbeing and the fruit of the tree is used to flavour beer (Fastonline, 1999). *Strychnos henningsii* is also widely used as an antihelminthic. In South Africa, a decoction of the bark is used to treat worm infestation and in Tanzania, the roots are pounded and used to treat hookworm

(PROTA, 2009). The bitter tasting bark is used widely as a purgative and tonic as well as for colic and various stomach complaints. In addition, the bark is also used to treat dysmenorrhea, syphilis, bilharzia, nausea and pains associated with rheumatic fever (Scott, Lewis & Cunningham, 1996:238).

In overview, the broad areas of documented use of *Strychnos henningsii* are:

- As a liver tonic
- Nausea
- Stomach – ache
- Diarrhea
- Dysmenorrhea
- Rheumatic Complaints
- Snakebite
- Malaria
- Cardiac Complaints
- Dizziness

5.5 Comparison of the Homoeopathic Proving Symptomatology Of *Strychnos henningsii* 30CH to the Traditional uses of *Strychnos henningsii*

5.5.1 Gastro - intestinal Complaints

5.5.1.1 Liver Tonic

In traditional medicine, *Strychnos henningsii* is often used as a bitter liver tonic. The *Strychnos henningsii* plant is usually added to fatty and milky soups and stews to aid in digestion, due to its tonic effect on the liver. Throughout the proving of *Strychnos henningsii* 30CH, provers experienced the following symptoms:

STOMACH: Fullness, sensation of

STOMACH: Fullness, sensation of; eating: after

STOMACH: Heaviness; eating: after

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: Liver and region of liver; complaints of

5.5.1.2 Nausea

Traditionally, symptoms such as nausea are alleviated by the bark of the *Strychnos henningsii* tree. Many of the provers did experience nausea and retching, which is consistent with the traditional use of the crude substance. The proving of *Strychnos henningsii* 30 CH produced the following symptoms suggesting its use in the treatment of nausea:

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: Vomiting

STOMACH: Vomiting; morning

STOMACH: Vomiting; bile

Related to these symptoms, patients also complained of a bad taste in the mouth that was like bad bile and nausea provoking. In addition, one prover

noticed yellowing of the sclera, a common symptom of liver disease. Although, the existing materia medicas' have documented the use of *Strychnos henningsii* as a general liver tonic and purgative, information with regards to specific liver ailments was lacking. The homoeopathic proving further elucidated these uses.

5.5.1.3 Stomach - Ache

Stomach complaints especially stomach - ache is commonly alleviated by traditional preparations of the crude substance *Strychnos henningsii* (Van Wyk, van Oudshoorn & Gericke, 2005: 244). In the proving, the remedy *Strychnos henningsii* 30CH produced the following rubrics:

STOMACH: Eructations

STOMACH: Eructations; type of: foul

STOMACH: Eructations; type of: putrid

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

ABDOMEN: Pain; drawing, umbilicus

ABDOMEN: Pain; stitching, umbilicus, region of

Furthermore, it has been suggested that the antispasmodic and anti-inflammatory properties of the strychnine - related alkaloids within *Strychnos henningsii* are responsible for its effectiveness in stomach pain. Many provers also produced eructations, but this was not specifically indicated in the traditional use of *Strychnos henningsii*. Thus, whilst the proving symptoms produced by *Strychnos henningsii* 30CH, have served to further validate the traditional usage of the crude substance *Strychnos henningsii* in stomach – ache, it also provided evidence that the use of the remedy can be extended to include the treatment of eructations and dyspepsia.

5.5.1.4 Diarrhea

In traditional African medicine *Strychnos henningsii* has been used in the effective treatment of diarrhea in cattle (PROTA, 2009). The researcher was unable to find documented use in humans. Nevertheless, the following symptoms were produced in the proving:

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; pressing

RECTUM: Pain; scraping

RECTUM: Pain; stool: before

RECTUM: Pain; stool: during

RECTUM: Urging, sudden

RECTUM: Urging; frequent

STOOL: Black

STOOL: Dark

STOOL: Thin

In the homoeopathic proving a few patients suffered with constipation whilst the majority experienced diarrhea. These symptoms indicate that the homoeopathic remedy *Strychnos henningsii* 30CH may be used in cases of diarrhea and constipation. It is possible that the symptoms relating to diarrhea, constipation, eructations, fullness are all due to the generally disruptive effects on the liver.

In addition, other complaints pertaining to the gastro-intestinal system produced in the proving were cracked lips and teeth complaints such as painful teeth and gums. However, traditional records only documented the use of *Strychnos henningsii* in the treatment of mouth ulcers in animals (cattle and horses) (PROTA, 2009). From the symptoms produced in the homoeopathic proving, the researcher believes that *Strychnos henningsii* could be utilized as an effective antiseptic in stomatitis and similar mouth complaints.

From the multitude of gastro – intestinal related symptoms produced in the proving of *Strychnos henningsii* 30CH, and their general overlap with the traditional use of *Strychnos henningsii*, the researcher contends the core use of the homoeopathic remedy in the treatment of various liver related diseases, stomach complaints more specifically dyspepsia, as well as ailments of the mouth and diarrhea.

5.5.2 Dysmenorrhea

Strychnos henningsii is commonly used in the treatment of dysmenorrhea. It is possible that the medicinal effect of the substance in this sphere is due to the anti-spasmodic and anti-inflammatory properties of the strychnine related alkaloids that are present within *Strychnos henningsii* (van Wyk, van Oudshoorn & Gericke, 2005: 244). In the homoeopathic proving of the substance, many provers experienced disorders related to menstruation, in particular, dysmenorrhea. The following symptoms were produced in the proving of *Strychnos henningsii* 30CH:

FEMALE: Conscious of the uterus

FEMALE: Leukorrhoea

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.
CHEST: Swelling; mammae
CHEST: Swelling; mammae: menses; during

The symptoms related to menstruation produced in the homoeopathic proving are consistent with the traditional usage of the crude substance *Strychnos henningsii* in the treatment of dysmenorrhea. However, the dysmenorrhea produced in the proving, consisted of mainly, cramping and twisting pain. Thus, despite this overlap between traditional usage and the proving symptomatology, the homoeopathic proving symptoms further elucidated on the clinical indications of the remedy *Strychnos henningsii* within the broad context of dysmenorrhea. In light of this, the researcher believes that the remedy *Strychnos henningsii* 30CH would be of great value in the treatment of dysmenorrhea and other menstrual complaints.

5.5.3 Rheumatic Complaints

Traditionally, *Strychnos henningsii* has been used by healers in treating back-ache and rheumatic complaints. The following symptoms were produced in the homoeopathic proving:

BACK: Pain; cervical region

BACK: Pain; lumbar region

BACK: Pain; spine

BACK: Pain; aching

BACK: Pain; burning, spine

BACK: Pain; drawing

BACK: Pain; sore, lumbar region

BACK: Pain; stitching, lumbar region

BACK: Spasmodic drawing, cervical region

BACK: Stiffness

BACK: Stiffness; cervical region

BACK: Stiffness; lumbosacral region

EXTREMITIES: Contraction

EXTREMITIES: Contraction; lower limbs

EXTREMITIES: Cramps; forearm

EXTREMITIES: Cramps; shoulder

EXTREMITIES: Heaviness

EXTREMITIES: Heaviness; lower limbs

EXTREMITIES: Heaviness: foot

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, morning
EXTREMITIES: Pain; upper limbs, motion
EXTREMITIES: Pain; upper limbs, joints
EXTREMITIES: Pain; shoulder
EXTREMITIES: Pain; elbow, bend of
EXTREMITIES: Pain; wrist, motion; on
EXTREMITIES: Pain; knee: bending, on.
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: 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

The effectiveness of the crude substance *Strychnos henningsii* is most likely due to the many alkaloids it produces which are very similar in structure and action to those of strychnine. Certain alkaloids have been shown to have 'muscle- relaxing' as well as analgesic effects (van Wyk, van Oudshoorn & Gericke, 2005: 244).), thus accounting for the therapeutic effects of *Strychnos henningsii* in rheumatic complaints. The overlap between the traditional usage and homoeopathic indications, support the use of *Strychnos henningsii* 30CH in the treatment of rheumatic complaints and back-ache.

5.5.4 Malaria

Strychnos henningsii is used traditionally in the prevention and treatment of malaria. Related to this, it has also been used successfully in the treatment of febrile illness in general. Although studies were performed using isolated alkaloids showed only moderate action on *Plasmodium falciparum* malaria (PROTA, 2009), the following symptoms would support the use of *Strychnos henningsii* 30 CH in malaria:

HEAD: Congestion

HEAD: Fullness

HEAD: Heaviness

HEAD: Heaviness; headache, from

HEAD: Pain; violent pains

ABDOMEN: Pain; hypochondria

ABDOMEN: Pain; cramping, hypogastrium

RECTUM: Diarrhea

FEVER: Fever, heat in general

CHILL: Chill

GENERALS: Heat: flushes of

GENERALS: Heat; sensation of

GENERALS: Heat; sensation of, night

Provers produced various symptoms which suggest that the remedy *Strychnos henningsii* 30CH could be effectively utilized in the treatment of fevers and malaria.

5.5.5 Cardiac Complaints

Whilst the use of *Strychnos henningsii* for cardiac complaints and chest pain, has been documented, there appears to be a paucity of cardiac symptoms recorded in traditional materia medica. During the proving, provers did experience chest pain and some had palpitations, which is in keeping with the traditional use of the substance. Skin eruptions in the chest region were also common, although these were not documented in traditional materia medicas'.

The following rubrics were produced during the proving:

CHEST: Anxiety in
CHEST: Constriction
CHEST: Constriction, morning
CHEST: Oppression
CHEST: Oppression; morning
CHEST: Oppression; inspiration, on
CHEST: Pain
CHEST: Pain; morning
CHEST: Pain; sneezing
CHEST: Pain; sides
CHEST: Pain; sides, morning
CHEST: Pain; sides, right
CHEST: Pain; stitching
CHEST: Palpitation
CHEST: Palpitation, motion
CHEST: Palpitation, motion, slightest
CHEST: Palpitation; anxiety, with

Although the use of *Strychnos henningsii* with regards to chest complaints has not been well documented, studies have suggested that the substance has potential to aid in cardiac complaints. This is due to the compounds and the derivatives thereof contained within the plant. The many cardiac symptoms produced by provers in the proving of *Strychnos henningsii* 30CH, indicate that this remedy would be well indicated for palpitations and cardiac pain.

5.5.6 Dizziness

Strychnos henningsii is often used in cases of dizziness and vertigo. However, dizziness, associated with hypotension, is also a side effect of Strychnine poisoning. This effect is due to the action of the strychnine related alkaloids in the substance *Strychnos henningsii* on the central nervous system (van Wyk, van Oudshoorn & Gericke, 2005: 244). It is therefore, likely that the therapeutic

effects of the substance is due to these properties when the substance is utilized in therapeutic doses. In the homoeopathic proving of *Strychnos henningsii* 30CH the following rubrics were produced:

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

Many provers experienced dizziness and vertigo consistent with existing indications of the substance in traditional medicine. From the symptoms produced in the homoeopathic proving of *Strychnos henningsii* 30CH, the researcher suggests the use of the remedy in the treatment of vertigo and dizziness.

5.6 Undocumented symptoms produced in the Homoeopathic Proving of *Strychnos henningsii* 30CH

In the proving of *Strychnos henningsii* 30CH, a wide variety of symptoms were produced, which have been not documented in existing traditional medicinal uses. These included headaches, many provers produced headaches, which ranged in character, type of pain, location and intensity. Mind symptoms were also quite prominent, with anxiety and delusions as well as restlessness. The increased energy and good mood could probably be linked to the tonic effects on the liver, allowing provers to feel less sluggish and more alert and energized.

Some of mental symptoms such as the delusions and dreams may be explained in terms of the effects of strychnine on the central nervous system.

A number of infective and allergic manifestations were also experienced. In particular, infections of the eye, ear nose, throat and chest were noted. The asthmatic respiration produced, is most probably related to the action of strychnine which is known to cause respiratory depression, thus the researcher believes that the remedy *Strychnos henningsii* 30CH will be useful in the treatment of colds, influenza, asthma, hayfever, sinusitis as well as eye infections, otitis media and sore throats. Skin symptoms such as acne and other eruptions were common; these may be understood in terms of the action of the remedy on the liver.

Strychnine poisoning is known to cause headaches, respiratory depression, hypotension and cardiac depression. Therefore, it is likely that the symptoms produced may be due to the action of strychnine – related compounds.

5.7 Summary

Strychnos henningsii has been effectively used in traditional medicine to treat a variety of ailments. It is most often used as a general liver tonic and purgative, as well as for rheumatic pain and backache, snakebites, dysmenorrhea, stomach-ache, malaria and fevers, dizziness and chest pain. The parts of the plant and the manner in which the substance has been used varies according to the ailment being treated. This is due to the different alkaloids contained in different parts of the plant. These alkaloids and their derivatives, contained in *Strychnos henningsii*, are similar in structure and action to strychnine. Strychnine causes central nervous system depression resulting in cardiac and respiratory depression, hypotension, convulsions and paralysis. Thus, the therapeutic effects of the crude substance may be explained in terms of the action of these strychnine- like alkaloids within *Strychnos henningsii*.

The homoeopathic proving of *Strychnos henningsii* 30CH produced multifarious symptoms. Many of which were consistent with the traditional use of the crude substance *Strychnos henningsii*. Most noteworthy were the overlaps within the

gastro-intestinal system where many symptoms relating to the liver, nausea, stomach, mouth and teeth were produced. In addition, *Strychnos henningsii* has been used as an antiseptic in treating mouth – related ailments in animals only; however the symptoms produced in the homoeopathic proving suggest that the proving remedy *Strychnos henningsii* 30CH may also be used in treating ailments of the mouth in humans. Dysmenorrhea has also been effectively treated with *Strychnos henningsii*, and the proving of *Strychnos henningsii* 30CH produced many symptoms of dysmenorrhea. Despite the overlap, the homoeopathic proving further elucidated the actions of the substance on the female gynaecological system to include other disorders of menstruation such as pre-menstrual symptoms.

Traditionally *Strychnos henningsii* is used in treating rheumatic pain and backache, and many provers experienced these symptoms in the homoeopathic proving. Proving symptomatology also included many symptoms of dizziness, and fever like symptoms, again overlapping with the traditional usage of *Strychnos henningsii* in dizziness and malaria. Chest pain and palpitations were experienced by a number of provers. Although the use of the *Strychnos henningsii*, in the treatment of cardiac pain has been documented, the proving symptoms provided more information on the specific clinical indications within this sphere.

Despite the many overlaps between the traditional use of *Strychnos henningsii* and the homoeopathic proving symptomatology of *Strychnos henningsii* 30CH, many symptoms produced in the proving were not documented in existing materia medica. These included, headaches, asthmatic respiration, influenza-type symptoms, and sinusitis, hayfever, eye, ear, nose and throat infections. The intensity and nature of these symptoms, suggest that *Strychnos henningsii* could be of value in these conditions.

In view of the results yielded in this triple blind placebo controlled study of *Strychnos henningsii* 30 CH, it is evident that overlaps do exist between the traditional use of *Strychnos henningsii* and the homoeopathic proving symptomatology of *Strychnos henningsii* 30 CH.

CHAPTER SIX

Conclusion and Recommendations

6.1 Conclusion

It was hypothesized that *Strychnos henningsii* 30CH would produce observable signs and symptoms when administered to healthy individuals. From the symptoms produced in the proving, it is evident that there is an overlap between the traditional uses of the crude substance *Strychnos henningsii* and the remedy *Strychnos henningsii* 30CH. Particularly evident, was the overlap in the gastro-intestinal system, musculoskeletal system, female gynaecological system and the researcher believes the remedy to be useful in ailments pertaining to those conditions. These include liver disease, nausea, diarrhea and constipation, dyspepsia, stomach-ache, stomatitis and related ailment of the mouth and teeth, rheumatism, dysmenorrhea (particularly for pain that is twisting and cramping in nature) and pre-menstrual symptoms. Furthermore, although the substance has been traditionally utilized for cardiac complaints and dizziness, these indications were not well described within the existing traditional records. The proving of *Strychnos henningsii* 30CH produced a range of symptoms pertaining to vertigo and cardiac complaints (palpitations and chest pain), thus providing a clearer picture for these specific clinical indications.

In addition, the traditional use of *Strychnos henningsii* in the treatment of malaria was further elucidated by the proving which produced many malaria type symptoms- whereas in-vitro studies of isolated alkaloids derived from *Strychnos henningsii* (PROTA, 2009), showed no significant action on the plasmodium falciparum species. Thus, as evidenced by the proving, the homoeopathic remedy *Strychnos henningsii* 30CH could be of value in the treatment of malaria - which is especially important within the African context as the tree is found to be distributed in areas that are predominantly 'malarial'.

The overlap that exists between the traditional uses of *Strychnos henningsii* and the proving of *Strychnos henningsii* 30 CH could be because fundamentally the use of the bark is 'homoeopathic', in the sense that the substance is being used therapeutically in the exact same contexts as those 'toxicologically' induced in healthy individuals (as evidenced in the proving). This has implications in the broader context of sustainability of traditional medicines: stripping of bark from mature trees carries risks to the tree itself. Use of *Strychnos henningsii* for instance in low decimal potencies as a substitute for the crude bark would dramatically reduce the need for large volumes of bark therapeutically, if the action is indeed confirmed to be homoeopathic.

However, many new symptoms not in existing traditional records were produced during the proving. These symptoms include, headaches, many patients suffered with headaches of all types and ranging in intensity. In addition, many ear, nose, throat, skin, hair, allergic and influenza – type symptoms were produced. The researcher suggests the use of the remedy in treating various headaches, acne, dandruff asthma, sinusitis as well as allergic and infectious manifestations with particularly pertaining to the eye, ear, nose and throat. The researcher contends that further provings of the *Strychnos henningsii*, in different potencies would ascertain a more complete picture and may extend the clinical applications of the homoeopathic remedy.

The results of the homoeopathic proving of *Strychnos henningsii* 30CH with subsequent comparison to the tradition of use of *Strychnos henningsii*, revealed a variety of overlaps as well as new symptoms, suggesting that the remedy *Strychnos henningsii* 30CH when prescribed according to homoeopathic principles could be of value in the treatment the above-mentioned conditions.

6.2 Recommendations

6.2.1 Proving of Indigenous Substances

According to Sherr (1994:49), some homoeopaths and other healers believe that a useful remedy should be a local one, within easy reach of the patient, as

nature will always provide an accessible cure. South Africa has an abundance of substances that are used traditionally and have not yet been proved. However, many of these have not yet been systemized into formal materia medicas, but have relied on verbal transmission (van Wyk & Wink, 2004). Thus, the continued proving of substances indigenous to South Africa is supported and recommended.

6.2.2 Further Provings of *Strychnos henningsii*

From the proving of *Strychnos henningsii* 30CH, it is evident that the substance yielded a clear remedy picture and will no doubt be of benefit to the broader homoeopathic community. However, it is hoped that through further provings of the substance at different potencies, the clinical indications of the substance would be further expanded upon and a more complete, comprehensive materia medica be produced.

6.2.3 Triple – Blind Placebo Controlled Study

This study made use of a triple-blind placebo controlled methodology. Most provings employ a double-blind placebo controlled method; in this case the name of the substance is known to the researcher and not the prover and neither the prover nor the researcher is made aware of who has received placebo or verum. In this instance, knowledge of the substance being tested can introduce bias when collating and analyzing the results of the study thereby compromising the accuracy of results. However, a triple-blind placebo controlled study ensures that neither the researcher nor the provers are aware of the substance being tested as well as which provers have received placebo or verum. Due its efficacy in the elimination of bias and ensuring accuracy in results, it is recommended that more provings are performed using this methodology as opposed to a double-blind placebo controlled methodology.

6.2.4 Standardization of Proving Protocol

In order to maintain a high standard in the results of homoeopathic provings, it is important that a standardized proving protocol be implemented. Currently, many different proving methodologies exist, all of which do not conform to a high standard. The protocol used in this proving was based on a methodology

as described by Jeremy Sherr, elaborated to conform to all ECH criteria. The results produced were clear, unambiguous and coherent, and it is recommended that future provings subscribe to this protocol.

6.2.5 Prover Supervision

This study made use of four proving supervisors, each of which was responsible for a group of eight provers. This facilitated the entire proving process, making it easier to control. It is therefore recommended that future provings are done in this way. In addition, the smaller groups allowed each supervisor to maintain closer contact with the each prover within their group. Thus, the researcher recommends that further provings be performed in a similar manner with each supervisor over-seeing a group of no more than ten individuals. However, conducting a proving with many supervisors can be chaotic and requires a well structured plan of action of the entire proving process to ensure that all the supervisors are on par and conducting the process in a systematic manner.

6.2.6 Provers

The proving population was recruited from the population of practicing homoeopaths, homoeopathic and chiropractic students as well as patients who had previously presented to the Homoeopathic Day Clinic (DUT), along with their friends and relatives. A pre-proving workshop at which the entire proving process was explained and questions relating to the process were dealt with was held at the commencement of the proving, provers also received journals and remedies and instructed on how to record the daily symptoms as well as when to have blood tests performed. These efforts were made to make sure that the provers understood what was expected of them and served to ensure a better understanding of the process. Despite these efforts, some patients (especially those without a homoeopathic background) recorded journal entries which were rather vague and unhelpful. However, many provers with no homoeopathic background tended to be more descriptive. Although, provers who had a homoeopathic background gave more detailed information, were more eloquent and displayed a greater understanding in recording, their recordings, at times, appeared to be influenced by their knowledge of the

repertory and materia medica. However, many of the provers with no homoeopathic background had a tendency to use simpler more straightforward terms in describing symptoms which made it easier to understand. The researcher recommends that provings make use of provers from homoeopathic and non- homoeopathic backgrounds. Participation in provings should also be encouraged in the homoeopathic student population to ensure a better understanding of, and to gain experience in, the proving process.

6.2.7 Clinical information

Upon evaluation, it was revealed that many symptoms produced in the proving were consistent with the traditional use of *Strychnos henningsii*. Despite these overlaps, the homoeopathic proving revealed a variety of new symptoms that were not previously recorded in traditional use. In addition, the proving assisted in clarifying the clinical uses of the traditional substance which were previously documented but not well described. It is therefore recommended that verification of these new as well as overlapping indications be done through clinical use of *Strychnos henningsii* 30CH.

Furthermore, through clinical use, more symptoms that were not produced in the homoeopathic proving could be brought to light by patients who were not in the study, thereby expanding on the clinical picture of the remedy and providing a more comprehensive materia medica. Thus, it is recommended that the results of this proving as well as of individual cases be published in homoeopathic journals and included in the repertory and materia medicas, so as to benefit the homoeopathic community.

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Appendices

• **Suitability for Inclusion in the Proving***

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

Surname: _____			
First Names: _____			
Age: _____	Sex: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="padding: 2px 10px;">• M</td> <td style="padding: 2px 10px;">• F</td> </tr> </table> Telephone: _____	• M	• F
• 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

Working Title of Research Project:

A homoeopathic drug proving of XXX 30CH

Name of Supervisor:

Dr Ashley H.A. Ross [*M.Tech.Hom. (TN) B.Mus. cum laude (UCT)*]

Names of Master's Research Students:

Ms Melanie Naidoo
Ms Irfana Lockhat
Ms Nerisha Naidoo
Ms Poonam Maharaj

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 (including blood tests)?

• YES	• NO
-------	------
10. To participate in this proving you must meet all the inclusion criteria. These are as follows:
- You must be between the ages of 18 and 60 years of age;
 - must not need any medication, including chemical, allopathic, homoeopathic or other;
 - must not be on, or have been on the contraceptive pill or hormone replacement therapy in the last 6 months;
 - must not be pregnant or breastfeeding;
 - must not have had surgery in the last 6 weeks;
 - must not use recreational drugs such as cannabis, LSD or Ecstasy (MDMA);
 - must not consume more than two measures of alcohol per day;
 - must not smoke more than 10 cigarettes a day;
 - must not consume more than 3 cups of coffee or tea a day;
 - must be in a general state of good health;
 - if you are between the ages of 18 and 21, years you must have consent from a guardian/ parent to participate in the proving; and
 - must be willing to follow the proper procedure for the duration of the proving.

Have you completed **Appendix A** which outlines in detail all of the inclusion criteria stated above?

• YES	• NO
-------	------

• **Additional notes:**

•

1. ***Discomfort:***

Discomfort may be experienced as a result of participating in the proving. It is observed from previous homoeopathic provings that any discomfort experienced is generally of a transitory nature, and complete recovery is usual. Over the course of the proving you will be subjected to four batches of blood tests, requiring the drawing of a small volume of blood from a prominent vein in one of your arms.

2. ***Benefits:***

- a) It has been postulated that each proving undertaken strengthens bodily vitality (*Hahnemann, 1997: 208*). Many provers report higher levels of mental and physical energy, and increased resistance after participation in homoeopathic drug proving (*Sherr, 1994: .*). The mechanisms responsible for this perceived benefit are unclear.
 - b) Provers learn and develop the skill of astute observation, and gain homoeopathic knowledge through direct involvement in the proving process; and
 - c) Provers may be cured of certain ailments where the remedy being proved corresponds closely to the prover's pre-proving state.
3. There is no expense to the prover for participating in the proving and no remuneration is offered to the prover.

4. Every prover is provided with the names and telephone numbers of the research student and the supervisor of the proving, in the event of any questions or difficulties arising:

Name:	Office hours:	After hours:	Cellular:
Dr Ashley Ross (Supervisor)	(031) 373 2542	(031) 309 2349	082 458 6440
Melanie Naidoo	(031) 373 2041		072 792 2698
Irfana Lockhat	(031) 373 2041		082 463 1327
Nerisha Naidoo	(031) 373 2041		083 307 5761
Poonam Maharaj	(031) 373 2041		072 509 2681

N.B.: If you have answered “NO” to any of the above, please seek additional information before signing.

If the prover is between **18 and 21** years of age, written consent from a **guardian/parent** is required for the prover to participate in the proposed research:

I, _____ (guardian/parent) hereby consent to the proposed procedures associated with participation of _____ (prover) in the above-mentioned research project.

Signature: _____ Date: _____

I, _____ (prover) hereby consent to the proposed procedures associated with my participation in the above-mentioned research project.

Signature: _____ Date: _____

WITNESS:

Name _____ Signature: _____

RESEARCH STUDENT:

Name _____ Signature: _____

SUPERVISOR:

Name _____ Signature: _____

*This appendix has been adapted from Wright, C. (1999) *A Homoeopathic Drug Proving of Bitis arietans arietans*

1.1 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	<input type="checkbox"/>	<i>incl. hypertension, heart disease, etc.</i>
Cerebrovascular disease	<input type="checkbox"/>	<i>incl. stroke, transient ischaemic attacks, etc.</i>
Diabetes mellitus	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	
Mental illness	<input type="checkbox"/>	<i>incl. depression, schizophrenia, suicide, etc.</i>
Cancer	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	
Bleeding disorders	<input type="checkbox"/>	

Please list any other medical conditions within your family:

♂		♂ ♂	
		♂ ♀	
♀		♂ ♀	
		♀ ♀	

4. Background Personal History:

Allergies:

Vaccinations:

Medication (including supplements):

Estimation of daily consumption:

Alcohol:

Cigarettes:

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:

<i>Cravings</i>	
<i>Aversions</i>	
<	
>	

Thirst:

Bowel habits:

Urination:

Menstrual cycle and menses:

Menarche:	yrs	Regular	Irregular	<u>Pre-menstrual:</u>
<u>LMP:</u>		<u>Interval:</u>	days	
<u>Nature of bleed:</u>		<u>Duration:</u>	days	
		Meno-	Metro-	
				<u>Post-menstrual:</u>
<u>Pain:</u>				

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:**

<i>Disposition:</i>

<i>Fears:</i>

<i>Relationships:</i>

<i>Social interaction:</i>

Consultation Date:			Signature:	

2.1 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:

<i>Cravings</i>	
<i>Aversions</i>	
<	
>	

Thirst:

Bowel habits:

Urination:

Menstrual cycle and menses: (overleaf)

Menstrual cycle and menses:

Menarche: yrs	Regular	Irregular	<i>Pre-menstrual:</i>
<i>LMP:</i>	<i>Interval:</i> days		
<i>Nature of bleed:</i>	<i>Duration:</i> days		
	Meno-	Metro-	
			<i>Post-menstrual:</i>
<i>Pain:</i>			

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:

Disposition:

Fears:

Relationships:

Social interaction:

Ambition / Regret:

Consultation Date:			Signature:	

• 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. On **Day 3** of the pre-proving observation period you are required to present to a convenient pathology laboratory for a 'baseline' set of blood tests. These include a full blood count and a test of liver function.

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 three

days (*9 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.

You are required to repeat the initial blood tests on **Day 3, Day 10** and **Day 24** of the proving period. These tests are to track whether there are any changes during the proving period, and to ensure that you end the proving in your original state of health.

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	-	<i>concomitants</i>
L	-	<i>location</i>
A	-	<i>aetiology</i>
M	-	<i>modality</i>
I	-	<i>intensity</i>
T	-	<i>time</i>
S	-	<i>sensation</i>

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 notion 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* (2nd Edition,) 1994

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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: _____

Date: _____

3.1 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 4th dilution are triturated by hand or machine in a ratio of *[1 to 10 (decimal dilution) or]^a* 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 1st *[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 4th *[decimal or]* centesimal are produced at the same duration and intensity of trituration.

Trituration by hand:

Divide the vehicle *[lactose 19.800g]^b* 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 of the 4c trituration is dissolved in 99 parts of water and succussed. 1 part of this dilution is combined with 99 parts of ethanol 30 percent 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.

[The 6x, 7x, 6c, 7c liquid dilutions produced from the above method must not be used to produce further liquid dilutions.]

Modified Method 8a

To produce a 4CH liquid dilution, 1 part [0.200g] of the 3c trituration is dissolved in 49 parts [9.800g] of water and dissolved. To this is added 50 parts [10.000g] of ethanol 60% percent. This mixture is succussed to produce the 4c liquid dilution. 1 part of this dilution [30µl] is combined with 99 parts of ethanol 96 percent [2.970ml] to produce the 5c liquid dilution by succussion. From the 6c upwards, liquid centesimal dilutions are made from the previous centesimal dilution with ethanol 96 percent in a ratio of 1 to 100.

- 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**.